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So no one faces cancer alone

understanding Breast Cancer

So no one faces cancer alone

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CancerFund

Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in the community.

Our CancerLink support centres offer professional support and connect 22 cancer peer groups to form an extensive service network for those with cancer and their families, providing emotional support and practical assistance.

This publication is one in a series of information booklets that discuss different aspects of cancer, including possible treatment, side effects and emotional issues. They are intended to inform you about available treatments and care. A soft copy of the booklet is also available on our website for free download.

The free services offered by Hong Kong Cancer Fund are made possible only through donations from the public. If you would like to show your support and concern for cancer clients, please contact us. Your generosity will directly benefit those touched by cancer in Hong Kong.

Service Hotline: 3656 0800
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Preface

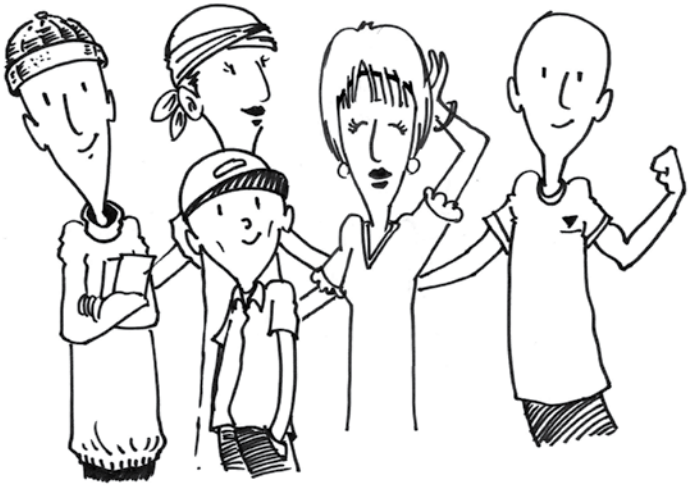
Breast cancer treatment is more advanced than treatments for many other cancers. Various drug and treatment options are now available to choose from.

This booklet has been written to help you understand more about breast cancer. We hope it answers some of the questions you may have about diagnosis and treatment.

Please note that we cannot formally advise you about the best treatment method for you. This information should only come from a doctor who is familiar with your entire medical history.

This book focuses on cases of breast cancer in women. However, a small number of Hong Kong men also develop the condition each year. Male patients account for around 0.5% of total breast cancer cases* in 2015.

If you find this article helpful and believe a friend or relative might benefit, do pass it on. This will help inform them about the condition and enable them to help you overcome any challenges you might face.



*Figures published by Hong Kong Cancer Registry, Hospital Authority, in 2017.

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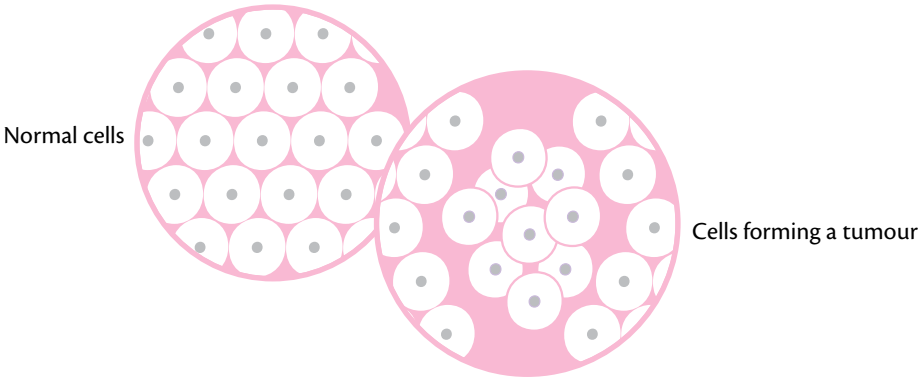
What is cancer?

Cancer is a disease of our cells, which are the body's building blocks. Our cells divide constantly to enable us to grow, to replace worn-out cells, and to heal damaged cells after an injury.



Cells normally divide in an orderly way, guided by their genes. But, occasionally, genes can be damaged due to our living environment or hereditary problems in the family, causing cells to divide and multiply uncontrollably, forming a lump called a tumour.

Not all tumours are cancerous. Benign (non-cancerous) tumours do not spread outside their normal boundary. While some benign tumours are pre-cancerous and must be treated before they turn malignant, most stop growing at a certain point and pose no discernible problem. You can, of course, have it removed by surgery or other means. But in general, unless it becomes too big and presses on tissues and organs or impedes the function of your body, it may be advisable to leave it and have regular check-ups to monitor it.

Malignant (cancerous) tumours are ones in which the cells multiply excessively and uncontrollably and form a lump. They can also migrate to other parts of the body (a secondary cancer site or metastasis) and start to drain our energy. If not treated in time, we can be consumed by them.

Cancer spreads via the body's fluid channels

There are two crisscrossing 'canal' systems in our body: blood vessels compose the blood and circulating systems, and lymph vessels compose the lymphatic system. If cancer cells enter nearby blood vessels or lymph vessels, they can reach other tissues and organs and settle there, forming secondary cancer sites. A cancer that has spread not only causes more harm to the body but is more difficult to treat than one sitting in just the original location.

Causes of cancer and risk factors

Cancer is a complicated disease without a single known cause. However, many studies have shown that cancer is associated with a number of risk factors and variety of potential causes. These include internal factors (e.g. genetics), external factors (e.g. environmental exposure), and risk factors involving both internal and external factors (e.g. lifestyle choices).

Most cancer risk factors are initially identified through epidemiology studies. These studies may show that people who've developed cancer are more likely to have behaved in certain ways, or have been exposed to certain substances, than those who don't develop cancer.

Although there are many risk factors (as listed below), not all people who are exposed to these risk factors develop cancer. Most cancers occur in people who don't have any known risk factors. Also, cancer generally takes a long time to develop, and occasional exposure to risk factors is unlikely to increase the chance of developing cancer.

Understanding these risk factors and limiting your exposure to avoidable aspects could reduce your risk of developing certain cancers. This list details the four most-studied known risk factors for cancer:

1. **Age**
   Age is associated with most forms of cancers.

2. **Lifestyle habits**
   Lifestyle habits like consumption of tobacco and alcohol, an unhealthy diet, obesity, long-term stress and a lack of exercise often don't cause cancer in and of themselves. Instead, they reduce your natural immunity, increasing your risk of developing cancer later on.

3. **Environmental exposures**
   Environmental exposure to air/water pollutants or excessive UV radiation (from sunlight) can increase cancer-related risks.

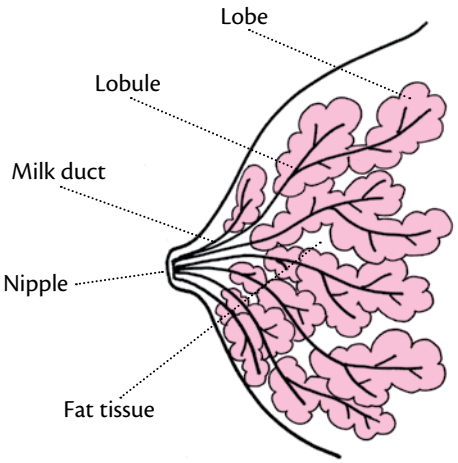
4. **Genetics**
   Genetics impacts on cancer risk as many forms have a hereditary link.

   Cancers begin with the mutation of one or more genes. Therefore, cancer can sometimes 'run in the family'. Not all cancers can be passed via abnormal genes from parent to child, and not all specific genetic alterations can lead to cancer during your lifetime. If you have a family history of cancer, you may wish to attend regular screenings. Early cancer detection greatly increases the chance of successful treatment.

While scientists are continuing their efforts to research and understand the causes of cancers, we must rely on known risk factors for cancer prevention and early detection. Remember, a risk is only a possibility and doesn't necessarily mean that you will develop cancer. As long as you are living a healthy lifestyle, you should not be overly anxious.

The breast

Breasts are comprised of fatty tissue, connective tissue and glandular tissue. The milk-producing parts of the breast are called lobules, which generally start functioning immediately after labour. The milk travels through a network of milk ducts and eventually exits through the nipple.



It's common for both breasts to be different in size; this is related to your dominant hand and living habits. A woman's breasts may become swollen and tender during her period. They can also undergo changes during pregnancy and nursing. It's important to become familiar with your breasts so you can easily identify any unusual changes.

Breast tumours

Breast cancer usually originates in the ductal and lobular tissues, including the 15-20 lobes that radiate from the nipples and the ducts at the front. Most cases of malignant breast cancers take the form of invasive ductal carcinoma. Invasive lobular carcinoma is the second most common type, followed by other forms of malignant tumour.

Lymph nodes are located around the fatty tissue that sits next to the ductal and glandular tissues. Sometimes, cancerous cells can travel through the fatty tissue to the lymphatic system and on to lymph nodes in other parts of the body.

Breast cancer and oestrogen

Studies suggest that high levels of long-term exposure to oestrogen may contribute towards the risk of developing breast cancer. In these studies, the longer people were exposed to oestrogen, the more the breast cells – both healthy and potentially cancerous – were stimulated to grow. This, in turn, increased their chances of developing breast cancer.

Most oestrogen is produced in the ovaries. The production of this hormone is related to menstruation, onset of menopause, the age at which you first became pregnant, and your breastfeeding habits. By studying these factors in greater detail, we may be able to identify protective factors that could reduce the risk of developing breast cancer.

Reduce breast cancer risk

Reproductive History

A woman who has given birth is less likely to develop breast cancer because they have a lower cumulative exposure to endogenous hormones than those who have never given birth. Compared to women who give birth to their first child after the age of 30, women who give birth before the age of 20 have a 50% lower rate of developing breast cancer.

Breastfeeding History

Breastfeeding helps protect against breast cancer because it reduces your oestrogen levels, and therefore your cumulative exposure to endogenous hormones. The longer a woman breastfeeds her children, the lower her risk of developing breast cancer.

Exercise

Women who don't exercise regularly have a higher risk of developing breast cancer. Research from the National Institute of Health found that 1.25 to 2.5

hours of walking per week can help reduce the risk of developing breast cancer risk by 18%.

Diet

Adopting a healthy, balanced diet is key to good health. High fibre foods have been shown to be beneficial. However, you should avoid eating excessive amounts of red meat, sugar, fat and sodium, as well as processed, preserved or smoked food to reduce your risk of developing breast cancer.

Risk Factors

The exact cause of breast cancer is unknown. However, factors known to increase breast cancer risk include:

Menstruation

An increased number of menstrual cycles throughout a woman's life will increase cumulative exposure to endogenous hormone. Women who start their period very young (before the age of 12), or stop later than usual (after the age of 55) are more likely to develop breast cancer.

Age

More than half of women diagnosed with cancer are aged 50+. However, women are being diagnosed at an earlier age (particularly during their late 30s or early 40s) is increasing frequency.

Family History

If a close female relative (a mother, sister or daughter) has been diagnosed with breast cancer, you are likely to be at an increased risk. A small number of women have an especially high risk of developing breast cancer due faulty inherited genes. Defective BRCA1 and BRCA2 genes are known to indicate an increased risk.

Individual Health History

Individuals with genes like BRCA1 and BRAC2 have an increased risk of developing breast cancer. This is also the case for people with a history of benign breast issues (such as atypical hyperplasia), non-invasive breast cancer, ovarian cancer, or endometrial cancer.

Medicine

People undergoing hormone replacement therapy (HRT) or taking combined oral contraceptive pills could have a higher risk of developing breast cancer.

Alcohol

Regular consumption of large amounts of alcohol can marginally increase the risk of developing breast cancer.

Obesity

Being overweight (especially after going through menopause) increases the risk of developing breast cancer. Menstruation is coordinated by oestrogen and progesterone. After menopause, ovaries stop producing oestrogen and progesterone, but oestrogen is still produced by fat. If fat accumulates within the body, the excessive level of oestrogen might increase the risk of developing breast cancer.

Radiation

Long-term exposure to low-level radiation, or even short-term exposure to moderate or high levels of radiation, increases the risk of developing breast cancer.

Signs and symptoms

Most of the women being diagnosed with breast cancer proactively seek medical help after finding breast lumps or unusual changes to the breasts.

