

Frequently Asked Questions

ABOUT TREATMENT FOR EARLY-STAGE BREAST CANCER

Finding out you have breast cancer can be overwhelming. This document is intended to provide general educational information for you to use in your discussions with your doctor. This document is not intended to provide medical advice. It is important to discuss diagnosis and treatment options with your doctors, as they will consider many factors specific to the type of cancer you have before making a treatment recommendation.

What is early-stage breast cancer?

Breast cancer starts when healthy cells in the body become unhealthy, grow too fast, and group together to form a mass or tumor in the breast. In early-stage breast cancer, the tumor is in the breast and sometimes in nearby glands called **lymph nodes**. The tumor cells have not traveled to distant parts of the body.

MEDICINES AND SURGERY ARE TREATMENT OPTIONS FOR EARLY-STAGE BREAST CANCER



Medicine before surgery

(called neoadjuvant treatment/preoperative treatment)

What is neoadjuvant treatment?

Neoadjuvant treatment is treatment given before surgery. Some of these treatments are systemic therapies (medicines) that travel throughout the body to kill cancer cells, but they can affect healthy cells too. Your doctor may also refer to neoadjuvant treatment as preoperative therapy. Chemotherapy, hormonal treatment, and targeted treatment all may be used. (See definitions found on page 2.)

What are the goals of neoadjuvant treatment?

To shrink tumors, help get rid of cancer cells, and to possibly lower the risk tumors will grow back.

- Shrinking the tumor may make it easier to remove during surgery
- It may also increase the chance of being able to get a lumpectomy, or breast-conserving surgery, and less invasive lymph node surgery
- Neoadjuvant treatment will also allow your healthcare team to see how the tumor responds to treatment



Surgery

What is surgery?

Surgery involves taking out tumors in your breast or lymph nodes or both.

What are the goals of surgery?

Remove cancer from the breast or lymph nodes or both.

- In some women, the breast can be preserved; in others, a mastectomy is necessary
- If mastectomy is performed, breast reconstruction can sometimes begin at the same time as cancer surgery

Will I need surgery if the cancer responds to the medicine I received before surgery?

You will need surgery no matter how the cancer responds to neoadjuvant treatment. But in some cases, you may be able to have less surgery.

How will the surgeon find the area to remove if the cancer goes away?

Before you receive neoadjuvant treatment, a small metal clip called a marker will be placed in the tumor. This will guide the surgeon where to remove any cancer in the breast or lymph nodes that may remain at the time of surgery.



Treatment after surgery

(called adjuvant treatment)

What is adjuvant treatment?

Adjuvant therapy is treatment given after surgery. Chemotherapy, hormonal treatment, and targeted treatment may all be given both before and after surgery. Radiation treatment is usually used immediately after surgery or after adjuvant chemotherapy.

Will I need further treatments after surgery?

Depending on the type of breast cancer you have, your oncologist may prescribe treatments after your surgery to get rid of any cancer cells that may not be seen. This may help reduce your risk of the cancer returning.

What are the goals of adjuvant treatment?

To help get rid of breast cancer cells, and to possibly lower the risk of tumors growing back.

More questions about early-stage breast cancer treatment options (cont'd)

DETERMINING WHICH EARLY-STAGE BREAST CANCER TREATMENT IS RIGHT FOR YOU

What tests help my doctors decide what early-stage treatment plan to recommend?



All your treatment options are based on the traits of the cancer, such as its size, how quickly it grows, and how it looks under a microscope. Your doctors consider many factors from a variety of tests before making any treatment recommendations.

What are the different types of breast cancer?

The type of treatment you may receive depends on the type of cancer you have.

- **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. Doctors can test if breast cancer is HER2-positive or HER2-negative. About 15-20 percent of people with breast cancer have tumors that test positive for HER2
- Two hormones naturally made by the body are called estrogen and progesterone. One type of breast cancer grows when estrogen, progesterone, or both attach to hormone receptors on the tumor. This is called **hormone receptor-positive breast cancer**. It is more common than **hormone receptor-negative breast cancer**
- **Triple-negative breast cancer** is when the tumor tests negative for HER2 and hormone receptors. 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

What types of treatments are available for early-stage breast cancer?

Chemotherapy, hormonal therapies, and targeted treatment may all be given before or after surgery. Depending on the type of breast cancer you have, you may receive one or more of the following:



• **Chemotherapy:** Medicines that kill cells that grow and divide quickly; these can include cancer cells and healthy cells (such as those that grow hair and nails)



• **Hormonal therapy:** Medicine that helps stop growth of tumors that rely on hormones like estrogen or progesterone



• **Targeted treatment:** Medicine that attacks specific characteristics of cancer cells, but can also affect healthy cells

Radiation treatment is either given after surgery, for those who received neoadjuvant treatment, or after adjuvant chemotherapy, for those who did not receive neoadjuvant treatment. There are different types of breast cancer that respond to specific treatments; your doctors should explain the differences when they review your lab reports with you.

What are some of the potential benefits of neoadjuvant treatment?

Neoadjuvant treatment may:

- Shrink the tumor and give you more options for the type of surgery you can have
- Allow your healthcare team to see how the tumor responds to treatment
- Help achieve a pathological complete response, which means that there is no evidence of cancer cells in your breast and lymph nodes at the time of surgery

What are some disadvantages or limitations of neoadjuvant treatment?

