

# Multidisciplinary Breast Cancer Clinic

**PATIENT EDUCATION  
EARLY CARE HANDBOOK**



**SERIOUS MEDICINE. EXTRAORDINARY CARE.®**

## Breast cancer is personal. Your care should be too.

We know that this can be a very overwhelming time. Over the next few months, you will need to make many choices. This brochure is designed to teach you about how we can treat your breast cancer and your general health so that you and your family can make informed choices.

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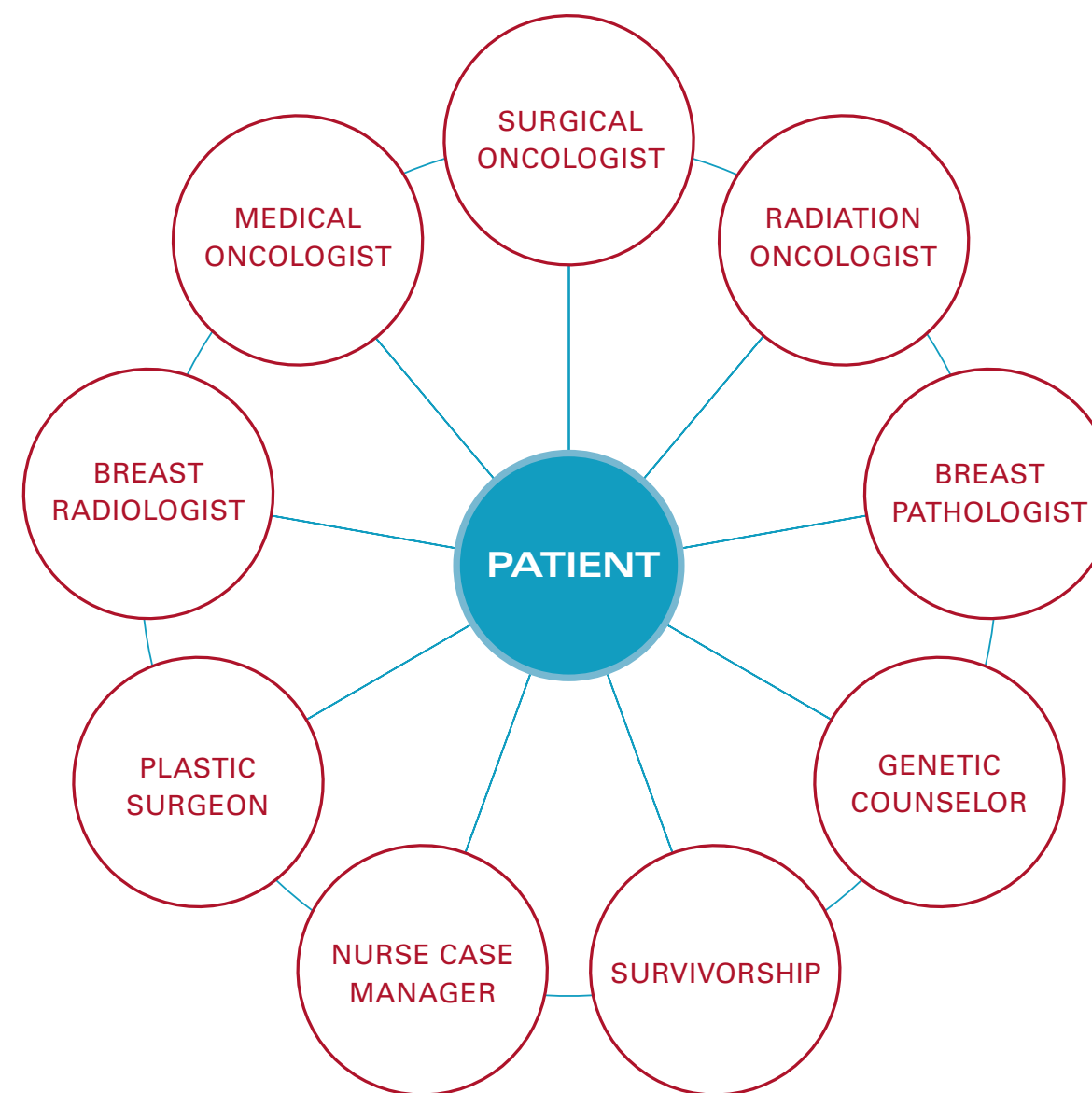
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## Meet your health care team