Common signs and symptoms of breast cancer include:

Breast

- Any unusual changes in the size or shape of the breast
- Unexplained dimpling of the breast
- Changes in the texture of breast skin, which some describe as similar to that of an orange peel
- Lump in the breast

Nipples and areola

- Inversion or turning of the nipple
- Change in nipple shape
- Lump or tissue thickening around the nipple
- Any nipple rashes or discharge, particularly clear or bloody discharge

Armpit

- Swelling or a lump in your armpit

There are many harmless causes of pain in the breast that may be related primarily to changes in hormone levels. These can include puberty, menstruation and pregnancy (during the first trimester). Some women have lumpy breast tissue called fibrocystic breasts, which may be more painful during menstruation. Breast lumps can just be fibrocystic breast changes before your period. These lumps are fluid-filled cysts, rather than a mass of cells.

Not every breast tumour can be detected by touch alone. Sometimes your breasts will feel completely normal. By the time you can feel the mass, it may have already developed into a lump. It is important to seek medical advice if you identify any of the changes mentioned above. Early diagnosis can increase your chance of recovery.

Self-examine your breasts with these 3 steps

Women of all ages should be familiar with the normal look and feel of their breasts. Early detection of breast cancer improves your chance of survival. All women aged 20+ should check their breasts monthly by self-examination. Before you reach menopause, you should check your breasts from the 7th - 10th day after your period starts. After you've been through the menopause, you should conduct self-examinations on the same day each month. Here's what you should be looking for, feeling and comparing. If you notice any of the following changes, please see your doctor immediately.

Look for

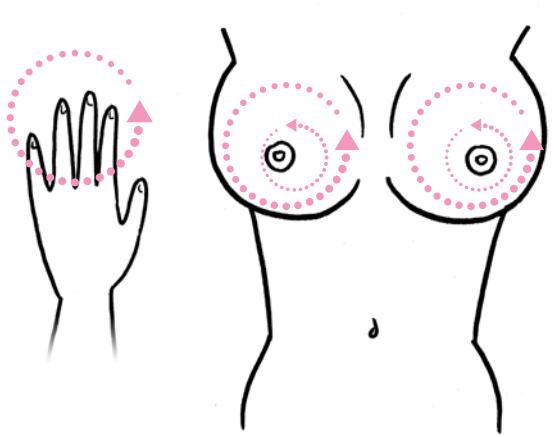
Stand in front of the mirror, raise your hands above your head and look to see whether there are any signs of the changes listed below. Next, place your hands on your hips and press down firmly to tighten the chest muscles beneath your breasts, then look for the same visual indicators.

- Changes in your breasts that aren't normal for you; something different you haven't seen before.
- Changes to the nipple, including a change in shape, crusting, a sore or ulcer, redness or inversion of the nipple.
- Discharge from the nipple, particularly if it's emitted from one nipple and contains blood, or occurs without squeezing.

Feel for

You can feel for changes when lying down or showering. Raise your right hand above your head. Then, use the pads of the middle three fingers of the left hand to examine the breast on the right side. Move fingers in dime-size circles

from the armpit area to the side of the breast, and on to the nipple. After that, check the other side using the same technique. Feel for:



- A lump, lumpiness or thickening of tissue. If you're pre-menopausal, check this isn't related to your normal monthly cycle, and that it remains after your period has finished. If you feel a new change in one breast only, you should get checked regardless of your age.
- Persistent, unusual pain. Again, get checked if this is not related to your normal monthly cycle, remains after your period or occurs in one breast only.

Compare

- The shape or size of your breast with your last check. Establish whether there has been either an increase or decrease in size.
- Your left breast and nipple with your right. Look for any unusual differences between the two that you haven't noticed before.

How common is breast cancer?

Breast cancer is the most common form of cancer among women in Hong Kong. According to the latest statistics from the HK Cancer Registry, 3,524* women were diagnosed with breast cancer in 2013, which accounts for 25.1% of all new cancers diagnosed in females during the same year. One in four diagnosed cases of cancer in females were breast cancer. In total, one in seventeen of Hong Kong's female population has been diagnosed with breast cancer. Although the number of breast cancer diagnoses is rising, breast cancer death rates have held steady, with around 10% of diagnosed cases proving terminal. Survival rates can be improved further through breast awareness initiatives and an increased onus on early detection.

Early detection is important

Early detection can save lives. When cancer is detected earlier, you will be able to utilise more treatment methods and stand a greater chance of making a full recovery.

Incidence and death rate of breast cancer in 2002-2016

Y-axis: Number of new cases and registered deaths per 100,000 standard population

**Age-standardised incident and death rates are calculated based on the world standard population specified in GPE Discussion Paper Series: No. 31, EIP/GPE/EBD, World Health Organization, 2001. Age-standardized rates can only be compared accurately when they refer to the same global population.

* Figures published by Hong Kong Cancer Registry, Hospital Authority, 2017

Free services for those affected by breast cancer

At Hong Kong Cancer Fund, we offer a unique service approach that aims to help clients with breast cancer and their families throughout their entire cancer journey. From diagnosis and treatment to recovery and rehabilitation, we can provide you with a comprehensive set of services.

We offer FREE programmes, activities and services personalised to your needs by registered social workers, oncology nurses, art therapists and dietitians. These resources have been specifically designed to help women living with breast cancer. From our Pink Recovery Packs for women undergoing breast cancer surgery, to our hotline and counselling services, to our peer support groups and research funding, we will be with you every step of the way.

Recovery and rehabilitation

- Pink recovery pack
- Prosthesis fund
- Prosthesis education workshops
- Nursing and dietetic consultation and workshops
- Managing upper lymphoedema workshops and exercise programmes
- Understanding breast reconstruction surgery
- Breast cancer adjustment group
- Breast check technique workshops

Psycho-therapeutic support

- Building positive self-image workshops
- Dance therapy
- Positive adjustment groups
- Art therapy

Family support

- Couples yoga
- Couples workshops
- Caregivers workshops
- Family counselling

Nutrition and wellness

- Registered dietitian consultation
- Wellness and holistic health programmes
- Diet and nutrition classes

Returning to work

- Mind-mapping courses
- Survivorship workshops

Call our service hotline on 3656 0800 to learn more about our breast cancer care services.

Types of breast cancer

Most breast cancer cases originate in the cells that line the ducts and lobules. A small number start in fatty tissue and other parts of breast. The most common types are:

Ductal carcinoma in situ (DCIS)

DCIS accounts for about 20% of all diagnosed breast cancers. In such cases, cancerous cells are found within the ducts of the mammary glands, but tend not to spread outside the ducts. Although DCIS is a pre-invasive breast cancer, it can develop into more invasive cancers if left untreated.

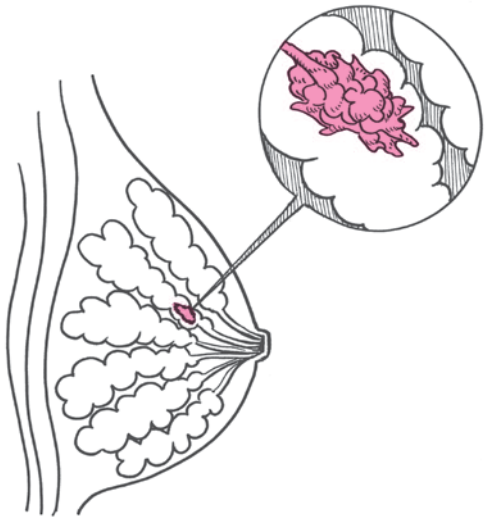
Invasive ductal carcinoma (IDC)

IDC is the most common type of breast cancer, accounting for 80% of invasive breast cancers. This form of cancer begins in the ducts, before breaking through the ductal walls to reach the fatty tissue. If left untreated, it can invade other parts of the body via the lymphatic and circulatory system. IDC can be identified by mammogram.

Invasive lobular carcinoma (ILC)

ILC accounts for about 10% of all cancers originating in the breast. This form of cancer starts in the lobules (or, milk glands) and can spread to other parts of the body. ILC is difficult to spot via mammogram, so an MRI scan will generally be used to gather more information on which to make a diagnosis.

Aside from these three types, inflammatory breast cancer (IBC) accounts for about 1% - 3% of all breast cancers. It affects the skin tissue and blocks the lymph ducts, which causes symptoms including susceptibility to infection. Another rare type of breast cancer is Paget's disease, which accounts for 1% of all breast cancers. This form of cancer affects the skin of the nipple and areola.



What is human epidermal growth factor receptor 2 (HER2) positive breast cancer?

About 20% of breast cancers are HER2-positive (meaning one in every five cases involve HER2-positive cancers). HER2-positive tumours tend to be more aggressive and invasive. Researchers identified that HER2-positive patients have a lower survival rate than HER2-negative patients.

HER2 is found on the surface of normal breast cells. It is a protein that can affect the growth of some cancerous cells. When higher levels of HER2 protein are found in a breast cancer, this is referred to as 'HER2-positive breast cancer'. The extra HER2 receptors stimulate cancerous cells, causing them to divide and grow.

HER2-positive breast cancer is treated in a similar way to other forms of breast cancer, using surgery and chemotherapy. You may also receive targeted hormone therapy. If you have early-stage HER2-positive breast cancer with a tumour size of less than 5mm and no spread to lymph, the risk of the cancer returning is smaller. In such cases, you may not be prescribed chemotherapy or targeted therapy.

What is triple-negative breast cancer?

Triple-negative breast cancer occurs in about 10-20% of diagnosed cases and is more likely to affect younger people. It's more likely to spread and recur than other types of breast cancer.

Before treatment is planned, you will be tested for the three most common types of receptors. These include two hormones (oestrogen and progesterone), as well as HER2. Triple-negative breast cancer diagnosis means that these three receptors aren't present in the cancer tumour. As the tumour cells lack the necessary receptors, common treatments like hormone therapy and drugs that target oestrogen, progesterone, and HER-2 will be ineffective. However, surgery, in addition to chemotherapy or radiotherapy is still an effective option.

Diagnosis

Diagnosis

After reviewing your general health records and family history, your doctor will look for any abnormalities in your breasts, underarms, lymph nodes and neck.

A range of different tests can be used to diagnose breast cancer. Your doctor may choose to arrange one or more of the following tests:

Diagnostic imaging

Mammogram

A mammogram is an X-ray of the breast that can identify a tumour early on, before a lump is detectable. Early diagnosis can greatly improve treatment results.

Your breasts will be placed on the machine. Then, two metal plates will press your breasts firmly for 10 to 15 seconds.

Mammogram pictures can show your breast tissues and ducts, including micro-calcification, breast cysts (commonly seen during menstruation), undetectable lumps and other key indicators.

If the radiologist finds any abnormalities during your mammogram, further ultrasound imaging can show whether the breast lump is solid or a fluid-filled cyst. You might then require a breast biopsy to remove a small piece of breast tissue from the suspicious area for testing. Your sample will be examined under a microscope to determine if it contains any cancerous cells.

You should avoid undertaking a mammogram while pregnant. If you're aged 40 or under, the higher density of your breast tissue can make it harder to identify any malignancy. Mammograms are therefore not generally recommended for this age group.

Start your mammogram screening schedule from the age 40, and book a new test annually or every other year. For high risk group, the mammogram should be done every year or schedule suggested by your doctor.

Ultrasound scan

Ultrasound scanning uses sound waves to generate a digital picture of your breast. This type of scan can examine breast lumps and abnormalities at the lymph nodes in the armpit, serving as an additional means of determining whether a lump is made of cells or just fluid.

During an ultrasound scan, the person conducting the procedure will place gel on your breast before using a small, hand-held device to scan the area. A picture showing the inside of your breast will then be shown on a computer screen. Ultrasound scanning is painless and only takes a few minutes at a clinic.

Pathological tests

Surgical biopsy

Pathological tests and biopsies involve removing a piece of your suspect tissue for further testing. You may experience mild pain and bleeding at the biopsy site following the procedure, but the wound should heal within a few days. These are the two main types of breast biopsy:

- **Incisional biopsy**

  If a questionable lump is found during your mammogram or ultrasound scan, you will require surgery to remove all or part of the lump for testing. This is a simple, reliable and affordable method by which to analyse the cancer. The procedure is generally done under local anaesthetic, with a surgeon removing just enough of the suspicious area required to make a diagnosis. Then, your pathologist will look at the tissue under microscope to determine if it contains any cancerous cells.

- **Excisional biopsy**

  Excisional biopsy can provide accurate diagnosis, but it is a more invasive procedure. Your doctor will make a 1 to 2 inch incision in the skin of the breast, then remove the entire tumour or abnormal area. When a lump isn't easy to feel, your doctor might use an X-ray to guide a fine wire into the breast to mark exactly where the surgeon should take the biopsy. You're likely to require stitches following this procedure, and your surgeon may choose to leave a mark to indicate where to cut if surgery is required again in future.

