

## **An Information Guide**

# ABOUT BREAST CANCER



by the Circle of Strength  
Sudbury Breast Cancer  
Support Group

Somebody does know how you feel. Somebody does understand. Somebody has been there.

### **DEDICATION**

To all courageous women who have faced breast cancer

### **SPECIAL THANKS**

We would like to thank all those who contributed to the booklet by sending us information, reviewing our drafts or providing support. It is the fond hope of those who produced this booklet that you will find it both informative and comforting. Your feedback and suggestions are welcomed so that our information is up to date. Call 705.692.4567.

### **ACKNOWLEDGEMENTS**

Produced by the Circle of Strength/ Sudbury Breast Cancer Support Group  
Designed by Crystal Larose

### **PROJECT TEAM**

Steering Committee Bridges to Better Breast Health Project  
of Breast Action Coalition - Sudbury in partnership with the  
Regional Cancer Program of the Sudbury Regional Hospital

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This booklet is available in French.

## INTRODUCTION

In January 1995, eleven breast cancer survivors met with two health care advisors in Sudbury to discuss the needs of women with breast cancer. Of primary importance was the profound impact that a diagnosis of breast cancer has had on us, our families and friends. As a group, we decided that to respond effectively the following should be in place:

- A breast cancer support group located in this city
- An information booklet that would list local resources, answer commonly asked questions and offer helpful hints

The hope was that newly diagnosed women as well as those currently receiving treatment could be assisted in understanding and facing this disease. The development of our group has provided a venue for sharing with others the experience of managing a life following a diagnosis of breast cancer.

In September 1995, the first meeting of the Sudbury and District Breast Cancer Support Group, now called the Circle of Strength/ Sudbury Breast Cancer Support Group, took place. Since then, meetings are facilitated by women who have lived the breast cancer experience.

Breast cancer survivors and those newly diagnosed are invited to join the regular monthly meetings on the first Tuesday of the month. **For more information call 705.692.4567 and we will return your call within 24 hours.**

In May 1996, we produced the first edition of our booklet “**An Information Guide About Breast Cancer.**” Funding was provided by the Ontario Breast Cancer Exchange Project (OBCEP) with assistance from the Health Services Directorate, Health Programs and Sciences Branch, Health Canada.

Funding for the second and third editions has been provided by the Canadian Breast Cancer Foundation, Ontario Region.

This booklet is provided for educational and informational purposes only. It is not intended as a substitute for professional advice. If you feel you need medical advice, please see your health care professional.

Every effort has been made to ensure the accuracy and reliability of the information that appears in this booklet. No official endorsement by the funding agencies is intended or should be inferred.

Websites that are referred to in this booklet are provided as a link to additional resources. Organizations providing these websites are solely responsible for their operation and content.

## WHO WE ARE

We are women living with breast cancer – some of us are newly diagnosed, others are in treatment and others are long time survivors of breast cancer.

We are a peer support group offering ongoing emotional support facilitated by trained peer volunteers.

We are an information and education resource and we network with similar groups in Ontario and Canada.

We adhere to strict confidentiality.

## CIRCLE OF STRENGTH/ SUDBURY BREAST CANCER SUPPORT GROUP

### 1996 FOUNDING COMMITTEE MEMBERS:

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**A WOMAN'S BREAST CANCER  
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The **female breast** is made up mainly of lobules or milk producing glands and ducts which carry breast milk from lobules to the nipple. The rest of the breast is made up of fatty tissue, connective tissue and blood or lymphatic vessels.

