



State of Illinois
Illinois Department of Public Health

Your Right to Know



The information contained in this brochure regarding recommendations for early detection and diagnosis of breast disease and breast disease treatments is only for the purpose of assisting you, the patient, in understanding the medical information and advice offered by your physician. This brochure cannot serve as a substitute for the sound professional advice of your physician. The availability of this brochure or the information contained within is not intended to alter, in any way, the existing physician-patient relationship, nor the existing professional obligations of your physician in the delivery of medical services to you, the patient.



Table of Contents

1	Introduction	1
2	Prevention and Early Detection	2
	• About Breast Cancer	
	• What Causes Breast Cancer?	
	• Self Breast Examination	
	• Clinical Breast Examination	
	• Mammography	
	• Dense Breasts	
3	Making A Decision.	6
4	Breast Biopsy.	7
	• When Your Lump Can Be Felt	
	• When Your Lump Can Be Seen, But Not Felt	
5	About Breast Cancer	9
	• Who Gets Breast Cancer?	
	• Symptoms of Breast Cancer	
	• Staging of Breast Cancer	
	• Survival Rates	
	• Risk Factors for Recurrence	
	• In Situ Cancers	
	• Your Treatment Team	
6	Treatment Options	14
	• Surgery	
	• Lumpectomy	
	• Mastectomy	
	• Removal of Lymph Nodes	
	• Sentinel Lymph Node Mapping	
	• Radiation Therapy	
	• Chemotherapy and Hormone Therapy	
	• Breast Reconstruction	
7	Emotional Healing	23
	• Complimentary Therapies	
	• Living with Cancer	
8	Helpful Information	24
	• Clinical Trials	
	• Words to Know	
	• Where to Get Help	
	Lead Agency Map	30

The Illinois Department of Public Health would like to acknowledge the assistance of Nora Hansen, MD, Robert H. Lurie Comprehensive Cancer Center of Northwestern University, and Lauren Green, MD, Co-Chair of the Center for Breast Care, Division Head of Breast Imaging, Associate Residency Program Director, Department of Radiology University of Illinois Hospital, in preparing this booklet.

1 Introduction

The state of Illinois requires your doctor give you this brochure if you are about to have a breast biopsy or have been diagnosed with breast cancer.

You may be having all kinds of feelings. You may be worried and anxious. You may be in shock or feel alone. It may be hard for you to concentrate. These reactions are normal.

The hope is that this booklet will prove to be a valuable guide. It is intended to help you become a partner in making choices with your health care team. These tips may make it easier for you to use this booklet:

- Read the material as you need it. If you are about to get a biopsy, only read the section on breast biopsy. You may feel better finding out that most breast lumps are not cancerous.
- If you already have been diagnosed with cancer, have a friend or someone on your health care team read this booklet along with you. Or have them read it and discuss the material with them when you are ready.
- The medical words that you hear as you go through biopsy and treatment are used in this brochure. Knowing the meaning of the words you are hearing can help you understand what is happening and to make informed choices. Remember, there is no one “right” treatment for every person. New options are available today that were not offered even a few years ago.
- As you go through the diagnosis and treatment processes, you may find it helpful to write out questions BEFORE you meet with your doctor. Consider asking a friend or family member to come with you during health care appointments.
- Most important, never be afraid to ask that information be repeated and to ask questions. There are no “dumb” questions when you are faced with cancer.
- For more free information or to talk to someone (in English or Spanish), call the National Cancer Institute’s hotline at 1-800-4-CANCER.

National Cancer Institute

<https://www.cancer.gov/types/breast/reconstruction-fact-sheet>

2 Prevention and Early Detection

In recent years, although the number of individuals diagnosed with breast cancer has increased, the death rate from breast cancer has decreased. These trends support ongoing efforts to detect breast cancer at a treatable stage and to reduce the risk factors for breast cancer. Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat.

- There are many different recommendations for breast cancer screening. For example, the American Cancer Society recommends that individuals with breasts:
 - Ages 40-44 should have a choice to start annual mammograms.
 - Ages 45-54 have an annual mammogram.,
 - Age 55 and older can switch to a mammogram every other year or they can choose to continue yearly mammograms.
 - Screening should continue as long as the individual is in good health and is expected to live at least 10 more years.
- Most societies agree that lives are saved when starting screening mammograms at age 40. You should have a discussion with your doctor to determine the best screening regimen for you. Many breast cancers depend on hormones for growth. After prolonged use of hormone replacement therapy (HRT), individuals have a higher risk of being diagnosed with breast cancer.
- There are two main types of HRT: Combination HRT contains the hormones estrogen and progesterone; and estrogen only HRT. Each has a different effect on breast cancer risk. Combination HRT increases breast cancer risk by approximately 75%, even with short-term use, and increases the likelihood the cancer will be found at an advanced stage. However, the overall risk of breast cancer with HRT remains low. Specifically, according to the 2022 hormone therapy position statement by the North American Menopause Society, the attributable risk of breast cancer in women taking HRT is less than one additional case of breast cancer diagnosed per 1,000 users per year, which is a lower risk than two glasses of wine a day and equivalent to the risk produced from obesity and low physical activity. Breast cancer risk decreases to average about two years after combination HRT is stopped.
- A healthy lifestyle, including fresh fruits and vegetables, exercise, and weight control, is associated with lower risks. Not using tobacco, limiting alcohol consumption to one or two drinks per week, and exercising for 30 minutes five times a week are also beneficial. Exercise also reduces stress.

Women at an increased risk of breast cancer, for example due to family history breast cancer, carriers of genetic mutations like BRCA 1 or 2, or a personal history of chest radiation for lymphoma, should have a conversation with their doctor about earlier screening and additional breast screening tests, such as magnetic resonance imaging (MRI) in addition to mammograms. They may also benefit from genetic testing. Individuals with a breast biopsy showing abnormal cells (atypia) may benefit from chemoprevention with medication. Most individuals with high risk for developing breast cancer should begin screening with MRI at age 25 and mammograms at age 30.

All women, particularly Black women and those of Ashkenazi Jewish descent, should discuss their breast cancer risk no later than age 30 in order to determine the best breast cancer screening regimen.

What Causes Breast Cancer?

No one knows for certain why some women develop breast cancer and others do not.

Here is what is known:

- You should not feel guilty. You have not done anything “wrong” in your life that caused breast cancer.
- You CANNOT “catch” breast cancer from other individuals who have the disease.
- Breast cancer is NOT caused by stress or by an injury to the breast.
- Most women who develop breast cancer DO NOT have any known risk factors or a history of the disease in their families.
- Getting older DOES increase your risk of getting breast cancer, starting at the age of 40 and continuing into your 80s.

Self-Breast Exam

There has been recent controversy over self-breast exams. Although self-breast exams are no longer advised by some breast experts, it is beneficial for individuals to be familiar with their breasts so they can recognize changes and seek clinical opinion, as many patients do find their own breast cancers. If you feel strongly about performing self-breast exam, you should talk with your clinician about the proper technique. Doing your own exam does not replace the need for a clinical breast exam performed by a medical provider.

Although breast cancer is much less common in men than in women, it is still a possibility and often presents as a lump in the breast. Men should also become familiar with their bodies and tell their health care provider if they are experiencing breast changes.

Clinical Breast Exam

A primary care provider or surgeon examines your breasts and underarm area with visual inspection and palpation in an upright and lying down position. Abnormalities, such as hard lumps, skin thickening, nipple retraction or discharge, and enlarged lymph nodes, may require additional tests, such as ultrasound and biopsy even if you have had a negative mammogram. When additional tests are recommended, it is normal to be alarmed. Women and transgender men who still have breasts should have their breasts checked by a health care professional once a year.

Clinical breast exams are an important part of early detection. Although some lumps are discovered during activities of daily living (showers, dressing, etc.), an experienced professional may notice a suspicious area in the breast that was not identified by a patient.

You have reasons to be reassured:

- Most women and transgender men who still have breasts, sometime in their lives, develop lumps in their breasts.
- Most lumps are NOT breast cancer. In fact, 8 of 10 lumps are harmless.
- To be sure that a lump or other change is not breast cancer, you may need to have some or all the lump removed (a biopsy). A diagnosis can then be made by a pathologist, a doctor who looks at the cells under a microscope, to find out if the tissue is normal or cancerous.

