Taking Charge of Breast Cancer

A GUIDE FOR AFRICAN AMERICAN WOMEN

Featuring Lynn Whitfield
Contents

Introduction ................................................................. 3
What Is Breast Cancer? ............................................... 5
Risk Factors .............................................................. 6
Early Detection ......................................................... 8
Diagnosis .................................................................. 10
Treatment .................................................................. 13
What More Can I Do? ............................................... 18
Healthy Living ......................................................... 21
Sources of Support .................................................. 25
Questions to Ask Your Healthcare Professional ........ 28
Introduction

Breast cancer is the most common cancer among African American women. The good news is that most women with breast cancer survive it.

Early detection and treatment may help increase a woman’s chance of beating breast cancer. This guidebook and DVD are for African American women because we need to know about breast cancer, so that we can make good decisions about our health.

Changing the outlook for African American women begins with each one of us. We can help beat breast cancer!
Early detection and treatment can increase a woman’s chance of saving her breast and surviving breast cancer.

What Is Breast Cancer?

Cancer develops when abnormal cells in a part of the body begin to grow out of control. The uncontrolled growth usually forms a tumor. A tumor or lump may be benign (not cancer) or malignant (cancer).

Breast cancer is a malignant tumor that starts from cells of the breast. Breast cancer may spread beyond the breast area to other areas of the body. The spread of cancer from one area to another is called metastasis.

Early detection and treatment can increase a woman’s chance of saving her breast and surviving breast cancer.
Risk Factors

All women are at risk for breast cancer. Any of the following can increase a woman’s risk:

✦ **Age.** The chance of getting breast cancer goes up as a woman gets older. More than 3 out of 4 women with breast cancer are over age 50 when diagnosed.

✦ **Family history.** Having a mother, sister, daughter, or other close blood relative who has had breast cancer increases a woman’s risk.

✦ **Genetic changes.** About 5% to 10% of breast cancers are linked to inherited changes in certain genes (BRCA1, BRCA2, and others).

✦ **Previous breast cancer.** A woman who has had breast cancer is at increased risk of getting a new breast cancer in the other breast or in another part of the same breast.

✦ **Being overweight.** After menopause, women who are overweight are at increased risk of getting breast cancer. Being overweight may also reduce a woman’s chances of surviving breast cancer after menopause.

✦ **Hormone replacement therapy after menopause.** Using hormone replacement therapy after menopause for several years can increase a woman’s risk of getting breast cancer. This is especially true when hormone replacement therapy involves estrogen combined with progesterone.

✦ **Menstrual periods.** Women who began having periods before age 12 or who went through menopause after age 55 are at slightly increased risk for breast cancer.

What are your risk factors for breast cancer? Talk with your healthcare professional about how to reduce your risk.
Early Detection

When breast cancer is detected early, the chances of successful treatment are greater than if the cancer has had time to grow or spread. So, the earlier breast cancer is detected, the better.

Breast cancer can be detected even before symptoms appear. The American Cancer Society recommends the following screenings:

- **Mammograms** once a year for women over 40. A mammogram is an x-ray of the breast. It can detect a breast lump or other abnormality before it can be felt in a breast exam.

- **Clinical breast exams** by a healthcare professional: Once a year after age 40 and during regular health exams for women in their 20s and 30s (preferably every 3 years).

- **Checking one’s own breasts.** Breast self-exam is an option for women starting in their 20s. Your healthcare professional can show you how to do a breast self-exam and explain its benefits and limitations. Some women are comfortable doing breast self-exams regularly (usually monthly). Others prefer feeling and looking at their breasts every now and then, perhaps while showering or getting dressed.

If you notice any breast changes, tell a doctor or nurse right away.

If you are at high risk for breast cancer, your healthcare professional might recommend starting mammograms before age 40 or having additional screening tests. For example, some women at high risk may have both a mammogram and a breast MRI scan. An MRI uses magnetic fields to create a detailed picture of the breast.
**Diagnosis**

If a breast lump or other abnormal area is found on a mammogram or during a clinical exam or self-exam, the doctor may remove a small amount of tissue to be examined under a microscope. This is called a **biopsy**. A biopsy is the only way to tell for sure if cancer is present.

When a biopsy shows that breast cancer is present, testing is done to determine the type of cancer and the stage.

**Hormone Receptors**

Two female hormones that a woman’s body makes are *estrogen* and *progesterone*. If a tumor has receptors for one or both of these, it is called **hormone receptor-positive**.

About 2 out of every 3 breast cancers are hormone receptor-positive. Hormone receptor-positive cancers are more often found in older women than in younger women.

Breast cancer that is *not* hormone receptor-positive is **hormone receptor-negative**. Hormone receptor-negative breast cancer is more common in African American women than in white women.

