

**2009**

Southwest Michigan  
Breast Cancer Resource Manual





The Southwest Michigan Affiliate of Susan G. Komen for the Cure makes reasonable efforts to include accurate, up-to-date information in this manual. Southwest Michigan Affiliate of Susan G. Komen for the Cure makes no warranties or representations as to its accuracy and assumes no liability for any errors or omissions in the content of this manual.

### ***Forward***

This Resource Manual was developed at the suggestion of many breast cancer survivors and healthcare professionals who have had some difficulty in locating needed resources for survivors in Southwest Michigan. As a breast cancer patient, you and your family will need to make informed decisions and become active partners in your health care. This manual is intended to serve as a ready reference for those in Allegan, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties. We hope having needed information readily available may help make your journey a little easier. The Southwest Michigan Affiliate of the Susan G. Komen for the Cure is pleased to provide this information to the breast cancer community of Southwest Michigan.

### ***The Susan G. Komen for the Cure Foundation***

Susan G. Komen for the Cure was established in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen. Susan died from breast cancer at the age of 36. Today the Foundation is an international organization with a network of volunteers working through local Affiliates and Komen Race for the Cure® events to end breast cancer forever through research, education, screening and treatment. Komen runs one of the most innovative, responsive grant programs in breast cancer today. In addition to funding national breast cancer research, the Southwest Michigan Affiliate of Susan G. Komen for the Cure funds community-based breast health education and breast cancer screening and treatment projects to fulfill unmet needs in Southwest Michigan.

### ***The Southwest Michigan Affiliate***

The first Southwest Michigan Race for the Cure® was held in 1996 and generated \$10,000 for our first local grant which was used to support a breast cancer screening program in Calhoun County. In 1998 the Southwest Michigan Affiliate of Susan G. Komen for the Cure was formed with a service area of Calhoun and Kalamazoo Counties. Then, in 2001 the Affiliate expanded to include eight counties of Southwest Michigan. Since the initial Race for the Cure®, the Affiliate has awarded more than \$800,000 in local grants to fill gaps in breast health education, breast cancer screening and treatment programs in Southwest Michigan. Seventy-five percent of net income stays in Southwest Michigan to be used for breast cancer education, screening and treatment projects. The other 25 percent is applied directly to national breast cancer research and fellowship programs. The Southwest Michigan Affiliate office is currently located at 200 N. Park Street, Kalamazoo, MI. You may contact the Southwest Michigan Affiliate at the following:

Address:	P. O. Box 2031 Kalamazoo, MI 49003
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### ***Our Thanks***

We appreciate the many individuals and organizations which have reviewed and provided information or suggestions to make this resource manual as accurate and complete as possible. If you discover inaccuracies or have additional recommendations, please send them to the Susan G. Komen for the Cure Southwest Michigan Affiliate.

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## **SECTION 1: BASIC INFORMATION**

### ***Introduction to Breast Cancer***

Every three minutes a woman in the United States is diagnosed with breast cancer. The impact of a diagnosis can be quite overwhelming, as patients will experience a full range of emotions, from fear, anger, and outrage, to helplessness, vulnerability and depression. Amidst the confusion, you will receive an extensive amount of information about treatment, diagnoses, surgical options, and recovery. This manual is intended to help you in the decision-making processes you must face during your battle. You will be provided with ideas for coping and seeking the support needed, as well as new and crucial information about the disease. As you learn the medical terms you will hear throughout your treatment, it is imperative that you understand the meaning of each term and where it fits into your treatment plan. Knowing this information will help you communicate with your healthcare providers and aid in making informed decisions about your course of treatment.

### ***Emotional Reactions to Cancer***

People with cancer experience a wide range of emotional reactions. These may be immediate in response to the diagnosis or may show up quite a bit later during or even after treatment. People may feel many conflicted emotions and express them in different ways.

Do not be surprised if your feelings are quite intense. This may seem abnormal to you. Intense expression of feelings may be uncomfortable for you or others around you. Despite your discomfort, try not to be embarrassed or let your feelings build up. Instead, explore so you can identify what may be causing the feeling. That way you may be able to problem solve and do something about the source rather than have it keep happening.

There may be many ups and downs. If your down periods are brief (an afternoon, withdrawal for a weekend) and intermittent (from time to time), that is nothing to be concerned about. If down or anxious feelings remain **persistent** (over 1-2 weeks) and **pervasive** (lose interest and/or joy across many different aspects of your life), then you may want to talk to a professional about some help – that may take the form of some counseling or medication.

### ***Breast Cancer Statistics***

An estimated 182,460 new invasive cases of breast cancer are expected to be reported among women in the United States for 2008. About 1,990 new cases are expected in men. Additionally, 67,770 new in situ cases of breast cancer are expected to be reported for women in 2008, and an estimated 40,480 women and 450 men will die from breast cancer. With the exception of skin cancer, the breast is the leading cancer site among American women and is second only to lung cancer in cancer deaths. Breast cancer is the leading cause of cancer deaths among women ages 40-59. However, progress has been made with death rates from breast cancer showing a steady decrease since 1990. Many breast cancers may be treated successfully; especially when they are caught early.

### ***Understanding Breast Cancer***

Breast cancer is the development of abnormal cells in the breast. These cells are very different from healthy cells in that they grow out of control. Normally, cells grow old, die, and are replaced. As the abnormal cells grow and divide they can form a mass of tissue called tumors or growths. Tumors can be benign (non-cancerous) or malignant (cancerous) growths. There are several types of breast cancer; ductal carcinoma in situ (DCIS) and invasive ductal breast cancer being the most common. The term in situ describes a condition in which the growth of abnormal cells has not spread, but is confined to the walls of the breast area where they developed. This tissue is considered pre-cancerous. However, if left untreated can grow through the cell wall and become invasive. Usually DCIS is evident as microscopic calcifications that show up on a mammogram. The majority of breast cancers are called ductal carcinoma and originate in the milk ducts. Milk ducts carry milk to the nipples. The lobules in the breast are where milk is produced. A less common type of cancer is called lobular carcinoma as it originates in the lobules.

Invasive (infiltrating) breast cancers are those that have grown through the cell walls. The breasts have lymph vessels that normally carry bacteria and other harmful substances to lymph nodes. Invasive tumors may spread to the lymph nodes in the armpit, or to blood vessels carrying cells to the liver, bones, etc. Breast cancer can occur anywhere in the breast, but most often is located in the upper, outer portion.

### ***Non-cancerous Conditions***

During most phases of life, women experience changes or problems of the breast. Different times of a menstrual cycle, or fluctuating hormones can result in changes in the look and feel of the breast tissue. When a change is significantly different, or lasts for a long period of time, there should be cause for concern. Here are some examples of benign (non-cancerous) conditions.

- Pain in the breast - a common symptom frequently related to changing hormone levels.
- Fibrocystic changes - a term for many recurring non-cancerous symptoms including swelling, tenderness, lumps and nipple discharge. Once again these changes are most often due to hormonal fluctuations within the body.
- Fibroadenoma - a common benign lump made of fibrous and glandular (in the glands) tissue. Typically fibroadenomas are round, rubbery and moveable. They are more commonly found in young adult women and African Americans.
- Nipple discharge - usually a benign condition. Birth control pills or other medications such as tranquilizers or sedatives may cause discharge. Any change, or change in color, should be reported to your doctor or healthcare provider.
- Atypical hyperplasia - a benign condition consisting of a more than normal number of breast cells. This places women at a higher risk for breast cancer and can only be diagnosed through a biopsy. A clear, bloody, unilateral discharge could indicate cancer.
- Lobular carcinoma in situ (LCIS) - seen in the areas of the breast where milk is made (lobule), this condition is discovered most often by a biopsy for another abnormality and is usually not seen on a mammogram. LCIS is not a cancerous condition, but is a pre-cancerous treatable condition because it has not spread. This raises the risk of developing breast cancer in the next 25 years of life by about 25 percent.

### ***Risk Factors for Breast Cancer***

Although a definitive cause of breast cancer has not yet been determined, there are a number of risk factors which are felt may be associated with breast cancer. Being overweight and excessive use of alcohol may increase your risk of breast cancer. A common thread through most of the risk factors is estrogen. Estrogen is a female hormone that plays a key role in women's monthly cycles and pregnancy. Early detection is extremely important since only one in four women with breast cancer have these risk factors. Other risk factors include the following:

- A personal history of breast cancer (present in about 10 percent of those diagnosed with breast cancer).
- A family history of breast cancer, especially a first-degree relative, such as a mother, sister or daughter, especially if the cancer developed before menopause or involved both breasts of that family member.
- Beginning your menstrual cycle at an early age (before age 12).
- Going through menopause at a late age (after age 55).
- Having no children.
- Having your first pregnancy after the age of 30.
- Some women, especially African American and Hispanic, are susceptible to triple negative breast cancer.

## ***Tumor Markers***

When the tumor is removed during surgery, the tissue is sent to the laboratory for testing. Tumor and tissue markers provide important information, including disease type and prognosis. The markers help determine the best type of treatment. Three important markers in breast cancer are estrogen receptor (ER), human epidermal growth factor receptor 2 (HER2), and progesterone receptor (PR).

Breast cells with estrogen or progesterone receptors use these hormones to grow. There are hormone therapies that block the natural hormones. If the pathology report states the tumor is “ER-positive” and/or “PR-positive”, it means the tumor was stimulated by estrogen or progesterone. Therefore, you may be eligible for one of the hormonal therapies.

Your lab test may show that your tumor has too much of a protein called HER2. This protein causes the tumor to grow and spread. There is a biological therapy that helps the immune system fight this type of cancer called Herceptin. By blocking HER2, this therapy can slow or stop the growth of the cancer cells.

Around 15 percent of breast cancers do not express any of these markers and are generally identified as negative for these hormones. These “triple negative” tumors are more common among women who are African American and Hispanic, under 40 years old, and who have lower socioeconomic status. In general, triple-negative breast cancers are typically faster-growing breast cancers rather than estrogen-positive breast cancers. This may explain why they are potentially dangerous breast cancers, but also perhaps why they are more sensitive to chemotherapy drugs that affect dividing cancer cells. In many cases, they are in general more sensitive to chemotherapy agents than are estrogen-receptor-positive breast cancers.

