A Checklist for Patients with Breast Cancer
Regular communication with your doctor is important in making informed decisions about your health care. Don’t be afraid to ask questions, no matter how trivial you might think they are.

Ask the doctor how many new breast cancer patients he/she treats every year. Research has shown that doctors who treat more than 30 new breast cancer patients each year are more likely to comply with treatment guidelines, and their patients have better outcomes.

**Diagnosing Breast Cancer**

When a breast mass is found, your doctor will usually recommend a biopsy to find out what type of mass you have. A biopsy identifies the type of mass, the extent of the mass and whether it has spread to other parts of the body. This analysis is called a **pathology report**.

You should obtain a copy of your pathology report and take it with you when you visit your doctors.

Some masses are benign. Benign masses are not a problem, and nothing needs to be done about them. But when the biopsy shows that a mass is malignant or cancerous, the doctor will discuss your treatment options with you.
Consider asking your doctor the following questions:

- What type of breast cancer do I have?
- What is the size of my tumor?
- How many lymph nodes contained cancer?
- Is my cancer hormone receptor positive?
- What is my HER-2 status?
- What stage is my breast cancer?
### Treating Breast Cancer

You should have a team to treat your breast cancer. Your team should include:

- Breast surgeon or general surgeon
- Medical oncologist
- Radiation oncologist
- Reconstructive plastic surgeon
- Others as appropriate

**Appropriate treatment methods may include:**

- Surgery
- Radiation oncology
- Medical oncology (chemotherapy, hormone therapy, or biological therapy)

Before starting treatment, you may want to get a second opinion about your diagnosis and treatment options.

The National Comprehensive Cancer Network (NCCN) believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

Ask your doctor these questions:

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**Before treatment begins**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>What are my treatment options?</td>
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<tr>
<td>Which do you recommend for me?</td>
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<tr>
<td>Why?</td>
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<tr>
<td>What are the expected benefits of each kind of treatment?</td>
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<td>What are the potential risks and side effects of each kind of treatment?</td>
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<tr>
<td>How will each treatment affect my daily life?</td>
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<tr>
<td>Will I be able to work, exercise, and perform my usual activities?</td>
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<tr>
<td>Question</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>• What are the expected timelines for my treatment plan?</td>
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<tr>
<td>• What is the likelihood of recurrence if I do not do each treatment?</td>
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<td>• What is the treatment likely to cost?</td>
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<td>• Is the treatment covered by my insurance plan?</td>
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<tr>
<td>• What clinical trials would be appropriate for me?</td>
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<tr>
<td>• Where can I find out about clinical trials or other new treatments for breast cancer?</td>
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<tr>
<td>Question</td>
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<tr>
<td>Am I a candidate for breast reconstruction?</td>
<td><em>It may be done at the same time as a mastectomy or later. If considering reconstruction, you should talk about it with a plastic surgeon before having surgery.</em></td>
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<tr>
<td>Can you suggest a plastic surgeon for me to contact?</td>
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<tr>
<td>What kinds of surgery can I consider?</td>
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<tr>
<td>What are the risks of each surgery?</td>
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<tr>
<td>What is the cosmetic appearance of each surgical option?</td>
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<tr>
<td>Is breast-sparing surgery an option for me?</td>
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<tr>
<td>Am I a candidate for sentinel lymph node biopsy?</td>
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<td>Will my lymph nodes be removed?</td>
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<td>How many?</td>
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<td>Why?</td>
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<td>Am I at risk for lymphedema?</td>
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<td>If so, how can I reduce my risk?</td>
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</table>
**Before having surgery (continued)**

- How will I feel after the operation?
- How long will I be in the hospital?

- Will I need to learn how to take care of myself or my incision when I get home?

- Will I have to do special exercises to help regain motion and strength in my arm and shoulder?
- Will a physical therapist or nurse show me how to do the exercises?

- When can I get back to my normal activities?
- What activities should I avoid?

- Is there someone I can talk to who has had the same surgery I’ll be having?

- Would a clinical trial be appropriate for me?
### Before having radiation therapy

At this time, no groups have been defined in which radiation therapy can be omitted following breast conserving surgery. Post-mastectomy radiation therapy improves local control and survival.

- Why do I need this treatment?

- What are the benefits, risks, and side effects of this treatment?
- Will it affect my skin?

- Are there any long-term effects?

- When will treatment begin?
- How will we know the treatment is working?
- When will treatment end?