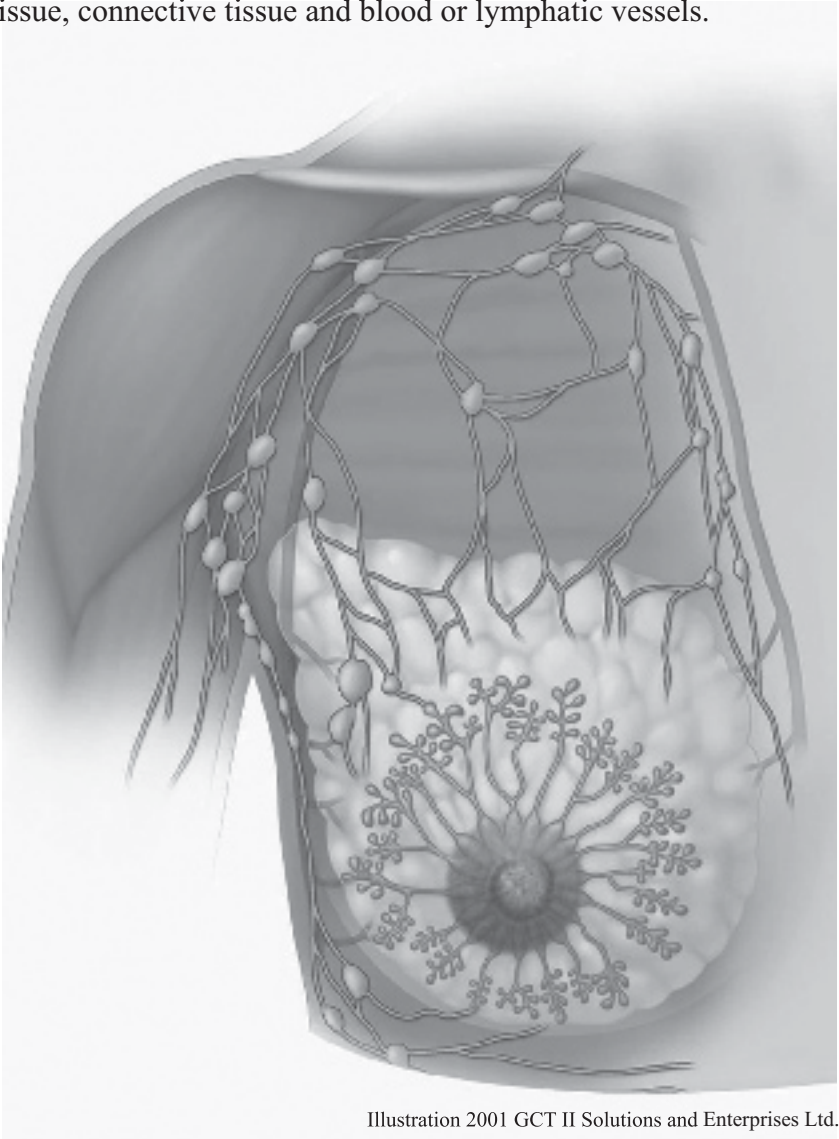


Illustration 2001 GCT II Solutions and Enterprises Ltd.

When breast cancer is discovered early and treated, the chances of recovery are very good.

Breast cancer starts when breast cells begin to grow and multiply out of control. Over time, as the cells collect together, they form a growth or tumour.

## THERE ARE DIFFERENT KINDS OF BREAST CANCER

### Ductal Cancer

Ductal cancer is the most common type of breast cancer. The cancer has formed in a breast duct.

### Lobular Cancer

The cancer has formed in a breast lobule.

Sometimes a breast cancer can have features of both ductal and lobular cancer.

Other names of breast cancers you may hear include *Paget's Disease*, *medullary*, *mucinous* & *inflammatory breast cancer*. They receive their names because of the way the cancer cells look.

**In situ** and **invasive** are two other terms that are used to describe breast cancer.

**In situ** - means the cancer cells have stayed inside the duct or lobule.

**Invasive** - means the cells have multiplied and broken through either the ductal or lobular wall and have spread into nearby areas. This may also be called 'infiltrating'.

A tumour develops its own blood vessels. Cancer cells can then travel or spread from these blood vessels to the lymph nodes and other parts of the body by way of the body's circulatory system.

**Metastasis** - means that the cancer cells have spread to other organs or parts of the body.

## BREAST CHANGES

- Lumps or thickening in the breast or armpit
- Nipple changes such as turning in, leaking, crusting or scaling
- Redness, swelling or increased warmth
- Dimpling or puckering of the skin
- Any change in breast size or shape

## WHAT DO I DO IF I HAVE A BREAST CHANGE?

- Any lump or change in your breast can be frightening
- See your health care professional about any change or lump in your breast. Request a diagnostic evaluation

- Ask about special tests that can be used to diagnose your problem
- Ask for a second opinion if the problem is ignored

## BREAST AWARENESS

You should be familiar with how your breasts normally look and feel by examining your breasts. Report any changes to your health care professional.

## CLINICAL BREAST EXAMINATION

A clinical breast examination is done by a trained health care professional. If you are over the age of 40, it is recommended you have one every two years. Speak to your family physician.

## ARE LESBIAN AND BISEXUAL WOMEN AT HIGHER RISK FOR BREAST CANCER?

Simply being a lesbian or bisexual woman does NOT put you at a higher risk for breast cancer. However, lesbian and bisexual women, as a group, may have higher rates of some breast cancer risk factors than heterosexual women.

*Busting out: Breast Health for Lesbian & Bisexual Women.*  
Sherbourne Health Centre, [www.sherbourne.on.ca](http://www.sherbourne.on.ca)

## DIAGNOSING

### HOW IS CANCER DETECTED?

Here are some tests that may be ordered by your doctor to diagnose your breast problem.

#### MAMMOGRAM

A low-dose x-ray picture of your breast is taken to look for abnormal changes of the breast. This should be done by an experienced and specially trained x-ray technologist. Ask if the mammography department is accredited by the Canadian Association of Radiologists (CAR). This means the department meets quality standards for breast mammograms.

#### DIGITAL MAMMOGRAPHY

Digital mammography takes an electronic image of the breast and stores it in a computer. It uses less radiation than regular mammograms.

Women under 50, women with greater breast tissue density and pre- or peri-menopausal women of any age would benefit from digital mammography.

#### ULTRASOUND

This test uses sound waves (not x-rays) to make a picture of the breast. This test helps to see if the problem area is a cyst or a lump. A cyst is a fluid-filled sac that is not cancerous. Ultrasound is not used for routine screening because certain types of cancers will not show up with an ultrasound.

#### MAGNETIC RESONANCE IMAGING (MRI)

MRI is a specialized test that uses powerful magnetic fields and radio waves to create images of the breast.

#### FINE NEEDLE ASPIRATION

A very thin needle is placed into the breast to draw out fluid and/or breast cells. This sample is then looked at under a microscope.

#### STEREOTACTIC CORE BIOPSY

A needle biopsy is done using a special x-ray to guide the placement of the needle. A small core of tissue is then removed for testing. This test is often used to biopsy very small calcium deposits in

the breast or other areas that cannot be done with an ultrasound.

### **ULTRASOUND-GUIDED CORE BIOPSY**

A needle is put into the breast with the help of an ultrasound. A small core of tissue is then removed for testing.

### **GALACTOGRAM**

A galactogram is a test that uses a dye to make a picture of the milk ducts in the breast. This test may be done when there is discharge that leaks from the nipple, especially when the discharge has blood.