There are newer approaches to help determine outcome of cancer treatment. They combine several of the predictive markers into what is known as a recurrent score. The tumor tissue is analyzed genetically. The recurrence score distinguishes amongst those that are at low-risk, intermediate-risk, and high risk for cancer recurrence. This score helps patients and physicians decide which therapy is most beneficial.

## **SECTION 2: BREAST CANCER SCREENING**

### ***Breast Health Guidelines***

Susan G. Komen for the Cure recommends the following screening guidelines:

- Monthly breast self-examination beginning by age 20
- Clinical breast examinations at least every 3 years beginning at age 20, annually after age 40
- Annual screening mammography beginning at age 40
- Women under age 40 with either a family history of breast or ovarian cancer or other concerns about their personal risk should consult a healthcare provider about risk assessment and when to begin mammography.

### ***Steps in Performing a Breast Self-Exam***

Just as your period ends (or at the same time each month if you do not have periods), check for any change in the normal look or feel of your breasts. Report any lumps or changes to your physician. Get regular breast exams and ask about a mammogram. This breast self-exam is not a substitute for periodic examinations by a qualified physician. You may request a copy of Steps to Breast Self-Examination by contacting the Komen National Toll-Free Breast Care Helpline at 1-877 GO KOMEN or visit the website at [www.komen.org](http://www.komen.org).

#### **Lying down**

Lie down flat on your back, with your left arm over your head and a pillow under your left shoulder. Put your left hand behind your head. Check your entire breast area with the pads of the three middle fingers on your right hand to examine your left breast. Press using light, medium and firm pressure in a circular motion.

Follow an up and down pattern. Feel for changes in your breast, above and below your collarbone and in your armpit area. Repeat these steps on your right breast.

*These steps may be repeated while bathing or showering using soapy hands.*

### Before a mirror

Look for changes in the shape, size or appearance of your breasts. Look for dimpling, rash or puckering of the skin or nipple, nipple discharge or any change from normal.

Inspect your breasts in four positions: (1) holding arms at side, (2) holding arms overhead, (3) pressing hands on hips to flex or tighten chest muscles and (4) bending forward with hands on hips.

### ***Signs to Watch For and Ask About***

- A lump, hard knot or thickening anywhere in the breast.
- Skin dimpling or puckering of the breast.
- A nipple that is pushed in (inverted) and has not always been that way.
- Discharge from the nipples. Nipple discharge that starts suddenly.
- Swelling, warmth, redness or darkening.
- Any change in size or shape of the breast.
- Itchy, scaly sore or rash on the nipple
- New pain in one spot that does not go away.
- Any change in the shape, texture, or color of the skin.

You should be able to see or feel any of these changes as you examine your breasts every month. During a clinical breast exam, your health professional may see or feel these changes as well when inspecting the chest area.

### ***Mammography***

The best-known method of early detection is mammography. A mammogram is an x-ray of the breast. Having mammogram screenings helps in detecting unsuspected abnormalities in women. Only a small percentage of breast cancer is not detected by mammography.

In 1992, Congress enacted the Mammogram Quality Standards Act (MQSA) to guarantee all women have access to quality mammograms for detection of breast cancer. The act further states that you must be notified of your results. Congress requires the Food and Drug Administration to develop and implement regulations to help ensure that mammography is safe and reliable. To find an FDA certified facility, you may call 800-4-CANCER, 1-800-GOKOMEN or visit the FDA website at: <http://www.fda.gov/cdrh/mammography/consumers>.

### ***Frequently Asked Questions About Mammography***

- Q. Does a mammogram hurt?  
A. Having a mammogram can be uncomfortable, but most women do not find it painful.
- Q. Do I need a mammogram if no one in my family has breast cancer?  
A. Yes. Three out of four women diagnosed with breast cancer do not have a family history.
- Q. Do I need a mammography only once?  
A. No. You must have one once a year after the age of 40 in order to detect any changes in your breasts.
- Q. Is a mammogram affordable?  
A. Most insurance companies pay for mammogram screenings for all women over age 40.

For more information see section on insurance or no insurance.

### ***Questions to Ask Prior to Having a Mammogram***

- How will I know that I am getting a quality mammogram?
- How do I prepare for a mammogram?
- How long will it take to receive the report on the mammogram?

## **SECTION 3: DIAGNOSTIC PROCEDURES**

### ***Ultrasound***

You may need to follow up with one or more diagnostic procedures if your mammogram reveals any unusual findings. Ultrasound is sometimes used to evaluate some types of abnormal findings. Ultrasound can often tell if a cyst is present without the use of a needle to draw out fluid. During an ultrasound an instrument is used to emit high-frequency sound waves toward the breast that echo an image onto a screen where they are analyzed to see if they are solid or fluid filled. Ultrasound complements mammography for more complicated situations and is especially useful when the dense tissue of younger women prevent optimal mammography pictures.

### ***When a Biopsy is Needed***

You and your healthcare professional will decide what type of biopsy procedure is needed based on the size and location of the lump abnormality. A biopsy is a procedure used to remove a sample of tissue from a breast lump.

### ***Needle Biopsies***

There are two types of needle biopsies used in removing tissue to be examined. If the lump is obvious and can be felt, a needle biopsy may be done in a physician's office. Fine needle aspiration (FNA) biopsy uses a slender needle to remove small tissue cells or fluid from a breast lump. Fluid is drawn into a syringe to be checked under a microscope for cancerous cells.

In a core biopsy, a larger needle is used to remove a piece of tissue for microscopic examination. If the abnormal area is too small or too deep to be felt by the surgeon, a stereotactic instrument or needle placement may be used. Mammography or ultrasound can be used to guide the needle to the location of the lump being biopsied. Stereotactic needle biopsy procedure is a minimally invasive procedure which uses a computer to analyze the information and determine the correct angle and depth needed to place the needle tip into the abnormal tissue lump.

### ***Surgical Biopsy***

There are two kinds of surgical biopsies:

- An incisional biopsy removes part of a lump.
- An excisional biopsy removes the whole lump.

During a surgical biopsy, the surgeon will remove all or part of a lump and the pathologist will examine it under a microscope for cancerous cells. If the suspicious area is too small to be felt, the radiologist may use needle localization to find it. With needle localization, a thin needle is inserted into the breast. Using an x-ray image as a guide, a wire is then passed through to point to the suspicious area. A tiny hook on the end of the wire holds it in place. Lastly, a pathologist reviews tissue, fluid and the wire for examination. If the biopsy test is positive for cancer, you will need to have further treatment.

### ***Questions to Ask Your Health Care Provider***

- What type of biopsy will I have? Will the entire lump be removed?
- Can the lump be aspirated with a needle?
- How long will the biopsy or aspiration take?

- Will I be awake during the procedure? Can it be done on an outpatient basis?
- Will it be a two-step procedure?
- How visible will the biopsy scar be?
- Are there any after effects of a biopsy?
- After a biopsy, how soon will I know the results?
- After a biopsy, how much time can I take to decide on a treatment plan?

## **SECTION 4: SURGICAL OPTIONS**

Over the years there has been tremendous progress in early detection and successful treatment of breast cancer. Women now have many options and choices to make about their plan of action for treatment. The best option for each woman will vary according to the stage in which she is diagnosed. There are two major surgical options available to treat breast cancer. A breast conservation surgery (lumpectomy) removes only the lump and a border of surrounding normal tissue (margin) and usually some underarm lymph nodes. A mastectomy removes the entire breast and usually some underarm lymph nodes.

### ***Breast Conservation/Lumpectomy***

A lumpectomy is referred to as a breast-conserving therapy because the goal is to preserve as much of the breast as possible. It is also sometimes called wide excisional biopsy, partial mastectomy or a quadrantectomy (if up to one fourth of the breast is to be removed). A lumpectomy is usually performed as an out-patient procedure, although an overnight stay in the hospital is possible. After the surgery, a pathologist will review the removed tissue and identify the size and other characteristics of the tumor which will help determine what, if any, further treatment is needed.

After a lumpectomy, it is usually necessary to have radiation therapy to help prevent the recurrence of breast cancer. Studies have shown an equal chance of survival between lumpectomy plus radiation and mastectomy without radiation for many small breast tumors. Breast cancer can recur, unfortunately, even after a mastectomy. Places where it is likely to recur are in the same breast (if you had breast conservation surgery), at the mastectomy site on the chest wall, and at distant sites elsewhere in the body. When deciding which option is best for you, you must think about the pros and cons of each procedure.

### ***Advantages of a lumpectomy***

- You will keep your breast, but may notice a change in shape if the tumor is large.
- You may avoid emotional difficulties resulting from losing your breast.

### ***Disadvantages of a lumpectomy***

- You may need to take need about six weeks of daily radiation therapy.
- Radiation can change the texture of the breast and make it sensitive.

Lumpectomy may not be an option for:

- Pregnant women, because of potential radiation side effects on the unborn child.
- Women who have more than one site-of cancer in the same breast.
- Women with a large tumor in a relatively small breast
- Women who have had previous radiation therapy to the breast.

### ***Mastectomy***

There are two major types of mastectomy. Simple or total mastectomy includes removal of the breast, with its skin and nipple, but no lymph nodes. This procedure is often used on women diagnosed with carcinoma in situ. In some cases, a separate sentinel node biopsy is performed to remove only the first one to three axillary (armpit) lymph nodes. Modified radical mastectomy is removal of the entire breast, nipple/areolar

region, lining above the chest muscles and often the axillary lymph nodes. This is the most common form of mastectomy performed today.

### ***Advantages of a mastectomy:***

- In certain cases, a better cosmetic result may be achieved. If you have many groups of micro-calcifications or small breasts and a large tumor, mastectomy may be an appropriate choice. (In these cases, the surgical scar from a lumpectomy may be unattractive).
- You may not need radiation therapy after a mastectomy, unless you have advanced stage cancer, or are at high risk for a recurrence. This may be important to women who may feel they cannot endure six weeks of daily therapy if there are demands on their personal or professional time. Also some women may not be good candidates for radiation therapy because of other existing health conditions.