**HER2/neu Status**

About 1 out of every 5 breast cancers has too much of a protein called HER2/neu. Such tumors are called **HER2-positive**. They often grow more quickly than other breast cancers.

**Triple Negative Breast Cancer**

Breast cancer that is neither hormone receptor-positive nor HER2-positive is called **triple negative**. This type of breast cancer may occur more often in African American women than in women from other racial or ethnic groups.

**Stages**

Tests may be done to determine the size of the tumor, whether it has spread to the lymph nodes, and whether it has spread to other parts of the body.

Doctors classify breast cancer according to stages.

- **In Stage 0** (the least advanced stage), the cancer cells are within a duct and have not invaded into the surrounding fatty breast tissue.
- **Stages I, II, and III** are distinguished by:
  - the size of the tumor
  - whether it has spread to the chest wall or skin
  - whether the cancer has spread to lymph nodes near the breast
- **In Stage IV** (the most advanced stage), the cancer has spread to other organs or to lymph nodes far from the breast.
Treatment

Each woman’s breast cancer is different, so each requires an individual treatment plan.

With any treatment plan, it is very important to follow the doctor’s instructions. This includes going to all appointments, getting screening tests, and making sure that you take your medications for as long as your doctor says to take them.

Side effects vary according to the type of breast cancer treatment. You and your healthcare professional should discuss the side effects of your treatment. Your doctor, nurse, or pharmacist can help you find ways to cope with side effects.

Treatment for breast cancer may include a combination of any of the following: surgery, chemotherapy, radiation therapy, hormonal therapy, and targeted therapies.
Surgery

Most women with breast cancer have surgery. There are three main types of surgery:

1. A **lumpectomy** removes only the breast lump and some nearby tissue.

2. A **partial mastectomy** removes more of the breast tissue than a lumpectomy, but it leaves much of the breast in place.

3. A **mastectomy** involves removing the entire breast. Sometimes other nearby tissues must also be removed. A **double mastectomy** involves removing both breasts.

For most breast cancers, some of the **lymph nodes** under the arm are removed and tested to find out if the cancer has spread there. The standard operation for this is an **axillary lymph node dissection**. It involves removing most of the lymph nodes under the arm.

A **sentinel lymph node biopsy** involves identifying and removing only the 1 to 3 lymph nodes most likely to be affected by the cancer and testing them. Because this procedure removes so few lymph nodes, it is less likely to cause long-term problems than an axillary lymph node dissection. Not all surgeons perform this procedure. It should be done only by doctors who have a great deal of experience in this procedure.

If cancer is found in the sentinel lymph nodes, the surgeon will do an axillary lymph node dissection. An axillary lymph node dissection may sometimes be done instead of a sentinel lymph node biopsy, especially for women who have large tumors or multiple breast tumors, or who have already had certain medical treatments for their breast cancer.

When a woman has part or all of her breast removed, she may choose to have **breast reconstruction** to make the breast area look more normal. This may be done at the time of surgery or later on.

Radiation Therapy

Radiation therapy is treatment with high-energy rays or particles that destroy cancer cells. It may be used to kill any cancer cells that remain in the breast, chest wall, or underarm area after surgery or chemotherapy.

**External beam radiation** is the most common type for women with breast cancer. It is like getting an x-ray, but the radiation is more intense. Women who receive this treatment after a lumpectomy are usually treated 5 days a week for 6 or 7 weeks.

In **brachytherapy**, or internal radiation, radioactive “seeds” are placed in or near where the cancer was removed.
Chemotherapy

Chemotherapy is treatment with cancer-killing medication. The drugs travel through the bloodstream to reach most parts of the body. Most chemotherapy medications for breast cancer are injected into a vein; a few can be taken by mouth. Treatment is given every few weeks and usually lasts for several months.

Chemotherapy is often given after surgery to kill any remaining cancer cells. It is also used to treat breast cancer that has spread to other organs in the body (metastasis). Chemotherapy is sometimes given before surgery to shrink a large tumor.

Side effects of chemotherapy depend on the specific type of drug received, the amount taken, and the length of treatment. Side effects can include hair loss, mouth sores, loss of appetite, nausea, vomiting, increased chance of infections, easy bruising or bleeding, and fatigue. Ask your doctor what side effects are most common with the treatments you are planning. Side effects usually go away after treatment ends. Medication is available to prevent or reduce side effects such as nausea and vomiting.

Therapy to Block Hormones

In breast cancer that is hormone receptor-positive, hormones increase growth of the cancer. Medication that blocks the cancer cells from receiving hormones is sometimes called “hormonal therapy,” but it is not the same as “hormone replacement therapy” given for menopause symptoms.

