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**understanding**

**Breast Cancer**





Established in 1987, the Hong Kong Cancer Fund (“Cancer Fund”) is the city’s largest cancer support organisation, providing FREE professional support and information to anyone touched by cancer to ensure that no one faces cancer alone.

This publication is part of the Cancer Fund’s “Understanding Cancer” series, providing detailed information on cancer diagnosis and treatment options, along with practical tips to help cancer patients and their families cope with side effects and emotional distress caused by cancer and its treatment. A digital copy of the booklet is also available on our website for free download.

Our services span from the hospital to the community and the home with a network of 4 Cancer Support Centres in Central, North Point, Kwai Chung and Wong Tai Sin.

Our professional team includes oncology nurses, social workers, art therapists, dietitian and clinical psychologist. They help clients manage the physical, emotional, psychological and social challenges brought about by a cancer diagnosis.

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# Introduction

This booklet has been prepared to help you understand more about breast cancer.

Many people feel understandably shocked and upset when told they have breast cancer. We hope this booklet will help you to understand the diagnosis and treatment of the disease. We also include information about support services.

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\*.

Before commencing any health treatment, always consult your doctor. This booklet is intended as a general introduction and should not be seen as a substitute for your own doctor's or health professional's advice. All care is taken to ensure that the information contained is accurate at the time of publication.

We hope this booklet will answer some of your questions and help you think about the questions you want to ask your doctors.

You do not need to read it from cover to cover, just read the parts which are useful to you. You may like to pass this booklet to your family and friends for their information. They, too, may want to be informed so that they can help you cope with any problems you may have.



\*Hong Kong Cancer Registry 2024 (figures in 2022)

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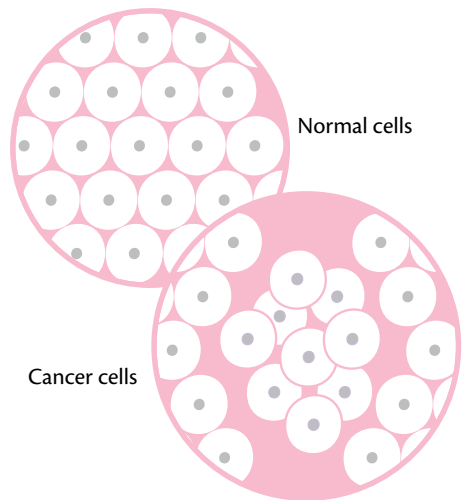
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# What is cancer?

Our body is made up of billions of cells, and their shape and function vary in different parts of the body. Normally, cells grow, divide (multiply), and eventually die in an orderly manner. However, when the division process goes out of control, cells continue to proliferate and accumulate in the body, forming a lump called a tumour.

## Benign vs. Malignant

Tumours can be benign (non-cancerous) or malignant (cancerous). Benign tumours generally spread to other parts of the body. They are usually not life-threatening and only need to be monitored regularly unless they grow and compress adjacent tissues, requiring treatment. A malignant tumour, also known as cancer, not only grows at the original site but can also spread. If not treated in time, they can destroy surrounding tissues and invade other organs via the bloodstream or lymphatic system, forming metastases or secondary cancer.



## Primary vs. Metastatic (Secondary)

Cancer is divided into primary and metastatic types. Primary cancer refers to cancer that originates in the organ. For example, if liver cells become cancerous and form a tumour, it is referred to as primary liver cancer. Metastatic cancer refers to cancer cells spreading to other parts of the body. For example, if lung cancer cells spread to the liver and form a tumour, it is considered metastatic lung cancer and referred to as “lung cancer spreading to the liver”.

# Breast

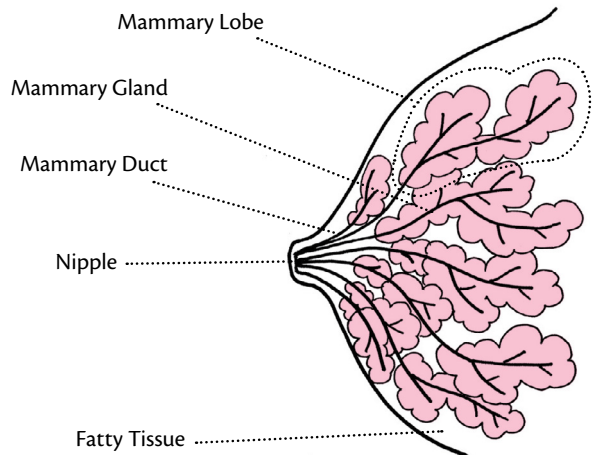
The breast is composed of fat, connective tissue, and glandular tissue. The breast contains multiple lobules and a series of mammary glands which are responsible for secreting milk after childbirth, which is transported through the mammary ducts to the nipple for feeding infants.