Today, there are many choices available for breast cancer treatment. Our Multidisciplinary Breast Cancer Clinic is made up of a team of cancer experts working together to determine the best plan for each patient.

Your care plan will be developed with the know-how of this full multidisciplinary team, as well as your input, to make sure your goals and needs are met. We know you will have questions, and getting the answers you need will help you make the best choices for you.

You may also have the chance to take part in breast cancer clinical trials with the University of Nebraska Medical Center (UNMC) as part of your treatment program.



## Surgical Oncologist

Performs procedures to remove known tumor.

Nebraska Medicine has a robust surgical oncology program giving patients unique treatment options not available anywhere else. The program offers a broad way to treat cancer with fellowship-trained surgical oncologists. Our breast cancer surgeons use a variety of cosmetic techniques to remove cancer while keeping the look of the breast.

## Radiation Oncologist

Treats cancer with targeted radiation to kill cancer cells and stop them from returning.

Revolutionary advances in radiation oncology have been made over the past 10 to 15 years which has resulted in better tumor targeting and normal tissue sparing.

We have the largest group of radiation oncologists in the region allowing for each physician to specialize in different types of cancer.

## Breast Pathologist

Looks at cells and tissue samples to help the breast care team make a diagnosis and treatment plan.

## Medical Oncologist

Suggests medicines for treatment options, orders therapy to shrink tumors, remove cancer cells and stop it from coming back. We are proud to have the largest group of medical oncologists in the area providing specialization in breast cancer treatments.

## Genetic Counselor

Assesses risk factors such as family, medical and/or personal history to determine if the cause of your cancer may be the result of an inherited gene. Genetic counselors will evaluate the need for special testing and help you choose available tests and options.

## Nurse Case Manager

Trained to help you get the most out of your treatment and help you with any problems during the treatment and recovery process. They will connect with support services and coordinate your care and treatment with the rest of your health care team members. You will see and speak with nurses more than anyone else on your health care team.

## Advance Practice Providers

Physician Assistants and Nurse Practitioners are trained medical professionals who work closely with the doctors and surgeons. They are licensed to practice medicine and can diagnose, treat, order tests and prescribe medications.

## Trainees

Students, residents and fellows may take part in your visits under the direct supervision of our doctors, as this is a useful part of training the next generation of health care providers.

## Plastic Surgeon

Creates a reconstructed breast that comes as close as possible to the appearance of the natural breast.

## Radiologist

Interprets pictures of areas inside the body. Standard imaging used to find breast cancer are mammography, breast ultrasound and breast MRI. Radiologists can find and measure tumors that appear in your scan to help with treatment decisions.

## Survivorship

Cancer survivors may go through medical and emotional changes after treatment ends. Our Survivorship Program offers comprehensive services to people who have completed treatment.

The program focuses on any needs you have about your cancer care, such as screening, future health risks due to cancer treatment and your overall health and wellness.

We work as a team and are able to make changes to our clinic schedules. We know that sometimes a clinic visit will be longer or will require a change in providers. Our team of doctors, physician assistants and nurse practitioners work very closely together to make sure you are seeing the person best suited to your needs. This may not be the person you were first scheduled to see.