What is a Screening Mammogram

A screening mammogram is an X-ray of the breast used to detect breast changes in individuals who have no signs or symptoms of breast cancer. It usually involves two X-rays of each breast.

Mammograms make it possible to detect tumors that are too small to be felt. Mammograms also can find microcalcifications (tiny deposits of calcium in the breast) that sometimes indicate the presence of breast cancer.

How are Screening and Diagnostic Mammogram Different?

A diagnostic mammogram is an X-ray of the breast used to check for breast cancer when there is a sign or symptom of disease. A diagnostic exam is performed if the patient or their physician notes a change in the breast exam, such as a new mass, nipple discharge, breast pain, skin changes, or change in size or shape of the breast.

A diagnostic mammogram also may be used to evaluate changes found during a screening mammogram. A diagnostic mammogram takes longer than a screening mammogram because it involves more X-rays in order to obtain views of the breast from several angles. The technologist may magnify a suspicious area to produce a detailed picture that can help the doctor make an accurate diagnosis. In most

cases, this more detailed exam shows there are no problems. In some cases, patients are asked to have other diagnostic exams, such as an ultrasound. It may also lead to a recommendation for a biopsy or short-term follow-up exam.

Types of Mammograms

There are two types of mammograms available: 2D mammography (sometimes called digital) and 3D mammography (sometimes called tomosynthesis). Both 2D and 3D mammography help find breast cancer early when the tumor is still too small to feel during an exam.

2D mammograms take two pictures of the breast, usually one from the side and one from the top. 3D mammograms take multiple pictures of the breast from different angles to create a digital image of the breast. During both 2D and 3D mammograms, the breast is compressed on a special platform. The compression helps get better pictures.

3D mammograms may have some advantages over 2D mammograms by possibly finding small tumors that may not have been seen on the 2D, providing clearer pictures for those individuals with dense breasts, and in some cases, decrease or eliminate the need for further testing by improving the doctor's ability to accurately identify issues.

Dense Breasts

After Having a Mammogram, I Was Told That I Have Dense Breasts. Is Dense Breast Tissue Abnormal?

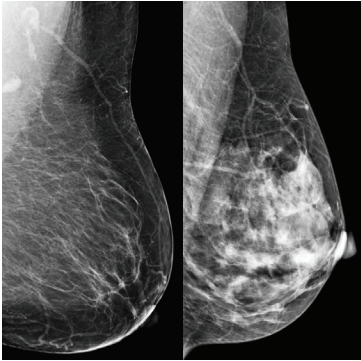
No, dense breast tissue is common and normal. Having dense breasts does not mean that you have cancer, but it may make cancer harder to find on a mammogram. Dense breast tissue may be one of the many factors associated with an increased risk of developing breast cancer. The most important risk factors for developing breast cancer are being a woman and growing older.

What is Breast Density?

The breast is made up of two main types of tissue – fat and fibroglandular tissue (the tissue that contains the milk ducts). Dense breasts contain more fibroglandular tissue than fat. A patient's breast density is determined by the appearance of the breast on a mammogram. Breast density **cannot** be determined by the size of the breast, by touch during a health care provider's examination, or by your self-exam. Breast density tends to decrease with age and weight gain.

If you have dense breasts, you may benefit from tomosynthesis (3D mammography). More recently there is legislation that encourages additional screening for patients with dense breasts. In patients with dense breasts, a screening ultrasound (harmless sound waves that produce pictures of the inside of the breast) can help detect up to 30% more breast cancers when performed in combination with mammography.

Other examinations, such as contrast-enhanced MRI, molecular breast imaging, or contrast-enhanced mammography, may be offered to high-risk women, including those who have a personal history of breast cancer (diagnosed by age 50 and with dense breasts). Consult your doctor to see if you fit into this category and require additional screening. Of note, a contrast-enhanced MRI is not recommended if you are pregnant, have a pacemaker, have a non-MRI compatible metallic implant near vital structures, or have decreased kidney function.



The image on the left shows a mostly fatty breast, and the image on the right shows a dense breast.

3 Making a Decision

In the past, when cancer cells were found, many doctors believed it was best to perform breast biopsies and remove patients' breasts at the same time. Many patients went into surgery not knowing if they would have breasts after their procedure. Due to medical advancements, most doctors in the United States have moved away from this practice.

Studies show that it is safe to start treatment within several weeks after your biopsy. This time is important because it allows you to:

- Read more and think through the information.
- Seek a second opinion.
- Call 800-4-CANCER or breast cancer organizations for information and support groups near you.
- Connect with other others who have had breast cancer.
- Complete a study of your breast tissue, and, if needed, of other parts of your body.
- Set realistic expectations. Your doctor can give you estimates about what you can expect to get from each type of treatment. What side-effects you may be willing to tolerate will depend on what the benefits of the treatment are likely to be.
- Communicate your treatment preferences with your doctor.
- Prepare yourself and loved ones for your treatment.

4 Breast Biopsy

When Your Lump Can be Felt

If your lump can be felt, you will most likely undergo additional evaluation with diagnostic breast imaging. This may include a breast ultrasound and/or diagnostic mammogram. If a suspicious area is found, you will likely be recommended to have one of several types of biopsies. A breast biopsy is a procedure during which a physician removes breast tissue samples from an area that appears abnormal. This tissue is then evaluated by a pathologist to determine if the cells are cancerous or benign (not cancerous).

Fine Needle Aspiration (FNA)

A thin needle is placed into the lump. If fluid comes out and the lump disappears, it means the lump is a cyst. Cysts are rarely cancerous.

- **Advantage:** You can avoid surgery and a scar. If cancer is found, you can start to plan your treatment.
- **Possible problems:** If the needle removes only normal cells and the lump does not go away, then you may need more tests to make sure that the lump is not cancerous.
- Local anesthesia may be injected into the site to make this biopsy more comfortable.

Core Biopsy

A larger needle is used to remove small pieces of tissue from the lump.

- **Advantage:** Your scar will barely be noticeable.
- **Possible problems:** If this biopsy finds cancer, you will need more surgery to remove the part of the cancer that is still in your breast. Occasionally, if this biopsy does not find cancer, depending on the results, you may still need a surgical biopsy to make sure that the lump that is still in your breast does not contain any cancer cells that the core biopsy missed.

Surgical Biopsies

There are 2 types:

1. Incisional biopsy: Removes a portion of the lump
2. Excisional biopsy: Removes the entire lump.

These two procedures, however, are rarely performed as an initial biopsy. Currently, the preference is for initial biopsies to be office based either in a clinic or a radiology suite, rather than an operating room.

You will have a scar on your breast, which will heal with time. There may be some change in the shape or size of your breast.

It is strongly advised that you have a needle biopsy prior to any surgical intervention.

When Your “Lump” Can Be Seen, But Not Felt

Sometimes you can have an area of concern that cannot be felt in the breast but shows up on pictures of the inside of the breast. These pictures are taken by either mammography (a type of X-ray); ultrasound, a process that shows harmless sound waves as they travel through a breast; or MRI, an exam that uses a strong magnet to create detailed pictures of the breast. In these cases, you may have one of the following procedures:

1. Ultrasound Guided Core Biopsy

Using the ultrasound as a guide, the radiologist guides a large core needle into the abnormality to remove samples of tissue for the pathologist.

2. Stereotactic Needle Biopsy

This procedure pinpoints the area of concern with a mammogram. A computer plots the exact area and guides a large-core needle so that a radiologist can remove samples of tissue for the pathologist.

3. MRI Guided Core Biopsy

The area of concern is identified by MRI pictures of the breast. A radiologist uses these pictures to guide a large-core needle to the area and remove samples of tissue for the pathologist.

If your biopsy result is **negative**, your treatment is over. It still will be important to have your breasts checked regularly for any future signs of change.

If there are any abnormal cells (atypia - a cell that doesn't look like the typical cell) on the biopsy or the biopsy demonstrates an area that may have an increased risk of having an associated cancer, then an excisional biopsy will be advised to make sure it's not cancer.