Needle biopsy

- **Fine needle aspiration (FNA)**

  FNA is a quick, simple and economical test. The doctor puts a very fine needle into the breast and takes a sample of your cells using a syringe.

  In some cases, your doctor may decide the tissue taken is not enough to make an accurate diagnosis. The doctor might then ask you to undergo a different form of test.

  If a benign cyst is identified during your ultrasound scan, the fluid in the cyst can also be withdrawn using FNA.

- **Core needle biopsy (CNB)**

  As with FNA, CNB is a low-trauma test. However, this method uses a larger needle to sample additional breast tissue for pathological testing. This method provides more accurate results than FNA and is the most common means of diagnosis, though it comes at a higher cost. You are unlikely to require stitches and won't be left with a permanent visible scar, though the doctor may choose to leave a mark at the biopsy site for future use.

  If the biopsy result indicates the presence of cancerous cells, you're likely to be given two further receptor tests (hormone receptor and HER2 tests):

Hormone receptor test

If hormone receptors are present in breast cancer cells, they will receive signals from oestrogen and progesterone in the bloodstream that tell them to grow. This can take one of two forms:

- Oestrogen-receptor-positive (ER+) occurs when the cancer has oestrogen receptors
- Progesterone-receptor-positive (PR+) occurs when the cancer has progesterone receptors

Both of these cancer types are likely to respond to hormone therapy treatment.

Conversely, if no hormone receptors are found in breast cancer cells, they will be referred to as:

- Oestrogen-receptor-negative (ER-) if no oestrogen receptors are present
- Progesterone-receptor-negative (PR-) if no progesterone receptors are present

These cancers are unlikely to respond to hormonal therapy.

In general, you'll have more treatment options available with cancers in which a hormone receptor is present. And, when both oestrogen and progesterone receptors are present, treatment tends to be more effective than with one type of receptor alone.

To test for hormone receptors, your doctor is likely to ask you to undergo a biopsy or other form of minor surgery.

HER2 receptor test

This test identifies the presence of HER2 before treatment protocol planning commences.

One in every four to five cancers contains high levels of HER2. This is a protein that can affect the growth of some cancerous cells. Extra HER2 receptors stimulate cancerous cells to divide and grow. HER2-positive tumours tend to be more aggressive and invasive.

Researchers have established that HER2-positive patients have a lower survival rate than HER2-negative patients. Targeted therapies are available to treat HER2-positive cancers specifically.

Further tests

If breast cancer is diagnosed, your doctor will suggest more tests to determine the size, location and spread of tumours. This information is crucial for helping doctors work out the best method of treatment.

Liver ultrasound scan

Liver ultrasound scanning will show whether your breast cancer has spread to your liver.

The doctor will put some medical jelly on the examination area. Then, an ultrasound scanner that produces high-frequency soundwaves will be rolled across the area. These soundwaves bounce off your liver and a microphone registers those that have been reflected. The microphone links to a computer that turns these reflected soundwaves into a picture, which can show the size and location of changes or abnormal growths.

Ultrasound scans only take a few minutes. They are completely painless (requiring no anaesthesia) and have no known side effects. This type of scan is usually carried out in the X-ray department of a hospital or specialist clinic.

Bone scan

A bone scan shows whether any cancer has spread to your bones by identifying any changes or abnormalities.

Before the scan starts, you'll receive an injection containing a radioactive liquid called a radionucleotide. The scanner is a large camera that tracks how this liquid moves through your body. Liquid tends to collect into 'hot-spots' on the bone if affected by cancerous cells, which the scan should identify.

Only a very small quantity of radionucleotide will be injected into your bloodstream, so it won't cause any harm to your body. Your body will process this substance naturally within a few hours. However, as a safety precaution, you should avoid meeting with pregnant women or young children during this time.

Magnetic resonance imaging (MRI)

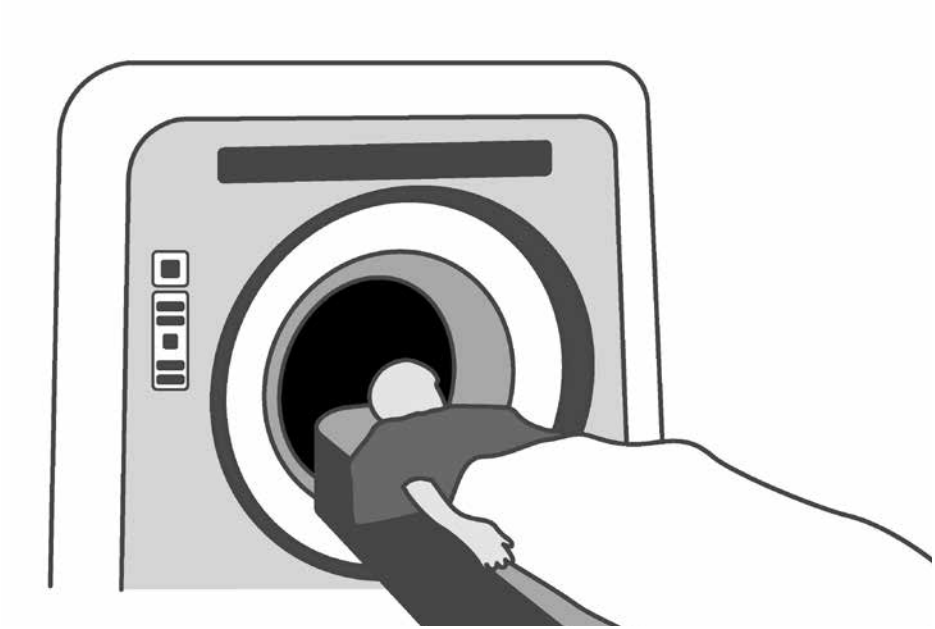
MRI scanning uses magnetism and radio waves to create cross-sectional images of the body. It produces scans that can then be viewed from any angle, and highlights soft tissues with great clarity.

A MRI scan uses strong magnetism which can be affected by metal. You will be asked to take off all clothing and accessories that contain metal components. Please note that you should avoid this type of scan if you have a pacemaker, surgical clips or any other metallic fragments within your body.

Before the scan, you may be injected with a type of dye called a 'contrast medium'. This helps to display your body's organs more clearly. You'll be asked to lay still on a platform, then placed inside a large cylinder. This is a painless process. You'll experience noise throughout the scan, but should be given earplugs to minimise the disturbance. MRIs can take up to an hour to complete.

Tell the radiographer if you feel unwell at any point during, or after your scan.

MRI scans used in tandem with X-rays make an effective screening tool for women with a high risk of developing breast cancer. This type of scan can also be used if you have already been diagnosed in order to assess the size of the cancer, identify any spread and locate an appropriate biopsy site.



Staging

In Hong Kong, TNM staging system denoted by the American Joint Committee on Cancer (AJCC) 7th edition (2010) is used to define the stage a person's breast cancer has reached.

Under the TNM system:

- T describes the size of the tumour
- N describes whether there are any cancerous cells in the lymph nodes
- M describes whether the cancer has spread to different parts of the body.

This system divides breast cancers into four stages. If you're diagnosed with stage 1 breast cancer, you have a higher chance of complete recovery and lower risk of relapse than if diagnosed with stage 4 breast cancer.

Due to the wide range of breast cancer types now identified, oncologists no longer consider merely the cancer stage when designing the treatment protocol. They now take into account the characteristics of your breast cancer (e.g. HER2+, PR+, ER+ etc.). Therefore, you should use this staging system for reference purposes only:

Stage 0 (or, carcinoma-in-situ)

The cancer cell is still in the outermost layer of skin.

Stage 1

The cancer is smaller than 2cm and not yet found in lymph nodes close to the breast.

Stage 2

The cancer is 2-5 cm or smaller and affecting nearby lymph nodes.

Stage 3

The cancer is larger than 5cm and might've spread to lymph nodes close to the

breast or chest wall.

Stage 4 (or, metastatic breast cancer)

The cancer has spread to other, more distant parts of the body (e.g. brain, bone, lung or liver).

Treatment

Treatment

The five major treatments for breast cancer include:

1. Surgical removal of the tumour site
2. Radiotherapy
3. Hormone therapy
4. Chemotherapy
5. Targeted therapy

Both 1 and 2 do or may require surgery, while 3, 4 and 5 are classified as drug-based treatments.

Depending on your situation, your doctor might recommend a combination of these treatments. They will take many different factors into account when deciding on your treatment protocol, including the potential benefits, side effects and risk of relapse.

- Staging (the site, size and any spread of the tumour)
- Presence of special proteins /receptors for particular cancer drugs
- General health and the presence of any other chronic diseases
- Menopausal status (pre, mid or post)
- Your own preferences regarding treatment and potential side effects

It's not uncommon to find that someone else has similar signs and symptoms (or, even the same diagnosis) as you, but has been given a different treatment protocol. In fact, many cases may appear similar, but small details can vary, requiring a different approach from doctors.

Jot down any questions you might have for your doctor at your next consultation to help develop your understanding. Also, think about attending the meeting with a loved one for support and reassurance. We've included a list of proposed questions (see page 57) to make sure you ask the right things about your situation and proposed treatment plan.

If you find it difficult to make decisions regarding your treatment after

meeting with your doctor, you can always ask for second opinion from another doctor. Remember to bring your medical record for this consultation. Provided you and this doctor have registered for eHR services, you can give consent for them to retrieve your medical record from another healthcare provider. For more information about eHR services, please call the eHR hotline on 3467 6300.

Should you feel a second opinion is required, try to make sure this is given in the shortest possible timeframe, so you can make a quick decision about your preferred treatment protocol. Even if you've start the treatment recommended by your primary doctor, you can still seek a second opinion from another doctor while also continuing your treatment.

Surgery

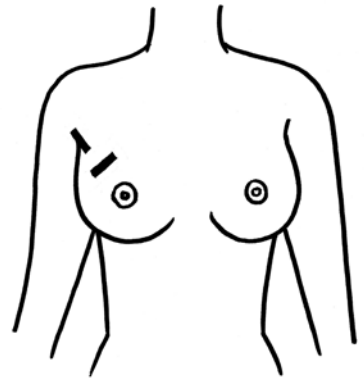
Surgery generally involves removing the area of cancer within the breast while leaving a border of healthy tissue around it.

Sometimes, patients with early-stage cancer may need surgery to remove their entire breast, or the other breast (where cancerous cells are yet to be detected). Before surgery, your doctor will discuss whether your procedure should include breast reconstruction, and, if so, how to do it in a way that fits with your body shape.

Your surgeon can tell you what to expect and might even be able to show you photos indicating how your breast is likely to look after surgery. You should also take the time to discuss this matter openly with your partner.

During the procedure, the surgeon will examine the 'healthy' tissues and lymph nodes removed from the border of the surgical area. They will then examine these tissues under microscope to see whether any cancerous cells are present.

Lumpectomy



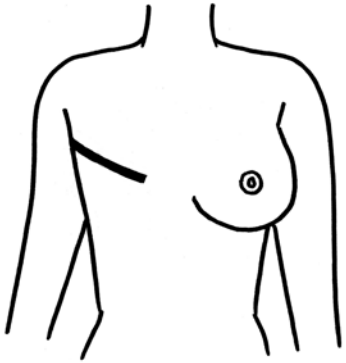
This type of surgery involves removing an area of cancer from your breast (rather than your whole breast) and is often referred to as 'breast-conserving surgery'. Doctors might also mention terms like 'segmentectomy' and 'quadrantectomy', which they use to indicate the size of the lump set to be removed.

Your surgeon will remove the area affected by cancer and some of the surrounding lymph nodes. You may also need to undergo a secondary procedure to reconstruct the remaining breast tissue. If you give consent, the surgeon might decide the best option is to operate on your other breast to ensure both maintain a similar aesthetic.

The size and severity of your scar will depend on the location and scope of your tumour. Generally, the scar shouldn't change the overall look of your breast.

Prepare yourself to stay in hospital for 2-3 days. Following surgery, the wound should start to heal within 5-10 days. During your recovery, you may be required to have the incision drained to stop blood and fluid collecting. Your doctor will also prescribe medication to help you cope with the pain.

The lymph ducts around the breast can become stiff after breast surgery or lymph node removal. You may also feel pain anywhere from your underarm to your hand. Your nurse or physiotherapist will show you some appropriate exercises to do after your operation to help improve movement. You might also be given medicine to soothe any stiffness and reduce your risk of scar tissue fibrosis. It usually takes a few months to recover fully. If the stiffness comes back again after this time, you should consult the doctor for further treatment.