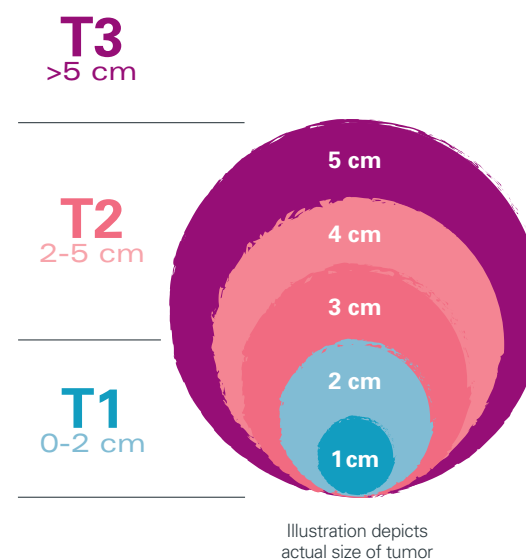
## What are the stages of breast cancer?

Breast cancer is divided into different groups called stages. There are five main stages based on tumor size, how many lymph nodes are involved and how far the cancer has spread.

### How is breast cancer staged?

Early breast cancer is staged by the size and location of the tumor. Your multidisciplinary breast cancer team will use the TNM system for describing the amount of the cancer's growth.

- T** refers to the size of the *tumor* in the breast.
- N** tells whether the *lymph nodes* in the area of the breast have cancer.
- M** tells whether the cancer has spread (metastasized) to other areas, such as your bones, brain, liver or lungs.



Once your breast cancer team has decided your T, N and M stages, this information is combined to determine your disease stage.

Tumor stage influences treatment choices, including surgery, radiation therapy, hormonal therapy, chemotherapy and targeted therapy.

### A tumor can also be evaluated by its grade. There are three grades.

- Grade 1:** Cells are not growing quickly and have many features of normal breast tissue.
- Grade 2:** Cells are growing at a moderate rate and have some features of normal breast tissue.
- Grade 3:** Cells are growing quickly and do not look like normal breast tissue.

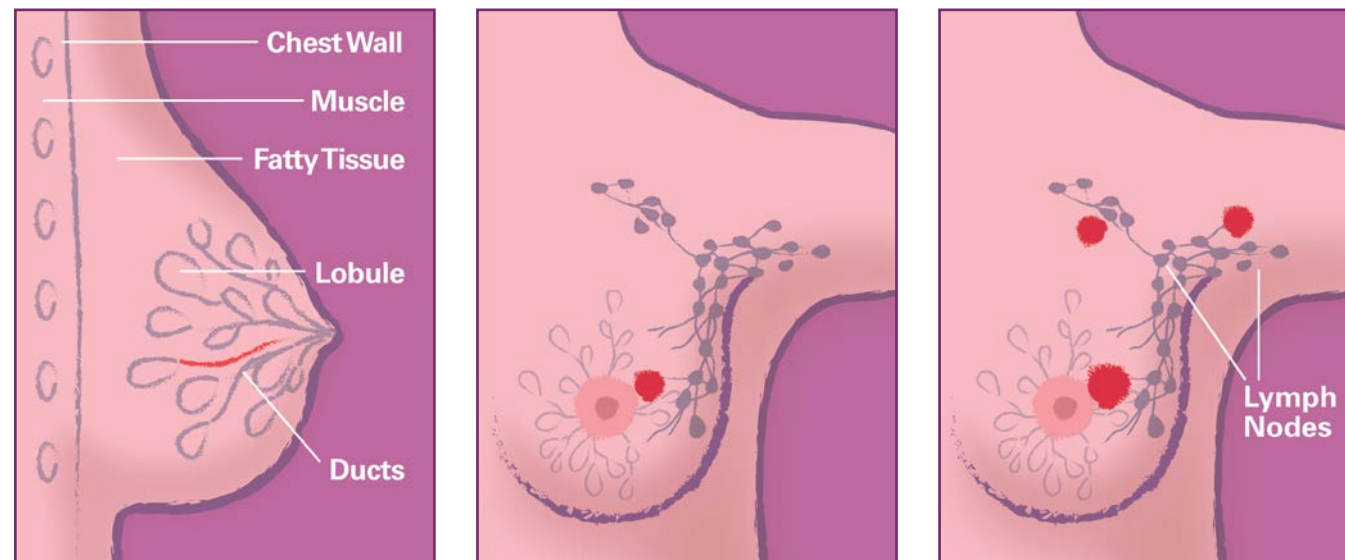
## What is early breast cancer?