If the result is **positive**, the cells did contain cancer and you will need to make decisions about your treatment options. Information on the following pages can help you to understand the options.

Questions to Ask Your Doctor

- Do you think I need to have a biopsy? If not, why?
- What type of biopsy do you recommend? Why?
- How soon will I know the results?
- What will the scar look like after the biopsy and after it heals?
- Do you suggest local or general anesthesia? What are the advantages of each?
- If I want a second opinion, whom do you suggest I contact?

Remember, there are people who can help you through this process.

5 About Breast Cancer

Who Gets Breast Cancer?

Breast cancer is the most common cancer diagnosed in women today. Men are also at risk for developing breast cancer.

- The Illinois State Cancer Registry projects that 11,190 women in Illinois will be diagnosed with breast cancer in 2022.
- An estimated 287,850 women in the U.S. will be diagnosed with breast cancer in 2022, according to the American Cancer Society.
- 13% White, 12% African American, 11% Latin, and 11% Asian women in the U.S. will develop breast cancer during their lifetimes, according to Surveillance, Epidemiology and End Results (SEER) Program data.

You have more choices for treatment when breast cancer is found early. Also, treatment has changed. Today, many people diagnosed with breast cancer **DO NOT** have to lose a breast. Even when breast cancer is not found early, there still are choices. Because there are new ways to treat breast cancer, it is more important than ever for you to learn all you can. Working with a team of specialists, you play a key role in choosing your treatment.

Symptoms of Breast Cancer

Frequently, breast cancer has no symptoms and is only detected by screening mammography. When symptoms occur, the most common symptom is a painless breast lump that is hard in texture.

Breast or arm swelling, redness, pain, or a lump in the underarm area may be caused by either a benign process, such as infection or breast cancer. **Inflammatory breast cancer** is a form of breast cancer that appears like an infection with redness and swelling of the skin of the breast caused by cancer cells blocking the lymph vessels in the skin.

While inflammatory breast cancer is less common than other breast cancers, it is often more aggressive. Symptoms of inflammatory breast cancer are often the same as a breast infection. If the symptoms persist and continue after taking antibiotics, it is important to follow up with your doctor for further tests.

Staging of Breast Cancer

Breast cancer is a complex disease. There is no single treatment that is appropriate for all who are affected. After a diagnosis of breast cancer, the cancer is staged. How your cancer is staged and your treatment choices will depend on several factors:

- How small or large the tumor is and where it is found in your breast.
- If cancer is found in the lymph nodes in your armpit.
- If cancer is found in other parts of your body.

The following words and information also can help you understand how your cancer is “staged.”

- **Benign** means that your lump or other problem is NOT cancer.
- **Malignant** means your tissue DOES contain cancer cells.
- **In situ or noninvasive cancer** is a very early cancer or a precancer that has **NOT SPREAD** beyond the breast. This type of cell is still totally contained in the milk ducts or lobules of the breast.
- **Invasive cancer HAS SPREAD** to surrounding tissue in the breast and **MAY HAVE SPREAD** to the lymph nodes in the armpit or to other parts of the body. All breast cancers, except in situ cancer, are invasive.
- **Metastasized cancer HAS SPREAD** to other parts of the body, such as the bones, lungs, liver, or brain.
- **Localized:** When the cancer has not spread outside of the breast.
- **Regional:** When the cancer has spread outside the breast to nearby lymph nodes.
- **Distant:** When the cancer has spread to other parts of the body, such as the liver, lungs, or bones.

Stages of breast cancer, according to the American Cancer Society, indicate the size of a tumor and how far the cancer has spread within the breast, to nearby tissues, and to other organs. Specific molecular receptors (estrogen, progesterone and HER2) found on the tumor also affect staging, as well as other tests. The stage of a cancer is one of the most important factors in selecting treatment options and it is the most significant (but not the only) factor in predicting prognosis (the likely outcome or recovery). Each person’s outlook differs depending on the stage of their cancer, their particular treatment, and general state of health.

The earliest stage breast cancers are stage 0 (carcinoma in situ). It then ranges from stage I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. And within a stage, an earlier letter means a lower stage. As stated above, the breast cancer staging system has many factors. Your medical provider and treatment team will discuss the specific staging of your breast cancer with you.

Further information on breast cancer staging can be found at the American Cancer Society’s website: <https://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/stages-of-breast-cancer.html>

Survival Rates

When breast cancer is detected early, five-year survival rates are very high. Survival rates can give you an idea how likely your treatment will be successful. A survival rate is what percentage of people with the same type and stage of cancer as you are still living a certain amount of time (usually five years) after they were diagnosed with cancer. The National Cancer Institute reports 90% of women with breast cancer survive five years after diagnosis. This survival rate includes all women with breast cancer, regardless of the stage.

In general, if the cancer is found only in the part of the body where it started, it is localized (sometimes referred to as stage 1). If it has spread to a different part of the body, the stage is regional or distant. The earlier female breast cancer is caught, the better chance a person has of surviving five years after being diagnosed. For female breast cancer, 63.1% are diagnosed at the local stage. The five-year relative survival for localized female breast cancer is 99.0%. More information on survival rates can be found on the National Cancer Institute website: <https://seer.cancer.gov/statfacts/html/breast.html>.

Risk Factors for Recurrence

Some women are at higher risk for the spread and return of breast cancer. Remember, the risk factors for recurrence are complex. They **ARE NOT** absolute forecasts of what your future will be.

The factors are:

- **Tumor size.** The larger your tumor, the higher your risk.
- **Lymph nodes.** The more lymph nodes in your armpit that contain cancer cells, the higher your risk.
- **Cell studies.** Breast cancers are tested for the presence of receptors for hormones that stimulate the tumor to grow. The presence of estrogen and/or progesterone receptors is a favorable finding that indicates recurrence of the tumor can be suppressed with drugs that block estrogen effects. The presence of human epidermal growth factor receptor (HER2) indicates a more aggressive type of tumor that often require chemotherapy and HER2-targeted therapy. The absence of all three (estrogen, progesterone, and HER2) is known as triple negative and indicates an aggressive type of cancer that requires chemotherapy.
- Newer biomarker tests are available that examine the tumor for genes associated with an increased risk of tumor recurrence. Oncotype Dx and MammaPrint are examples of these tests, which can help predict a woman's risk of recurrence and benefit from chemotherapy. These are often ordered by your oncologist on the tumor sample and can help avoid chemotherapy if the score is low in hormone receptor positive, node negative, or up to three node positive disease.

In Situ Cancers

Because of the success of X-ray mammography, tiny growths are being discovered that raise concerns about a woman's risk of developing breast cancer. These growths are called carcinoma in situ or noninvasive cancer. Today 15% to 20% of breast "cancers" fall into this category. Two types exist:

- **Ductal carcinoma in situ (DCIS)** is noninvasive, which means it is limited to the milk ducts of the breast. It has NOT spread beyond the breast, to the lymph nodes in the armpit, or to other parts of the body. However, there are several types of DCIS. If the growth is not removed, some types may in time change and develop into an invasive cancer. Some may NEVER progress to an invasive cancer.
- **Lobular carcinoma in situ (LCIS)** is a noninvasive growth limited to the milk lobules of the breast. It is NOT cancer, only a warning sign of increased risk of developing cancer, according to the National Cancer Institute. Women with LCIS have about a 1% risk of developing invasive breast cancer equally in either breast per year. At 20 years of age, this risk is about 18%. To be sure that you have the right diagnosis, have your slides read by an experienced pathologist. If you still have questions, the National Cancer Institute suggests your biopsy slides be reread. You can have them reread at a university hospital, cancer center, a second opinion service, or at the Armed Forces Institute of Pathology in Washington, D.C. This step is important because of the difficulty today in making an accurate diagnosis. Treatment choices vary from close follow-up, to removing only the affected tissue, to removing both breasts.

Your Treatment Team

If your lump does contain cancer cells, you will need a team of medical experts. Your team will include many, but probably not all the medical specialists listed below.