A very small tube is threaded into the milk duct. Dye is put in and then mammogram pictures are taken. This makes a “map-like” picture of the milk ducts. The doctor can then look for the cause of the discharge.

### **SURGICAL BIOPSY**

A surgeon will remove a part or all of the breast lump during the biopsy. This will be done using a local or general anaesthetic. The breast tissue that is removed is sent to the pathology lab to be examined. The biopsy then confirms a cancer diagnosis that may have been made from the results of a core biopsy.

### **NEEDLE LOCALIZATION**

When the abnormal area is small and cannot be felt, the location is marked with a fine wire for the surgeon. The procedure is called needle localization. It is done before the surgery with the help of an x-ray or ultrasound. The doctor will freeze the area and then a needle is put in. The position of the needle is checked by taking more x-rays. When the needle is in the right place, a fine wire is passed through the middle of the needle. The needle is taken out and the wire is left in place until surgery.

## SENTINEL NODE BIOPSY

A sentinel node biopsy is a type of axillary (underarm) node dissection (surgery). The sentinel node is the lymph node most likely to have cancer cells **if** the cancer has spread. This surgery removes fewer lymph nodes and has less complications than an axillary node dissection.

Before surgery, a radioactive medication and occasionally also a small amount of blue dye are injected into the skin of the breast. The dye(s) enters the lymph system. The sentinel node(s) can be detected by either its blue colour or by a special instrument called a gamma probe which identifies the “hottest” radioactive node(s).

The sentinel node(s) are removed and sent to the lab to be quickly examined. This exam is called a ‘frozen section’. If these lymph nodes do not contain cancer, it is unlikely that cancer cells will be found in the other lymph nodes of the axilla (armpit). No more lymph nodes will need to be removed.

The surgeon will do an axillary node dissection if any lymph node(s) contain cancer. The final detailed pathology exam may show cancer cells that were not seen on the first examination of the frozen section.

## AXILLARY NODE DISSECTION

If a breast lump has cancer cells, a few lymph nodes located in your axilla (armpit) are removed. This is done to see if the cancer has spread to the lymph nodes. The lymph node dissection is often done at the same time as the lumpectomy or mastectomy.

For some of these procedures, breast tissue will be removed that may affect the appearance of the breast.

Ask how much tissue will be removed, from which part of the breast, if there will be a scar and the short and long term impact it will have on the appearance of the breast.

# TREATMENT

## YOUR ROLE IN THE TREATMENT DECISIONS...

- Be assertive
- Ask questions. Take a list of questions with you to the doctor or surgeon
- Take a friend or relative with you to all appointments
- If you are not satisfied, ask for a second opinion
- Ask if your surgeon is experienced in the surgical treatment of breast cancer
- You may ask your family physician to refer you to a surgeon of your choice

A treatment plan for breast cancer may involve one or more kinds of treatments.

You may receive cancer treatments that are:

- Local treatments like surgery or radiation therapy
- Systemic treatments like chemotherapy or hormone therapy

The treatment you receive is designed just for you. It is based on your diagnosis and personal situation. Your health care team will discuss treatment options with you.

## LOCAL TREATMENTS

### SURGERY

The type of surgery you have will depend on a number of factors. Talk to your family doctor and/or surgeon about the types of surgery that may be an option for you. Breast surgery is often done as an outpatient. This means you go into the hospital the day of your surgery and may go home after a short stay. A visiting nurse will often come to your home to help change the bandage and check to see that you are healing well.

Surgery for breast cancer will change the appearance of the breast. Ask your surgeon about the short and long term impact on the appearance of the breast and options for breast reconstruction.

## BREAST-CONSERVING SURGERY

- Example; lumpectomy/  
partial mastectomy
- Removes the lump and part  
of the surrounding tissue

## MASTECTOMY

- Removes the entire breast  
and nipple along with  
some axillary (underarm)  
lymph nodes

## STAGING

After cancer is found, other medical tests will help the doctor know where the cancer is in your body. This is called staging. The stage of cancer is based on:

- The size of the original cancer (**this is called the primary cancer**)
- If the cancer has grown into nearby areas
- If the cancer has spread into nearby lymph nodes
- If the cancer has spread (**metastasized**) to other organs of the body

Staging the cancer is important so you and your health care team can decide which treatment is best for you.

## EMOTIONAL SUPPORT DURING TREATMENT

If you have been admitted to hospital and are anxious about your cancer or treatment, ask to speak to someone about how you are feeling. Ask your nurse to put you in contact with a social worker or spiritual care worker from the hospital.

If you are receiving treatment in the community, the staff in the Supportive Care Program at the Regional Cancer Program can also help you cope. They are experienced in the emotional and social concerns cancer patients and family members face when cancer is first diagnosed and during treatment. If you do not live close to Sudbury, you can call to ask about a resource close to home.

Take advantage of local resources such as breast cancer support groups. A full listing of services begins on page 20.

# TNM CLASSIFICATION SYSTEM:

## TUMOUR SIZE



T-1

T-2

T-3

T-4

## CANCER IN THE NODES



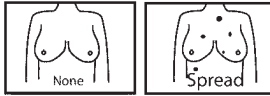
N-0

N-1

N-2

N-3

## METASTASIS (SPREAD TO OTHER PARTS OF THE BODY)



M-0

M-1

# STAGE CATEGORIZING SYSTEM:

**Stage 1**

0-2 cm	Negative	None

**Stage 2**

0-2 cm	Positive	None
OR		OR
2-5 cm		
		None
OR		
5+ cm	Negative	None

**Stage 3**

	OR		
Any Size			None
OR			
5+ cm		Positive	None
OR			
Ulcerating or fixed		Any Size	None

**Stage 4**

Any Size	Any Size	Spread

Based on AJCC/UICC TNM, 6th Edition

## RADIATION THERAPY

Radiation therapy uses a type of x-ray to treat cancer. This radiation is the same as x-rays used to see broken bones, but is a higher energy x-ray. Radiation treatments use special machines and equipment. For this reason, in Northeastern Ontario, radiation therapy is only given at the Regional Cancer Program of the Sudbury Regional Hospital.