**Most women with early breast cancer are curable and don't die from the cancer.** Targeted therapies, combined with traditional treatments, are improving the outcomes for breast cancer patients. Targeted therapies refer to treatments that attack tumors with with only a small amount of harm to healthy tissue.

It is important that you take the time to gather the information you need to make the best treatment decision based on your individual diagnosis. If you don't understand, we want you to ask questions to your breast cancer team.

### Early breast cancer is stage 0 to stage 2.

Again, your stage will be determined based on the size and location of the tumor.



STAGE 0

STAGE 1

STAGE 2

**Biopsy:** removal of small tissue samples or fluid for testing can determine your diagnosis, tumor type, grade and molecular profiles.

**Duct:** a small, tube-shaped part in the breast that carries milk to the nipple, where most breast cancers begin.

**Tumor:** an abnormal growth that occurs when cells divide too quickly, in an uncontrolled way. Tumors that are malignant are known as cancer.

**Lymph Node:** a small, bean-shaped organ that stores white blood cells and helps remove cell waste, germs and other harmful substances from the body.

## EARLY BREAST CANCER

STAGE **0** Cancer cells are only in the breast duct. This is called ductal carcinoma in situ (DCIS or intraductal carcinoma).

STAGE **1** There is a small tumor (2 cm or less) and/or there is a minimal tumor (less than 2 mm) in the lymph nodes.

STAGE **2** The tumor is > 2 cm and ≤ 5 cm and there are breast cancer tumor cells in the lymph nodes. Stage 2 breast cancer can be divided into two groups: Stage 2A and Stage 2B.

## LOCALLY ADVANCED BREAST CANCER

STAGE **3** Stage 3 breast cancer can be divided into three groups: Stage 3A, Stage 3B and Stage 3C.

**STAGE 3A** is any tumor size (T0-T3) when breast cancer cells have spread to several (4 to 9 axillary) lymph nodes.

**STAGE 3B** is when the tumor has grown into the chest wall or skin, and breast cancer cells have spread to the lymph nodes.

**STAGE 3C** is considered when any tumor size has spread to more than 10 lymph nodes.

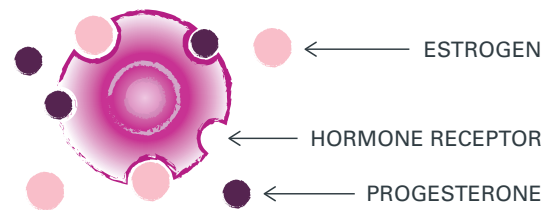
## ADVANCED BREAST CANCER

STAGE **4** Tumors have spread to other parts of the body.

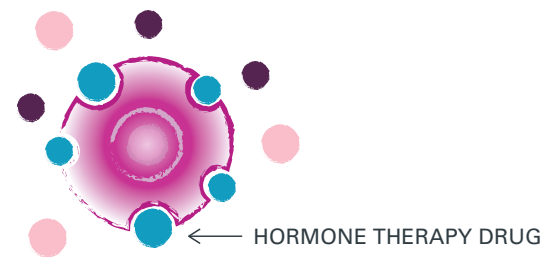
## What else will affect your treatment decisions?