- A **surgeon** is a doctor who performs biopsies and other surgical procedures, such as the removal of your lump (lumpectomy) or your breast (mastectomy). The surgeon may specialize in breast surgery or, in geographic areas outside urban/suburban care centers, may be a general surgeon. Some general surgeons are also credentialed to perform breast reconstruction surgery.
- An **anesthesiologist** gives medications that keep you comfortable during surgery. The medications also can be given by a certified registered nurse anesthetist (CRNA).
- A **radiologist** reads mammograms and other tests, such as X-rays, ultrasounds, and MRIs. Radiologists perform most breast and axilla (underarm) biopsies.
- A **pathologist** is a doctor who examines tissue and cells under a microscope to decide if they are normal or cancer.

- A **medical oncologist** is a doctor who manages your overall medical care and monitors your health during treatment. They also figure out the risk of the breast cancer coming back, as well as the need for more treatments (such as chemotherapy, or hormonal therapy).
- A **radiation oncologist** uses radiation therapy (high intensity X-rays) to treat cancer.
- A **plastic surgeon** is a doctor who can rebuild (reconstruct) your breast, if needed.
- A **clinical nurse** specialist is a specially trained nurse who can help to answer questions and to provide training and information on resources and support services.
- A **physical therapist** is a medical professional who teaches exercises that help restore arm and shoulder movements after surgery.
- A **licensed clinical social worker** can talk with you about your emotional or physical needs. They may assist the clinical nurse specialist with referrals for home care and other support services.
- **Genetic counselors** are health care providers that provide risk assessment, education, and support to individuals and families at risk for, or diagnosed with, a variety of inherited conditions. Genetic counselors also interpret genetic testing, provide supportive counseling, and serve as patient advocates. If you are eligible for genetic testing, you should have it done prior to deciding the type of surgery you want, as the results of this test may impact your decision.

Covering the Cost of Treatment

If a patient is low income and found to need treatment for breast cancer, they may be eligible for the Health Benefits for Persons with Breast and Cervical Cancer Program implemented in Illinois in July 2001. This means for those income eligible, treatment, reconstruction, prosthesis, and other health conditions will be covered by Medicaid. To find out if you're eligible, call the Illinois Department of Public Health's Women's Health-Line at 888-522-1282.

6 Treatment Options

Surgery

Most patients who have breast cancer today are diagnosed with Stage 0, I, or II breast cancer. Many of these patients have high survival rates. Most of the patients can choose to undergo:

- lumpectomy and radiation therapy, **OR**
- mastectomy

Studies show that both options provide the same long-term survival rates. However, neither option gives you a 100% guarantee cancer will not return at the treated site. Whatever choice you make, you will still need medical follow-up and monthly breast self-exams for the rest of your life. Here is a closer look at today's most common breast surgeries.

Lumpectomy

With a lumpectomy, a surgeon removes the breast cancer and a little normal breast tissue around the lump. This procedure tries to totally remove the cancer while leaving you with a breast that looks much the same as it did before your surgery. Patients who choose a lumpectomy almost always have radiation therapy as well. Radiation decreases the risk of cancer coming back in the remaining breast tissue.

Genomic tests, such as Oncotype DX or Mammoprint, analyze the excised tumor to evaluate how active certain genes are. The activity of these genes can predict how the tumor is going to behave and these tests are often used to help determine if any adjuvant therapy (therapy after surgery) is needed, especially chemotherapy. If you have an Estrogen receptor positive tumor and the tumor is bigger than 1 cm, your oncologist may order one of these tests to help decide if you would benefit from chemotherapy in addition to endocrine therapy (Tamoxifen or an aromatase inhibitor such as Arimidex).

Possible problems: Infection, poor wound healing, a collection of fluid under the skin, bleeding, and a reaction to the drugs (anesthesia) used in surgery are the main risks of any kind of surgery, including a lumpectomy. Patients may have a change in the shape of the breast that was treated.

Questions to Ask Your Doctor

- How large will my scar be? Where will it be?
- How much breast tissue will be removed?
- Will I have local or general anesthesia?
- Will I need radiation or chemotherapy? Why? When should it start?
- How long will it last?

Mastectomy

Mastectomy is the surgical removal of the breast. It used to be the only treatment for breast cancer. Today patients who have a mastectomy are likely to undergo one of three procedures:

1. Total mastectomy. This surgery removes as much breast tissue as possible, the nipple, and some of the overlying skin. The lymph nodes in the armpit are not removed.
2. Modified radical mastectomy. This surgery removes as much breast tissue as possible, the nipple, some of the overlying skin, and some of the lymph nodes in the armpit.
3. Skin sparing and/or nipple sparing mastectomy. These surgeries remove as much breast tissue as possible but spare the skin and/or nipple.

Possible problems: Infection, poor wound healing, bleeding, drug reactions, and a collection of fluid under the skin are possible complications.

A Mastectomy is Needed When:

- The cancer is found in multiple areas in the breast.
- The breast is small or shaped so that removal of the entire cancer will leave little breast tissue or a deformed breast.
- The patient does not want to have radiation therapy.

After a mastectomy, a patient may choose from several options.

- Wear a breast form (a **prosthesis**) that fits in her bra. To get information on stores that have good fitters and breast forms, talk to your doctor, nurse, American Cancer Society volunteer, breast cancer organizations, and others who have had breast cancer.
- Have their breast reconstructed, possibly by a plastic surgeon.
- Decide to do neither.

Removal of Lymph Nodes

Whether you have a lumpectomy or mastectomy, your surgeon will often remove some of the lymph nodes within your armpit. The two procedures utilized are the sentinel node biopsy or the axillary dissection.

- **Sentinel Lymph Node Mapping**

A sentinel node is the first lymph node to which a tumor drains and, therefore, it is the first-place cancer is likely to spread. In breast cancer, the sentinel node is usually found in the lymph nodes under the arm (axillary nodes); however, in a small number of cases, the sentinel node can be found elsewhere in the lymphatic system of the breast. If the sentinel lymph node is negative for cancer cells, it is unlikely that the cancer has spread, and it is not necessary to do a full axillary node removal

(dissection). If the sentinel lymph node is positive for cancer, then it is likely that the cancer has gotten into the lymph system and a full axillary node dissection may be necessary to see how extensively it has spread.

There are two methods for finding the sentinel node. One is to inject a blue dye near the breast tumor and track its path through the lymph nodes. The dye accumulates in the sentinel node. The second method involves doctors injecting a safe, small amount of a radioactive solution near the tumor or near the nipple and then using a special detector to find the “hotspot,” or the node in which the solution has accumulated. These two techniques also can be used together.

Most patients should undergo a sentinel node biopsy first rather than proceeding directly with an axillary dissection. Contraindications to a sentinel node include patients with inflammatory breast cancer or who have known positive lymph nodes when having surgery prior to chemotherapy.

Advantage: This procedure can make it possible to avoid a full axillary dissection.

Possible problems: Includes lymphedema (swelling), infection, and arm stiffness.

- **Axillary Lymph Node Dissection**

This procedure involves removing usually 10 to 15 of the approximately 50 lymph nodes present under each arm. This procedure is indicated when there is significant lymph node involvement diagnosed prior to surgery or when a sentinel node biopsy has indicated significant lymph node involvement indicating the need for removal of more lymph nodes.

Advantage: This procedure will help your doctor to determine the stage of your cancer.

Possible problems: Lymphedema (swelling), stiffness of the arm, and numbness under your arm. Physical therapy is often helpful to restore full motion of your arm.

Lymphedema. The lymph nodes in your armpit filter lymph fluid from the breast and your arm. Both radiation therapy and surgery can change the normal drainage pattern. This can result in swelling of the arm call lymphedema. The problem can develop right after surgery or months to years later. About 5% to 20% of women develop this problem.

Treatment of lymphedema will depend on the seriousness of the problem. Options include an elastic sleeve, an arm pump, arm massage, and bandaging of the arm. Exercise and diet also are important. Should this problem develop, talk to your doctor and see a physical therapist as soon as possible. Many hospitals and breast clinics now offer help for this problem.

Protecting Your Arm on the Surgical Side

To avoid lymphedema or to protect your arm after treatment:

- Avoid sunburns and burns to the arm or hand.
- Have shots (including chemotherapy) and blood pressure tests done on the other arm.
- Use an electric razor for shaving underarms.
- Carry heavy packages or handbags on the other arm or shoulder.
- Wash cuts promptly, apply antibacterial medication, and cover with a bandage. Call your doctor if you think you have an infection.
- Wear gloves to protect your hands when gardening and when using strong detergents.
- Avoid wearing tight jewelry on your affected arm or elastic cuffs on blouses and nightgowns.