### ***Disadvantages of mastectomy:***

- The entire breast is removed. You may want to wear a prosthesis (artificial) breast or consider reconstructive surgery.
- It is emotionally difficult to lose a breast. Breasts are an important part of one's self-esteem and sexuality

### ***Questions to Ask Your Healthcare Provider Before Surgery***

- How large is the tumor and what type of breast cancer do I have?
- Is there any evidence that the cancer will be found in my lymph nodes or anywhere else?
- What type of surgery do you recommend? What are the advantages and disadvantages?
- For my type of breast cancer, what is the risk of cancer being found at a later time in the same breast or the opposite breast?
- How long will the surgery last?
- How long will I be in recovery?
- How long should I expect to be in the hospital?
- Is there much pain after surgery?
- If I have pain, how will you help manage it?
- What can I expect during the recovery process?
- How much will the operation cost?
- How will my day-to-day activity level change?
- Will my lymph nodes be removed? How many?
- Am I a candidate for sentinel lymph node biopsy?
- How can I lower the risk of lymphedema?
- Will I have drains in the incision after surgery and will I go home with drains?
- What will I look like after the lumpectomy or mastectomy?
- If I have a mastectomy, am I a candidate for immediate reconstruction?
- What are the advantages and disadvantages of immediate reconstruction?
- Can you provide me with information about implants vs use of my own body tissue?
- When discharged, who will tell me how to care for my surgical site?
- What follow-up care will I need?
- When will I get back to my normal routine? When can I return to work?

- What problems should I report?
- Will estrogen or progesterone receptor tests be done?
- What other special tests may be done on the tissue?

### ***Axillary Node Dissection***

The lymph system is a first line of defense in the body. In order to see whether the cancer has spread beyond the breast, a small amount of tissue is removed from the lymph nodes located just below the armpit. This is called an axillary node dissection. In a traditional axillary node dissection, about 12 to 20 lymph nodes are removed and microscopically checked by a pathologist to determine if they contain any cancer cells. This information helps your health care professionals determine the stage of the cancer and appropriate therapies to recommend.

### ***Sentinel Node Biopsy***

A newer, less invasive procedure, called sentinel node biopsy, uses radioactive contrast or blue dye to locate the sentinel lymph node, which is the first node in which cancer is likely to spread. The node is then tested for cancerous cells. If cancer cells are present, it is likely that cancer has spread beyond the breast tissue to other parts of the body via the lymph system. If cancer is not present in the sentinel node, it is possible that cancer has remained confined to the breast. In the past, surgeons removed several lymph nodes to see if the cancer had spread. The procedure caused a large number of side effects including increased risk of infection and lymphedema. Lymphedema symptoms involve swelling of the hand and arm which can be painful and also involve more than the hand and arm (breast, chest wall, etc.)

### ***Questions About Sentinel Node Biopsy***

- What is the difference between a sentinel node biopsy and an axillary node dissection?
- How will I know which type of biopsy is right for me?
- What are the risks involved with sentinel node biopsy?
- Will my insurance cover sentinel node biopsy?
- What are the benefits of sentinel node biopsy?
- How many procedures have you done?
- What will you do if the sentinel node is positive?

### ***Staging of Breast Cancer***

In order for the health care team to determine the optimal follow-up treatment, a staging of the breast cancer must be completed. Once the pathology report is completed, the details of a particular case can be reviewed and staging of the cancer can be determined. This scale is used to rate stage the advancement of a woman's breast cancer. The higher the stage, the more advanced the disease is. With this information, the optimal treatments can be recommended.

## *The Stages of Breast Cancer*

<b>Stage</b>	<b>Tumor Size</b>	<b>Axillary Lymph Nodes</b>	<b>Metastases</b>
0	Tiny cluster of cancer cells in a breast duct or lobule	No spread	None
I	Up to 2 cm <sup>1,2</sup>	No spread	None
II	Smaller than 2 cm	Spread to axillary lymph nodes	None
	2-5 cm	May or may not have spread	None
	Larger than 5 cm	No spread	None
III	Any size	Has spread to multiple nodes and attached to each other	None
	Larger than 5 cm	Has spread to lymph nodes	None
	Any size (cells have spread to skin or chest wall)	May or may not have spread	None
	Any size	Has spread to lymph nodes along breast bone	None
IV	Any size	May or may not have spread	Has spread to other organs of the body, skin or lymph nodes above the collar bone

1. cm=centimeters

2. a one-centimeter lump is approximately 1/3 inch in diameter.

## **SECTION 5: ONCOLOGY TREATMENTS**

After your diagnosis and biopsy, you and your health care provider will choose the type of oncology treatment that you will have. Depending on what stage of breast cancer, oncology treatment will assist in eradicating the cancer and help fight against recurrence. Treatment may begin prior to or subsequent to surgery to remove the breast cancer tissue. There are two types of oncology treatment options available, as well as hormone therapy and alternative medicinal practices. Chemotherapy and radiation therapy are both used to treat breast cancer. Radiation therapy uses high-energy x-rays to destroy any remaining cancerous cells and some surrounding cells in the area where the lump was located. Chemotherapy eliminates cancerous cells which may have escaped the local area and may be floating around other parts of the body.

### ***Radiation Therapy***

In standard radiation therapy for breast cancer, you will receive treatments five days a week for approximately six weeks. The treatments are spaced out to allow healing in your normal tissue. It is most often used with breast conserving surgery, but may be recommended after a mastectomy for women with four or more lymph nodes, especially pre-menopausal women. The purpose of radiation treatment is to destroy any cancerous cells left in the local area after breast surgery. It may also be used to relieve symptoms, shrink tumors prior to surgery, and to reduce pressure, bleeding, and other symptoms of advanced cancer.

Radiation therapy is painless and lasts only a few minutes for each treatment. In the beginning, it takes some time to map the treatment target area, mark the areas on your skin and set up the equipment. X-rays or a CAT scan may be used to help determine precisely where the rays of radiation need to be directed. Harmless tiny pellets (like BB's) may be inserted just under the skin to permanently mark the area. Many radiation oncologists use tiny blue dots (tattoos) to mark the area. These serve as landmarks to assure you are positioned in the exact position during each treatment. During radiation treatments, you will lie on a table. You will be alone in the room; however you will be closely monitored from outside the room. During the last few days of treatment, you may be given an extra dose (boost) of radiation. This extra boost targets the area where the tumor was located, to make sure as many cancer cells as possible have been eliminated.

Most women maintain their usual lifestyle during radiation treatment. It is common to feel tired during the treatment and your healthcare provider may recommend reducing your workload and activities so that you can get enough rest. Also, the treatment area may look or feel like sunburn. You should report skin changes to the treatment team as creams or gels are available for use during treatment. This will slowly go away once your treatments are over. After a month or so, the skin usually returns to normal. However it may take several months, so it is important to use good sunscreen and wear protective clothing. Some side effects that may appear include:

- Skin reactions – local itching, redness, swelling, or dryness and scaling of the skin. The degree of reaction varies in each individual and may range from mild redness to blistering. Creams and burn gel sheets are available to relieve any painful burns which may occur, especially toward the end of treatment.
- Fatigue – a common side effect of treatment. It is helpful to nap during the day or early evening. This fatigue will gradually go away following treatment.
- Sore throat or difficulty swallowing or dry cough – these side effects can occur if portions of the neck and shoulder are treated as well as the breast or chest wall.

Brachytherapy is one method of delivering radiation therapy which may be offered. Radioactive seeds are implanted within the breast near the location of the surgery. The treatment period lasts five days, and then the implant is removed. Although it requires a surgical implantation, this method of radiotherapy provides patients with shorter duration and fewer side effects of traditional radiation therapy. This therapy is still in clinical trials and not in use at the time of this writing. You can discuss this with your doctor.

## ***Questions to Ask About Radiation Therapy***

- What are my treatment options?
- Is brachytherapy an option for me?
- What are the potential adverse effects of brachytherapy?
- What type of treatment do you recommend?
- How many days or weeks will I get radiation treatments?
- How long will each visit be?
- How long will the first visit be and how will you mark the area to be radiated?
- What are the possible side effects that I can expect?
- What side effects should I report immediately?
- How do I care for my skin during treatment?
- What should I wear during treatment?
- Are there any precautions I should take with creams, soaps or lotions?
- Can I continue working during radiation treatment?
- Are there any restrictions on my activities?
- If I have had reconstructive surgery, how will radiation affect the surgery?
- Will the cost of treatment be covered by my health insurance?
- Can I come alone, or should a friend or relative accompany me?
- Will other types of therapy be needed?
- Do I have to get a tattoo?
- Can I take any vitamins or herbs during radiation treatment?

## ***Chemotherapy***

Chemotherapy is a systemic, or throughout the body, treatment that uses chemicals designed to kill any cancerous cells which may have escaped the lump and are located anywhere in the body. Chemotherapy destroys rapidly reproducing cancerous cells, as well as normal cells. The oncologist will adjust the size of the dose and how often it is given in order to avoid damage to healthy cells. Chemotherapy is also often used to treat cancer if it comes back (a recurrence).

Chemotherapy is usually delivered through an intravenous (IV) tube with a needle into your arm or a port which has been surgically implanted; and sometimes combined with pills. The chemotherapy is usually given at a local oncology clinic. The treatment usually lasts for two to three hours, depending on the drugs used. You may ask a friend to keep you company during the treatments. A course of chemotherapy usually runs four to six months in two, three or four-week cycles.

Chemotherapy for breast cancer uses a combination of several drugs. These drugs can cause a number of side effects. Consult with your oncologist for a detailed list of potential side effects for the treatment you are receiving. Some possible side effects include:

- Nausea and vomiting – these can often be controlled with medication.
- Fatigue – patients must plan their activities accordingly.
- Hair loss (alopecia) – this may begin within a few days or weeks after beginning of treatment.
- Changes in menstrual cycles – they may become irregular or stop during the course of treatment.
- Menopausal symptoms such as hot flashes, vaginal dryness, itching or burning may be experienced.

- Low blood counts – your blood will be monitored as some of the chemotherapy drugs may affect blood cells that the bone marrow produces – red blood cells, as well as white blood cells and platelets. Low levels of blood cells may be improved and controlled with medication.

Certain chemotherapy causes infertility (inability to become pregnant) and early menopause. Research has shown that chemotherapy is most useful to women who still have menstrual periods. The reason for this is unclear.