Mastectomy

This type of surgery involves removing your entire breast, your lymph nodes (in your armpit) and part of your chest muscle. Mastectomies are typically used for larger tumours, or if you have more than one area of cancer within your breast.

You'll probably require 3-5 days in hospital for a mastectomy, and the incision is likely to take 3-4 weeks to heal. Your surgeon may choose to fit wound drains, which will be left in for a few days after your operation. This is to prevent the build-up of blood and body fluids that could cause pain and swelling. Despite initial appearances, you're likely to heal up significantly over the course of a few weeks.

The doctor will talk to you before the mastectomy about breast reconstruction. You can have breast reconstruction at the same time as the mastectomy, or you can leave it until later. Conducting both together might sound more convenient, but this is option may not be available to you if you require ongoing adjuvant treatments.

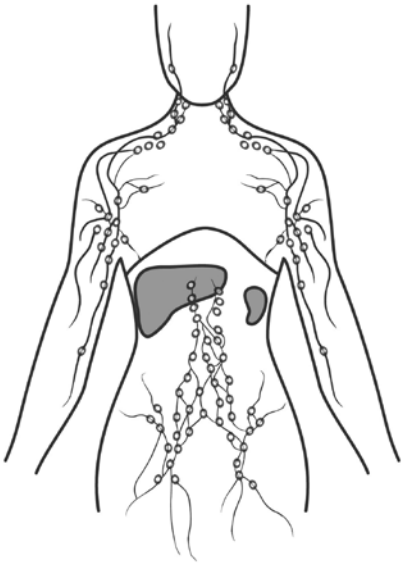
During breast reconstruction, a plastic surgeon will look to use tissue from other parts of your body (e.g. abdomen, back or buttocks) to re-create your breast as accurately as possible.

The size of your mastectomy scar depends on your breast size, and the scar may start to fade over time. If you have one breast removed and decide against breast reconstruction, you may notice issues with balance, posture, or back/shoulder pain, especially if you'd previously had a large breast. You may prefer a breast prostheses or specialised bra to balance out the weight on your chest. You can contact our registered oncology nurse using our service hotline 3656 0800 to find out more about prostheses options and how to wear them.

If you find your shoulders are stiff after surgery, physiotherapy, stretches and self-massage can help soothe your discomfort. To find out more, please download our free booklet "Breast Care after Surgery" (Chinese version only) at https://www.cancer-fund.org/en/cancer-booklets-2/

For early stage cancer, both lumpectomy and mastectomy are equally as effective as a potential cancer cure. However, they come with their own advantages and disadvantages. Consider whether you want to have your whole breast (or, only part) removed, the implications for breast reconstruction and your overall health condition.

Removal of the lymph nodes under the arm



Generally, we all have 30-40 lymph nodes under both arms. If cancerous cells are present in your lymph nodes, the cancer can spread via your lymphatic system throughout your whole body.

To play it safe, the surgeon may remove part of the lymph nodes under the arm for pathological examination during the same operation as your breast surgery. If cancerous cells are found in the lymph nodes, you might be asked to undergo follow-up surgery to remove any remaining lymph nodes. Alternatively, radiotherapy can be conducted to kill the cancerous cells in your lymph nodes.

You may feel numbness, pinching or stiffness in your arms after your lymph nodes have been removed. These feelings can last for a while, so speak to your

physiotherapist about soothing stretches or exercises that might help.

Lymphoedema
Radiotherapy or surgical removal of the lymph nodes under your arms can affect the fluid drainage channels of the lymphatic system. Fluid then can't drain away as normal, so the area begins to swell. This is called lymphoedema. To find out more, download our free booklet "Lymphoedema" at https://www.cancer-fund.org/en/cancer-booklets-2/

Breast reconstruction

Breasts are an important sexual characteristic for women. Removal of the breast will come with various physical and mental changes, which can also affect your self-confidence and relationships with partners. The aim of breast reconstruction is to maintain the original size and shape of your breast as best possible after surgery.

Two main types of operation can be used to reconstruct the shape of your breast or breasts:

- Breast implants
- Tissue flap procedures

Both use your own body tissue, but have their own pros and cons. This surgery can be conducted at the same time as the cancer surgery, or later on.

1. **Breast implants**
   Inserting an implant requires a number of steps. First, your surgeon will insert a balloon-shaped tissue expander into your chest muscle. This will happen during surgery to remove the cancer in order to prepare the area

for reconstructive surgery. Your surgeon will then inflate the expander to the desired size slowly to allow your skin time to stretch. Once the skin covering the breast area has stretched sufficiently, you'll be required to undergo a further procedure to remove the expander and insert the permanent implant (comprised of silicone or saline).

In the first few days, you may need your wound drained to prevent the build-up of fluid. You'll need to do some exercises to get your arm and shoulder moving properly again, and to prevent lymphoedema in this area. Your nurse or physiotherapist will show you how to carry out these exercises, and how to massage the scar to soften the healed tissue. Your scar might tighten over time, which will start to squeeze the implant and make the breast feel hard. Regularly massaging your reconstructed breast within the first six months after your operation can do a great help to avoid this.

Though a breast implant is a good option, you should be aware that some problems can still occur over time, including:

- Implant movement
- Changing of shape
- Rupturing
- Tissue tightening

You may feel pain, and infection can occur. If necessary, your surgeon may choose to remove your implant and replace it with a new one.

2. Tissue flaps

You can use your own body tissue (e.g. a flap from your abdomen or buttock) to make a new breast during a mastectomy operation, or through a separate procedure. Tissue reconstruction creates a replacement breast that is warm, soft, feels natural and can last for the rest of your life.

Most women choose to take tissue from their abdomen as it contains more

fatty deposits. The recovery period is approximately 6-8 weeks for a long-lasting reconstructed breast.

Generally, tissue flap procedures involve more complicated surgery and a longer recovery period than breast implant procedures. This option also leaves two scars; one at the site of breast reconstruction, and one in the location the tissue was taken from. Please note that this procedure is not applicable for people with excessively low or high BMI, smokers, or women in poor health.

Neither tissue flaps nor breast implants allow for nerve endings to be reconstructed, meaning you won't have any feeling in your reconstructed breast. You might also experience arm or shoulder weakness as a result.

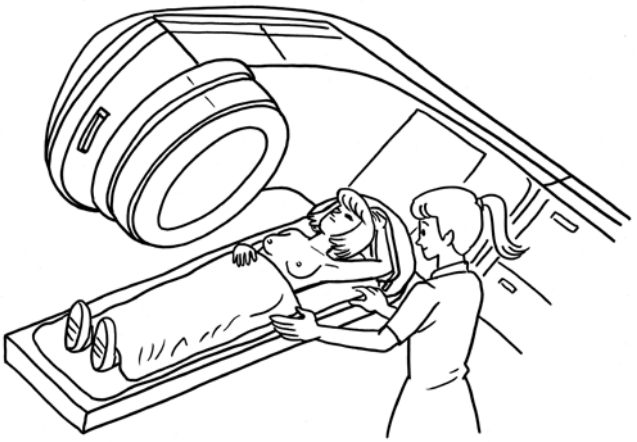
Breast prostheses
After removal of the breast, medical staff will give you a soft breast insert to place in your bra. This soft pad can help protect your wound. Contact our service hotline on 3656 0800 to find out more.

Radiotherapy

Radiotherapy involves firing high-energy X-ray beams at the cancerous cells to kill them, while doing as little harm to surrounding tissues as possible.

To lower patients' risk of recurrence, radiotherapy is commonly prescribed after breast surgery to clear out any remaining cancerous cells. A course of radiotherapy usually lasts 3-6 weeks, with around 5 individual sessions each week. Sessions take 10-20 minutes to complete.

For mastectomy patients, radiotherapy after surgery can help to destroy any



remaining cancerous cells at chest wall, so as to lower the risk of recurrence.

Radiotherapy can be delivered externally or internally, with both options having their own benefits. Internal radiotherapy is only applicable to areas within the body cavity, so external radiotherapy is more commonly prescribed.

External radiotherapy

External beam radiotherapy delivers high energy X-rays to the tumour via the skin from a beam-emitting machine. External radiotherapy feels just like having an X-ray; you simply lay underneath the machine for several minutes while the beams are emitted. This method is painless and the radioactivity shouldn't cause any adverse effects.

Usually, you will receive the treatment five days per week for the duration of your treatment. The number of sessions prescribed depends on the size, stage and type of tumour you have. You'll be free from radiation soon after each session, and can continue your life as usual throughout the treatment period.

To ensure the X-ray beam reach the same spot at each session and minimise healthy tissue damage, the radiographer will simulate the treatment using a simulator. Then, before each procedure, they will position you carefully on the bed to further ensure accuracy. Your doctor may also choose to draw marks on your skin to pinpoint the area that will receive the beam. X-ray films will then be taken to verify the progress of your treatment against your treatment plan.

Skin that receives radiation may become sensitive during treatment. Keep the

skin clean and dry to minimise your risk of infection. You can clean the skin with lukewarm water, then pat dry with a soft towel. Avoid rubbing the skin and don't use any scented skin-care products.

Internal radiotherapy

Internal radiotherapy involves implanting needles, seeds, wires or catheters sealed with a radioactive substance close to cancerous tissues. A high dose of radiation is then directed at the tumour to reduce your risk of the cancer recurring. This method is usually prescribed in cases of small, post-lumpectomy tumours.

During your treatment period, you'll have a radioactive component inside your body, so will have to be kept on an isolated ward. This also means you won't be able to have visitors, especially pregnant women or children. Medical staff will only stay present for the minimum amount of time, too. After you've completed your course of treatment, doctors will remove the radioactive. You can then continue your normal daily routine.

Side effects

With radiotherapy, both treatment and any side effects will be localised to your tumour site. Most short-term side effects of radiotherapy will gradually disappear once your treatment is complete.

Your breast skin may turn red and become less soft due to receiving radiation. You may also begin to feel tired and nauseous.

Symptoms such as nerve pain, pinching feelings and numbness of your upper limbs can persist for a long time after surgery in some instances. Shortness of breath is another potential symptom you may encounter, though cases of this are rare. You can download our 'Radiotherapy' booklet (Chinese version only) to find out more.

Feeling tired

Tiredness is a common side effect of radiotherapy. You may feel drowsy, confused or anxious, or lose focus, energy or appetite.

Tips

1. Arrange your daily schedule to ensure you get as much rest as possible
2. Save your energy whenever possible and take regular naps
3. Eat well and drink plenty of water
4. Take a walk, or do some mild exercises
5. Ask for assistance from others to help share your load

Feeling sick and nauseous

You may occasionally feel nauseous, or even be sick.

Tips

1. Ask your doctor whether medication can be prescribed to ease your nausea.
2. These symptoms should fade gradually once your treatment ends. But, if you continue to feel the same, please inform your doctor.

Shortness of breath

You may develop a dry cough following a few months of radiotherapy.

Tips

1. Ask your doctor if cough suppressants or steroids could soothe your illness.
2. Consult your doctor immediately if your condition changes.

Chemotherapy

Chemotherapy involves the use of cytotoxic drugs to reduce the number of cancerous cells being produced. Chemotherapy drugs circulate in the

bloodstream, reaching cancerous cells along the way. At the same time, chemotherapy drugs can also damage normal cells with fast growth rate, which causes various side effects. Chemotherapy is often used as an adjuvant (immune system modifier) alongside surgery to enhance treatment effects in these three circumstances:

- Pre-operation: in cases where a tumour is enlarged, or has spread to lymph nodes, chemotherapy can decrease tumour size before breast surgery begins.
- Post-operation: after obtaining the pathological result from the tumour removed during breast surgery, doctors may prescribe suitable chemotherapy drugs to kill remaining cancerous cells.
- Advanced tumours: chemotherapy drugs may be used to alleviate related symptoms.

Chemotherapy is usually given intravenously (by injection into a vein). Only a few types of chemotherapy drugs can be taken orally. A certain amount of chemotherapy drugs can be absorbed by your intestine, which doctors cannot yet estimate. Intravenous injections are therefore used as the primary option.

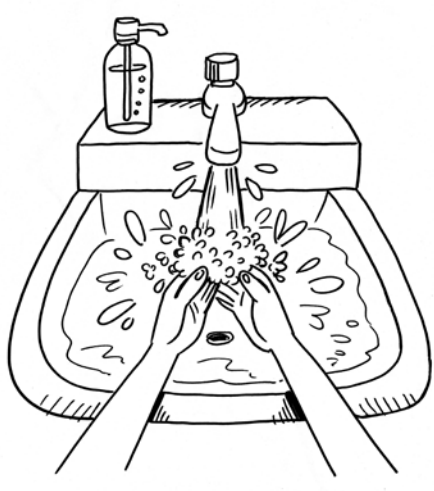
For breast cancer patients, the treatment usually lasts for 4-8 cycles, with each cycle taking place over approximately 2-3 weeks. The gap between each cycle allows your body to recover and continue functioning properly into the next cycle. The number of cycles required depends on the type of cancer, stage and the patient's response. You receive the injection at a day care centre and can return home the same day.