Radiation Therapy

In most cases, a lumpectomy is followed by radiation therapy. High-energy radiation is used to kill cancer cells that might still be present in the breast tissue.

The usual schedule for radiation therapy is five days a week for approximately four weeks. This sometimes involves a “boost” or high dose of radiation to the area where the cancer was found.

During treatment planning, your chest area will be marked with ink or with a few long-lasting tattoos. These marks need to stay on your skin during the entire treatment period. They mark where the radiation is aimed.

Possible Problems: Side effects may include feeling more tired than usual and skin irritations, such as itchiness, redness, soreness, peeling, darkening, or shininess of the breast. Radiation to the breast **DOES NOT** cause hair loss, vomiting, or diarrhea. Long-term changes may include changes in the shape and color of the treated breast, spider veins, and heaviness of the breast.

Radiation After Mastectomy

There are times when radiation will be suggested after a mastectomy.

- If the tumor is larger than 5 cm (2 inches).
- If cancer is in lymph nodes in the armpit.
- If the tumor is close to the rib cage or chest wall muscles.

Thoughts to Remember About Radiation Therapy

- You often will be alone in a room, but your radiation therapist can hear you and see you on a television screen.
- The treatment lasts a few minutes. You will not feel anything.
- The radiation is delivered to your treated breast and sometimes to other areas where lymph nodes are located.
- You are **NOT** radioactive during or after your therapy.
- You **CAN** hug, kiss, or make love as you did before your therapy.

Chemotherapy and Hormone Therapy

Research suggests that – even when your lump is small – cancer cells may have spread beyond your breast. Most of these cells are killed naturally by your body's immune system. When the growth of cancer cells is large enough to be detected, it means that your immune system is having difficulty fighting the cancer and needs additional help.

Help in killing cancer cells comes from two other forms of therapy – chemotherapy and hormone therapy. Now more than ever, these treatments are chosen based on your individual case. Your doctors will consider your age, whether you are still having periods, and how willing and able you are to cope with the possible side effects. These therapies can:

- Prevent cancer from coming back in patients who are newly diagnosed with breast cancer, especially if they are at high risk for spread of the disease to other organs of the body.
- Control the disease when cancer is found in the lungs, bones, liver, brain, or other sites.
- Control the disease in patients whose cancers have come back one or more times.

Chemotherapy

Chemotherapy drugs are designed to travel throughout your body and slow the growth of cancer cells or to kill them. Most often, the drugs are injected into the bloodstream through an intravenous (IV) needle that is inserted into a vein, or through a device called a port or mediport, although some are given as pills. Treatments can be as short as four months or as long as a year. The drugs you take will depend on the stage of the cancer at the time you are diagnosed or if the cancer has returned.

Chemotherapy is usually given in cycles. You get one treatment and are given a few weeks to recover before your next treatment. The drugs most are often given in a doctor's office or as an outpatient of a hospital or clinic. Chemotherapy is often given after surgery, but it is becoming increasingly common to have chemotherapy before surgery in early stages of cancer (I to III).

Possible problems: The most common side effects are fatigue, nausea, vomiting, diarrhea, constipation, weight change, mouth ulcers, throat soreness, low blood counts, and/or fever. Some drugs cause short-term hair loss. Hair **WILL** grow back after or sometimes during treatment.

Before you start therapy, you may want to have your hair cut short or buy a wig, hat, or scarves that you can wear while you are going through treatment. Also, finish dental work before starting your therapy. You cannot have dental work during chemotherapy because you will be prone to infections.

Fighting infections. Your body is less able to fight infections while you are on chemotherapy. The following steps can help you stay healthy:

- Stay away from large crowds and from people with colds, infections, and contagious diseases.
- Bathe daily, wash hands often, and follow good oral care.
- Wear work gloves to protect hands against cuts and burns.
- If you cut yourself, keep the wound clean and covered.
- Eat a healthy diet and get plenty of rest.

Pregnancy and Early Menopause

During chemotherapy, you may stop having periods or enter an early menopause. It may still be possible to get pregnant, so talk to your doctor about birth control. The effect of chemotherapy on an unborn baby is unknown. After your treatment has stopped, your ability to get pregnant will vary, depending on the drugs you received. If you plan to become pregnant after treatment, talk with your doctor **BEFORE** starting treatment to discuss your options.

Immunotherapy

Immunotherapy stimulates a patient's own immune system to help treat some types of breast cancer. It can be used in combination with chemotherapy for early stage triple negative cancers, as well as in some later stage triple negative cancers. It is typically given through an IV.

Possible problems: fatigue, cough, nausea, skin rash, poor appetite, constipation, and diarrhea can occur. Infusion reactions are possible, which can include fever, flushing of the face, dizziness, and difficulty breathing. Sometimes the body's immune system can attack its own organs, causing damage.

Questions to Ask Your Doctor

- Do I need chemotherapy? What drugs do you recommend?
- What are the benefits and risks of chemotherapy?
- How successful is this treatment for the type of cancer I have?
- How long will I need chemotherapy?
- Can I work while I'm having chemotherapy?
- How can I manage side effects like nausea?

Managing Nausea

Feeling nauseated, or as though you must vomit, is a common side effect of chemotherapy. The following suggestions may help:

- Ask for new drugs that reduce nausea and vomiting.
- Eat small meals often; do not eat three to four hours before your treatment.
- Eat Popsicles®, gelatin desserts, Cream of Wheat®, oatmeal, and baked potatoes, and drink fruit juices mixed with water.
- Chew your food thoroughly and relax during meals.
- Learn stress reduction exercises.

Hormone Therapy

Tests are routinely done on breast cancer cells to decide if the cancer is “sensitive” to natural hormones (estrogen or progesterone) in the body. If the tests find that the cancer is “positive,” it means that cancer cells may grow when these hormones are present in a tumor. You may be given a hormone blocker, such as Tamoxifen, Raloxifene, or Aromatase inhibitors, such as anastrozole, letrozole, or exemestane that will prevent your body's natural hormones from reaching the cancer. These drugs are taken daily in pill form. Aromatase inhibitors are a second group of drugs that are also given in postmenopausal age groups. Hormone blockers used to be given for invasive breast cancer for five years, but more recent data suggests benefit for extended hormone blockade for 10 years of therapy in preventing recurrence of breast cancer. For DCIS and LCIS and high-risk benign breast disease, hormone therapy is given for five years.

Possible problems: Hot flashes, nausea, and vaginal spotting are common. There are medicines that can be used to help decrease hot flashes. Talk to your oncologist if you are experiencing severe side effects. Less common side effects include depression, vaginal itching, bleeding or discharge, loss of appetite, headache, and weight gain. Studies show there is a slight increased risk of uterine cancer and blood clots for women on some of the hormone blockers. You may need an annual pelvic exam if you are taking these drugs. Since Aromatase inhibitors can also cause osteoporosis, bone density is monitored twice a year.

DEXA scan should be monitored every other year while on aromatase inhibitor therapy to assess bone health.

Questions to Ask Your Doctor

- Am I at high risk for cancer to come back?
- Will hormone therapy help me?
- What are the side effects of hormone therapy?
- Is there anything that will help me deal with side effects?
- How long do I have to take hormone therapy?

Breast Reconstruction

Breast reconstruction surgery to “rebuild” a breast is a routine option for any patient who has lost a breast because of breast cancer. Breast reconstruction can either be performed using implants or your own tissue. These operations are described in the following pages. Reconstruction will not give you back your natural breast. The rebuilt breast will not have normal sensation, but the surgery can give you a result that looks like a breast.

Based on federal legislation contained in the Women’s Health and Cancer Rights Act (WHCRA), group health plans and health insurers providing coverage for a mastectomy should provide coverage for reconstruction and prostheses as needed as well as for surgery on the other breast to maintain a symmetrical appearance.