### ***Questions to Ask About Chemotherapy***

- Why do I need chemotherapy?
- Do I need any tests before I receive chemotherapy?
- Who will be administering my chemotherapy?
- What drugs will I be taking and why?
- How often will I receive treatments?
- How many of my lymph nodes are involved?
- How many weeks or months will the treatment last?
- How will the medicine be given (IV, orally, injection or combination)?
- What are the short and long-term risks involved?
- What are the possible side effects and how long will they last?
- Will treatments be covered by my health insurance?
- If I lose my hair, will the cost of a wig be covered by my health insurance?
- How soon should the chemotherapy be started?
- How should I handle a side effect like nausea, vomiting? Will I be given medication for this?
- Are there any special precautions I should take while on chemotherapy or afterwards?
- Can I continue to work during the treatments?
- Are there any restrictions on my activities?
- What type of follow-up should I expect?
- Which treatment offers me the best chance of survival?
- Can I bring someone with me to treatments?
- Can I drive to and from treatments?
- Can I eat before, during, or after treatments?
- Can I take any vitamins or herbs during treatments?
- What is the follow up care after treatments?
- Will I need a port for treatments?
- What should I report to you immediately?
- Should my family be concerned about exposure during my treatments?

### ***Hormonal Therapy***

Most people associate the use of hormones with menopause. Hormone therapy can also be used to treat breast cancer. When diagnosed, you may be asked to discontinue common hormone replacement drugs until more is known about your case and whether the hormones could be harmful. The hormone estrogen is linked with monthly cycles. Your ovaries produce estrogen until menopause, usually when a woman is in her forties or fifties. Induced menopause occurs when the ovaries are removed or their function is destroyed. Some

chemotherapy induces menopause.

There are many theories about the role of estrogen in breast cancer. Researchers have learned how to use hormones in therapy against breast cancer. The basis of hormone therapy is to block the effects of estrogen. To determine if hormone therapy will be beneficial or not, pathologists test the biopsy tissue to see if it is estrogen-receptor positive or negative. Estrogen-receptor positive means that the cancer is most likely to respond to anti-estrogen therapy, and estrogen-receptor negative means it may not respond. For the same reasons, progesterone-receptor tests may be performed.

Hormonal therapy may be used alone, with chemotherapy, or following chemotherapy. The side effects of hormone therapy may include weight gain, hot flashes and mood swings. Tamoxifen is a common hormone therapy used today. Tamoxifen is an anti-estrogen agent. By blocking estrogen, it blocks the growth of cancer cells. Large clinical trials done with Tamoxifen show that its' anti--estrogen activity can prevent or delay breast cancer in women who do not have the disease, but who are at a relatively higher risk. Tamoxifen does have some side effects including hot flashes and vaginal discharge. Studies have revealed that women who take Tamoxifen may be at increased risk of uterine cancer (endometrial cancer). This is a serious risk, however, most experts agree the benefits outweigh any risk. Any bleeding while on Tamoxifen should be reported to your oncologist. The risk of deep-vein thrombosis or DVT must be considered with this treatment.

A newer class of anti-estrogen drugs is called aromatase inhibitors. After menopause the ovaries no longer produce estrogen. Instead, the estrogen is made in the bloodstream through an enzyme called aromatase. To block this enzyme and reduce estrogen levels, this new class of drugs reduce estrogen being produced in the body. These drugs also may have side effects, primarily related to the risk of bone loss.

### ***Questions to Ask About Hormonal Therapy***

- Is my breast cancer estrogen-receptor or progesterone-receptor positive or negative?
- Do you recommend Tamoxifen or some other hormone therapy for me? Why?
- What are the side effects? How long do they last?
- Are there any risks I should know about?
- Are there any newer hormone therapies with fewer side effects?

### ***Herceptin Therapy***

Some tumors test positive for over expression of Her-2/neu receptor. This oncogene sometimes gets over expressed (too many copies) and the message to grow that gets to the tumor is enhanced. These types of tumors tend to be more aggressive. Therefore getting your tumor tested for this receptor is important to determine the best treatment. The antibody called Herceptin attaches to the Her2 protein on the tumor and prevents it from growing.

There are many other biomarkers being identified for breast cancer; and new approaches being developed for combining these in determining what is the best treatment for each type of cancer.

### ***Clinical Trials***

Clinical trials are carefully controlled scientific studies. These tests study the safety and effectiveness of new drugs to diagnose or prevent disease and identify risks of a specific drug or treatment. Clinical trials have been responsible for a number of advances in breast cancer including: lumpectomy, Tamoxifen and aromatase inhibitor use, mammography screenings, as well as the myriad of new chemotherapeutic medicines and chemotherapy regimens.

To protect patients and provide consistent testing procedures, clinical trials must follow a strict plan called a protocol. The protocol follows medical, ethical, and legal guidelines to ensure patient safety. Patients may be randomly assigned to one of two study groups. One group receives the new treatment (often in addition to

the standard treatment) and one receives the standard treatment. Usually, neither the researcher nor the patient knows which treatment has been selected. This information is available, however. Participation in clinical trials is highly controlled. Patients must meet specific criteria before they can participate. Patients are followed closely according to the protocol. It is important to note any treatments you receive could affect your eligibility in a trial at a later time.

Clinical trial availability is very good in Southwest Michigan. Dr. Eric Lester's group in St. Joseph is associated with the University of Chicago and Cancer and Leukemia Group B (CALGB). Michiana Hematology/Oncology of St. Joseph is in the Northern Indiana Cancer Research Consortium. The West Michigan Cancer Center of Kalamazoo is affiliated with Eastern Cooperative Oncology Group (ECOG), Gynecologic Oncology Group (GOG), Radiation Therapy Oncology Group (RTOG), National Surgical Adjuvant Breast Project (NSABP), M.D. Anderson Hospital and University of Rochester (NY) Cancer Center. The Cancer Center in Battle Creek is affiliated with Southwest Oncology Group (SWOG) and the Grand Rapids Community Clinical Oncology Program (GRCCOP).

As a participant in a clinical trial, you are entitled to "informed consent". This allows you to understand what is involved in a clinical trial, including the potential benefits and risks. You always have the choice to leave a trial at anytime, and you will be continually updated on new information about your treatment.

### ***Questions to Ask About Clinical Trials***

- What is the purpose of the study?
- How many people will be included in the trial?
- What does the study involve?
- How are the treatments given and what side effects should I expect?
- What are the risks and benefits of each protocol?
- How long will the study last?
- What type of follow-up care is provided?
- Who pays the expenses for my care and treatment during the trial?
- Are there disadvantages to participating in a clinical trial?
- Is there a human subjects protection committee overseeing the study?

## **SECTION 6: OTHER SURGICAL OPTIONS**

### ***Breast Reconstruction and Prostheses Devices***

Reconstruction is a way to simulate the breast shape after a natural breast has been removed. It is important to realize that a reconstructed breast will have a different appearance and will not necessarily feel natural. Reconstruction may be done at the time the mastectomy is performed, or at a later date, from months to years after the surgery. Many women choose reconstruction because it helps to restore their sense of well-being and completeness. During a reconstructive surgery, a plastic surgeon reconstructs the shape of the breast, using either the woman's own tissue or an implant. The breasts appear balanced or symmetric under clothing. Body type, age, general medical condition, and treatment will determine which method will give the best results. There are advantages and disadvantages to each type of reconstruction. You and your surgeon will need to discuss which option is best for you. If you are a smoker, this may make a difference in which type of reconstruction is appropriate for you.

### ***Breast Reconstruction with Implants***

Reconstruction may be done immediately or later. Implants are sacs filled with saline (saltwater) or other synthetic material. The implants are generally placed under the skin behind the chest muscle. The procedure

usually begins with a tissue expander -- an inflatable implant containing a metal port for saline injection- - to stretch the skin. The tissue expander is filled with the saline gradually over 3-6 months to stretch the skin and muscle. Then the skin expander is replaced with a permanent implant. If a saline implant ruptures, no harm is done, and the body absorbs it. Silicone gel is a liquid plastic, foreign to the body, and can be harmful if it ruptures or leaks. Therefore, silicone implants may be discouraged by some health care professionals.

### ***Tram Flap and DIEP Reconstruction***

In a Tram Flap Procedure, tissue flaps, skin, fat, and muscle are taken from your lower stomach and moved to the chest area to form a new breast. If the blood supply is not moved with the tissue, it is called a free flap surgery. The blood vessels are reconnected by microsurgery. The DIEP procedure uses the stomach tissues without the muscle. An alternative procedure is to use the back muscle and tissue or just the fat from the back. After the first reconstructive surgery, smaller surgeries are usually needed to complete the process. An extra step in reconstruction is creating and tattooing the nipple. Surgery on the opposite breast may be needed to create a similar breast shape.

### ***Questions to Ask About Reconstruction***

- What types of reconstructive surgery are available?
- What is the latest information about implant safety?
- How many breast reconstruction procedures have you performed?
- What type of surgery is best for me and will give me the best results?
- What is the risk of infection and/or rejection?
- What are the risks and side effects of breast reconstruction?
- When is the best time for me to have breast reconstruction?
- How long will the surgery last?
- If I have already had radiation, can I have my breast reconstructed?
- Will my health insurance cover this surgery?
- How many operations will I need?
- How long will it take to complete the entire process?
- How long will I be in the hospital?
- Will some of the procedures be outpatient?
- Is there much pain after surgery?
- How long is the recovery period after surgery?
- How will the reconstructed breast compare with the appearance of the other breast?
- How will my activities be restricted during the series of operations?
- Can you show me pictures of women who have had successful reconstruction?
- What can be done if the operation is unsuccessful?
- When can I return to work?

### ***Breast Prostheses***

Many women choose to wear a prosthesis (artificial form molded like a breast) instead of opting for reconstruction. Breast reconstruction is not for everyone; you may not want to have additional surgeries, and may feel comfortable with a prosthesis. Some women are comfortable with no breast replacements. The choice is up to you. If you are undecided, you can try wearing prosthesis for a period of time to see how you feel. You may also try a temporary soft prosthesis which will restore self-image before being fitted for a custom-made form. It may be uncomfortable to wear a bra right after surgery as it may rub on the incision. After your health

care provider has given you a prescription to purchase a permanent breast form:

- Find out if your insurance covers prostheses and/or specialty clothing
- Make sure it fits properly and comfortably; a prosthesis cannot be returned. Comfort and fit should be the most important concern.
- Make an appointment with a fitter who is professionally trained in fitting women who have had breast surgery.