The molecular profile of your cancer may lead to the recommendation for specific targeted treatments that further personalizes your treatment plan based on the tumor profile. Molecular profiles include:

### CANCER CELL WITH HORMONE RECEPTORS



### CANCER CELL WITH USE OF HORMONE THERAPY TREATMENT



### Hormone Receptor Status: ER PR Status

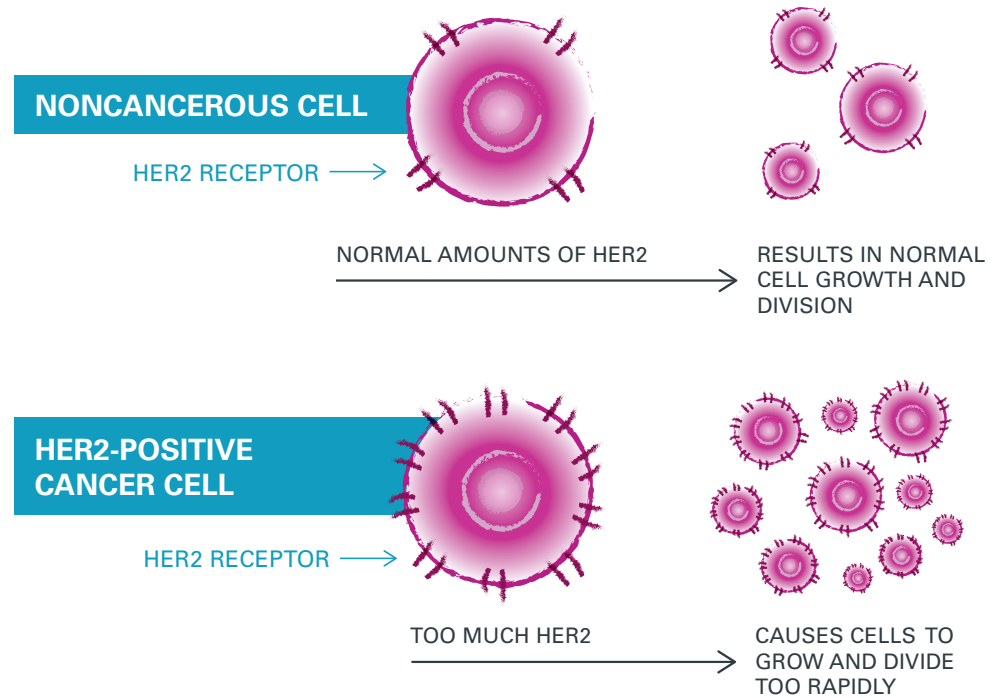
Two hormones naturally made by the body are called estrogen and progesterone. **Estrogen receptors (ER) and progesterone receptors (PR) may be found in breast cancer cells.** Cancer cells with these receptors depend on estrogen and related hormones, such as progesterone, to grow. About two-thirds of breast cancers are ER and/or PR positive.

Learning whether a tumor has estrogen and/or progesterone receptors helps your multidisciplinary team determine your risk of recurrence after treatment and whether the cancer can be treated with hormone therapy. Hormone therapy blocks the tumor from using estrogen and/or progesterone for cancers that are ER and/or PR positive, slowing or stopping tumor growth.

#### Two types of drugs may be used:

- Tamoxifen can be used for women of all ages
- Aromatase inhibitors (AIs) stop the production of estrogen. AIs must never be used alone for women who have not gone through menopause

**Note:** For women who have not gone through menopause, hormone therapy for ER and/or PR positive tumors may include stopping the production of estrogen and progesterone in the ovaries with surgery or injections.



### HER2 Status:

HER2 (human epidermal growth factor receptor 2) is a protein found on the surface of cells. It plays an important role in how cells grow. About one out of every five patients with breast cancer has HER2-positive breast cancer. Your breast cancer team can test if your breast cancer is HER2-positive or HER2-negative.

- HER2-positive breast cancer cells have more HER2 protein than healthy cells or have increased copies of the HER2 gene in the cell nucleus
- HER2-negative breast cancer cells have little or no HER2 protein in the cell nucleus

### Triple-negative Breast Cancer:

Triple-negative breast cancer is when the tumor tests negative for ER, PR and HER2. It is called triple negative because tumor growth is not caused by HER2, estrogen or progesterone. Between 10% and 17% percent of breast cancers are triple-negative.

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**HER2:** a type of protein that is found on the surface of cells that can tell cells to grow.