(PUBLIC LAW 105–277—OCT. 21, 1998 112 STAT. 2681, ‘SEC. 713. REQUIRED COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES)

Breast reconstruction is possible at the time of breast cancer surgery or can be delayed. The patient may opt to delay breast reconstruction for personal reasons or after completion of all other breast cancer treatments. Some patients start reconstruction at the same time as their mastectomy; others wait several months or even years. Your body type, age, and cancer treatments will determine which approach to reconstruction will give you the best result. If you are thinking about reconstruction, discuss this option with your surgeon BEFORE your mastectomy so you can meet with a plastic surgeon.

Patients have a right to choose their breast reconstruction provider. However, there may be restrictions on insurance coverage based on plan requirements. For example, an insurance company may require the use of providers in their network. Check with your insurance to know what coverage restrictions may apply.

Reconstruction with Implants

Implants are plastic sacs filled with silicone (a type of liquid plastic) or saline (salt-water). Following mastectomy, implants are placed under your skin behind your chest muscle.

There are concerns about silicone-filled implants. Manufacturers and recent studies report that the silicone-filled implants are safe. They say that the safety record of implants is based on 30 years of experience with more than 1 million women. Lawsuits have been filed, however, for women who claim the implants caused them to develop immune system disorders (such as lupus, scleroderma, and rheumatoid arthritis) and other complications. There is no scientific evidence to link implants with immune system disorders. But the U.S. Food and Drug Administration (FDA) states that more studies are needed before a final decision can be made. These studies are underway.

The FDA reports implants do not cause breast cancer. Recently, the FDA has identified a possible association between breast implants and the development of breast-implant associated anaplastic large cell lymphoma (BIA-ALCL), an uncommon cancer of the immune system (1 in 1000 to 1 in 3000). The FDA believes patients with breast implants who have textured surfaces have a very low but increased risk of developing BIA-ALCL in comparison with implants with smooth surfaces where the risk of developing BIA-ALCL is significantly lower. However, that doesn't mean that these implants cause BIA-ALCL. Treatment consists of surgical removal of the implants and the tumor. When detected early, this type of lymphoma is highly curable.

Studies also are looking at saline-filled implants, but these implants cause less concern. If major problems do exist with either type of implant, they appear to affect a small number of women. For this reason, patients who have a mastectomy can still choose to have a breast rebuilt with either a silicone or saline implant.

Possible problems: It is natural for scar tissue to form around an implant. Sometimes this tissue may shrink, causing the implant to ball up and feel firm. This can cause pain or a deformed breast. This scar tissue may have to be treated with surgery. A rupture of the implant's cover is another possible problem.

Questions to Ask Your Surgeon

- What is the latest information on the safety of implants?
- How many breast reconstructions have you done?
- How many surgeries will I need and how soon can the first surgery be scheduled?
- Which type of surgery will give me the best result?
- Can I see pictures of women who had their breasts reconstructed? Could I contact someone?
- How long will my recovery take?

Reconstruction with Tissue Flaps

Muscle, fat, and skin from another part of the body can be moved to the chest area, where it is shaped into the form of a breast. This tissue can be taken from several places:

- Lower abdomen area, including skin and fatty tissue with the artery and vein (deep inferior epigastric perforator flap).
- Back (**latissimus dorsi** muscle flap).
- Buttocks (gluteus muscle flap).

Possible problems: There are larger wounds. It takes longer to recover. If there is poor blood supply to the flap tissue, part or all the new breast can be lost. Infection and poor wound healing are possible problems. Choose a plastic surgeon who has been trained in this procedure and has performed it successfully on many other patients.

What You Should Know

Most patients who have breast reconstruction are happy with their decision. A patient starting this process, however, should know that it is seldom finished with one surgery. There may be extra steps:

- Adding a nipple
- Tattooing to provide an areola
- Surgery on the opposite breast to create a good match
- Refinements in the shape of the rebuilt breast

With most of these extra surgeries, you can go home the same day as the operation.

7 Emotional Healing

It is normal to have trouble coping with a breast cancer diagnosis. Some people feel fear, anger denial, frustration, loss of control, confusion, or grief. Others feel lonely, isolated, and depressed. People also must deal with issues about their self-image, future priorities, sexuality, and possible death.

Each person must deal with these issues and the diagnosis of cancer in their own way and on their own time schedule. Many people find it helps to talk about their feelings with their loved ones or close friends. When you reach out, you are giving loved ones and friends the chance to show their support during this difficult time.

As much as you feel comfortable, talk about your concerns with members of your health care team. Many people are helped by talking about their feelings with other breast cancer survivors. You may want to talk to a friend or family member who can just listen and allow you to sort out your feelings without giving advice.

Hospitals often offer a support group or meeting with counselors as part of standard treatment. Ask your doctor if your hospital has this service. You also may want to investigate family or individual therapy. Growing numbers of therapists offer services to individuals, families, and friends affected by cancer.

Complementary Therapies

Persons living with cancer sometimes want to explore complementary therapies in addition to their medical treatment. These therapies are often not proven by scientific studies; however, some people feel they have benefited from some of these therapies.

Complementary therapies include acupuncture, herbs, biofeedback, visualization, medication, yoga, nutritional supplements, and vitamins. If you decide to try these therapies, discuss the side effects and data on their value with your doctors. Also be aware that these therapies may be expensive, and most are not covered by health insurance.

Living with Cancer

Concerns and fears about breast cancer are likely to stay with you. A new ache or pain, a medical test, or the anniversary of your diagnosis may unexpectedly get you down or worried. These feelings are part of being a cancer survivor but the emotions will be fewer and farther between as you return to your regular activities.

8 Helpful Information

This brochure is a starting point to help you understand your diagnosis and treatment options. To get up-to-the-minute information on the changes taking place in breast cancer treatment and research and for insights into treatments or studies that are now in progress, call this toll-free telephone number: 1-800-4-CANCER

It puts you in contact with the Cancer Information Service operated by the National Cancer Institute. Trained cancer specialists, who speak English and Spanish, can offer several kinds of assistance:

- Mail you free literature on a range of topics including surgery, radiation therapy, chemotherapy, eating suggestions, and pain control.
- Provide names and addresses of doctors or cancer centers that provide second opinions.
- Provide fact sheets on current issues and controversies that show up in the news media.
- Give you access to Physician Data Query (PDQ), a computer information center that provides the most up-to-date information on treatments for most types of cancer.
- Give you information on **clinical trials**.

Clinical Trial

Clinical trials, or research studies, involve medical research with people. Most medical research begins with studies in test tubes and in animals. Treatments that show promise in these early studies may then be tried with people. The only sure way to find out whether a new treatment is safe, effective, and better than other treatments is to try it on patients in a clinical trial.

A clinical trial is a method of testing different medications, treatments, or products to determine which ones are safe and effective. There is a difference between being treated by your health care team and clinical trials. The primary goal of health care team is to help the patient stay healthy. While a study participant's health is an essential part of clinical trials, the primary goal is to find out which treatments work for the most people.

People who join clinical trials have a chance to benefit from new research and to contribute to medical science. Each study is designed to answer a scientific question on how to prevent, to detect, or to treat cancer. Studies place a portion of the patients in a "control group." These study participants receive the standard treatment so that their results can be compared with those of participants who receive the new treatment. During the trial, you may not know in which group you have been placed. Clinical trials take time. Until a trial is over, the true value of the new treatment will not be known. There also may be unknown side effects. If you are thinking about joining a clinical trial, you will receive written material that will help you decide whether to join. You can quit the trial at any time.

Words to Know

Anesthesia - drugs given before and during surgery so you won't feel the surgery. You may be awake or asleep.

Axillary node dissection - removal of many of the lymph nodes in the armpit.

Benign - a growth that is not cancer.

Biopsy - removal of a sample of tissue to see if cancer is present.

Chemotherapy - treatment with drugs to kill or slow the growth of cancer.

Clinical trial - controlled scientific studies set up to answer questions about how to prevent, detect, or treat cancer.

Core biopsy - a biopsy that uses a small cutting needle to remove samples of tissue from a breast lump.

Duct - a small channel in the breast through which milk passes from the lobes to the nipple.

Estrogen or progesterone receptor test - laboratory tests done to determine if cancer is sensitive to estrogen and progesterone hormones in the body.