### ***Questions to Ask About Prosthesis and Mastectomy Bras***

- What specific types of products do you carry?
- Do you provide in-home private consultations, and is there a fee?
- Am I required to pay up-front or will you bill my insurance company?
- Do you provide any discounts?
- Can the prosthesis get wet; can I wear it in a swimming pool?
- Can the prosthesis be exchanged?
- How long does a prosthesis last?
- Will my insurance company pay for a mastectomy bra?
- How often will my insurance company pay for a replacement prosthesis and bra?
- If I do not have insurance, are there any donated prostheses to select from?
- Can I use my prosthesis with a regular bra?

## **SECTION 7: ISSUES BEYOND SURVIVING**

A diagnosis of breast cancer is a life-altering situation. Everyone responds differently, but for most people life will never be the same again. There can be complications and sequelae of breast cancer (emotional and physical) which means the survivor must be ever vigilant. Preserving quality of life after breast cancer is a normal goal for the survivor. This may mean learning to reduce stress as much as possible and doing everything possible to prevent complications.

### ***Insurance Coverage or Legal Issues***

Obtaining payment or arranging payment for your medical bills can be as devastating emotionally as the disease itself. For women over 40 years of age, insurance usually covers annual (or 365+1 day) mammograms. There are also resources for people who are not covered or not fully covered for clinical exams, mammograms, or all follow-up treatment. For information on Medicare coverage, call 800-633-4227 or visit the website at <http://www.medicare.gov>. The American Bar Association Commission on Women in the Profession web-site has some good information on handling challenges to coverage for breast cancer therapies. Visit the website at <http://www.abanet.org/women/tensteps.html> to see their ten steps to protecting the legal rights of breast cancer patients.

The Free Clinic of Kalamazoo is an example of a clinic that provides free medical services for local residents who are not covered by insurance. This clinic works with local providers and is also listed in the Resources Section of this manual. The Family Health Center has four locations in Kalamazoo and provides low-cost medical care and pharmaceuticals to patients. Medicaid is also accepted. Many communities in this area have community health clinics. See the Resources section of this manual.

Through Federal and State of Michigan programs, the Breast and Cervical Cancer Control Program (BCCCP) of Southwest Michigan provides free clinical breast exams and follow-up treatment with local providers for men or women forty years of age with family incomes which meet the published criteria and who are without adequate

insurance coverage (see chart below). Women and men under 40 years of age in eight counties of Southwest Michigan are also covered by BCCCP for clinical exams and any needed follow-up treatment through a grant from the Southwest Michigan Affiliate of Susan G. Komen for the Cure. See the Southwest Michigan BCCCP contact information in the resources section.

### ***Who is eligible for free or low-cost breast screening and follow-up through BCCCP?***

Here are the complete BCCCP Eligibility Guidelines as of February 2007:

- Men & Women Who Need Screening
- No HMO and No Medicare (you may have other types of insurance)

Family income as follows:

<u>Family Size</u>	<u>Maximum income</u>
1	\$22,450
2	\$30,300
3	\$38,150
4	\$46,000
5	\$53,850
6	\$61,700

Over 6, add \$7,850 for each additional family member

Kalamazoo County Human Services Department coordinates BCCCP services for women living in Southwest Michigan. The Human Services Department Programs are open to all without regard to race, color, national origin, sex or disability.

### ***Lymphedema***

The incidence of lymphedema following breast cancer surgery is highly variable. Lymphedema is a buildup of fluid which causes swelling of the hand and/or arm. Via the lymph nodes, tissues throughout the body normally drain fluid containing protein, microorganisms and debris into the lymphatic vessels to fight infections. A blockage in this system may result after the surgical removal of lymph nodes. When surgery is performed in combination with radiation, it puts the patient at a higher risk for developing lymphedema.

Lymphedema can occur early on, months, or years after your surgery. Injuries and untreated infections to the arm or hand on the same side as the surgery may initiate lymphedema. Therefore, it is very important to take steps to prevent lymphedema. If injury or trauma is left untreated, the condition may worsen, leading to severe complications.

Signs of lymphedema include noticeable swelling of the fingers or arm, and the arm may feel heavy and become difficult to move. Clothing and or jewelry may begin to fit tightly, or the affected arm may develop redness or rash, or may feel achy and tired. Any symptoms should be reported to your healthcare provider. You should also note that lymphedema may occur in the chest wall, breast, side, etc.

### ***Preventing Lymphedema***

To prevent or reduce your risk of lymphedema, the following steps are recommended:

- Avoid trauma and injury to your affected side and treat infections properly.
- Wear gloves while doing house or garden work to avoid cuts.
- Only allow an injection in, or blood to be drawn from the unaffected arm.
- Have your blood pressure checked on the unaffected arm.
- Carry heavy items, like packages or a purse, on your other arm or shoulder.

- Do not wear tight jewelry on the affected arm. Avoid clothing with elastic cuffs.
- Protect your arm from sunburn by wearing sunscreen or protective clothing.
- Protect yourself from burns and cuts when cooking.
- Avoid repetitive motion with the affected arm.
- Keep the skin clean, dry, and moisturized, using only hypo-allergenic (does not cause allergies) soap, deodorant and body lotion.
- Use an electric razor rather than a safety razor.
- Use insect repellent, and wash it off when indoors.
- Apply antibiotic ointment to any small abrasions or cuts.
- Be cautious around animals to avoid scratches.
- Maintain your ideal weight through a well-balanced diet and exercise program.

### ***Questions to Ask Your Health Care Provider About Lymphedema***

- What is lymphedema? What does the lymphatic system do?
- What are the signs of lymphedema?
- If I develop swelling of my arm etc., whom do I contact?
- What activities or exercises should I avoid?
- Are there therapists that are specially trained in lymphedema prevention?
- What treatments are available for lymphedema?
- Will insurance cover the cost of treatment?
- How long will I need treatment?
- Can I expect to completely recover?

### ***Advocacy and Support***

Women with breast cancer experience many emotional ups and downs while going through diagnosis and treatment. Each woman will find different ways of coping and may look at life through “new eyes.” Some of the best support you can get is talking and sharing with fellow breast cancer survivors. Friends and family provide much needed comfort, but someone who has experienced breast cancer can help you with lifestyle and treatment choices because they have been there.

The American Cancer Society’s (ACS) program, Reach to Recovery, is a great resource from which patients can benefit. Survivors of breast cancer are paired with someone else who has also experienced breast cancer, and they can communicate through meetings or phone calls. You can ask your surgeon’s assistant to have a Reach to Recovery volunteer contact you after surgery or you can contact the local ACS.

The ACS “Look Good...Feel Better” is a nationwide program available to help women overcome the anxiety of over appearance, a related side effect of treatment. Complimentary make up kits are available for women during or after treatment by contacting the ACS to sign up for a group session. Support is available in the form of health care professionals, clergy, support groups, online support groups and many other resources. Contact information for the Southwest Michigan ACS is listed in Section 8 under Local Resources.

A breast cancer diagnosis is a personal challenge and a family challenge; all your relationships will be impacted. Research has shown that relationships can actually grow stronger from the experience. Now is an important time to learn to accept assistance from your friends and family.

Some ideas for gaining help from others are by suggesting that they might:

- Accompany you during your treatment.
- Visit you and provide moral support.
- Cook and coordinate your meals.
- Take care of your children.
- Help with the grocery shopping.
- Help with housecleaning.
- Do the family laundry.
- Provide care for pets.

Support groups are also a great way to deal with emotions and questions you may have. Some studies have shown longer and higher quality survival for cancer patients who have joined support groups.

Issues to consider before involving yourself with a support group are:

- Can you share your feelings with others?
- Are you interested in listening to others feelings?
- Will you benefit from others advice?
- Do you enjoy participating in a group?
- Are you interested in learning more about cancer and survivorship issues?

There are also on-line support groups in which breast cancer survivors share their emotions, their information, and questions and answers through messages to a bulletin board. Some have actually met together in person as well. In the last section of this book, we list several support groups who meet in Southwest Michigan and others who meet on-line, as well as other resources available locally and nationally. This is not an extensive list, but it may aid you on your path to recovery.

### ***Pregnancy and Breastfeeding***

In pregnant and postpartum women, breast cancer is the most common cancer. It occurs in about 1 in 3,000 pregnant women, and the average patient is between 32 to 38 years of age. With many women choosing to delay childbearing, the incidence of breast cancer during pregnancy may increase. The overall survival rate of pregnant women with breast cancer may be worse than in non-pregnant women at all stages. However, this may be due primarily to delayed diagnosis. The diagnosis of breast cancer in a pregnant woman is often diagnosed late because of natural hormonal changes which occur during pregnancy making it difficult to readily detect a breast mass. Mammography may not show the breast cancer, and biopsy is always the preferred method of diagnosis.

Radiation (including certain tests) is not recommended during pregnancy because of its negative effects on the fetus. Certain chemotherapies cause infertility (inability to become pregnant) and early menopause. Some chemotherapy drugs may also negatively affect the fetus. According to the National Cancer Institute, terminating the pregnancy is not usually a therapeutic option. Based on the age of the fetus, termination may be considered if maternal treatment options, such as chemotherapy and radiation therapy, are significantly limited by the continuation of the pregnancy. No damaging effects on the fetus from maternal breast cancer itself have been demonstrated, and there are no reported cases of maternal-fetal transfer of breast cancer cells. Pregnancy for a woman with a prior history of breast cancer does not appear to compromise survival. Also, no deleterious effects have been demonstrated in the fetus. Some physicians recommend that patients wait 2 years after diagnosis before attempting to conceive. This allows early recurrence to become manifest, which may influence the decision to become a parent.

In general, women receiving chemotherapy should not breastfeed. Your oncologist and pediatrician can advise you of what is best for your baby in your particular situation.

