

General Questions to Ask Your Doctor

Patient Information about Breast Cancer

<http://www.oncologychannel.com/patient-information-breast-cancer/general.shtml>

After a breast cancer diagnosis is made, information from the biopsy is used to determine the specific type and classification of the disease and develop a treatment plan. Women should work closely with their health care team (e.g., OB/GYN, oncologist, radiation oncologist) to develop this plan. Breast cancer treatment may involve surgery, radiation, chemotherapy, and/or hormone therapy, or a combination of these therapies.

The most common type of breast cancer is called invasive (or infiltrative) ductal carcinoma (IDC). Breast cancer also can be classified in many different ways, including the following:

- **Stage of the cancer** (e.g., Stage 0–Stage IV; determined by the size of the tumor and whether cancer cells have spread to the lymph nodes or to surrounding tissue)
- **Grade of the cancer** (e.g., Grade 1–Grade 3; pattern) and rate of cell growth
- Whether or not cancer cells have **hormone receptors** (e.g., "ER-positive" [positive for estrogen receptors], "PR-positive" [positive for progesterone receptors], "ER-negative" [negative for estrogen receptors])
- Whether or not cancer cells produce high levels of certain proteins (called **oncogene overexpression**; e.g., HER2-positive breast cancer)

Questions to Ask Your Doctor about Breast Cancer

- What type of breast cancer do I have?
- What is the size of the tumor?
- What is the stage and grade of the cancer?
- Is my breast cancer hormone receptor positive?
- What is the prognosis for my specific type of breast cancer?
- Will you perform additional testing to determine if the cancer has spread to the lymph nodes or other organs?
- What treatments do you recommend to treat my breast cancer and why?

- Do you recommend that I have a sentinel lymph node biopsy? Why or why not?
- If I require chemotherapy, do you recommend I have this treatment before surgery or after surgery? What are the pros and cons of this recommendation?
- What additional treatments might you recommend?
- What are the benefits of the recommended treatments?
- What are the potential risks and side effects associated with these treatments?
- How will severe side effects during treatment be managed?
- Who will be involved in my treatment? Will I see a surgeon, an oncologist, or a radiation oncologist?
- What steps can I take to improve the success of my cancer treatment?
- How often will my condition be monitored during treatment? What type of testing will be conducted to determine if my therapy is working?
- Do you recommend that I have genetic testing?
- Should I participate in a clinical trial? Why or why not?
- What types of additional support are available to me during and after treatment?
- Can you suggest additional resources that may be helpful?

Notes/Additional Information

Questions to Ask Your Doctor about Breast Cancer Surgery

Patient Information about Breast Cancer

<http://www.oncologychannel.com/patient-information-breast-cancer/surgery.shtml>

Surgery combined with other treatments, such as chemotherapy and radiation, is the most common treatment for breast cancer. The type of surgery that is performed depends on a number of factors, including the stage of the disease. Types of surgical procedures used to treat breast cancer include lumpectomy and mastectomy (e.g., modified radical mastectomy, simple [total] mastectomy, radical mastectomy, partial mastectomy).

Following breast cancer surgery, some women choose to have breast reconstructive surgery. It is important to discuss this availability of this option with your physician while developing your overall treatment plan.

Questions to Ask about Breast Cancer Surgery

- Are you board-certified?
- Do you specialize in breast cancer surgery?
- What type of surgical procedure will be performed to treat my breast cancer? Why do you recommend this type of surgery?
- About how many times have you performed this procedure?
- Do you recommend that I have an axillary lymph node dissection? Why or why not?
- What are the benefits and risks associated with axillary node dissection?
- Will I have breast reconstruction surgery following the procedure? If so, when will this surgery take place?
- What tests will I need prior to surgery?
- How should I prepare for the procedure?
- What type of anesthesia will be used? How long will the procedure take?
- Might I require a blood transfusion during surgery?
- What will be the course of action if you discover during surgery that my cancer is more extensive than previously thought?