If you decide to have radiation therapy, the next visit will be to plan the treatment. The treatment plan is made just for you. Radiation is a “local” treatment. This means that radiation is given only to the area being treated. It is very important that the treatment is given in the exact same spot each time. Small permanent ink marks (tattoo) will be put on your skin to outline the treatment area. Other things like backrests are made to help position you for the treatments.

Radiation therapy is given from Monday to Friday. The radiation oncologist will decide the number of

treatments needed depending on your cancer and other factors such as breast size. Treatment usually lasts 3 – 6 weeks. Each treatment takes between 15 – 30 minutes.

Common side effects from radiation therapy are:

- Fatigue
- Changes to the breast such as skin darkening, reddening, blistering, dryness or moistness
- Feeling tender or hard

Your radiation therapy team can help you manage these side effects and feel more comfortable.

## SYSTEMIC TREATMENTS

### CHEMOTHERAPY

Chemotherapy is the use of drugs to kill cancer cells. These drugs stop cancer cells from growing and dividing.

Chemotherapy may use one drug or many drugs. The drugs are usually given through an intravenous (I.V.) line. Some chemotherapy drugs, such as pills, are taken by mouth.

In Northeastern Ontario, chemotherapy treatments are given at the Regional Cancer Program of the Sudbury Regional Hospital or at a community chemotherapy clinic. Ask whether your chemotherapy can be done in a clinic closest to your home.

Side effects of chemotherapy depend on the drug and amount given. Some common side effects are:

- Fatigue
- Changes in memory/ concentration (chemo brain)
- Muscle aches
- Nausea or vomiting
- Hair loss
- Taste changes
- Mouth sores
- Diarrhea
- Increased risk of infection
- Menopausal symptoms

## HORMONE THERAPY

Hormone therapy uses certain medications that either act like hormones or block the hormones made by your body. This helps prevent some cancer cells from growing. These medications are not the same as the hormones used for

hormone replacement therapy after menopause.

Breast cancer cells may have specialized points called receptors into which the female hormone molecules (estrogen and progesterone) attach. If these receptors are present, the hormones attach to the receptor site and encourage the cancer to grow. These cancers are known as estrogen-receptor-positive and progesterone-receptor-positive.

Hormone therapy may help to prevent cancer cell growth.

- Tamoxifen, Femara, Arimidex and Aromasin are the most common anti-estrogen hormone therapy
- Megace is the most common anti-progesterone hormone therapy

HER-2 is a type of naturally occurring receptor. If there is an overproduction of HER-2 receptors, cells grow and spread faster. These cancers are known as HER-2-receptor-positive. Specific medication such as Herceptin will block the HER-2 receptors and slow the growth of cancer cells.

## LYMPHEDEMA MANAGEMENT

Lymphedema can occur at any time after the nodes and lymphatic vessels are damaged by radiation or taken out by surgery.

You may feel numbness, tingling or pain in your chest, shoulder or arm. Some women experience swelling in the chest, arm or hand if lymph fluid is not draining properly through lymphatic channels. This swelling, called lymphedema, should be checked by a doctor.

Lymphedema or swelling is an abnormal accumulation of fluid and protein in the body. Swelling may be found in the arm, chest and back on the affected side. Untreated lymphedema may result in an enlarged arm, pain and numbness, hardening of the skin and underlying tissue structures, loss of mobility and infection.

Your health care team may involve many professionals

Don't be afraid to ask these people to direct you to the resources you need.

Here are some things to do to care for your arm on the side of your surgery to lessen the chance of getting lymphedema:

- Use your other arm for injections, blood tests and to check your blood pressure when possible
- Clean cuts and burns and apply an antibiotic cream
- Protect your hands with gloves when gardening or doing heavy housework
- Take care of your nails - don't cut the cuticles
- Shave your underarms with an electric razor
- Use your other arm to carry heavy items
- Avoid tight-fitting jewellery and cuffs
- Wear sunscreen
- Check with your doctor before using hormones or hormone creams

Lymphedema can be managed with:

- Exercise
- Skin care
- Massage
- Compression garments

## COMPLEMENTARY THERAPY

Women living with breast cancer often explore complementary therapies to feel better and improve their quality of life. Complementary therapies are non-traditional interventions used together with conventional medicine.

Complementary therapies are not to be confused with alternative therapies, which are used instead of standard medical treatment.

These non-traditional approaches may include:

- Massage therapy
- Naturopathic medicine
- Yoga
- Acupuncture
- Homeopathic medicine
- Culturally-based healing practices

Before you choose a complementary therapy as part of your cancer care:

- Find as much information as you can about the therapy
- Talk to your health care team about the therapy before you start it
- Tell your cancer doctor about any supplements or vitamins you are taking or thinking about taking. Some complementary therapies can interact with medication
- After surgery, it is important to check with your health care team before you begin any exercise program, such as yoga

Complementary therapies are often not regulated. When choosing a therapist look for:

- A therapist who has been in practice for some time and who has received specific training in their field

Aboriginal people may want to combine traditional medicine with western medicine as part of their cancer treatment. Discuss with your health care team what healing activities are important to you. It will help you understand how they may or may not affect your treatment.