Excisional biopsy - surgical removal of the whole lump and some surrounding tissue.

Fine needle aspiration - a biopsy that uses a fine needle to remove fluid from a cyst or a cluster of cells from a solid lump.

Hormones - substances produced by various glands in the body that affect the function of body organs and tissues.

Implant - a silicone or saline-filled sac inserted under the breast tissue or chest muscle to restore breast shape or enlarge an existing breast.

Incisional biopsy - surgical removal of a portion of an abnormal area of tissue or lump.

Intravenous (IV) - injection into the vein.

Invasive cancer - cancer that has spread to nearby tissue, lymph nodes in the armpit, or to other parts of the body.

In situ cancer - very early or noninvasive growths that are confined to the ducts or lobules in the breast.

Lobe, lobule - located at the end of a breast duct, the part of the breast where milk is made. Each breast contains 15 to 20 sections, called lobes, each with many smaller lobules.

Localization biopsy - using mammography, ultrasound, or MRI to locate an area of concern that cannot be felt by hand.

Lumpectomy - surgical removal of breast cancer and a small amount of normal tissue surrounding the cancer.

Lymph nodes - part of the lymph system that removes wastes from the body tissues and filters the fluids that help the body fight infection. Lymph nodes in the armpit are usually removed to determine the stage of breast cancer.

Lymphedema - swelling in the arm caused by fluid that can build up when the lymph nodes are removed during surgery or damaged by radiation.

Malignant - cancer.

Mammogram - an X-ray of the breast.

Mastectomy - removing the breast by surgery.

Metastasis - spread of cancer from one part of the body to another.

Needle localization biopsy - use of mammography, ultrasound, or MRI to guide a needle or wire to a suspicious area that cannot be felt but shows up on medical images of the breast. A wire or seed is left in the breast to mark the suspicious area until surgery when it is removed.

Prosthesis - an external breast form that may be worn in a bra after a mastectomy. Also, the technical name of a breast form that is placed under the skin in breast reconstruction.

Radiation - energy carried by waves or streams of particles. Various forms of radiation can be used in low doses to diagnose cancer and in high doses to treat breast cancer.

Recurrence - reappearance of cancer at the same site (local recurrence), near the original site (regional recurrence), or in other areas of the body (distant recurrence).

Risk factors - conditions that increase a person's chance of getting cancer. Risk factors do not cause cancer; rather, they are indicators, linked with an increase in risk.

Sentinel lymph node - the first lymph node to which a tumor drains.

Silicone - a synthetic gel that is used to make up the inside filling of some breast implants.

Staging - classifying breast cancer according to its size and spread.

Stereotactic needle biopsy - a technique that uses double-view mammography to pinpoint a specific target area; most often used with needle biopsy when a lump cannot be felt.

Tamoxifen - a hormone blocker used to treat breast cancer.

Tumor - an abnormal growth of tissue that may be either benign (not cancer) or malignant (cancer).

Two-step procedure - biopsy and treatment done in two stages. Usually, a week or more apart.

Ultrasound-guided biopsy - fine needle aspiration or core biopsy with guidance from ultrasound.

X-rays - a high-energy form of radiation used for detecting or treating cancer.

Where to Get Help

Your local hospital, breast cancer organizations, or cancer center will usually have patient education materials they will send you if you call for information.

Your doctor or the organizations listed below can help you get lists of local organizations or support groups. Also, ask if your area has a local **resource guide** that lists providers, support groups, wig and prosthesis shops, etc. Your local library or bookstore has numerous **books and publications** about breast cancer written by women survivors and by medical professionals. Breast cancer organizations also can give you up-to-date lists of suggested books for further reading.

Breast Cancer Organizations and Services

The following organizations can provide you with information, materials and services related to breast cancer. They also can refer you to breast cancer organizations and support groups in your area (if available).

American Cancer Society, Information Line, **800-ACS-2345**; www.cancer.org. ACS provides free information and emotional support from trained volunteers any time before, during, or after treatment.

National Breast Cancer Coalition, 1707 L St. NW, Suite 1060, Washington, DC 20036, **202-296-7477**; www.stopbreastcancer.org. A national advocacy group, it lobbies for increased research funding, access to medical services, and education.

National Cancer Institute's Cancer Information Hotline, **800-422-6237**; www.cancer.gov. NCI offers free state-of-the-art information in English or Spanish on treatment, clinical trials, eating hints, advanced cancer, and services in your area.

National Women's Health Network, 514 10th St. NW, Suite 400, Washington, DC 20005, **202-347-1140**; www.womenshealthnetwork.org. This organization provides newsletters and position papers on women's health topics.

Susan G. Komen Breast Cancer Foundation, Komen Help Line, **877-465-6636**; www.komen.org. The foundation is dedicated to advancing research, education, screening, and treatment of breast cancer.

YWCA of the USA/Encore Plus, 624 Ninth St. NW, Third floor, Washington, DC, 20001, **202-467-0801**, Fax **202-628-3636**; www.ywca.org. Contact the national headquarters for the location of a group near you and for support and rehabilitative exercises for women with breast cancer.

Breast Cancer Network of Strength, **800-221-2141**; www.networkofstrength.org. Cancer survivor volunteers share personal experiences on everything from treatment information to emotional recovery. Local branches also provide a wig and prosthesis bank. Contact group for local chapters.

American Society of Plastic and Reconstructive Surgeons, 444 E. Algonquin Road, Arlington Heights, IL 60005, **800-635-0635**; www.plasticsurgery.org. A list of five certified plastic and reconstructive surgeons in your area will be mailed upon request.

National Lymphedema Network, 1611 Telegraph Ave., Oakland, CA 94612, **800-541-3259**; www.lymphnet.org. The network provides complete information on prevention and treatment of lymphedema.

Illinois Department of Insurance; <https://insurance.illinois.gov>

Illinois Emergency Management Agency and Office of Homeland Security; <https://iemaohs.illinois.gov/info/publications.html>

Illinois State Cancer Registry; <https://dph.illinois.gov/data-statistics/epidemiology/cancer-registry.html>

U.S. Breast Cancer Statistics; https://www.breastcancer.org/symptoms/understand_bc/statistics

Surveillance, Epidemiology, and End Results (SEER) Program; <https://seer.cancer.gov>

Illinois Breast and Cervical Cancer Program

Updated August 2021

Referrals can be made by calling the Illinois Department of Public Health's Women's Health-Line at 888-522-1282, or the lead agency noted below. The service area for each lead agency is noted by color on the map. Please reference the number on the map for the lead agency which covers your county or area.