**Hormone Receptor:** a protein on the surface of cells to which hormones attach.



## What treatments are used to treat early breast cancer?

The goal of treatment is to remove the tumor and make sure it does not return.

### SURGICAL TREATMENT OPTIONS

#### BREAST CONSERVING SURGERY

This involves a lumpectomy that is most often followed by radiation therapy.

#### MASTECTOMY

This can be unilateral (one breast) with or without reconstruction or bilateral (both breasts) with or without reconstruction. Nipple-sparing mastectomies may be an option for some women.

#### LYMPH NODE SURGERY

This is done for staging and treatment options.

- a. A sentinel node biopsy removes the first few draining lymph nodes.
- b. Lymph node dissection is most often performed on as many as 10 to 40 lymph nodes and is typically done in the presence of a known disease.

### RADIATION TREATMENT OPTIONS

Radiation therapy uses high-energy rays to kill cancer cells. Most women who choose breast conservation will require radiation therapy. After mastectomy, radiation therapy is given selectively to patients.

### SYSTEMIC TREATMENT OPTIONS

#### CHEMOTHERAPY

This is medicine that kills cells that grow and divide rapidly like cancer cells or fast-growing normal cells. Chemotherapy may be offered to women with node-positive tumors, large tumors, fast-growing hormone positive tumors, triple-negative tumors or HER2-positive tumors. Chemotherapy can be given before or after surgery.

#### HORMONAL THERAPY

This helps stop growth of tumors that rely on hormones like estrogen or progesterone. Some of these medicines work by blocking hormone receptors on cancer cells, while others work by lowering the amount of hormones in your body. Hormone therapy is used to treat hormone-positive breast cancer. Most women with these receptors will be offered at least five years of therapy.

#### ANTIBODY THERAPY

This involves antibodies that recognize HER2 positive tumors and tag the cancer cells to be removed by your own immune system. These antibodies are used with chemotherapy to wipe out breast tumors and improve overall cure.

#### IMMUNOTHERAPY

This is made up of medicines that make your immune system fight certain types of breast cancer tumors.



#### How does my diagnosis affect my treatment plan?

Your breast care team will recommend treatment based on your diagnosis. Several factors are considered when recommending a treatment. These include: performing and checking the biopsy, imaging studies, molecular profile and grade.

### General recommendations from your treatment team

Your team would like you to continue exercising throughout treatment, this has been shown to improve mental and physical side effects.

Stop supplements and vitamins unless approved by your cancer team because some vitamins can interfere with how well cancer treatment works.

To manage stress, try to stay engaged in your usual activities, spend time focusing on self-care, and take long, deep breaths several times per day.

It is normal to feel overwhelmed, stressed, or down during this time, but tell your doctors if these feelings do not improve over time or seem to be getting worse.

Some cancer treatments cause a risk to fertility. Ask your team about options to preserve fertility and referral to a specialist prior to starting treatment.

## What are your treatment plan options?

TREATMENT PLAN OPTION <b>1</b>	<b>SURGICAL TREATMENT</b>		RADIATION THERAPY	DRUG HORMONE THERAPY	SURVIVORSHIP	
	<b>BREAST SURGERY</b> Lumpectomy with lymph node sentinel node biopsy — VS. — Lymph node dissection					
TREATMENT PLAN OPTION <b>2</b>	CHEMOTHERAPY	<b>SURGICAL TREATMENT</b>		RADIATION THERAPY	DRUG HORMONE THERAPY	SURVIVORSHIP
		<b>BREAST SURGERY</b> Lumpectomy — VS. — Mastectomy with or without reconstruction	<b>LYMPH NODE SURGERY</b> Lymph node sentinel node biopsy — VS. — Lymph node dissection			
TREATMENT PLAN OPTION <b>3</b>	<b>SURGICAL TREATMENT</b>		CHEMOTHERAPY	RADIATION THERAPY	DRUG HORMONE THERAPY	SURVIVORSHIP
	<b>BREAST SURGERY</b> Lumpectomy — VS. — Mastectomy with or without reconstruction	<b>LYMPH NODE SURGERY</b> Lymph node sentinel node biopsy — VS. — Lymph node dissection				

## Your Notes

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## Where to find resources

Call **402.559.4420** for help with the below:

### Cancer Support Groups and Resources

Topics may include information about our Cancer Survivorship Group, A Time to Heal, online or peer support group options and our Look Good Feel Better program.