Side effects

Chemotherapy drugs move around in your circulatory system, attacking fast-growing cancerous cells. However, the drugs can also damage normal fast-growing cells, which may result in various side effects. These effects typically include reduced immune system responsiveness, hair loss, oral inflammation, nausea and low fertility rates. Such symptoms usually go away

over time once treatment has concluded. Please visit Hong Kong Cancer Fund https://www.cancer-fund.org/en/cancer-booklets-2/ and download our free 'Chemotherapy' booklet (Chinese version only) to find out more.

Low immunity



While chemotherapy drugs are acting on the cancerous cells in your body, they also temporarily reduce the number of normal white blood cells. During treatment, your blood will be tested regularly to ensure you have enough white blood cells to continue with chemotherapy. If your number of white blood cells is reduced by chemotherapy, you're more likely to get an infection and may get tired easily.

Tips

1. Consult the doctor if you feel well during treatment.
2. Avoid face-to-face interactions with people who have contagious conditions, and inform your doctor immediately if this happens inadvertently to check whether you require antibiotics.
3. Avoid cuts and nicks to your skin to better protect you from infection. Always wash your hands thoroughly after using the toilet and before eating.
4. Avoid wooden cutlery as germs are likely to stay present even after washing.

Nausea and vomiting

Nausea can occur before/during chemotherapy (anticipatory), within 24 hours of chemotherapy (acute), or after 24 hours (delayed). This feeling can last for

several hours. Not every patient's experience of nausea is the same, especially with recent improvements in anti-sickness medicine. This feeling of sickness can generally be soothed by a medical prescription.

Tips

1. Try to eat simple foods before your injections (e.g. porridge, broth and other food in fluid form).
2. Increase fluid intake after your injections; drink water, juice or have a cup of jelly.
3. Eat little-and often; consume small amounts regularly throughout the day instead of three main meals, and chew slowly to improve digestion.
4. Choose foods that can be easily digested (e.g. toast and soda crackers).

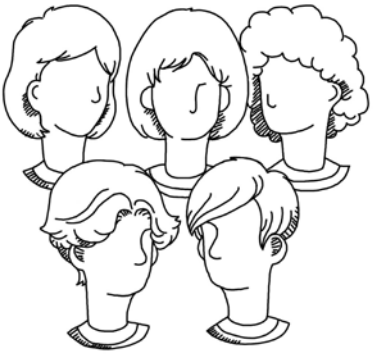
Oral infections

Some chemotherapy drugs can induce mouth sores, and even ulceration. White clots in your mouth indicate a viral infection, and you should seek medical advice immediately to check whether treatment is required.

Tips

1. Brush your teeth twice every day with a soft toothbrush, and gargle with non-alcoholic prescription mouthwash.
2. Rinse your mouth with saline solution (1 teaspoon salt dissolved into a glass of lukewarm water) at least four times per day.
3. Keep your mouth moist by consuming fluid frequently (drink more water, use chewing gum or and consume fluid-based foods like broth, porridge and noodles).

Hair loss



Hair loss is among the side effects that typically worry patients most. However, not all types of chemotherapy cause hair loss, and your hair will regrow after treatment ends.

This symptom usually starts 2-3 weeks after treatment has commenced. Hair loss occurs affects individuals differently; some people lose all their hair while others don't lose any.

Tips

1. Use mild shampoo designed for babies.
2. Brush your hair gently with a large, soft hairbrush.
3. Choose pillow cases made of natural materials (e.g. cotton or silk). Avoid nylon and other synthetic materials that may stimulate the scalp.

4. Wear hats and/or scarves, bring an umbrella and apply sunscreen lotion when going out to protect your scalp from the elements.
5. Wear hats, wigs or scarves to protect your scalp, or to maintain your normal aesthetic.

You can borrow wigs from us for free at CancerLink support centres in the community, or via cancer patient resource centres in public hospitals. Please call our service hotline on 3656 0800 for details. You can also download our 'Hair Loss' booklet (Chinese version only) for free at https://www.cancer-fund.org/en/cancer-booklets-2/

Hormone therapy

Oestrogen and progesterone can stimulate the growth of some breast cancer cells. Hormone therapy lowers the levels of oestrogen and progesterone in your body, or can block their effects. Patients can choose to either have their ovaries removed, receive radiotherapy to stop the production of these hormones, or use hormone therapy to prevent these hormones from attaching to breast cancer cells.

Hormone therapy works in cases where breast cancer cells have either oestrogen receptors (ER), progesterone receptors (PR), or both. Patients that have both receptors present will see better results than those with only one type of receptor. In other words, when patients have low receptor status, the treatment result may not produce ideal results, and alternatives should be considered.

When hormone receptors are blocked by drugs, this can have an impact on a cellular level, affecting your body's normal functionality. However, hormone therapy comes with milder side effects than chemotherapy or radiotherapy, as it doesn't attack normal cells.

Note: Hormone therapy and hormone replacement therapy sound very similar, but provide the opposite in terms of clinical effects. Hormone therapy blocks the receptors to aid breast cancer treatment; hormone replacement therapy stimulates the production of more hormones to cope with menopausal symptoms, such as hot flushes or vaginal dryness.

Common hormone therapy drugs

1. **Anti-oestrogen**
   Generic name: Tamoxifen

Trade name: Nolvadex

Applicable to: Pre- or post-menopausal women

Administration method: Taken orally

Treatment duration: Once per day for 5-10 years

How it works: Tamoxifen blocks oestrogen receptors and stops cancerous cells from taking advantage of oestrogen to further their growth.

Common side effects: Hot flushes, nausea and poor digestion are the most common side effects. Tamoxifen should be avoided during pregnancy as it could harm your baby, and birth control usage is recommended throughout treatment to avoid this eventuality. It can also increase the risk of uterine cancer for post-menopausal women. You should therefore book in for annual gynaecological checks to diagnose any uterine changes early, and contact your doctor immediately if you spot any abnormal vaginal bleeding. If you've had a hysterectomy, you don't need to worry about the possibility of getting uterine cancer.

2. Aromatase inhibitor

Generic name: Anastrozole, Letrozole or Exemestane

Trade name: Arimidex, Femara or Aromasin

Applicable to: Post-menopausal women with early breast cancer or metastatic cancer

Administration method: Taken orally

Treatment duration: Once per day for several months or even years, depending on your situation.

How it works: Post-menopausal women stop producing oestrogen in their ovaries, but fatty tissues continue producing it in smaller amounts. Aromatase inhibitors stop fatty tissue from producing oestrogen in post-

menopausal women, meaning less oestrogen is available to stimulate the growth of hormone-receptor-positive breast cancer cells.

Common side effects: Hot flushes, gastrointestinal disruption and fatigue, which are all relatively mild. You may also experience pain in your joints or bones, or osteoporosis. In such cases, consult your doctor for further examination.

3. **Gonadotropin-Releasing Hormone Agonist (GnRH Agonist)**
   Generic name: Goserelin or Leuprorelin

   Brand name: Zoladex or Viadur/Eligard/Leupromer/Lupron

   Applicable to: Pre-menopausal women

   Administration method: Intravenous or subcutaneous injection

   Treatment duration: Every 1-3 months, with treatment lasting 2-3 years+

   How it works: The drug can inhibit the secretion of luteinising hormone and ultimately reduce the ovarian secretion of estradiol and progesterone in women, leading to inhibition of oestrogen-dependent cancers.

   Common side effects: Menstruation will cease throughout treatment with these substances, which are also known collectively as the 'menopausal drug'. Your ovaries will stop producing oestrogen, which can help reduce the size of your tumour.

   After treatment concludes, your ovaries should begin functioning normally and producing oestrogen to initiate menstruation. If using birth control while undergoing this form of treatment, choose barrier contraceptive methods (e.g. condoms or an IUD) instead of hormonal contraceptives, and consult your doctor if you have any questions.

Targeted therapy

Both targeted therapy and chemotherapy use chemical-based drugs to kill cancerous cells. Targeted therapy is different from traditional chemotherapy as drugs target specific genes or proteins within cancerous cells, therefore preventing cancerous cells from growing and spreading.

Targeted therapy is more selective than chemotherapy, resulting in fewer side effects, and lessening the impact on your immune system and bone marrow.

This form of therapy only works on certain types of cancerous cells. You doctor will match every tumour with the best possible treatment. These treatments can be expensive, so you may also need to consider your financial status.

Targeted therapy is rarely used on its own; it's more likely to be combined with surgery, chemotherapy and/or radiotherapy

Targeted therapy for breast cancer

Approved targeted therapy drugs in Hong Kong include:

	Active ingredient
HER2 negative	Everolimus, Bevacizumab
HER2 positive	Lapatinib, Trastuzumab, Pertuzumab, Palbociclib

Targeted therapy is developing rapidly, with new drugs being introduced frequently. These are the commonly used targeted therapy drugs in Hong Kong:

Targeted therapy for HER2 negative breast cancer

Generic name: Everolimus

Trade name: Afinitor

Applicable to: HER2-negative, oestrogen or progesterone receptor-positive (HR+), and post-menopausal women, or those whose cancers have grown while undergoing hormone therapy treatment.

Administration method: Taken orally

Treatment duration: Once per day

How it works: Everolimus blocks a protein in cancerous cells that normally helps them grow and divide. This form of targeted therapy may also stop tumours from developing new blood vessels, which can help limit their growth. This drug also appears to help make hormone therapy more effective.

Common side effects: Mucositis, nausea, tiredness and diarrhoea are the most common side effects. These effects should subside when treatment concludes. If you still experience coughing, shortness of breath or fever, consult your doctor as these symptoms may indicate infection. You should also avoid taking Everolimus during pregnancy as it could harm your baby, and take birth control precautions throughout treatment to prevent this situation.

Generic name: Bevacizumab

Trade name: Avastin

Applicable to: Women with HER2, oestrogen and progesterone-negative (triple negative) breast cancer.

Administration method: Intravenous injection

Treatment duration: Every two to three weeks, with total duration depending on your individual situation

How it works: Bevacizumab prevents tumours from forming new blood vessels and stops the cancer from developing its own blood supply. This reduces the tumour's supply of oxygen and nutrients, therefore preventing its growth and survival.

Common side effects: Nausea, tiredness, diarrhoea and low immune system

functionality. Side effects normally fade when treatment concludes. In some cases, this drug can cause hypertension, or even induce a stroke. Discuss all related risks with your doctor in detail before making a decision.

Targeted therapy for HER2 positive breast cancer

Generic name: Trastuzumab (most commonly used)

Trade name: Herceptin

Applicable to: HER2-positive women, and those undergoing first-line therapy

Administration method: Intravenous or subcutaneous injection

Treatment duration: Every three weeks for one year, or longer for high-risk patients

How it works: Trastuzumab works selectively on HER2 receptors in cancerous cells, reducing the production of HER2 protein, which in turn slows the growth of cancerous cells.

Common side effects: Fever or a chill usually occur after the first injection. The infusion-related effects should go after treatment commences. When used alongside the chemotherapy drug Anthracycline (known as 'Doxorubicin' or 'Epirubicin'), Trastuzumab may impact your cardiac functions. Your doctor should closely monitor your heart by conducting an exercise electrocardiogram test and monitoring your heartbeat rate. You should also avoid taking Trastuzumab during pregnancy as it could harm your baby, and take birth control precautions throughout treatment to prevent this situation.

Generic name: Pertuzumab

Trade name: Perjeta

Applicable to: Know as dual anti-HER2 regimen when uses with Trastuzumab and chemotherapy. This regimen is the most effective one for metastatic

cancer. Neo-adjuvant treatment for HER2 positive cancer before surgery.

Administration method: Intravenous injection

Treatment duration: Every three weeks for as long as prescribed

How it works: Pertuzumab targets the HER2 protein and other HER aspects. It inhibits intracellular signalling, resulting in the arrest and eventual death of cancerous cells.

Common side effects: Diarrhoea, hair loss, reduced white blood cell count, nausea, tiredness, rashes, and nerve-related sensations (e.g. burning, numbness, tingling, or pain). You should avoid taking Pertuzumab during pregnancy as it could harm your baby, and take birth control precautions throughout treatment to prevent this situation.