Tamoxifen is an anti-estrogen medication, taken daily, for women of any age with hormone receptor-positive breast cancer. It works to block the effect of estrogen on cancer cells.

For women who are past menopause, medications called aromatase inhibitors, taken daily, are an option for hormone receptor-positive breast cancer. Aromatase inhibitors block the production of estrogen in the body.

Targeted Therapies

Some medications target certain gene changes in cells that cause cancer. They are for specific types of cancer, and they are often used along with chemotherapy. For example, some targeted-therapy medications are only for HER2-positive breast cancer.
What More Can I Do?

After treatment, even when x-rays and other tests cannot detect any remaining tumors, there is some risk that breast cancer will come back. Very small, unseen cancer cells may persist near the breast or the underarm area, and they may even spread through the bloodstream to distant parts of the body. If these cells grow, new tumors can form. The return of cancer after surgery is called recurrence.

After surgery or radiation treatment, anti-cancer drugs are often given to help reduce the chance of recurrence. Chemotherapy is given for most hormone receptor-negative tumors and for many hormone receptor-positive tumors. The decision is based on several factors, such as the tumor’s size and whether it has spread to lymph nodes. It is usually given every few weeks for 3 to 6 months.

Other therapies may be given for specific types of breast cancer. They may be started after surgery or radiation treatment to help prevent recurrence. Examples include:

- **Tamoxifen** for breast cancers that are hormone receptor-positive.
- **Aromatase inhibitors** (letrozole, anastrozole, or exemestane) for breast cancers that are hormone receptor-positive in women who are past menopause.
- **Trastuzumab** for breast cancers that are HER2-positive.
Healthy Living

Whether you are 1 month or 10 years beyond breast cancer, taking care of your overall health and well-being can help you go on living life to its fullest.

Ask your doctor how often you should have follow-up visits and mammograms. Talk with your healthcare professional before starting any new diet or exercise program.

Weight Control

Healthy eating and physical activity can help you achieve and maintain a healthy weight. It is important to maintain a healthy weight throughout life. Obesity might raise the risk of cancer coming back.

Physical Activity

Be physically active for 30 to 60 minutes 5 days per week. See your doctor before starting or changing any exercise program.
Healthy Eating

Healthy eating is good for everyone, and it is very important after breast cancer. The American Cancer Society recommends the following:

- Choose foods in amounts that help achieve and maintain a healthy weight.
- Eat 5 or more servings of vegetables and fruits each day.
- Choose whole grains over processed (refined) grains.
- Limit processed meats and red meats.
- Limit alcohol to one drink a day or less.

Menopause

Hormone replacement therapy (taking estrogen and/or progesterone as pills) is not advised for women who have had breast cancer. Talk with your doctor about other ways to manage hot flashes or other menopausal symptoms. Exercise may help, for example.

Also talk with your doctor about ways to protect the health of your bones after treatment. Exercise and healthy eating can help. Taking calcium and vitamin D can also help. Your healthcare provider can advise you on whether any of your anticancer treatments could weaken your bones and whether you might benefit from taking medication to help keep your bones strong.
Sources of Support

After breast cancer, tending to your emotional well-being is as important as taking care of your physical health.

It can be very helpful to seek out emotional and social support. Some people join cancer support groups. Others may prefer a church group or other spiritual group. Some turn to friends, family members, an online support group, or a counselor.

The American Cancer Society Reach to Recovery program can pair you up with a specially trained volunteer who is a cancer survivor. You can talk about fears and concerns, ask questions, and receive up-to-date information. Visits may be in person or by phone. For more information, call the American Cancer Society at 1-800-ACS-2345 (1-800-227-2345) or visit “In My Community” on the American Cancer Society Web site at www.cancer.org.
To learn more about breast cancer and sources of support, contact the following organizations or find them on the Internet:

- **American Cancer Society**
  1-800-ACS-2345 (1-800-227-2345)
  www.cancer.org

- **ACS Cancer Survivors Network**
  www.acscsn.org
  *An online support group*

- **Avon Breast Cancer Crusade**
  www.avoncompany.com/women/avoncrusade

- **Breastcancer.org**
  www.breastcancer.org

- **Breast Cancer Network of Strength**
  (formerly Y-Me National Breast Cancer Organization)
  1-800-221-2141
  www.networkofstrength.org

- **CancerCare**
  1-800-813-4673
  www.cancercare.org

- **Living Beyond Breast Cancer**
  1-610-645-4567
  www.lbcc.org

- **National Cancer Institute**
  1-800-4-CANCER (1-800-422-6237)
  www.cancer.gov

- **Ribbon of Pink**
  www.ribbonofpink.com

- **Sisters Network Inc.**
  A National African American Breast Cancer Survivorship Organization
  www.sistersnetworkinc.org

- **Susan G. Komen for the Cure**
  1-800-IM-AWARE (1-800-462-9273)
  www.breastcancerinfo.com
If you have been diagnosed with breast cancer, you may have a lot of questions. Don’t be afraid to ask your healthcare professional, even if a question seems very minor. If the answer is not clear, ask again. Talking about questions and answers can strengthen your relationship with your healthcare provider.