- Not every cancer responds to neoadjuvant treatment
- Depending on your specific breast cancer, you and your surgeon may decide that you need a mastectomy even if neoadjuvant treatment works well
- If the cancer responds well to neoadjuvant treatment, it may be hard for your doctor to determine its initial stage
- Neoadjuvant treatment may be more expensive because this treatment option may require more visits with your doctors and tests to monitor how the cancer responds to the treatment
- You may experience serious or common side effects from the medications selected for neoadjuvant treatment

More questions about early-stage breast cancer treatment options (cont'd)

WHAT TO KNOW ABOUT TREATMENT FOR EARLY-STAGE BREAST CANCER

NEOADJUVANT

Why might my doctor recommend that I have neoadjuvant treatment before surgery?

Your doctor may recommend neoadjuvant treatment because of its potential to shrink tumors, help get rid of cancer cells, and to possibly lower the risk tumors will grow back.

By potentially shrinking the tumor, neoadjuvant therapy may also increase the chance of being able to get a lumpectomy, or breast-conserving surgery, and less invasive lymph node surgery.

Limitations: It's important to note that not every cancer responds to neoadjuvant treatment, and depending on your specific breast cancer, you and your surgeon may decide that you still need a mastectomy even if neoadjuvant treatment works well.

How and when will I receive neoadjuvant treatment?



If you can receive neoadjuvant treatment, you will be referred to a medical oncologist, a doctor who prescribes cancer medicines. Your doctor will discuss the benefits, risks, and potential side effects of the treatment with you. Your doctor will want to begin neoadjuvant treatment promptly and before you have your breast surgery.

How will my doctors monitor whether the treatment is working against the cancer?



Your doctor may perform breast exams and order imaging tests to see if the tumor is shrinking. You may even be able to feel the tumor shrink over time.

If the cancer does not get smaller or go away during neoadjuvant treatment, what are my options?



Your doctors may recommend that you have surgery sooner. They will consider the tumor's response to the neoadjuvant treatment when choosing your additional treatments.

ADJUVANT

Why might my doctor recommend that I have surgery followed by adjuvant treatment?

Your doctor may recommend adjuvant treatment, whether or not you receive neoadjuvant treatment. Adjuvant treatment is given after surgery. The goal of adjuvant treatment is to help decrease the risk of the cancer coming back.

How and when will I receive adjuvant treatment?

If adjuvant treatment is recommended, your medical oncologist will discuss the benefits, risks, and potential side effects of the treatment with you. You will receive adjuvant treatment after surgery, but the time between surgery and adjuvant treatment is different for each person.

For how long will I receive adjuvant treatment?

Different types of adjuvant treatment are prescribed for different lengths of time. For example, chemotherapy is prescribed, on average, for 3-6 months; hormonal treatment is prescribed, on average, for 5-10 years; and some targeted treatment is prescribed, on average, for up to one year. Your doctor may stop treatment at any time if the treatment is causing unmanageable side effects or if your cancer comes back.

More questions about early-stage breast cancer treatment options (cont'd)

OTHER QUESTIONS ON EARLY-STAGE BREAST CANCER

Am I able to take part in a clinical trial for the treatment of early-stage breast cancer?



Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new medicines or new combinations of medicines, new surgical procedures or devices, or new ways to use existing treatments. The goal of clinical trials is to find out if a new test or treatment works and is safe. For more information on clinical trials, speak with your doctor or visit clinicaltrials.gov.

How can I find someone to talk to who has received treatment for early-stage breast cancer?



Consider speaking with your healthcare team about whether they can connect you with someone who has received treatment for early-stage breast cancer. Some organizations have helplines that can match you with another person who shares your experience. These include the LBBC Breast Cancer Helpline at (888) 753-LBBC (5222); SHARE's Helpline at (844) 275-7427; and the ABCD Helpline at (800) 977-4121.

What resources can help me find out whether my insurance will cover the costs?

We encourage you to talk openly with your healthcare team about the costs of your care and ways to find resources for assistance. LBBC.org has links to programs and a Guide to Understanding Financial Concerns, which can direct you to resources that may help you offset treatment costs.

No matter what your stage of breast cancer or treatment plan, managing medical and living expenses may seem overwhelming when you are feeling anxious about your health.

Where can I get more information about treatment for early-stage breast cancer?

Some resources on therapies for early-stage breast cancer include LBBC.org, cancer.gov, and breastcancer.org. Search these websites for "early-stage breast cancer treatment." Always speak with your healthcare team about anything you read online. Your healthcare providers can help you understand the impact of treatment decisions on your care.

How will early-stage breast cancer treatment affect my future fertility?

If you are interested in having children in the future, speak with your doctors about the possible effects of treatment on your fertility. They may recommend you visit a specialist before you begin neoadjuvant treatment.

The organizations mentioned in this brochure are an incomplete listing of cancer support organizations and are not controlled by, endorsed by, or affiliated with Genentech, Inc. The list is meant for informational purposes only and is not intended to replace your healthcare professional's medical advice. Ask your doctor or oncology nurse educator any questions you may have about your cancer or treatment plan.