Generic name: Lapatinib

Trade name: Tykerb

Applicable to: Women undergoing HER2-positive second-line therapy, or who have metastatic breast cancer

Administration method: Taken orally

Treatment duration: Once per day for as long as prescribed (on an empty stomach)

How it works: Lapatinib attaches to your epidermal growth factor receptors and blocks the cellular signal pathway, therefore inhibiting cancerous cell growth and causing cells to die.

Common side effects: Diarrhoea, nausea, tiredness and rashes are common side effects. You may also experience a decrease in your left-ventricular ejection function, in which case you should contact your doctor immediately. A chemical found in grapefruit can also make side effects more severe, so you should avoid it throughout treatment period.

Drug resistance

After taking targeted medicine for some time, cancerous cells may mutate and become immune to this medicine. Your doctor will then adopt one of these approaches:

1. Prescribe two targeted therapies, with each targeting different types of cancerous cell
2. Use a targeted therapy in combination with traditional chemotherapy drugs (for example, Trastuzumab can be used with Docetaxel to treat metastatic breast cancer)

The rapid development of breast cancer treatment in recent years has caused trade names of chemotherapy, hormone therapy and targeted therapy drugs to change regularly. Here's a summary of common treatments:

	Chemotherapy	Hormone therapy	Targeted therapy
Applicable to	Most patients	Tumour with either oestrogen or progesterone receptor	Advanced/metastatic cancer, or mutated tumours (e.g. HER2)
Administration method	Oral, subcutaneous or intravenous injection	Oral, subcutaneous or intramuscular injection	Oral, subcutaneous or intravenous injection
Side effects	Numerous	Fewer than chemotherapy	Fewer than chemotherapy

Breast cancer Q&A

I'm pregnant, but have also been diagnosed with breast cancer. What can I do?

Being diagnosed with breast cancer during pregnancy is more common than many people think. However, pregnancy doesn't cause, or even contribute towards breast cancer development.

This correlation exists because most women diagnosed with breast cancer are around 35 years old, which is also the age at which many women consider having children. Also, during pregnancy, women's breasts become larger and denser, making it difficult to spot cancerous cells using a mammogram.

The condition can't be passed on to your baby directly, although they may have some of your genes that could increase their risk of developing the condition in later life.

Should a diagnosis be confirmed, your doctor will plan your treatment according to the tumour type and your remaining gestation period. If you have an early stage cancer, breast-removal surgery is a possibility. Regardless of what portion of your breast needs removing surgically, you can carry on with the pregnancy as normal.

After this surgery, your doctor might recommend chemotherapy. Hormone therapy that could affect your hormone levels will usually be delayed until after your baby has been delivered.

Can I still have a baby?

Breast cancer survivors can still try to get pregnant as normal.

If you have recently been diagnosed or re-diagnosed with breast cancer and plan to get pregnant, you and your partner should discuss the risks and potential impact on your fertility with

your doctor before treatment commences. An alternative option would be to undergo in vitro fertilisation and place the embryo into your uterus once your treatment has finished.

Pregnancy won't increase your risk of relapse. Normally, your doctor will advise you to wait for 3 years after your treatment ends before attempting to get pregnant. You should also think about whether you're prepared for the possibility of relapsing while the child is growing up.

If you have had surgical treatment on only one breast, you should still be able to breastfeed your baby using your other breast.

The possibility of becoming infertile is a major consideration for many women. Share your thoughts with your partner, and allow time for both of you to digest this fact. If you're single but are considering starting a family at some point in future, ask your family or friends for advice.

We're also here to listen whenever you need us. Feel free to call our service hotline on 3656 0800.

Can I take the contraceptive pill as I did before?

Contraceptive pills contain oestrogen, which can stimulate growth of cancerous cells. Avoid hormone-based contraceptives after diagnosis, and choose barrier methods (e.g. condoms or a cervical cap alongside lubricants) instead. Or, you can ask your doctor to insert an intra-uterine device.

Both you and your partner should play a role in choosing your preferred means of contraception. The choice you make could come down to your personal preferences, or religious/moral standards. You also should consult a family planner or religious leader if needed. Hong Kong Cancer Fund can refer you to the right person for further assistance, please call our service hotline on 3656 0800.

Once I've had breast surgery, will I still be the same person?

Breasts are an important sexual characteristic, and are tied to a woman's sense of confidence and beauty. When you have a breast removed, or have surgery that leaves scarring, you might start to lose your confidence. You may find it difficult to accept your changed appearance, and potentially lose interest in sex. But, don't be overly concerned, as you'll probably find life carries on in the same way over time.

Try not to feel guilty about feelings of sadness, grievance or resentment. Getting used to a new lifestyle can take a while, and these feelings are likely to go or reduce with time. Seeking understanding from your partner and family are important, too. You can ask your doctor to refer you to clinical psychologist or social worker. Or, call our service hotline on 3656 0800 to reach registered social worker and share your feelings.

Will there be any changes in my sex life?

Having a breast removed should not impact on your sexuality in any physical sense. However, you may develop a different attitude towards sex after treatment.

Your sense of sexual desire may be suppressed by cancer; you might want your partner to avoid partner touching the conserved breast, creating an intimacy divide; you may worry that your partner won't accept your new look and seek to build more intimacy; you may want to avoid sex altogether until your life has settled down again. Try to be an understanding and supportive

partner, let your significant other have time and space to start a new life.

If you worry that your partner won't be able to accept your new appearance, you can ask your nurse to explain the potential changes to your partner before surgery commences.

Here are some tips to help you cope with any changes in your sex life:

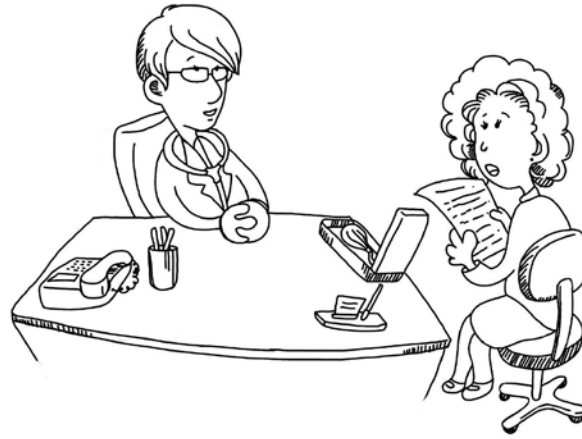
- Talk frequently with each other to understand your partner's needs.
- Discuss which positions give you both the most comfort and confidence.
- After starting treatment, you'll have to adjust the tempo of sex. Guide your partner's hand to caress you, then move onto genital stimulation once you feel relaxed.
- Remind your partner to be gentle, or try masturbation via hand or oral sex.
- Experiment with reaching orgasm through masturbation to understand how cancer treatment has impacted your sexual responsiveness.
- Touch, hug and caress each other's bodies to express your love for, and confidence with your partner.
- Consult your doctor, or a psychologist if you have sexual problems that continue long-term.

The amount of time you should wait before resuming your sex life after breast surgery very much depends on your own feelings, and those of your partner. You can find out more by downloading our free booklet on 'Sexuality and Cancer' (Chinese version only) at
https://www.cancer-fund.org/cancer-booklets/

What to ask the doctor

Make a list of questions before consulting with your doctor about a diagnosis report or treatment suggestion. Ask a relative or friend to go with you for reassurance and to help you take notes. They can also remind you of the questions you need to ask, or even help you ask the questions. If you don't understand what the doctor says, ask them to explain until you do. You might want to record the conversation, or video it to review later. However, you must obtain the consent of the doctor, who has a right to reject the request. In a public hospital, you'll need to get the consent of the Hospital Authority. These are some common questions about breast cancer you might want to ask your doctor:

1. What type of tumour is it (ductal or lobular carcinoma)?
2. Have you confirmed the stage of the tumour?
3. What is the extent of the tumour in my breast?
4. Which area of my breast has been affected?
5. Has it spread to other parts of my body?
6. What is the best way to treat it and why?
7. What is the likelihood of it being treated successfully?
8. How long will the treatment take?
9. Will I need to stay in hospital?
10. How is my life likely to be affected?
11. Will I need to quit my job?
12. How much will the treatment cost?
13. What will happen if I choose not to undergo treatment now, but change my mind later?
14. Will there be scar after surgery?



15. I worry about my relationship with my partner, are there any ways I can conserve the look of my breast?
16. How long will it take to recover after breast reconstruction?
17. Will an operation be required if the insert hardens, gets displaced or inflamed?
18. Are breast prostheses the only option if I don't want to proceed with breast reconstruction?
19. I heard my upper limbs could be impacted by breast surgery. How can I avoid this?
20. After breast removal, can my other breast be reconstructed to match the reduced size of the first?
21. Does my medical insurance cover breast reconstruction?
22. How long will I have to wait for this surgery in a public hospital?
23. Why might I be prescribed radiotherapy and other treatments after surgery, and what are the potential side effects?
24. Will radiotherapy reduce the size of my breast and, if so, will reconstruction be required afterwards?
25. I heard breast cancer treatment can have an adverse effect on my endocrine system, potentially upsetting my regular menstruation cycle, or even causing early menopause. Is this true?
26. Is treatment the same for pre- and post-menopause?

27. I am post-menopausal; will my condition be easier to treat?
28. After treatment, will my body be so weak that I won't be able to work or take care of my children?
29. How often will I have to go for check-ups with the doctor after treatment?
30. How likely is a relapse?
31. Can this type of cancer be inherited and, if so, what are the chances of my children developing it?
32. Will I still have sexual sensation in my breast following surgery?
33. Can I engage in sexual activities during treatment?
34. Will my sex life get back to normal after treatment?
35. I am planning to get pregnant. Will breast cancer treatment impact on my fertility, and is there anything else I should consider before starting treatment?
36. Can you refer me to another specialist for second opinion?
37. During treatment, can I consult a Chinese herbal practitioner for advice, and would the two types of treatments be complementary?

Follow-up

After your treatment is complete, you'll receive regular check-ups, which may include mammograms. These will become less frequent after two years as long as all signs look good. If you notice anything unusual, you should tell your doctor immediately.

Relapse

A relapse can occur in these three circumstances:

1. **Recurrence**
   Trace amounts of cancerous cells may remain in the conserved or reconstructed breast after treatment. These cells can reproduce and grow into a tumour once again. It's crucial to regularly self-examine your breasts, and consult your doctor immediately if you find any abnormalities.

2. **Cancer found at the other breast**
   The risk of developing cancer in your other breast is higher if you've already had breast cancer.

3. **Metastasis**
   Breast cancer may spread to lymph nodes and other distant sites (e.g. your lungs, bone or liver).

Lymphatic metastasis: Mainly found in the armpit, clavicle and on both sides of the neck

Bone metastasis: Pain in your bones is the most common symptom

Lung metastasis: Shortness of breath, cough and chest discomfort are common symptoms

Liver metastasis: Asymptomatic initially, developing into pain in the upper-right abdomen and jaundice

Brain metastasis: Chronic headaches, vomiting due to increased intracranial pressure, or mini-stroke-like symptoms (e.g. lack of limb coordination, slurred speech/difficulty speaking etc.)

Early cancer detection greatly increases your chances of successful treatment. Breast cancer survivors should attend regular follow-up examinations after treatment has finished. Cancer Fund provides free mammograms and screenings for people with low-income who've undergone breast cancer

treatment in the past. Please contact our service hotline on 3656 0800 for details.

Don't get overly worried if you experience a relapse of breast cancer happens. Significant efforts have been made to develop new treatments for breast cancer in recent years, and there are many options for you to choose from.

You'll probably have a biopsy at the site of the relapse. It's also likely that your treatment will differ from last time if your pathological test shows you have a different form of cancer. You 'll be tested again for the presence of any target or hormone receptors at the tumour before a treatment decision is made. You might also be asked to undergo a PET scan to assess the stage of the tumour. If you have financial difficulties, you can have the doctor refer you to the medical social worker for assistance.

The keys to reducing your relapse risk factor include always staying positive, maintaining a healthy life with a balanced diet and getting more exercise.

Your feelings

Understandably, most people feel overwhelmed when they are told they have cancer. Many different emotions arise that can cause confusion and frequent mood changes.

This does not mean, however, that you are not coping with your illness. Reactions differ – there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you.

Shock and disbelief

"I can't believe it!" "It can't be true!"

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over, or you need to be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.

Anger

"Why me?" "Why now?"