- How will I feel during therapy?
- Will I be able to drive myself to and from therapy?
**Before having radiation therapy (continued)**

- What can I do to take care of myself before, during, and after radiation therapy?
- Can I continue my normal activities?
- How will my chest look afterward?
- What is the chance that the tumor will come back in my breast?
- How often will I need checkups?
- Would a clinical trial be appropriate for me?
### Before having systemic therapy (chemotherapy, hormonal therapy, or biological therapy)

- Why do I need this treatment?

- What drugs will I be taking?
  - What will they do?
  - Is oral chemotherapy an option for me?

- If I need hormonal treatment, would surgery to remove the ovaries or drugs be better for me?

- When will treatment start?
  - When will it end?

- What are the expected benefits of the treatment?
  - How will we know the treatment is working?
  - What is the likelihood of recurrence if I do not do each treatment?
### Before having systemic therapy (chemotherapy, hormonal therapy, or biological therapy)

<table>
<thead>
<tr>
<th>Questions</th>
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<tbody>
<tr>
<td>• What are the risks and possible side effects of treatment?</td>
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<tr>
<td>• What can I do about them?</td>
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<tr>
<td>• Which side effects should I tell you about?</td>
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<tr>
<td>• Will there be long-term side effects?</td>
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<tr>
<td>• Where will I go for treatment?</td>
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<tr>
<td>• Will I be able to drive home afterward?</td>
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<tr>
<td>• Will I need to stay in the hospital?</td>
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<tr>
<td>• How will this treatment affect my normal activities?</td>
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<tr>
<td>• What will my follow-up care include?</td>
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<tr>
<td>• Would a clinical trial be appropriate for me?</td>
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</tbody>
</table>
Recovery and Long-term Follow-up

It is important to have regular follow-up exams after breast cancer treatment to ensure that changes in health are noticed. Examination of the breasts, chest, neck and underarm are usually included in follow-up exams. Periodic mammograms are also common.

The National Comprehensive Cancer Network (NCCN) has established the following guidelines for follow-up of breast cancer:

1. Have a physical exam performed by a doctor every 4-6 months for 5 years.
2. Perform breast self-exam (BSE) every month.
3. Have a mammogram every 12 months. If you had breast conserving surgery with or without radiation therapy, have a mammogram 6 months after therapy ends, then of both breasts every 12 months.
4. Understand which symptoms should be reported immediately.
5. Have a pelvic exam every 12 months if taking Tamoxifen and have not had the uterus removed.

Changes in the treated breast or in the other breast should be reported to the doctor right away.

Tell your doctor about other physical problems, such as loss of appetite, pain, weight loss, changes in menstrual cycles, unusual vaginal bleeding, or blurred vision. Other symptoms that should be reported include dizziness, headaches, coughing, shortness of breath, backaches, or digestive problems that don't go away.
Ask your doctor the following questions:

- How often should I have a mammogram?

- How often should I have an appointment for an examination?

- How will you determine if the cancer comes back?

- Who do I call for questions or problems?

- Who can I contact for emotional, supportive needs for myself and/or my family?
Quick Help Guide to Resources

Need more information? Check out the following resources.

Need to know more about your type of cancer?
- National Cancer Institute
  Information Specialists – call 800-4-CANCER

Questions about your pathology report?
- American Society of Clinical Oncology (ASCO) 888-651-3038 or www.asco.org

Help with transportation to a treatment facility?
- Young Survival Coalition
  Atlanta 770-377-8956; National 212-206-6610
  www.youngsurvival.org
- Breast Friends
  Atlanta 404-843-0677; National 888-718-3523
  www.breastfriends.org
- Angel Flight
  800-446-1231
  www.AngelFlightAmerica.org

More information about clinical trials?
- American Cancer Society
  Clinical trial matching service 800-ACS-2345 or www.cancer.org
- National Cancer Institute
  List of NCI sponsored clinical trials 800-4-CANCER or www.cancer.gov/clinical_trials/

Financial assistance for a clinical trial?
- CancerCare
  800-813-HOPE (4673)
  www.CancerCare.org

- National Coalition for Cancer Survivorship
  301-650-9127
  www.canceradvocacy.org

What does my insurance cover?
- Call Customer Service at the phone number on your insurance ID card.

24-hour personal support
- Breast Friends
  Atlanta 404-843-0677; National 888-718-3523
  www.breastfriends.org

- CenterWatch
  Clinical Trials Listing Service
  www.centerwatch.com