### Medical-legal Support

The Nebraska Medical-Legal Partnership for Oncology offers help for our cancer patients. Eligible patients can be given legal advice or representation for many issues including: Social Security denials, unlawful or unsupported denials for needed medical care, power of attorney, last will and testaments and bankruptcy.

### Social Work

The Social Work Department gives emotional support through counseling, community resources; such as financial aid and transportation, planning for medical equipment or home nursing care, support and educational groups.

### 24/7 Infusion Center

After you've contacted your provider or nurse case manager regarding a critical medical concern, if needed, we offer access to a 24/7 infusion center for patients under active oncology care and have an urgent need. Call **402.559.5600**.

### Counseling Services

There are licensed psychologists available to help you at any phase of your cancer experience. These providers specialize in cancer care and work closely with you and your team to manage any distress you may have.

### Financial Counselors

Financial counselors are available to help you understand your benefits and assistance available to you.

### Nutritional Services

Nutrition is an important part of cancer treatment to help you feel better and stay stronger. A registered dietitian nutritionist (RDN) is available to provide education on symptom management and eating well during and after treatment.

### The Life Renewal Center

Located at Village Pointe Health Center, the Life Renewal Center helps cancer patients with the physical and emotional changes experienced due to therapy or surgery. Massage therapy, wig and prosthetic fittings, skin care, yoga, skin care lessons and print and electronic materials are just some of the available services. Call **402.596.3195** for more information and hours of operation.

### Resource and Wellness Center

Located at Fred & Pamela Buffett Cancer Center, the Resource and Wellness Center helps patients and families navigate through the cancer journey providing a variety of support and personal services to help address the physical and emotional needs of patients. This includes access to health information, education and support groups, image recovery, salon services and massage therapy as well as computers, faxing and notary services. Call **402.559.1222** for more information and hours of operation.

### Physical and Occupational Therapy

The outpatient rehab department has Occupational and Physical therapists who specialize in the treatment of lymphedema, a condition that can be common in patients undergoing treatment for breast cancer. The therapists can provide education on prevention and hands on treatment to control the symptoms of lymphedema. You can discuss this with your physician, and if it's appropriate, obtain a referral for services.

## Online resources

- Nebraska Medicine Cancer Survivorship [NebraskaMed.com/Survivorship](https://www.NebraskaMed.com/Survivorship)
- American Institute for Cancer Research [aicr.org](https://www.aicr.org)
- The American Cancer Society [cancer.org](https://www.cancer.org)
- Livestrong [livestrong.org](https://www.livestrong.org)
- National Cancer Institute [cancer.gov](https://www.cancer.gov)
- Caring Bridge [caringbridge.org](https://www.caringbridge.org)
- The National Comprehensive Cancer Network [nccn.org](https://www.nccn.org)

## Nebraska Medicine accreditation and honors

- National Accreditation Program for Breast Centers (NAPBC)
- National Comprehensive Cancer Network (NCCN)
- National Cancer Institute (NCI) Designated Cancer Center
- Accreditation of Radiation Oncology by American College of Radiology (ACR)
- American College of Surgeons Commission on Cancer
- Magnet Status awarded by the American Nurses Credentialing Center (ANCC)
- Oncology Certified Nurses
- First hospital in the state to receive the Blue Cross and Blue Shield of Nebraska Blue Distinction Center for Complex and Rare Cancers
- *U.S. News & World Report* Best Hospital
- Joint Commission on Accreditation of Healthcare Organizations





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