## ***Menopause***

Chemotherapy may induce an early menopause for women who are pre-menopausal at the time of chemotherapy. Hot flashes and other symptoms may be alleviated through various holistic or natural products. It is important you consult with your gynecologist and/or oncologist prior to using alternative treatments. Some women experience depression during this time and may find relief from hot flashes as well as depressive symptoms through certain antidepressants. Hormone replacement therapy is not recommended for women who have had breast cancer as it is a suspected cause of breast cancer.

Soy products are a controversial method of relieving menopausal symptoms especially in women with a history of breast cancer. There is some evidence that soy itself is a causal agent. Vaginal dryness can be relieved with local applications of estrogen such as Estring® Vaginal Ring or Vagifem® Vaginal Tablets. Please consult with your gynecologist and/or oncologist prior to using these types of treatments. Some of them contain estrogen and may not be recommended for you.

## ***Healthy Living***

A healthy diet and regular physical activity are essential parts of improving your lifestyle. Cancer treatments can affect the way your body handles food. It may help to talk with other patients and medical professionals to find solutions for any difficulties in eating certain foods. Be sure you discuss any dietary changes with your healthcare professional before adding vitamins and minerals as these can change the way your treatments work.

## ***Dietary Guidelines***

- Following is a list of dietary guidelines to maintain during your treatment and recovery:
- Eat a variety of foods to help your body get lots of nutrients.
- Choose a low-fat, low-cholesterol diet.
- Choose a diet low in salt and sodium.
- If you drink alcoholic beverages, drink in moderation.
- Do not smoke. Cigarette smoking is the number one cause of cancer deaths in the U.S.
- Maintain a healthy weight and get moderate exercise at least five times per week.
- Include high fiber foods--whole grain breads, cereals, vegetables, and fruit to your diet.
- Cut down on processed meats containing sulfates such as ham, bacon, bologna, hot dogs.
- Be careful of harmful chemicals at home or in the workplace.

After breast surgery, women may experience pain, discomfort and decreased muscular strength. Exercising too soon after surgery and treatments may delay healing. It is important that you check with your healthcare provider before beginning an exercise program. Light stretching and walking are recommended as easy ways to keep your body healthy. Studies have shown psychological and physical benefits to walking during therapy, particularly outdoor walking.

## ***Genetic Testing***

Approximately 5-10% of breast cancer cases are thought to be caused by a known inherited genetic mutation(s). The majority of inherited breast cancer can be explained by a mutation or change in BRCA1 (Breast Cancer 1) or BRCA2 (Breast Cancer 2) gene. BRCA1, the first of such genes to be identified, is an enormous gene found on chromosome 17. BRCA2 is an even larger gene located on chromosome 13.

Currently there is a blood test available which helps to determine if a woman carries a mutated BRCA1 or BRCA2 gene. Insurance coverage for genetic testing is excellent, with the majority of patients covered for testing and paying a coinsurance of less than 10%. In fact, most patients have NO out-of-pocket costs for genetic testing services.

A federal law known as The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects individuals in group health insurance plans by prohibiting the use of genetic test results to determine eligibility or rates/cost of health insurance. A second federal law The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination on the basis of genetic information with respect to health insurance and employment. Most states (approximately 37) have additional laws that protect patients from genetic discrimination. To date, there have been no well-documented cases of health insurance discrimination based on results from BRACA analysis testing.

If you are interested in pursuing genetic testing, it is recommended that you contact the nearest Cancer Risk Program. It is important to consider that although genetic testing is possible, there are not yet proven strategies for cancer prevention or treatment. Even in the absence of DNA testing, cancer risk assessment and counseling is an option for individuals with a family history of cancer. Cancer risk counseling includes:

- obtaining detailed family, medical, and lifestyle histories.
- documenting cancer-related diagnoses.
- constructing and analyzing pedigrees (family history).
- providing risk assessment and counseling.
- discussing options for early detection and prevention.
- discussing risks and benefits of gene testing.

### ***Breast Cancer Recurrence***

Many women remain fearful of breast cancer returning. It can recur at anytime, but it is more often to happen within the first two years after diagnosis. Breast cancer may come back within the breast in, areas adjacent to the breast, in the other breast, or in distant locations. The most common sites for metastatic breast cancer are the bone, liver, lungs, and the brain. The most common symptoms of returning breast cancer are:

- Bone pain that gets worse in a matter of days
- Cough or difficulty in breathing
- Weight loss and lack of appetite
- Headaches or problems with balance
- New lumps, bumps, or redness on the side of the original breast cancer

New treatments are continuously under development, so there are likely to be newer therapies which you have not had in earlier treatments. Breast cancer is becoming a chronic condition which can be treated as needed over many years. It is not uncommon for women to have recurrences many years apart. Each new breast cancer development can be treated with the goal of extending high quality life to the fullest for each survivor. Emotional support for advanced breast cancer patients is important. Local or on-line support groups especially targeted to those with recurrences or advanced cancer can be helpful. Resources specific to this group are listed in the Resource section of this manual.

## **SECTION 8: NATIONAL & LOCAL RESOURCES**

### ***National Websites and Phone Numbers***

American Bar Association Commission on Women

(Legal Rights and Options for Breast Cancer Patients)

[www.abanet.org/women/tensteps.html](http://www.abanet.org/women/tensteps.html)

American Breast Cancer Foundation

(410) 825-9388 [www.abcf.org](http://www.abcf.org)

American Cancer Society (Reach to Recovery program for patients)	(800) ACS-2345 www.cancer.org
American College of Radiology	(800) 227-5463 www.acr.org
American College of Surgeons	(312) 202-5000 www.facs.org
American Institute for Cancer Research	(800) 843-8114 www.aicr.org
American Pain Foundation	www.painfoundation.org
American Self-Help Clearinghouse	(973) 989-1122 www.selfhelpgroups.org
American Society of Clinical Oncology	www.asco.org
American Society of Plastic & Reconstructive Surgeons	(888) 4PLASTIC www.plasticsurgery.org
Breast Cancer Genetics Network of Michigan	(734) 936-6884 www.mi-cancergenetics.org
Breast Cancer Network of Strength (Formerly Y-Me) (Nat'l Organization for Breast Cancer Information & Support)	(800) 221-2141 www.networkofstrength.org
Cancer Cares	(800) 813-HOPE (4673) www.cancercares.org
Cancer Information Service	(800) 4-CANCER www.nci.nih.gov
Cancer Treatment Centers of America	(800) 227-4634 www.carecenter.com
Chemo Care	www.chemocare.com
Department of Pain Medicine & Palliative Care at Beth Israel	www.stoppain.org
Dr. Susan Love Research Foundation	www.drSusanLoveResearchFoundation.org
Inflammatory Breast Cancer Site	www.ibcsupport.org
Living with Breast Cancer	www.breastcancer.org
Living Beyond Breast Cancer	www.lbbc.org
Look Good ... Feel Better (ACS)	(800) 395-LOOK www.lookgoodfeelbetter.org
Men Against Breast Cancer	(866) 547-6222 www.menagainstbreastcancer.org
Myriad Genetic Laboratories, Inc.	(800) 969-7423 www.myriadtests.com

National Alliance of Breast Cancer Organizations (NABCO)	www.nabco.org
National Black Leadership Initiative on Cancer	(800)724-1185 www.nblic.org
National Breast Cancer Coalition	(202) 296-7477 www.stopbreastcancer.org
National Cancer Institute	(800) 4-CANCER www.cancer.gov
National Coalition for Cancer Survivorship	(888) 650-9127 www.cansearadvocacy.org
National Comprehensive Cancer Network	www.nccn.org
National Hospice and Palliative Care Organization	(800) 658-8898 www.nhpc.org
National Lymphedema Network	(800) 541-3259 www.lymphnet.org
National Women's Health Network	(202) 682-2640 www.nwhn.org
OncoLink	www.oncolink.upenn.edu
Oncology Nursing Society	www.ons.org
People Living with Cancer	www.plwc.org
Sisters Breast Cancer Survivor Network	(323) 234-7762  www.survivorsofbreastcancer.org
Susan G. Komen for the Cure	(877) go komen www.komen.org
Women's Information Network Against Breast Cancer (WIN ABC)	(626) 332-2255 www.healthywomen.org
Young Survival Coalition	www.youngsurvival.org

**Books** (available through Amazon.com, local bookstores, libraries, or cancer treatment centers)

Dr. Susan Love's Breast Book by Susan Love, M.D. (Paperback)

After Breast Cancer: Answers to the Questions You're Afraid to Ask (Patient-Centered Guides) by Musa Mayer (Paperback)

Uplift: Secrets from the Sisterhood of Breast Cancer Survivors by Barbara Delinsky (Paperback)

No Less a Woman: Femininity, Sexuality & Breast Cancer by Deborah Hobler Kahane (Paperback)

Essential Exercises for Breast Cancer Survivors by Amy Halverstadt, et al (Paperback)

Examining Myself by Musa Myer

Living Beyond Breast Cancer: A Survivor's Guide for When Treatment Ends and the Rest of Your Life Begins  
by Marisa C. Weiss M.D., Ellen Weiss (Paperback)

Living Through Breast Cancer by Carolyn M. Kaelin, M.D. (Paperback)

Your Breast Cancer Treatment Handbook by Judy C. Kneece, RN, OCN (Paperback)

### ***Magazines***

Breast Cancer Wellness Magazine (Free)	<a href="http://www.breastcancerwellness.org">www.breastcancerwellness.org</a>
Caring4Cancer (All cancers)	<a href="http://www.Caring4Cancer.com">www.Caring4Cancer.com</a>
Coping with Cancer (All cancers)	<a href="http://www.copingmag.com">www.copingmag.com</a>
CR Magazine (Cancer Research, Technical)	(866) 860-7088
Mamm Magazine (Women Cancer & Community)	(877) 668-1800
CURE (Cancer Updates, Research & Education)	(800) 210-CURE <a href="http://www.curetoday.com">www.curetoday.com</a>
Women and Cancer	<a href="http://WomenandCancerMag.com">WomenandCancerMag.com</a>

### ***County Health Departments***

Allegan County:

Allegan County Health Dept  
(269) 673-5411  
3255 122nd Ave., Ste. 200  
Allegan, MI 49010

Berrien County:

Berrien County Health Department  
(269) 927-5689  
769 Pipestone Road, PO Box 706  
Benton Harbor, MI 49023

Branch-Hillsdale-St. Joseph Counties:

Branch-Hillsdale-St. Joseph County Health Department  
Main Office  
(517) 279-9561  
570 Marshall Road  
Coldwater, MI 49036

Calhoun County:

Calhoun County Health Department  
(269) 969-6370  
Toeller Building  
190 E. Michigan Ave. Suite A-100  
Battle Creek, MI 49014

Cass County:

Van Buren/Cass District Health Department  
(269) 621-3143  
57418 CR 681  
Hartford, MI 49057

Kalamazoo County:

Kalamazoo Department of Health and Human Services  
(269) 373-5213  
3299 Gull Road  
Kalamazoo, MI 49007

Breast and Cervical Cancer Program  
(269) 373-5213

St. Joseph County:

Branch/St. Joseph Health Dept  
(517) 279-9561  
570 Marshall Road  
Coldwater, MI 49036

Van Buren County:

Van Buren/Cass District  
Health Department  
(269) 621-3143  
57418 CR 681  
Hartford, MI 49057

***Community Health Clinics (free or reduced cost)***

Allegan County:

Seeds of Grace Clinic, Allegan	269-288-0253
Intercare, Pullman	269-236-5021
Intercare, Holland	616-399-0200

Berrien County:

Intercare, Benton Harbor	269-927-5400
Intercare, Eau Claire	269-461-6927

Branch County:

Presbyterian Church Free Clinic, Coldwater	517-278-6069
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Calhoun County:

The Nursing Clinic	269-962-6565
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Cass County:

Cassopolis Family Clinic, Cassopolis	269-445-3874
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County Health Clinics, Cassopolis, Dowagiac 269-445-5280

Kalamazoo County:

Free Clinic of Kalamazoo 269-344-0044  
Family Health Center, Kalamazoo 269-349-2641  
MSU/KCMS Clinics 269-337-4400  
(Michigan State University – Kalamazoo)

St. Joseph County:

Riverside Clinic at Riverside Church, Three Rivers 269-273-8723

VanBuren County:

County Health Clinics, Hartford, Paw Paw 269-621-3143  
Intercare, Bangor 269-427-7967  
The Cooper Clinic, Bangor 269-427-5811

All 8 Counties: Allegan, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, VanBuren:

Southwest Michigan Breast and Cervical Cancer Control Program

Kalamazoo County Human Services (Coordination) 269-373-5213  
1-888-243-4087 (Toll Free)

***Holistic Health***

Berrien County:

Clear Choice Chiropractic (269) 473-6000  
and Holistic Wellness Center, Niles www.chiro.choice  
Clear Choice Chiropractic (269) 782-1700  
and Holistic Wellness Center, Dowagiac www.chiro.choice  
Great Lakes Acupuncture (269) 429-5189  
www.greatlakesacupuncture.com

Calhoun County:

Health & Energy PC (269) 962-2836  
www.acupunctureinfo.net  
Holistic Health Center (269) 963-0932

Kalamazoo County:

Health & Energy PC (269) 345-7075  
www.acupunctureinfo.net

Van Buren County:

Partners in Holistic Health (269) 657-2373

***Hospitals***

Allegan County:

Allegan General Hospital, Allegan (269) 673-8424  
Borgess-Pipp Medical Center, Plainwell (269) 685-0700

Berrien County:

Lakeland Community Hospital, Niles (269) 683-5510  
Lakeland Regional Health System, St. Joseph (269) 983-8300  
Watervliet Community Hospital, Watervliet (269) 463-3111

Branch County:

Community Health Center, Coldwater (517) 279-5400

Calhoun County:

Battle Creek Health System (269) 966-8000  
Oaklawn Hospital, Marshall (269) 781-4271

Cass County:

Borgess Lee Memorial, Dowagiac (269) 782-8681

Kalamazoo County:

Borgess Medical Center (269) 226-7000  
Bronson Methodist Hospital (269) 341-6380  
Bronson Vicksburg Hospital, Vicksburg (269) 649-2321

St. Joseph County:

Sturgis Hospital, Sturgis (269) 651-7824  
Three Rivers Area Hospital, Three Rivers (269) 278-1145

Van Buren County:

Bronson LakeView Hospital, Paw Paw (269) 657-3141  
South Haven Community Hospital (269) 637-5271

***Mammogram Facilities***

Allegan County:

Allegan General Hospital (269) 686-4210

555 Linn Street  
Allegan, MI 49010

Borgess-Pipp Health Center (269) 685-0762

411 Naomi St  
Plainwell, MI 49080

Berrien County:

Community Hospital (269) 463-3111  
400 Medical Park  
Watervliet, MI 49098

Lakeland Hospital-Niles (269) 687-1435  
31 North St. Joseph Ave.  
Niles MI 49120

Center for Outpatient Services  
Lakeland Health & Healing (269) 556-2820  
3900 Hollywood Rd.  
St. Joseph MI 49085

South Shore Womens Health Care (269) 428-2800  
2690 South Cleveland  
St. Joseph, MI 49085

Southwestern Medical Clinic (269) 465-6050  
9625 Red Arrow Hwy  
PO Box 767  
Bridgman, MI 49106

University Medical Specialties (269) 473-2222  
9045 US 31  
Berrien Springs, MI 49103

Branch County:

Community Health Center of Branch County (517) 279-5416  
274 East Chicago Street  
Coldwater, MI 49036

Calhoun County:

Battle Creek Health Systems (269) 966-8666  
300 North Ave  
Battle Creek, MI 49016

Oaklawn Hospital (269) 789-3917  
200 North Madison  
Marshall, MI 49068

Kalamazoo County:

Borgess – Westside Radiology (269) 372-7494  
6565 West Main  
Kalamazoo, MI 49009

Borgess Medical Center (269) 226-6999  
1521 Gull Rd  
Kalamazoo, MI 49048

Borgess at Woodbridge Hills (269) 324-8400  
7901 Angling Rd  
Portage, MI 49024

Bronson Advanced Radiology Services (269) 381-2920  
524 South Park St  
Kalamazoo, MI 49007

Bronson Center for Women (269) 341-8700  
601 John St, Suite M-515  
Kalamazoo, MI 49007

Bronson Diagnostics at Woodbridge (269) 341-7723  
2640 West Centre Ave  
Portage, MI 49024

Bronson-Vicksburg Hospital (269) 341-6100  
13326 North Blvd  
Vicksburg, MI 49097

Promed Physicians (269) 552-2500  
8450 North 32nd St  
Richland, MI 49083

St. Joseph County:

Promed Physicians (269) 273-9539  
1241 Broadway  
Three Rivers, MI 49093

Sturgis Hospital (269) 659-4465  
916 Myrtle Ave  
Sturgis, MI 49091

Three Rivers Health Medical Imaging (269) 273-9638  
701 South Health Parkway  
Three Rivers, MI 49093

Van Buren County:

Bronson LakeView Hospital (269) 657-1440  
408 Hazen St, PO Box 209  
Paw Paw, MI 49049

South Haven Community Hospital Authority (269) 639-2828  
955 South Bailey  
South Haven, MI 49098

***Mastectomy Brassieres, Protheses and Other Mastectomy Supplies***

Berrien County:

Berrien County Cancer Service (269) 429-3281  
[www.bccancerservice.org](http://www.bccancerservice.org)

Studio I – St. Joseph (269) 428-3400

Calhoun County:

Lady Lifespan (269) 969-8797  
820 Capital Ave SW, Battle Creek  
[www.lifespancares.org](http://www.lifespancares.org)

Kalamazoo County:

Hanger Prosthetics & Orthotics (269) 345-1117  
2314 Gull Road, Kalamazoo

Mastec Woman's Boutique (269) 373-6223  
5080 Lovers Lane, Portage  
[www.masteconline.com](http://www.masteconline.com)

Wright & Filippis (269) 226-2617  
5132 South Westnedge Ave, Portage  
[www.firsttoserve.com](http://www.firsttoserve.com)

Other Michigan Counties:

Women's Health Boutique (616) 364-5431  
5150 Plainfield, NE, Grand Rapids

### ***Cancer Treatment Services***

There are 3 centers in Southwest Michigan where one can receive Radiation Therapy in most of its forms:

The Cancer Care Center (269) 966-8056  
Battle Creek Health System www.bchealth.com  
Battle Creek, MI

Lakeland Cancer Care Center (800) 968-0115  
Lakeland Health Care (269) 556-2866  
St. Joseph, MI www.lakelandhealth.org

West Michigan Cancer Center (WMCC) (269) 382-2500  
Kalamazoo, MI www.wmcc.org

One could travel outside the Southwest Michigan area to obtain radiation therapy, but, except for very rare circumstances it is not necessary.

Medical Oncology (the medical care of patients with cancer – chemotherapy plus) is widely available in Southwest Michigan. The three institutions listed above under Radiation Oncology (Battle Creek, Lakeland and WMCC) are for the most part comprehensive cancer centers and have many services available including a number of medical oncologists on staff. Independent medical oncology practices are available in St. Joseph and Kalamazoo.

There is a fulltime medical oncology based cancer center at Community Health Center of Branch County, Coldwater. Oncology clinics, usually part time, are present at Allegan General Hospital, Allegan; Lakeland Community Hospital, Niles; Watervliet Community Hospital, Watervliet; Oaklawn Hospital, Marshall; Borgess Lee Memorial Hospital, Dowagiac; Sturgis Hospital, Sturgis; Three Rivers Area Hospital, Three Rivers; Lakeview Community Hospital, Paw Paw; and South Haven Community Hospital, South Haven. Contact these hospitals directly (see hospital listing for phone numbers) for information.

Radiologists and surgeons play an important role in the treatment of breast cancer particularly early in the course of the disease. Your primary care provider is an important source of recommendation and referral. If reconstruction is an option, your breast surgeon will usually make a recommendation and referral.