*Canadian Cancer Society, [www.cancer.ca](http://www.cancer.ca)*

- Ask others about their experience with a certain therapy or therapist. “Word of mouth” may help you make your decision
- Ask about their experience working with someone who has been diagnosed with cancer

Always discuss your medical history with a complementary health practitioner. Include:

- Your diagnosis
- Information about past treatment
- Information about treatment you are taking now or will take in the future
- Suggestions made by anyone on your health care team (**oncologists, nurses, physiotherapists, dietitians, etc.**)

Some complementary therapies are covered by extended health care insurance. Check your plan to see if you are covered.

## HUMOUR AND CREATIVITY

Laughter, like any emotion, is contagious. It is a wonderful gift to receive and share. Laughter costs absolutely nothing except the willingness to open yourself to the world.

Humour is a way of obtaining and giving pleasure despite negative influences that surround us daily. Positive happy thoughts yield positive, happy results. We all feel better when we can be happy and are able to laugh. Humans are the only creatures with this ability.

When you feel better, you see better. When you see better, you do better. When you do better, you feel better.

A wise woman once said “If you ain’t got some sense of humour, you ain’t got no sense at all.” Illness, like life, is not a laughing matter. But laughter and a sense of humour helps to keep things in perspective.

*Donna Chyz*

## BODY IMAGE

### HOW YOU LOOK AND FEEL

Your appearance may change because of your illness and the treatments you are receiving. While some of these changes may be short-term, others may not.

You have options:

- Consider wearing a wig, hat, turban and/or scarf if you lose your hair due to chemotherapy treatment
- Consider attending the Look Good...Feel Better Program in your area if you want to learn more about skin care and the application of make-up during treatment
- Discuss your nutritional needs with a dietitian during and after treatment
- Consider consulting with a plastic surgeon for breast reconstruction
- Consider being fitted with a breast prosthesis (p.27)
- Talk with your health care team about an exercise program

Changes in your appearance may affect your mood and how you feel about yourself. It may also affect your relationship with your partner, including your sexual relationship, regardless of your sexual orientation or age. Single women will have different types of worries when meeting new people. Social workers and psychologists who work with cancer patients are trained to help women who experience these problems. You should feel comfortable to contact them for an appointment as this is a normal part of your treatment and cancer recovery.

### THE IMPACT OF CANCER ON FAMILY & FRIENDS

A diagnosis of breast cancer will affect a woman's loved ones. Here are some issues they may be dealing with:

- Fear of the word “Cancer”
- Anxiety/uncertainty about the woman’s health
- Fear of the woman dying
- Talking with children about the diagnosis
- Not certain how to provide comfort and support
- Frustration accessing services
- Financial pressures
- Changes in household roles and lifestyle
- Physical demands

- Emotional strain
- Sexuality
- Spirituality

Families have their own ways of coping when faced with crisis. They draw on their own resources and strengths. As part of their healing journey, they may also request to speak with a psychologist or social worker to assist them with these issues.

## HAIR AND WIG TIPS

- Cutting your hair short may minimize the trauma of hair loss
- Natural wigs are more expensive than synthetic and harder to look after
- Choose a hairdresser with whom you feel comfortable. There should be a private sitting area and a large in-stock selection of hairpieces
- Visit the hairdresser/salon before treatments begin or soon after your first treatment before hair loss occurs
- Tip - you can pick a style and colour that suits you at the Daffodil Terrace Lodge
- Check with your health insurance company to see if they cover a hair prosthesis. A doctor’s prescription will be needed.

## SURVIVORSHIP

Once your cancer treatment is over, you will enter a new phase. Whether you call this “survivorship”, “living with cancer” or “a new normal”, there are a number of things you should consider.

Taking care of yourself means getting proper rest, exercise and following a healthy diet.

## EXERCISE

Make physical exercise part of your daily routine. Check with your doctor, set realistic fitness goals, and become more active as you recover from your treatment.

Physical activity can:

- Reduce your risk of chronic disease through a strengthened immune system
- Improve your balance and coordination
- Help you lose weight
- Improve your sleep habits
- Increase your strength
- Help raise your self-esteem
- Reduce anxiety and stress
- Prevent heart disease

## DIET AND NUTRITION

You may have gained or lost weight during treatment. Talk to your doctor about what a healthy weight is for you.

A healthy diet includes:

- At least 5 - 10 servings of fruits and vegetables every day
- More high-fibre foods
- Foods that are low in fat
- More healthy fats and less saturated fats

## SIDE EFFECTS

You may or may not experience side effects following treatment. These may depend on your surgery, the type of chemotherapy drugs you were given, or whether or not you had radiation therapy. These side effects are different from the side effects you may have experienced during treatment. Some of these symptoms may continue (**long-term**) or be delayed (**late**).

Some long-term or late side effects may include:

- Fatigue
- Menopausal symptoms
- Changes in memory/ concentration (chemo brain)
- Skin sensitivity

- Nerve damage
- Lymphedema
- Chronic pain
- Osteoporosis
- Infertility
- Second primary cancer

You may have difficulty dealing with your emotional, social and spiritual needs, your sexuality, relationships or practical and financial issues. Speak to your health care team and ask for a referral to supportive care services in your area.