Anger can hide other feelings, such as fear or sadness, and you may vent your anger on those who are closest to you and on the doctors and nurses who are

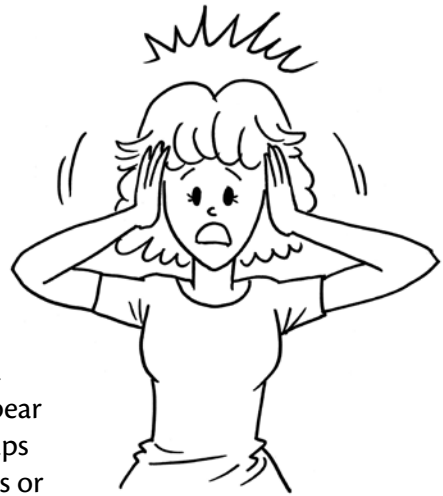
caring for you. If you hold religious beliefs you may feel angry with your god.

It is understandable that you may be deeply upset by many aspects of your illness, so you should not feel guilty about having angry thoughts or being irritable. However, relatives and friends may not always realise that your anger is really directed at your illness and not at them.

If you can, it may be helpful to tell them this at a time when you are not feeling quite so angry or, if you find that difficult, perhaps you could show them this booklet. If you are finding it difficult to talk to your family, it may help to discuss the situation with a trained counsellor or psychologist. Hong Kong Cancer Fund can give you details on how to get help in your area. Call our service hotline on 3656-0800.

Denial

"There's nothing really wrong with me!"
"I haven't got cancer!"



For many people, not wanting to know anything about their cancer, or wishing to talk as little as possible about it, is the best way to cope with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being.

Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or

deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you to talk to them about your illness.

Fear and uncertainty

"Am I going to die?" "Will I be in pain?"

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all people who are newly diagnosed is: "Am I going to die?"

Some people with cancer may be cured, but even if your cancer is not curable there are things that can be done to help you, both to relieve any pain or discomfort and to control the disease for some time. There is also help available to cope with the emotional aspects of cancer.

"Will I be in pain?" and "Will my pain be unbearable?" are other common concerns. In fact, some people with cancer experience no pain at all. For those who do, there are many drugs and other techniques that are successful at relieving pain or keeping it under control.

Most people are anxious about their treatment: whether or not it will

work and how to cope with the possible side effects. It is best to discuss your individual treatment in detail with your doctor.

Often you will find that doctors are unable to answer your questions fully, or that their answers may be vague. It is often impossible to say for certain that the cancer has been totally eradicated. From past experience doctors may know approximately how many people will benefit from a certain treatment; however, it is impossible to predict the future for individuals. Many people find the uncertainty hard to live with, and this can be disturbing for them.

Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying, so acquiring some knowledge about your illness can be reassuring, and discussing your findings with your family and friends can help to relieve the tension caused by unnecessary worry. You may gain authoritative medical information on the internet (make sure that the sources are reliable and accurate), or you may share your experiences with those who also have cancer. For more information, you may download our free cancer booklets at https://www.cancer-fund.org/en/cancer-booklets-2/

Blame and guilt

"If I hadn't... this would never have happened."

Sometimes people blame themselves or other people for their illness, or they try to find reasons for why it has happened to them. This may be because we often feel better if we know why something has happened. However, as doctors rarely know exactly what has caused your cancer, there is no reason for you to blame yourself.

Resentment

"It's all right for you, you haven't got to put up with this."

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may occur from time to time during the course of your illness and treatment for a variety of reasons.

Relatives, too, can sometimes resent the changes that your illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

Withdrawal and isolation

"Please leave me alone."

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at this time, you will talk to them about it when you are ready.

Sometimes an unwillingness to talk can be caused by depression. You can discuss this with your doctor, who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of those with cancer. It is quite common for people with cancer to experience depression and there is no need to feel you are not coping if you need to ask for help.

Learning to cope

After any treatment for cancer it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.

Cancer treatment can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. You likely will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like, and try to get plenty of rest. Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling, they can be more supportive.

What you can do

A lot of people feel helpless when they are first told they have cancer, and believe there is nothing they can do other than hand themselves over to doctors and hospitals. This is not the case. There are many things you and your family can do at this time.

Understanding your illness

If you and your family understand your illness and its treatment, you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.

However, for information to be of value it must come from a reliable source to prevent it from causing unnecessary fears. Some people may offer advice and information based on their own experience, but remember, your disease pertains only to you and what is true for them may not apply to you. Personal medical information should come from your own doctor, who is familiar with your individual condition and background.

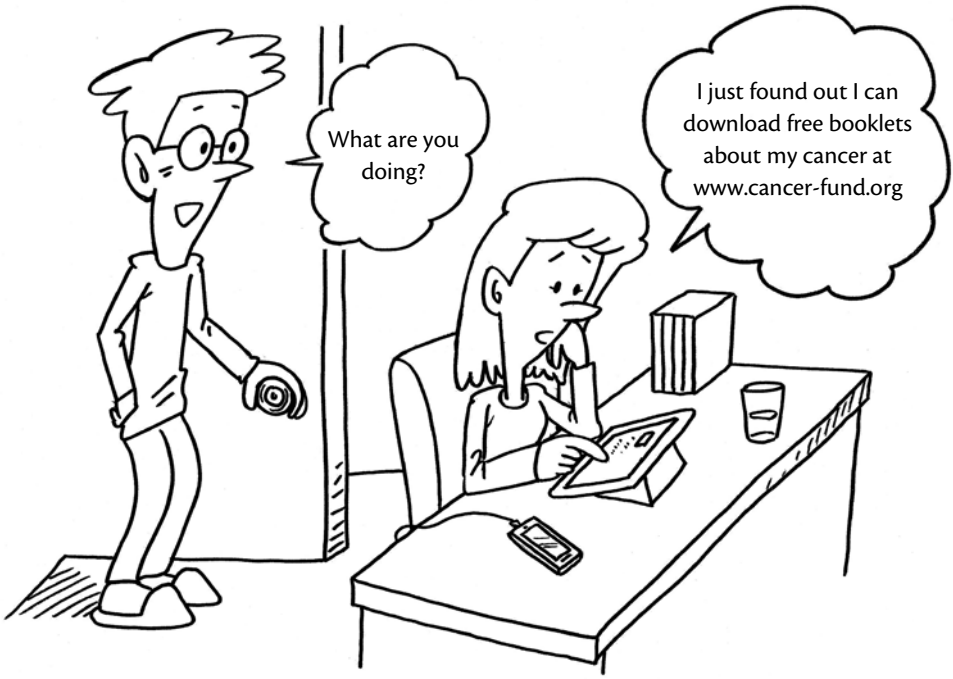
Practical and positive tasks

At times you may not be able to do things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

One easy way of doing this is by planning a healthy, well-balanced diet. You may start by designing a balanced diet on your own or with your family. If necessary, you may consult a dietitian for advice. Another way is to learn relaxation techniques

Many people find it helpful to partake in some form of regular exercise. The type of exercise you take, and how strenuous it is, depends on what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

If you find it hard to follow a restricted diet or are not used to doing exercise,



you can try to develop hobbies. Taking a walk after meals, going on a hike, taking a vacation, dancing, playing music, and gardening are some of the options you may consider.

You may download our 'Diet & Cancer' booklet at https://www.cancer-fund.org/en/cancer-booklets-2/

Financial help

Cancer is a serious illness. Many people with cancer face not only the side effects of treatment and emotional trauma, but also financial difficulties. The disease can become a tremendous burden.

Apart from using public health-care services, you may approach medical social workers or the cancer patient resource centres in the major hospitals or institutions that might be able to provide assistance. The Comprehensive Social Security Assistance (CSSA) offered by the Social Welfare Department (SWD) may also be able to help solve your financial difficulties. You can call the SWD hotline on 2343 2255.

Talking to children

Deciding what to tell your children about your cancer is difficult. How much you tell them will probably depend on their age and how mature they are.

Very young children are concerned with immediate events. They do not understand illness, and they need only simple explanations of why their relative or friend has had to go into hospital or why they are not their normal self. Parents can try to tell them they have cancer. It is important to let them know the proper cancer name so that the children can have a better understanding of the illness.

Slightly older children may understand a story explanation in terms of "good cells and bad cells". All young children are to be reassured repeatedly that the illness is not their fault, because whether they show it or not, children often feel they may somehow be to blame and may feel guilty for a long time.

Adolescents have a greater ability to comprehend. When they ask questions, parents should tell them the truth to prevent any misunderstanding. Children at this stage are forming their own identity. They may be more willing to

communicate with their peers than their parents. In addition, they may not be willing to listen to their parents. They may find it particularly difficult to cope with the situation, because they feel they are being forced back into the family just as they were beginning to gain their independence.

An open, honest approach is usually best for all children. Listen to their fears and be aware of any changes in their behaviour. This may be their way of expressing their feelings. It may be better to start by giving only a small amount of information and gradually building up a picture of the illness. Even very young children can sense when something is wrong, so do not keep them in the dark about what is going on. Their fears are likely to be much worse than the reality.

Hong Kong Cancer Fund publishes an information booklet, What do I tell the children? which may be able to help you. You can request a copy by calling us on 3656 0800 and we will send it to you.

Hong Kong Cancer Fund's Rainbow Club is designed to help children who have a family member with cancer or who have lost someone to the disease. Through free playful activities, emotional support and a counselling service, we help them understand cancer and cope with changes in the family. A significant part of our role is to help both parents and children communicate on cancer and its impact. Call us on 3656 0800 for more information.

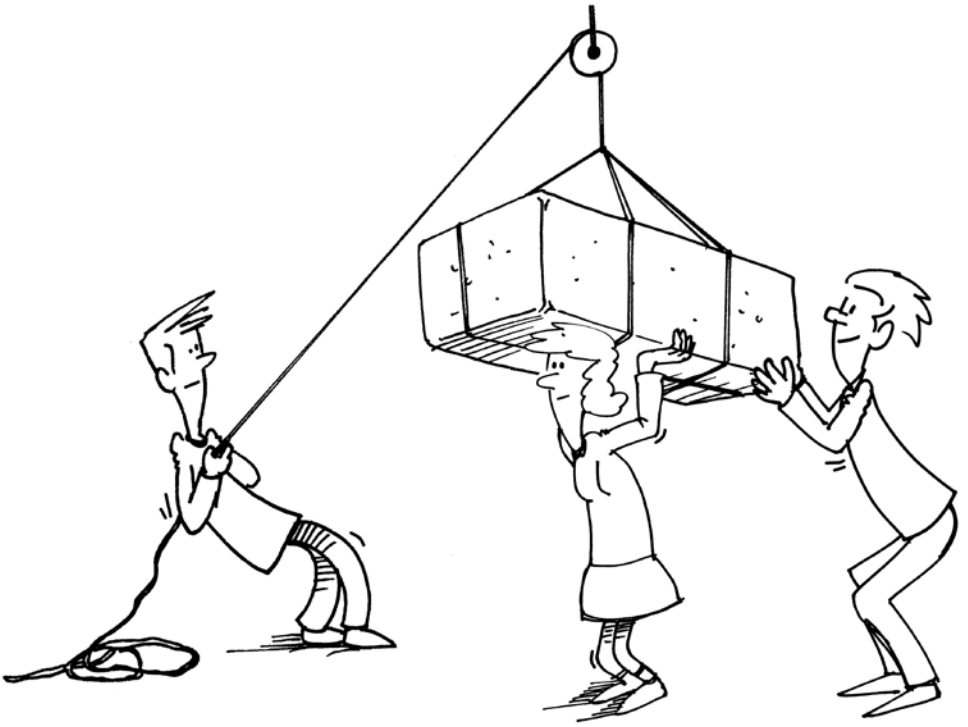
CancerLink
FREE service hotline
3656 0800

What to do if you are a relative or friend

Some families find it difficult to talk about cancer or share their feelings. But this can cause unnecessary fear and create tension between family members.

Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he or she is ready.

Our booklet, 'Talking to Someone withe Cancer', in the How to Cope series of our website is written for friends and relatives of those with cancer. It looks at some of the difficulties people may have when talking about the illness.



Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Staff at Hong Kong Cancer Fund are always willing to discuss any problems that you might have and can put you in touch with a counsellor or a support group. Call us on 3656 0800 for more information.

Hong Kong Cancer Fund service network

Our five CancerLink support centres and seven cancer patient resource centres in major public hospitals provide free counselling, support and information to those in need. Together they form a seamless service network that meets the needs of people at different stages of their cancer journey.