Consider asking the following questions. You can write the answers in the space provided. You might also find it helpful to take a friend or family member to your appointment.

Questions to Ask Your Healthcare Professional

What type of breast cancer do I have? How does this affect my treatment choices?

Has my cancer spread? If so, where?

What is the stage of my cancer? How does it affect my treatment choices?

What treatments do you recommend for me? Why?
### Questions to Ask Your Healthcare Professional

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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>What are the risks and side effects of treatment?</td>
<td></td>
</tr>
<tr>
<td>How can I manage side effects?</td>
<td></td>
</tr>
<tr>
<td>What are the success rates of the treatment(s) you are recommending?</td>
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<td>Will I have normal sensation in my breasts after treatment?</td>
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<td>Should I follow a special diet or make other lifestyle changes?</td>
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<tr>
<td>What steps can I take to reduce my risk of recurrence?</td>
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<td>Other questions:</td>
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Novartis Oncology

Novartis Pharmaceuticals Corporation researches, develops, manufactures and markets leading innovative prescription drugs used to treat a number of diseases and conditions, including those in the cardiovascular, metabolic, cancer, organ transplantation, central nervous system, dermatological, gastrointestinal and respiratory areas. The company’s mission is to improve people’s lives by pioneering novel healthcare solutions.

Located in East Hanover, New Jersey, Novartis Pharmaceuticals Corporation is a world leader in offering medicines to protect health, cure disease and improve well-being. Our goal is to discover, develop and successfully market innovative products to treat patients, ease suffering and enhance the quality of life. Headquartered in Basel, Switzerland, Novartis Group companies employ approximately 100,000 associates and operate in over 140 countries around the world. For more information, please visit [www.novartisoncology.us](http://www.novartisoncology.us).

**Content Experts**

American Cancer Society

The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. The Society provides accurate, up-to-date information 24 hours a day, 7 days a week, at 1-800-227-2345 and through its Web site, [www.cancer.org](http://www.cancer.org).

**Collaborators**

African Methodist Episcopal (AME) Church

The African Methodist Episcopal (AME) Church is the first major religious denomination in the Western world to have originated from sociological rather than theological beliefs and differences. It developed from a congregation formed by a group of Philadelphia-area slaves and former slaves who withdrew in 1787 from St. George’s Methodist Episcopal Church in Philadelphia because of discrimination. Since its inception, the AME church has grown to include 20 Episcopal Districts and 7,000 congregations around the world. The AME Church strives to fulfill its mission “to minister to the spiritual, intellectual, physical, emotional, and environmental needs of all people by spreading Christ’s liberating gospel through word and deed.”

The Connectional Health Commission of the AME Church has five principal aims:

- To promote health as a part of our faith and to care for our congregations.
- To empower our congregations to advocate for improved access to affordable health care for all.
- To provide health education and identify health resources.
- To assist with first aid for Connectional Meetings as needed.
- To collaborate with Ecumenical Health Projects.

To learn more, visit [www.amechealth.org](http://www.amechealth.org).

National Medical Association

The National Medical Association (NMA) is the largest and oldest national organization representing African American physicians and their patients in the United States. The NMA is a 501(c)(3) national professional and scientific organization representing the interests of more than 30,000 African American physicians and the patients they serve. The NMA is committed to improving the quality of health among minorities and disadvantaged people through its membership, professional development, community health education, advocacy, research, and partnerships with federal and private agencies.
CREDITS

Taking Charge of Breast Cancer: A Guide for African American Women has been made possible through the expertise, time, and efforts of many individuals who are committed to health and wellness in the African American community. Special gratitude to:

Sponsor
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Special thanks to:
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Lynn Whitfield is an Emmy Award-winning actress most famous for her role as lead actress in the 1991 film, The Josephine Baker Story.
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A woman’s risk for breast cancer increases with age. Although most women survive it, too many of our African American sisters do not.

Fortunately, we can take charge and find ways to help beat breast cancer. In this guidebook and DVD program, you can learn a lot about early detection, treatment, and ways to prevent breast cancer from returning. In the DVD, you will meet Lynn Whitfield, who is passionate in the fight against breast cancer.

Share this program with your friends and family members. Understanding breast cancer is the first step toward taking charge!