### FOLLOW-UP CARE

Your follow-up care plan includes appointments for regular checkups during which your health care team will:

- Update your medical condition
- Review continued, long-term or late side effects
- Identify any symptom that should be reported to your doctor
- Recommend further testing if necessary

Recommendations for follow-up care are based on your current health, your age, medications and any other health conditions.

They can involve:

- Breast Awareness/Self-Exam
- Annual mammogram
- Regular physical exam
- Genetic counselling

### RISK OF RECURRENCE

Breast cancer survivors are concerned about the risk of a recurrence of their cancer. This can happen months or years after treatment.

Discuss your risk of recurrence with your health care team. This will vary depending on the type of the original cancer.

There are three different types of recurrence:

- Local – the cancer has returned in or close to the original cancer site, but has not spread
- Regional – tumours grow in lymph nodes or tissue near the original cancer
- Distant – cancer has spread (**metastasized**) to organs or tissue distant from the original cancer site

*Canadian Cancer Society,  
www.cancer.ca*

## SUPPORT/SERVICES

### REGIONAL CANCER PROGRAM OF THE SUDBURY REGIONAL HOSPITAL

705.522.6237  
1.877.228.1822

41 Ramsey Lake Road,  
Sudbury ON P3E 5J1

### ONTARIO BREAST SCREENING PROGRAM

705.675.2283  
1.800.661.8897

[www.cancercare.on.ca](http://www.cancercare.on.ca)

Free breast screening services  
for women 50 years of age  
and over.

- Mammography
- Clinical breast examination  
(at most sites)

A physician referral is not  
required.

The convenient Shuttle  
Service (Sudbury district  
only) can provide round  
trip transportation for up  
to 10 women.

### Remember...

- You are not alone
- You have choices
- You have time to make  
an informed decision

### THE SUDBURY REGIONAL BREAST HEALTH PROGRAM

705.523.7015  
1.800.886.8638

It offers a wide range of  
services to individuals  
who may require diagnostic  
tests for a breast problem or  
who are interested in learning  
more about breast health.

A physician referral is needed.

Supportive care services  
are offered to address the  
informational, practical,  
emotional and physical needs  
of women and their families.

### PATIENT CARE

705.522.6237

- Chemotherapy
- Radiation therapy
- Surgery
- Palliative care

### DENTAL

705.522.6237

Many cancer treatments can  
affect your mouth. Having a  
healthy mouth and teeth can  
help lessen any side effects  
that may occur. Even if you  
have regular dental care, visit  
us before and during treatment.

## SUPPORTIVE CARE

705.522.6237 x2175

### PSYCHOSOCIAL

Psychologists and social workers help individuals and families deal with the psychological, emotional, social and practical concerns of cancer.

### NUTRITION

Registered dietitians help people learn which foods are the best to eat to improve or maintain their nutritional status during their illness and treatments.

### PHYSIOTHERAPY

Physiotherapists help people deal with the physical effects of cancer and its treatment.

### CANCER GENETICS

705.675.4786

Genetic counsellors offer counselling and genetic testing for eligible individuals who have a strong family and/or personal history of cancer. A physician referral is not required.

## EDUCATION

705.522.6237

### LIBRARY

The Patient Library is open to anyone who would like to:

- Borrow books and videos from the collection
- Read pamphlets, magazines and newsletters
- Learn to search the Internet
- Use community resource collections

### PATIENT EDUCATION SESSIONS

New patients and their family members or caregivers are invited to attend one of our orientation sessions to learn more about chemotherapy and/or radiation treatments and the services provided by the Regional Cancer Program. During these sessions, the video “**Understanding Your Treatment**” will be shown. The sessions are free and include a tour.

## CLINICAL RESEARCH

705.522.6237

### CLINICAL TRIALS

Clinical trials are research studies involving patients. Clinical trials look at:

- Doses and side effects of drugs
- Usefulness of cancer treatments
- New drugs
- New combinations of current drugs
- Usual treatment compared to a new treatment

The decision to enter a clinical trial is always up to you. The study will be explained to you in detail. If you then wish to take part, you will be asked to sign a consent form.

## DAFFODIL TERRACE LODGE

705.522.7333

Patients who live more than 40 kilometres from Sudbury can stay at the Daffodil Terrace Lodge. For more information see page 27.

## COMMUNITY SERVICES

### SUPPORT GROUPS

#### BREAST CANCER SUPPORT GROUPS

Breast cancer support groups provide peer support for breast cancer survivors and are an information source for other people. Any person with breast cancer is welcome to attend. The goal is to support and encourage each other and to share thoughts, feelings and information. We use discussion, videos, guest speakers, public education and networking with similar groups.

#### WILLOW BREAST CANCER SUPPORT CANADA

1.888.778.3100

[www.willow.org](http://www.willow.org)

Willow Breast Cancer Support Canada provides free expert knowledge, understanding and support to those with breast cancer.

Willow also promotes the development of peer-led breast cancer self-help and support groups.

For support groups in your community, please contact Willow Breast Cancer Support Canada or visit their website.

### LESBIANS AND CANCER

[www.lesbiansandcancer.com](http://www.lesbiansandcancer.com)

Resources and support for lesbians, their partners and families.

### YOUNG WOMEN

#### YOUNG WOMEN DEALING WITH BREAST CANCER

[www.breastcancernowwhat.ca](http://www.breastcancernowwhat.ca)

A website that includes information, discussion rooms, real-time peer chats and moderated support/discussion groups.

#### “THE BEST EVER LIST”

[www.willow.org](http://www.willow.org)

A website that includes print and DVD resources for young women dealing with breast cancer.