- What types of complications may develop during surgery?
 - Will I be admitted to the hospital after surgery? If so, how long will I be in the hospital?
 - What can I expect following the procedure? How will my pain be managed?
 - Will I need to have a surgical drain? How do I care for this drain and when will it be removed?
 - How will my breasts look and feel after surgery? Can I expect normal sensation to return?
 - What will my scar look like?
 - Who should I contact if I have questions or experience complications after the procedure?
Telephone number to call:
 - When can I resume normal daily activities following surgery?
 - How often will my condition be monitored after surgery to treat breast cancer?
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Questions to Ask about Breast Reconstructive Surgery

- Are you board-certified?
- Do you specialize in breast reconstructive surgery?
- About how many of these procedures have you performed? How many do you perform each year?
- Am I a good candidate for breast reconstruction? Why or why not?
- What is the cost of breast reconstruction surgery? Is the procedure covered by insurance?
- What type of breast reconstruction do you recommend?

- What are the benefits and limitations associated with this procedure?
- When will breast reconstruction surgery be performed in relation to breast cancer treatments, such as chemotherapy and/or radiation therapy?
- What are tissue expanders? Will they be used? Why or why not?
- Do you recommend saline or silicone implants? Why do you recommend this type?
- What size implants do you recommend?
- Will tissue from another part of my body be used in my breast reconstruction?
- Will nipple reconstruction be performed?
- How should I prepare for breast reconstructive surgery?
- How long will the procedure take?
- What type of anesthesia will be used during reconstructive surgery?
- Might I require a blood transfusion during the procedure?
- What types of complications can occur during breast reconstructive surgery?
- Will I be admitted to the hospital after surgery? If so, how long will I be in the hospital?
- What can I expect immediately following the procedure? How will my pain be managed?
- Will I need to have a surgical drain? How do I care for this drain and when will it be removed?
- Who should I contact if I have questions or experience complications after the procedure?
Telephone number to call:
- How will my breasts look and feel after reconstructive surgery?
- What type of results can I expect? What will my scar look like?

- When can I resume normal daily activities following reconstructive surgery?
 - When should I be seen for a follow-up appointment?
Next appointment: Date: Time:
 - Might I require additional surgery?
 - What changes can I expect in the implants over time?
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Notes/Additional Information

Questions to Ask Your Doctor about Chemotherapy for Breast Cancer

Patient Information about Breast Cancer

<http://www.oncologychannel.com/patient-information-breast-cancer/chemotherapy.shtml>

Chemotherapy uses a combination of drugs to destroy cancer cells. This treatment may be administered prior to breast cancer surgery to shrink the tumor (called neoadjuvant therapy), or after surgery to treat breast cancer that has spread to the lymph nodes (called adjuvant therapy).

Chemotherapy drugs may be administered orally or through an IV (intravenously). In some cases, a port (also called a port-a-cath) is surgically implanted in a large vein in the upper chest to make the administration of chemotherapy easier.

Chemotherapy is a systemic treatment, which means that it travels throughout the body via the bloodstream. Although chemotherapy side effects often are severe, they usually can be controlled.

Questions to Ask Your Doctor about Chemotherapy for Breast Cancer

- Why has chemotherapy been recommended to treat my breast cancer?
- What type of chemotherapy regimen do you recommend?
- Are there any clinical trials available? Do you recommend I enlist in one of these trials? Why or why not?
- Will I receive dense-dose chemotherapy? Why or why not?
- What will be my chemotherapy schedule?
- How will chemotherapy be administered?
- Will I have an intravenous port (e.g., port-a-cath)? If so, what does this involve?
- How long will each treatment take?
- In addition to the chemotherapy drugs, what other types of medications will be prescribed during treatment?
- What are the short-term and long-term side effects of this type of chemotherapy?
- Will chemotherapy cause me to lose my hair? Will the cost of a wig be covered by my insurance?