1. **Stephenson County Health Department**
10 W. Linden St.
Freeport, IL 61032
Phone: 815-599-8420
Toll free: 866-590-8499
www.co.stephenson.il.us
Carroll, Jo Daviess, Lee, Ogle, Stephenson
2. **Winnebago County Health Department**
P.O. Box 4009
Rockford, IL 61110-0509
Phone: 815-972-7252
www.wchd.org
Boone, DeKalb, Winnebago
3. **McHenry County Department of Health**
2200 N. Seminary Ave.
Woodstock, IL 60098
Phone: 815-334-0229
www.mcdh.info
McHenry
- 4.* **Lake County Health Department and Community Center**
3010 Grand Ave., First Floor
Waukegan, IL 60085
Phone: 847-377-8430
www.lakecountyll.gov/health
Lake
- 5.* **VNA Health Care**
400 N. Highland Ave.
Aurora, IL 60506
Phone: 630-892-4355, ext. 8535
www.vnafoxvalley.org
Kane, Kankakee, Kendall, Will, DuPage
6. **Rock Island County Health Department**
2112 25th Ave.
Rock Island, IL 61201
Phone: 309-794-7088
Bureau, Henry, Mercer, Putnam, Rock Island, Stark, Whiteside
7. **LaSalle County Health Department**
717 Etna Road
Ottawa, IL 61350
Phone: 815-433-3366, ext. 244
www.lasallecounty.org/hd
Grundy, LaSalle
8. **Knox County Health Department**
1361 W. Fremont St.
Galesburg, IL 61401
Phone: 309-344-3314 ext. 231
Toll free: 800-452-4375
www.knoxcountyhealth.org
Henderson, Knox, Warren
9. **Livingston County Health Department**
310 E. Torrance Ave. (P.O. Box 650)
Pontiac, IL 61764
Phone: 815-844-7174,
ext. 228 or 236
www.lchd.us
Ford, Iroquois, Livingston
10. **Fulton County Health Department**
700 E. Oak St.
Canton, IL 61520
Phone: 309-647-1134, ext. 248
Toll free: 800-538-2970
www.fultoncountyhealth.com
Fulton, McDonough, Schuyler
11. **Tazewell County Health Department**
21306 Illinois Route 9
Tremont, IL 61568
Phone: 309-925-5511, ext. 341
www.tazewellhealth.org
Peoria, Marshall, Tazewell, Woodford
12. **Hancock County Health Department**
671 Wabash Ave.
Carthage, IL 62321
Phone: 217-357-2171, ext. 130
www.hancockhealth.info
Adams, Brown, Hancock, Pike, Scott
13. **Sangamon County Department of Public Health**
2833 South Grand Ave. East
Springfield, IL 62703
Phone: 217-535-3100
www.scdph.org
Cass, DeWitt, Logan, Macon, Mason, Menard, Morgan, Piatt, Sangamon, Shelby
14. **Prairie State Women's Health**
11191 Illinois Route 185
Hillsboro, IL 62049
Phone: 217-532-2001, ext. 229
www.montgomeryco.com/health
Bond, Christian, Calhoun, Champaign, Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Greene, Edwards, Gallatin, Jackson, Jasper, Jersey, Lawrence, Macoupin, McLean, Monroe, Montgomery, Moultrie, Perry, Randolph, Richland, Saline, Vermillion, Wabash, White, Williamson
15. **Madison County Health Department**
101 E. Edwardsville Road
Wood River, IL 62095
Phone: 618-296-6084
www.madisonchd.org
Madison
16. **St. Clair County Health Department**
19 Public Square, Suite 150
Belleville, IL 62220
Phone: 618-233-7703,
ext. 4400 or 4408
www.health.co.st-clair.il.us
Clay, Clinton, Fayette, Franklin, Hamilton, Jefferson, Marion, St. Clair, Washington, Wayne
- 17.* **Community Health and Emergency Services, Inc. (CHESI)**
Phone: 618-734-4400
Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union
- 18.* **ACCESS Community Health Network**
4839 W. 47th St.
Chicago, IL 60638
Phone: 773-735-3282
www.accesscommunityhealth.net
- 19.* **Asian Human Services Family Health Center, Inc.**
2424 W. Peterson Ave.
Chicago, IL 60659
Phone: 773-761-0011
www.ahsichicago.org
- 20.* **Aunt Martha's Health and Wellness**
19900 Governors Highway, Suite 300
Olympia Fields, IL 60461
Phone: 708-747-7100
www.auntmarthas.org
- 21.* **Chicago Family Health Center**
9119 S. Exchange Ave.
Chicago, IL 60617
Phone: 773-768-5000, ext. 1096
www.chicagofamilyhealth.org
22. **Cook County Department of Public Health**
7556 W. Jackson Boulevard
Forest Park, IL 60130
Phone: 708-836-5306
www.cookcountypublichealth.org
- 23.* **Eric Family Health Center**
1701 W. Superior St.
Chicago, IL 60622
Phone: 312-432-7356
www.ericfamilyhealth.org
24. **Mercy Care Center**
3753 S. Cottage Grove Ave.
Chicago, IL 60653
Phone: 773-451-0720
www.mercycarecenter.org
- 25.* **PCC Community Wellness Center**
5359 W. Fullerton Ave.
Chicago, IL 60639
Phone: 773-836-2785, ext. 6232
www.pccwellness.org
26. **Michael Reese Research and Education Foundation**
45 W. 111th Street
Chicago, IL 60628
773-291-1934
www.michaelreesefoundation.org
27. **Saints Mary and Elizabeth Medical Center**
1127 N. Oakley, 4th floor
Chicago, IL 60622
Phone: 312-770-3664 or
312-770-3622
28. **Equal Hope**
300 S. Ashland Ave., Suite 202
Chicago, IL 60607
Phone: 312-942-3368
https://equalhope.org
29. **University of Illinois - Chicago**
818 S. Wolcott Ave., MC 709
Chicago, IL 60612
Phone: 312-996-8765

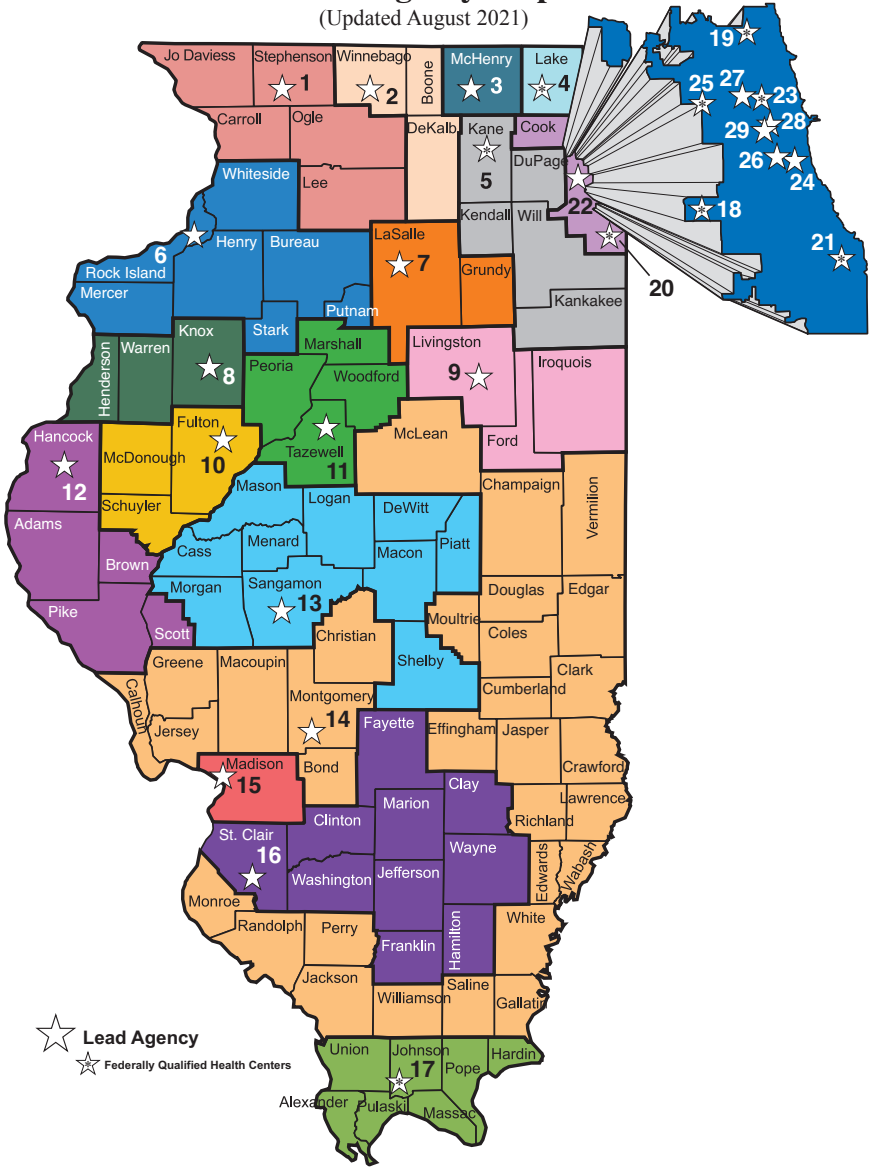
Chicagoland Lead Agencies

* Federally Qualified Health Centers (FQHCs)

ILLINOIS BREAST AND CERVICAL CANCER PROGRAM

Lead Agency Map

(Updated August 2021)



Questions about women's health
can be directed to

Women's Health·Line
888-522-1282



Illinois Department of Public Health
Office of Women's Health and Family Services

535 W. Jefferson St. · Springfield, IL 62761
217-524-6088 · TTY (hearing impaired use only) 800-547-0466
www.dph.illinois.gov