### CIRCLE OF STRENGTH SUDBURY BREAST CANCER SUPPORT GROUP

705.692.4567

We invite breast cancer survivors and those newly diagnosed to our peer support and information meetings.

When: The first Tuesday of the month

Time: 7 p.m.

Where: Please call for location

A French support group is also available.

## CANADIAN CANCER SOCIETY

705.670.1234  
1.888.939.3333

[www.cancer.ca](http://www.cancer.ca)

The Canadian Cancer Society is a national, community-based organization of volunteers, whose mission is the eradication of cancer, and the enhancement of the quality of life of people living with cancer.

The Canadian Cancer Society achieves its mission through research, education, patient services and advocacy for healthy public policy. These efforts are supported by volunteers and staff and funds raised in communities across Canada.

### **You're not alone**

If you or someone you know is living with cancer, look no further than the Canadian Cancer Society for the information and support you need.

### **Call 1.888.939.3333**

- Access reliable information to help you understand cancer. Call the Cancer Information Service and

Speak to an information specialist or access information online at [www.cancer.ca](http://www.cancer.ca). Information is available in English, French and many other languages.

- Connect with a survivor or caregiver who can speak to you about what it's like to live with breast cancer.

### **Call your community Canadian Cancer Society office**

- Locate services in your community by contacting your local office in North Bay, Sault Ste. Marie, Sudbury or Timmins.
- Get help to travel to your cancer-related appointments if you can't get there on your own.

### **Other ways the Canadian Cancer Society can help**

- Find comfort and support at cancer centres, lodges and community hospitals where you'll find Society volunteers ready to help.
- Quit smoking with the help of a trained Canadian Cancer Society quit specialist. Call 1.877.513.5333 or visit [www.smokershelpline.ca](http://www.smokershelpline.ca).

## PALLIATIVE CARE

### SUDBURY REGIONAL HOSPITAL

705.523.7100

Palliative care offers therapy and services to meet the needs of the dying patients and their families. The palliative care team will provide symptom control as well as end of life care. The Palliative Care Unit provides privacy for the patient with “rooming in” available for families and caregivers.

### WARMHEARTS

705.677.0077

[www.warmhearts.ca](http://www.warmhearts.ca)

Warmhearts volunteers provide companionship, compassionate bedside support, caregiver respite, bereavement support and supportive care to children faced with terminal illness, grief or bereavement, all at no charge. Warmhearts volunteers will visit with the individual in his or her home, in hospital, residential hospice or in a long-term care facility. Referrals can be made by the individual, family member, friend or health care professional by phone or online.

### SUDBURY HOSPICE

705.674.9252

[www.maisonsudburyhospice.org](http://www.maisonsudburyhospice.org)

Their mission is to provide compassionate support and quality care to individuals and families in a home-like environment.

### RENEWED STRENGTH PROGRAM

705.523.7333

[www.renewedstrength.ca](http://www.renewedstrength.ca)

The program offers free exercise classes and support to provide strength and mobility training to women and men recovering from chemotherapy, radiation therapy and/or cancer surgery through specially designed videos and free classes.

### LOOK GOOD... FEEL BETTER

705.523.7333

[www.lookgoodfeelbetter.org](http://www.lookgoodfeelbetter.org)

The Look Good...Feel Better Program is free. The two-hour workshop helps women to manage the appearance-related side effects of their cancer treatment. The workshop is ‘hands-on’. It gives practical advice on nail and skin care, make-up and hair alternatives. Each woman receives a kit of special products.

## ASSISTANCE

Cancer patients may have financial problems. You may not be able to do your usual job because of the cancer or treatment. There may also be extra costs if you do not have full health care benefits.

The Human Resources staff where you work can give you information about sick leave and disability benefits.

Please contact the Supportive Care Program of the Regional Cancer Program if you need help to find financial resources from other sources not listed here.

Willow Breast Cancer Support Canada has a helpful booklet called *Coping With Your Financial Concerns When You Have Breast Cancer*. See [www.willow.org/info/05.asp](http://www.willow.org/info/05.asp).

## FINANCIAL

You may be eligible for benefits and/or financial assistance from government agencies. Some are listed below.

Human Resources and Social Development Canada

1.800.277.9914

- Employment Insurance  
Sickness Benefits
- Canada Pension Plan  
Disability Benefits
- Compassionate Care  
Benefits for your caregiver

Ontario Works (General Welfare Assistance)

705.675.2411

Ontario Disability Support Program

705.564.4515

1.800.461.1167

## DRUGS/SUPPLIES

### DRUG EXPENSE

Medications to take at home may be part of your cancer care. If you have a drug plan, check to see if these medications are covered. If you do not have a private drug plan, the following programs may be able to help with the cost of drugs.

## TRILLIUM DRUG PROGRAM

1.800.575.5386

This program helps with the cost of medication. After approval, the program will decide your ‘deductible’ based on your family net income. (The deductible is the portion of the cost that you pay).

## BREAST PROSTHESIS

### Assistance Device Program

1.800.268.6021

[www.health.gov.on.ca](http://www.health.gov.on.ca)

You can apply first to the Assistance Device Program of the Ministry of Health and Long Term Care to help cover the cost of each breast prosthesis. Also check your private health insurance plan as it may cover the rest of the cost.