### ***Psychological Services***

Allegan County:

Allegan General Hospital  
Psychological Medicine  
555 Linn Street, Allegan, MI 49010  
269-686-4110

Allegan County Community Mental Health  
3283 122nd Avenue, PO Drawer 130, Allegan, Michigan 49010  
269-673-6617 or 800-795-6617 Voice  
269-673-6617 or 800-795-6617 24-Hour Crisis

Desert Streams  
995 East Miller Road at 10th Street, Plainwell, MI 49080  
269-685-9798

Pathways Counseling  
112 E Chart Street, Plainwell, Michigan 49080  
269-685-6363

Plainwell Counseling Center  
319 Park Street  
Plainwell, MI 49080  
269-685-9401

Berrien County:

Berrien County Community Mental Health  
Riverwood Center  
1485 M-139, Benton Harbor, MI 49022  
269-927-6065 Voice 269-925-6746  
800-336-0341 or 269-925-0585 24-Hour Emergency

Psychology Associates PC  
2095 Niles Rd., Saint Joseph, MI 49085  
269-983-4751

Branch County:

Branch County Community Mental Health  
PINES BEHAVIORAL HEALTH SERVICES  
200 Orleans Boulevard, Coldwater, MI 49036  
517-279-8404 Voice 517-278-2129 TTY  
888-725-7534 24-Hour Emergency

Calhoun County:

Behavioral Health Resources  
3630 Capital Avenue SW, Battle Creek MI 49015  
269-979-8333

Calhoun County Community Mental Health  
SUMMIT POINTE (Calhoun County)  
140 W. Michigan Ave, Battle Creek, MI 49017  
269-966-1460 or 800-783-5449 Voice  
269-966-2890 800-632-5449 24-Hour Emergency

Oaklawn Hospital – Psychological Services Outpatient  
15209 West Michigan Ave., Marshall, MI 49068  
269-781-9119

David Smith, Ph.D.  
Oakridge Counseling Center  
497 Columbia Ave E # 16, Battle Creek , Michigan 49015  
269-963-7135

Psychological Consultants of Michigan PC  
2518 Capital Ave SW # 2, Battle Creek, Michigan 49015  
269-968-2811

Cass County:

Cass County Community Mental Health  
d/b/a Woodlands  
Behavioral Healthcare Network  
960 M-60 East, Cassopolis, Michigan 49031  
269-445-2451 Voice, 800-323-0335 24-Hour Crisis

Kalamazoo County:

Child & Family Psychological  
5380 Holiday Terrace, Kalamazoo, Michigan 49009  
269-372-4140

Desert Streams Counseling Center  
2019 Rambling Road, Kalamazoo, Michigan 49008  
269-345-0909

Family & Children Services  
1608 Lake Street, Kalamazoo, MI 49001  
269-344-0202

Kate Holaday, PLC, LPC, ACSW  
Counseling for Healing, Coping or Change  
309 W Walnut St, Kalamazoo, MI 49007  
269-271-2415

Kalamazoo Psychology Center  
122 W South ST FL 2, Kalamazoo, Michigan 49007  
269-349-4219

Kalamazoo County Community Mental Health  
3299 Gull Rd., Nazareth, MI 49074  
269-553-8000 Voice, 269-382-0847, 269-373-6000 24-Hour Emergency

Julianne Lark, Ph.D.  
4017 West Main St., Kalamazoo, MI 49006  
269-384-6055

David Smith, Ph.D.

Mid America Psychological Services  
8036 Moorsbridge Road, Suite 2  
Portage, MI 49024  
269-327-1438

Morry Edwards, Ph.D.  
Neuropsychology Associates  
4328 West Michigan Avenue  
Kalamazoo, MI 49006  
269-375-2222

Pine Rest Christian Mental Services  
1530 Nichols RD., Kalamazoo, Michigan 49006  
Phone: (269) 343-6700

Rehabilitation Health Specialists  
4341 S. Westnedge Avenue, Kalamazoo, MI 49008  
269-341-9300

Janet Tarkowski, RN, EDD  
4017 West Main St., Kalamazoo, MI 449006  
269-384-6055

Counseling Services  
West Michigan Cancer Center  
200 N. Park Street, Kalamazoo, MI 49007  
269-382-2500

Nancy Zielke, EDD  
2021 Rambling Road, Kalamazoo, MI 49008  
269-349-1322

St. Joseph County:

Affiliated Counseling Services  
1115 West Broadway, Three Rivers, MI 49093

Counseling and Psychological Services of Three Rivers  
30 N Main St., Three Rivers, MI 49093  
(269) 278-2003

Family Counseling Services  
338 Fisher St, Centreville, MI 49032  
(269) 467-4270

St. Joseph County Community Mental Health  
210 S. Main Street, Three Rivers, MI 49093  
(269) 273-5000 Voice, (269) 651-1508 TTY, (800) 622-3967 24-Hour Emergency

Transitions Wellness Center  
16587 Enterprise Dr., Three Rivers, MI 49093  
269-273-2024

Van Buren County:

Bronson LakeView Memory Clinic  
404 Hazen Street, Paw Paw, MI 49079  
269-657-1471

Center for Change & Growth  
304 W Michigan Ave., Paw Paw, MI 49079  
269-657-5800

Mapleview Consultation Center  
181 W Michigan Ave # 3, Paw Paw, MI 49079-1432  
269-57-6025

### ***Support Groups***

Support groups for all types of cancer are widely available in Southwest Michigan. The most effective means of obtaining information is frequently patient to patient contact, patient to physician/nurse contact, church groups, etc. The three cancer centers listed elsewhere have social workers or nurse navigators that have extensive knowledge of support. Some examples of support groups specific to breast cancer are listed below with contact numbers where available. Omissions are unintentional and the reader once again is encouraged to contact Susan G Komen for the Cure, Southwest Michigan Affiliate, with additions and corrections. A more complete list will be published periodically.

Strong Women of Faith Benton Harbor	(269) 926-1812
Breast Cancer Survivors Niles	(269) 683-2959
Cancer Support Group South Haven	(269) 637-2502
Cancer Connection Café Buchanan	(269) 695-2706
Breast Cancer Support Marshall	(269) 781-2479
Metastatic Breast Cancer Support Kalamazoo	(269) 207-9262
African American Breast Cancer Support Kalamazoo	(269) 342-0200
Allegan Gilda's Club Allegan	(800) 326-1419
Just Ours Plainwell	(269) 375-2222
Sisters in Survival Paw Paw	(269) 657-2192
Chemosabes St. Joseph	Contact Info Not Available
Survivor's Sisterhood Sturgis	(269) 651-7824
Breast Cancer Support Three Rivers	Contact Kim Rogers

## ***Wigs and Hair Coverings***

### Allegan County:

Accessories Plus (269) 673-5398

### Berrien County:

Millie's Boutique (269) 925-9447  
Studio 1 (269) 428-3400

### Calhoun County:

Hair Plus Beauty (269) 962-5050  
Holistic Health Center (269) 963-0932  
Natural Health Clinic (269) 963-5875  
Natural Woman/The Hair Shed (269) 962-8729  
Village of Natural Health (269) 781-3010

### Kalamazoo County:

Chic University of Cosmetology (free wigs) (269) 329-3333  
Hansen & Hansen (269) 375-4430  
Lea's Hairstyling Studios (269) 382-3020  
Mastec (269) 373-6223  
MK Boutique (269) 388-3184

### Grant Rapids:

Breton Designer Wigs (616) 942-7060  
1914 Breton Rd. Se  
Grand Rapids, Michigan 49506

### Catalogs and Online:

Anns Wigs [www.annswigs.com](http://www.annswigs.com)  
The beaubeau [www.4women.com](http://www.4women.com)  
Chemo Savvy [www.chemosavvy.com](http://www.chemosavvy.com)  
Heavenly Hats (free hats) [www.heavenlyhats.com](http://www.heavenlyhats.com)  
Just In Time [www.softhats.com](http://www.softhats.com)  
tlc (American Cancer Society) [www.tlcdirect.org](http://www.tlcdirect.org)

## **SECTION 9: APPENDICES**

### **Appendix 1: *Glossary of Terms***

**Alternative Therapy** - any non-traditional cancer treatment used instead of a traditional medical cancer treatment.

**Axillary Lymph Nodes** - glands in the underarm that filter lymph fluid.

**Benign** - biopsy result indicating cancer is not present.

**Biopsy** - an operation that removes sample cells or tissue from the breast to be tested for cancer.

**Breast Self-Exam (BSE)** - Examination of the breasts monthly to detect any changes that are suspicious.

**Carcinoma In Situ (CIS)** - an abnormal growth of cells that stays within the area it started in.

**Chemotherapy** - the use of drugs (chemicals) to treat cancer and destroy cancerous cells.

**Clinical Breast Exam (CBE)** - a breast exam performed by a healthcare professional.

**Clinical Trial** - A scientific study used to test the safety and effectiveness of a treatment

**Estrogen** - a hormone produced by the ovaries that aids in developing female sex organs and regulates menstrual cycles.

**Hormone Therapy** - treatment of cancer by removing, blocking or adding hormones.

**In Situ Breast Cancer** - a tumor that has not grown beyond the site of origin.

**Lumpectomy** - a surgical procedure that removes the cancerous tumor and surrounding tissue.

**Lymphedema** - swelling of the arm, hand, or chest wall caused by excess fluid after removal of the axillary lymph nodes or radiation treatments.

**Mammogram** - a low dose radiation x-ray of the breast designed to detect tumors.

**Malignant tumor** - a mass of cancer cells with uncontrolled growth.

**Mastectomy** - surgery to remove all or most of the breast and surrounding tissues.

**Metastasis/Metastatic** - the spread of the same type of cancer to other parts of the body.

**Oncologist** - A physician who specializes in treatment for cancer.

**Prosthesis** - an artificial form; external breast form that can be worn after a mastectomy.

**Radiation Therapy** - treatment using high energy x-rays to destroy cancerous cells.

**Hormone Receptor** - a specific location in a cancer cell that attracts hormones to attach to it.

**Reconstructive Surgery** - a procedure using plastic surgery to recreate a breast.

## **Appendix 2: *Bibliography***

American Cancer Society publications and website

National Cancer Institute publications and website

Maryland and Los Angeles County Affiliates publications

Susan G. Komen for the Cure publications and website

Breast Cancer Network of Strength (Formerly Y-Me) publications and website

West Michigan Cancer Center publications

**Appendix 3: *Flow of Patient Care***