- May this treatment cause menopause?
- How can I reduce the adverse effects associated with treatment?
- How can I expect to feel during chemotherapy? Can I continue my normal daily routine?
- What are the potential severe side effects of this chemotherapy?
- Who should I contact if I experience complications during treatment?
Telephone number to call:
- How will my condition be monitored during chemotherapy? Will I require regular blood tests or other tests?
- If I become ill during chemotherapy, how may this affect my treatment? What effect will an interruption in therapy have on my overall treatment?
- What type of follow-up care will I receive after chemotherapy for breast cancer?

Notes/Additional Information

Questions to Ask Your Doctor about Radiation Therapy for Breast Cancer

Patient Information about Breast Cancer

<http://www.oncologychannel.com/patient-information-breast-cancer/radiation.shtml>

Radiation therapy may be used to shrink the size of the tumor prior to breast cancer surgery (called neoadjuvant therapy) or after surgery to destroy cancer cells that remain in the breast or chest wall, or under the arm (called adjuvant therapy).

Radiation is a local treatment, which means that any side effects are limited to the treatment area. Patients who undergo radiation therapy to treat breast cancer usually are able to tolerate therapy well.

Questions to Ask Your Doctor about Radiation Therapy for Breast Cancer

- Why has radiation therapy been recommended to treat my breast cancer?
- Can you describe this treatment?
- What steps can I take to prepare for radiation therapy?
- How often will I receive radiation treatments and how long will each treatment take?
- Is radiation therapy painful?
- Will the radiation dose or treatment area change over the course of therapy?
- What are the short-term and long-term side effects of radiation therapy for breast cancer?
- What steps can I take to reduce these effects?
- How may my skin be affected by radiation therapy? How should I care for my skin during treatment?
- How can I expect to feel during treatment? Can I continue my normal daily routine?
- What are the potential severe side effects of radiation?
- Who should I contact if I experience complications during treatment?
Telephone number to call:

- Will radiation therapy affect my fertility?
 - What type of follow-up care will I receive after radiation therapy for breast cancer?
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Notes/Additional Information

Questions to Ask Your Doctor about Hormone Therapy for Breast Cancer

Patient Information about Breast Cancer

<http://www.oncologychannel.com/patient-information-breast-cancer/hormone.shtml>

Hormone therapy, also called anti-estrogen therapy, may be used in combination with other therapies to treat breast cancer that is hormone-receptor positive. It also may be used to reduce the risk for breast cancer in women who are at high risk for the disease.

Hormone therapy can be administered orally or via injections. It is a systemic treatment, which means it can destroy breast cancer cells anywhere in the body.

The type of hormone therapy used depends on a number of factors, including the classification of the disease and whether the patient is pre- or post-menopausal. Common types include selective estrogen receptor modulators (SERMs; e.g., tamoxifen) and aromatase inhibitors (e.g., Arimidex®, Aromasin®, Femara®). Prior to menopause, medications to prevent the ovaries from producing estrogen or surgical removal of the ovaries also may be used to reduce estrogen levels. Hormone therapy usually is administered after other breast cancer treatments.

Questions to Ask Your Doctor about Hormone Therapy for Breast Cancer

- Why has hormone therapy been recommended to treat my breast cancer or to reduce my breast cancer risk?
- How does hormone therapy work?
- What are the benefits and limitations of hormone therapy?
- What type of hormone therapy do you recommend? Why am I a good candidate for this type?
- What are the potential side effects of hormone therapy? Are there steps I can take to reduce these effects?
- Are there serious risks associated with hormone therapy?
- Who should I contact if I experience complications during treatment?
Telephone number to call:
- How will my condition be monitored during hormone therapy?
- How often will I be seen for follow-up appointments over the course of treatment?

- How long will I receive hormone therapy?
- Will I be on the same type of hormone therapy for the entire course of treatment?
- What happens after this period of time?
- Following hormone therapy, will I receive biological therapy (e.g., Herceptin®)? Why or why not?

Notes/Additional Information