## ACCOMMODATION

### DAFFODIL TERRACE LODGE

705.523.7333

1.800.465.6343

- Semi-private rooms are available to registered outpatients of the Regional Cancer Program who live more than 40 kilometres away
- Accommodation is free to Ontario residents but a nominal fee for meals may be applied
- Patients who require assistance with their personal care will need to have a caregiver stay with them. A staff member will assess needs and approve on an individual basis. Accommodation fees are waived for medically required caregivers
- If there is room, one companion may stay on a day-to-day basis for \$45 per day. Priority is always given to patients and their medically required escorts
- Since patients do not have treatment on holidays and weekends, the lodge is closed

## HOUSE OF KIN

705.522.3600

- Low-cost rooms for family members of patients who travel to Sudbury for treatment
- Two-storey motel with 31 rooms, a restaurant and a lounge
- The House of Kin is close to the hospitals, drug stores, shopping malls and grocery stores

## OTHER LOCAL ACCOMMODATION

1.877.304.8222

[www.mysudbury.ca](http://www.mysudbury.ca)

If family or friends need to stay overnight, there are several hotels in the area. Look in the Sudbury telephone book under “hotels”, “motels” and “bed and breakfast” in the yellow pages.

## TRAVEL

### NEED HELP GETTING TO TREATMENT?

705.670.1234

1.8888.939.3333

- Get help to travel to your cancer-related appointments if you can't get there on your own.

Call your community Canadian Cancer Society office for more information.

### THE NORTHERN HEALTH TRAVEL GRANT

705.675.4010

1.800.461.4006

This grant is available for patients who are referred to a ministry approved facility such as a hospital or a physician specialist, 100kms away. This program is only for patients who live in Northern Ontario.

Ask your doctor for the Northern Health Travel Grant form. Your doctor will need to fill out and sign part of the form. Receipts are only required for public transportation such as air, rail or bus.

If your trip is more than 200 kms one way, you may qualify for an accommodation allowance.

## HOPE AIR

1.877.346.4673

[www.hopeair.org](http://www.hopeair.org)

This charity arranges air travel for Canadians in financial difficulty who need medical care outside their home communities. Hope Air provides this service through the donation of flights on commercial and private aircraft. Contact Hope Air to make your flights request.

## DISABLED PERSON PARKING PERMIT

705.674.4503

If you are eligible, you may apply for a disabled person parking permit. This will allow you to park in a reserved parking space close to entrances. You need to get a certificate of your disability from your doctor. Call the Ministry of Transportation to get the application form.

If you keep your  
eyes cast to the ground,  
you'll miss the  
path before you.

You'll lose  
sight of what  
your purpose  
is and all that's  
destined for you.

- Kathleen Kearney

ASSISTANCE

# A WOMAN'S BREAST CANCER CHARTER OF RIGHTS AND RESPONSIBILITIES

## AS A WOMAN, IT IS MY RESPONSIBILITY TO:

- Recognize and practise healthy lifestyles
- Educate myself about breast health, risk factors, breast self-examination and breast cancer
- Adopt healthy breast care practices
- Investigate to the fullest any breast abnormality

## AS A WOMAN WITH A BREAST CONCERN, I HAVE A RIGHT TO:

- Competent, contemporary and comprehensive care by a health professional
- A second opinion
- A physician with whom I am comfortable and can work in partnership
- Prompt diagnosis and timely test results
- Clear, candid and factual answers to my questions
- Copies of any information in my medical file
- The degree of support I need at each stage of investigation

## AS A WOMAN DIAGNOSED WITH BREAST CANCER, I HAVE A RIGHT TO:

- Information about the current best conventional and complementary treatment options and protocols
- Information about all support groups and organizations
- Participate in decision making
- Define my quality of life and reject treatments that will compromise this quality
- Request or decline heroic or experimental life-saving measures
- Appoint someone I trust to ensure that my care-related choices are implemented if I am unable to do so
- Receive palliative care so that I can face death with dignity

**AS A BREAST CANCER  
ADVOCATE, I HAVE THE  
RIGHT TO EXPECT THAT  
GOVERNMENTS WILL:**

- Recognize breast cancer as a national priority
- Increase funding for research into the causes, the prevention and the cure of breast cancer
- Investigate the role of toxins in our environment: air, water, soil and the food chain
- Legislate environmental standards based on its findings
- Continue to include patients, survivors, and their families in every aspect of decision making associated with breast cancer

**AS A BREAST CANCER  
SURVIVOR, I WANT TO BE  
ASSURED THAT:**

- My diagnosis will not compromise my employability or insurability
- Information about my condition or genetic predisposition to cancer will be held in the strictest confidence

As survivors, we are determined to live with respect and dignity. We are committed to supporting women with breast cancer, enhancing their quality of life and advocating for breast cancer patients, survivors and women not yet diagnosed. These rights and responsibilities, although written from the perspective of women with breast cancer, are applicable to all cancers.

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[www.brcanactionkingston.com](http://www.brcanactionkingston.com)







# CONTACTS

Oncologist

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Primary Nurse

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Surgeon

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Family Physician

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Other Members of my Team

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## WHAT CANCER CANNOT DO

Cancer is so limited.

It cannot cripple love,  
It cannot shatter hope,  
It cannot corrode faith,  
It cannot destroy peace,  
It cannot kill friendship,

It cannot suppress memories,  
It cannot silence courage,  
It cannot invade the soul,  
It cannot steal eternal life,  
It cannot conquer the Spirit.

*Author unknown*

# CIRCLE OF STRENGTH

Sudbury Breast Cancer Support Group  
Box 1372 Lively, Ontario P3Y 1N1

Tel: 705.692.4567

Funded by

CANADIAN  
BREAST CANCER  
FOUNDATION\*



FONDATION  
CANADIENNE DU  
CANCER DU SEIN\*

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