- **CancerLink support centres**

  We have five support centres outside the hospital setting that cater to the specific needs of those with cancer throughout the different stages of their illness. The centres – located in Central, North Point, Wong Tai Sin, Tin Shui Wai, and Kwai Chung – offer well-designed, holistic rehabilitation programmes that emphasise individual needs.

  We also provide backing to 22 support groups, helping them to share resources so as to offer the best services to people living with cancer and their families. Our volunteer groups, formed by cancer survivors, pay visits to hospitals to provide emotional relief. More than 18,000 participants have joined our support network, which is divided into three groups – one for those with cancer, another for those with specific types of cancer (such as breast cancer, colorectal cancer and nasopharyngeal cancer), and another group for English speakers.

  Care specialists – including registered social workers, registered nurses,

registered dietitians, art therapists, counsellors and professional volunteers – are available to provide support, information and specialised services.

Private and family counselling is conducted by registered professionals to help those touched by cancer, their families and caregivers deal with the different emotional aspects experienced over the course of treatment.

There are also programmes and rehabilitation classes to develop coping skills, relaxation classes to help relieve mental and physical stress, and dietetic support to provide advice on nutrition.

Our comprehensive range of wellness programmes and therapeutic workshops helps users relax, tackle negative emotions, relieve stress, and restore confidence. We provide free classes, ranging from yoga and meditation to horticulture and insomnia management. The centres also feature well-stocked libraries.

"I managed to go through treatment but was worried about a relapse. A feeling of loneliness was haunting me. I felt especially grateful to have my support group, the members of which stood by me all the time."

CancerLink support centre user

- **Cancer patient resource centres**

  These are the first place many go for support and information after a diagnosis. Our registered nurses and social workers can offer both practical and emotional support, while the centres also provide booklets on navigating the cancer journey.

- **Free service hotline**

  Managed by professionals, our service hotline is a channel through which to access advice on both physical and emotional difficulties. Talking with someone who understands can make a huge difference. The service hotline number is: 3656 0800.

To learn more about cancer and how we can help, call the Hong Kong Cancer Fund on 3656 0800, or visit www.cancer-fund.org.

This booklet is published by Hong Kong Cancer Fund, 2018.

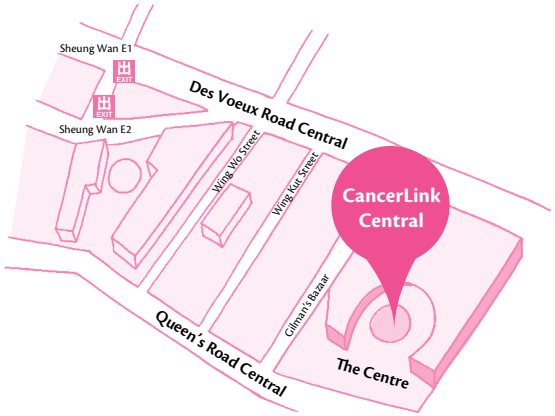
We would like to express our gratitude to the Honorary Secretary of Hong Kong Breast Oncology Group, Clinical Oncologist Dr. Carmen Leung, for helping with the content of this booklet.

The contents of the booklet are correct as of print

*** Hong Kong Cancer Fund does not charge for health checks**

Hong Kong Cancer Fund is a charitable institution, and all our services are FREE for people touched by cancer. We do not produce health products, nor do we charge for health checks, screenings or vaccines. Any company using our name to sell these services has no relationship with the Cancer Fund. For enquiries, call our service hotline: 3656 0800

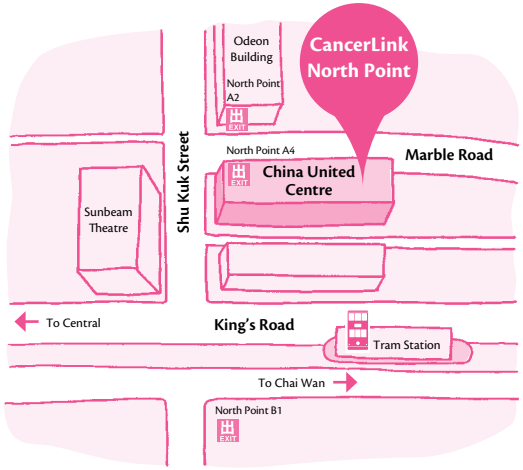
Hong Kong Cancer Fund CancerLink support centres



CancerLink Central

Unit 5, Ground Floor, The Center,
99 Queen's Road Central,
Hong Kong
(MTR Sheung Wan Station Exit E1/E2)

Email: canlinkcentral@hkcf.org



CancerLink North Point

Room 2201-03, 22/F,
China United Centre,
28 Marble Road,
North Point, Hong Kong
(MTR North Point Station Exit A4)

Email: canlinkcentral@hkcf.org

Special Thanks

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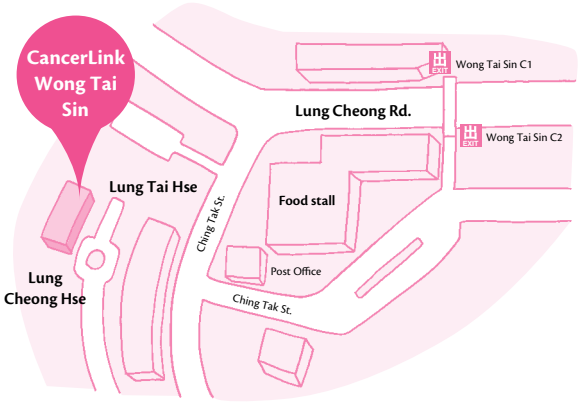
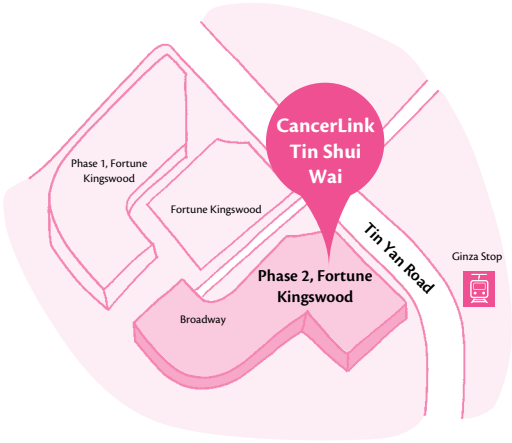


CancerLink Wong Tai Sin

Unit 2-8, Wing C, G/F,
Lung Cheong House,
Lower Wong Tai Sin (II) Estate,
Kowloon
(MTR Wong Tai Sin Station Exit C2)

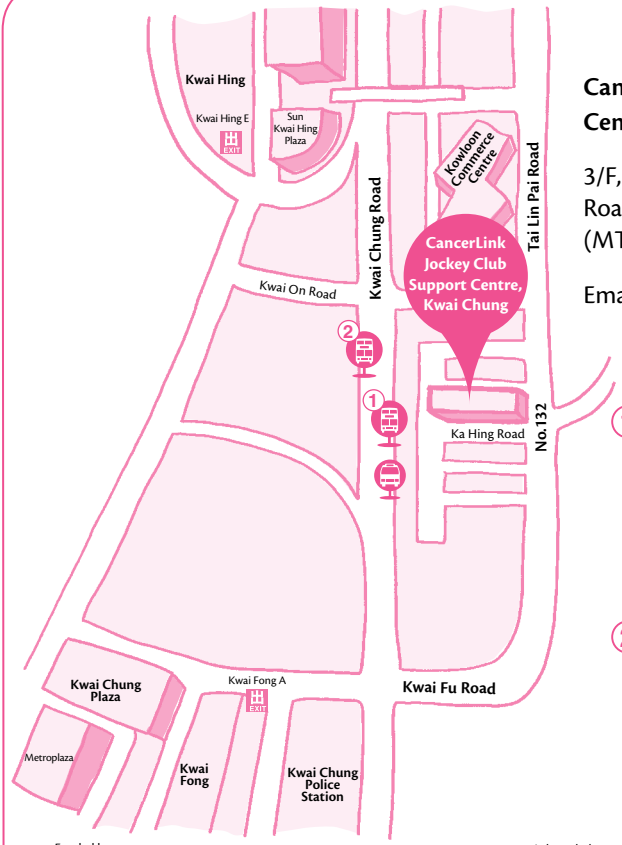
Email: canlink@hkcf.org



CancerLink Tin Shui Wai

Shop 201C, 2/F,
Fortune Kingswood Phase 2,
12-18 Tin Yan Road,
Tin Shui Wai, New Territories
(Light Rail Ginza stop)

Email: canlink-tsw@hkcf.org



CancerLink Jockey Club Support Centre, Kwai Chung

3/F, TLP132, 132-134 Tai Lin Pai Road, Kwai Chung, New Territories (MTR Kwai Fong Station Exit A)

Email: canlink-kcc@hkcf.org

Green Minibus Station
(Kwai Chung Road)

94, 302, 313

Kwai Fong Estate Bus Station
(Kwai Chung Road, opposite to Kwai Fong Estate/Outside Yee Lim Factory Building)

237A, 265M, 269A, 269M, 290, 290A, 33A, 36A, 38A, 40, 46P, 46X, 57M, 59A, 61M, 935

Kwai Fong Estate Bus Station
(Kwai Chung Road, near Kwai Yik Road)

240X, 260C, 265M, 269M, 46P, 46X, 47X, 57M, 58M, 58P, 59A, 67M, 269P

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Acknowledgement

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Fu Tak Iam Foundation Limited

We are grateful to the Fu Tak Iam Foundation Limited for their sponsorship of this cancer booklet.

Hong Kong Cancer Fund support network

Self-Help Groups

CanSurvive
Helps: those with all types of cancers (English-speaking)
Tel: 3656 0800

Hong Kong Pioneer Mutual Support Association
Helps: those with all types of cancers
Tel: 3656 0799

Hong Kong Cancer Fund Partners

Queen Mary Hospital Cancer Care & Support
Unit 2/F, Professorial Block, Queen Mary Hospital, 102 Pok Fu Lam Road, Hong Kong
Tel: 2255 3900 Fax: 2255 3901

Pamela Youde Nethersole Eastern Hospital
Cancer Patients' Resource Centre
1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong
Tel: 2595 4165 Fax: 2557 1005

Queen Elizabeth Hospital
Cancer Patients' Resource Centre
Room 601, 6/F., Block R, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon
Tel: 3506 5393 Fax: 3506 5392

Princess Margaret Hospital
Cancer Patients' Resource Centre
2/F. & 3/F., Block H, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon
Tel: 2990 2494 Fax: 2990 2493

United Christian Hospital
Cancer Patients' Resource Centre
Block P, 130 Hip Wo Street, Kwun Tong, Kowloon
Tel: 3949 3756 Fax: 3949 5595

Prince of Wales Hospital
Cancer Patients' Resource Centre
3/F., Sir Yue Kong Pao Cancer Centre, Prince of Wales Hospital, 30-32 Ngan Shing Street, New Territories
Tel: 2632 4030 Fax: 2632 4557

Tuen Mun Hospital
Cancer Patients' Resource Centre
Lower Ground, Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, New Territories
Tel: 2468 5045 Fax: 2455 1698

Other organisations in Hong Kong

Social Welfare Department
Hotline: 2343 2255

Rehabaid Centre
Tel: 2364 2345
Email: rehabaidcentre@ha.org.hk

The Samaritans
Tel: 2389 2222

Employees Retraining Board (ERB) – Smart Living Scheme
Tel: 182 182
Email: erbhk@erb.org

The Chain of Charity Movement
Community support and transportation services
Can arrange visits and transportation to hospitals and shopping
Tel: 2777 2223 Fax: 2777 2269

Emergency Number
Emergency no.: 999

Government Ambulance Service
Tel: 2735 3355

Easy Access Bus
Can arrange visits and transportation to and from hospitals/clinics for those aged 60 or above with mobility difficulties
Tel: 2348 0608

Accessible Hire Car
Provides a personalised service to passengers with their own wheelchairs
Tel: 8106 6616

St. John Ambulance (24-hour service)
Tel: 1878 000

The Jessie and Thomas Tam Centre - Society for the Promotion of Hospice Care
Provides a bereavement counselling service
Tel: 2725 7693
Email: jttc@hospicecare.org.hk

Comfort Care Concern Group
Provides bereavement counselling for those who are terminally ill and their families
Tel: 2361 6606
Email: cccg@cccg.org.hk

Hong Kong Cancer Fund

Service hotline: 3656 0800
Donation hotline: 3667 6333
Website: www.cancer-fund.org

Facebook:
www.facebook.com/hongkongcancerfund

YouTube:
www.youtube.com/hongkongcancerfund

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