The size of the left and right breasts is usually different, generally depending on everyone's personal habits, such as handedness. During menstruation, pregnancy, or breastfeeding, the swelling or softness of the breast's changes. These cyclical changes are normal. Every woman should become familiar with the changes in her breasts, so she can recognise any abnormal changes or lesions.

## Breast lump

Breast cancer is primarily found in the tissue that secretes and transports milk, including over a dozen lobules which are arranged radially within the breast, and the mammary ducts located in front of them. Among the various types of breast cancer the majority are Invasive Ductal Carcinoma arising from the inner lining of the milk ducts, followed by Invasive Lobular Carcinoma from the inner lining of the breast lobules, and then the cancer of other breast tissues.

In the fatty tissue near the lactiferous ducts and glands, there are many lymph vessels and lymph nodes. When cancer cells from the lactiferous ducts and glands spread along the fatty tissue and infiltrate the lymphatic system, they enter lymph vessels throughout the body and metastasis to other parts of the body.



## Common cancers in women

Breast cancer is the most common cancer among women in Hong Kong. According to the latest figures published in 2024 by the Hong Kong Cancer Registry of the Hospital Authority, there were 5,182 confirmed cases in 2022, accounting for 29% of all female cancer patients. This means approximately one in four women diagnosed with cancer has breast cancer. On average, one in every 14 women will develop breast cancer in their lifetime. With increasing public awareness and medical advancements, although the number of new breast cancer cases is on the rise each year the mortality rate remained the same in the past 10 years, and accounts for about 12% of the total number of patients.

### Timely Screening

If breast cancer is detected early, then the patient will have more treatment options, which can increase the chance of a cure. At the same time, the patient can also undergo less aggressive treatment options, significantly reducing the physical and psychological burden. The 5-year survival rate for Stage I and II breast cancer patients is over 90%.

# Risk factors for breast cancer

The following risk factors increase the chance of developing breast cancer, but this does not mean that you will develop the disease. Likewise, not having these risk factors does not mean you are immune to breast cancer.

## Related to oestrogen

Studies indicate that a woman's risk of developing breast cancer is related to the prolonged exposure to oestrogen. The longer a woman's breast cells are exposed to oestrogen, the more it stimulates cell growth, and thus the chances of developing breast cancer increases accordingly.

- **Never giving birth**

Women who have given birth are exposed to oestrogen for a shorter period, consequently leading to a lower risk of developing breast cancer. Women who have never given birth or had their first child later (after the age of 30 years old) have a higher risk level.

- **Never breastfeeding**

During breastfeeding, oestrogen levels decrease. This means the breast cells are exposed to oestrogen for a shorter time than in women who have never breastfed, consequently the risk of breast cancer is lower. The longer the duration of breastfeeding, the lower the risk.

- **Menstrual period**

Women who started their periods early (before the age of 12 years old) or who entered menopause later (after the age of 55 years old), due to a relatively longer duration of menstruation, are exposed to oestrogen for a longer time, consequently their risk level is higher.

- **Overweight**

Being obese, particularly for those who gained weight after menopause. The woman's menstrual cycle is regulated by the interplay of internal oestrogen and progesterone, and although the ovaries stop producing these two substances after menopause, fat continues to produce oestrogen. If body fat accumulates excessively, oestrogen levels can become excessive which increases the risk level.

## Age

Age is an important factor influencing the chance of developing breast cancer. Theoretically, the older a woman is, the higher her risk is of developing breast cancer; over 80% of breast cancer patients are aged 45 years old or older<sup>#</sup>.

## Family medical history

Having an immediate family member (e.g., mother, sister, or daughter) diagnosed with breast or ovarian cancer before the age of 50 years old, or carrying certain mutated genes in the family (e.g., BRCA1 or BRCA2), increases the risk.

## Medical history

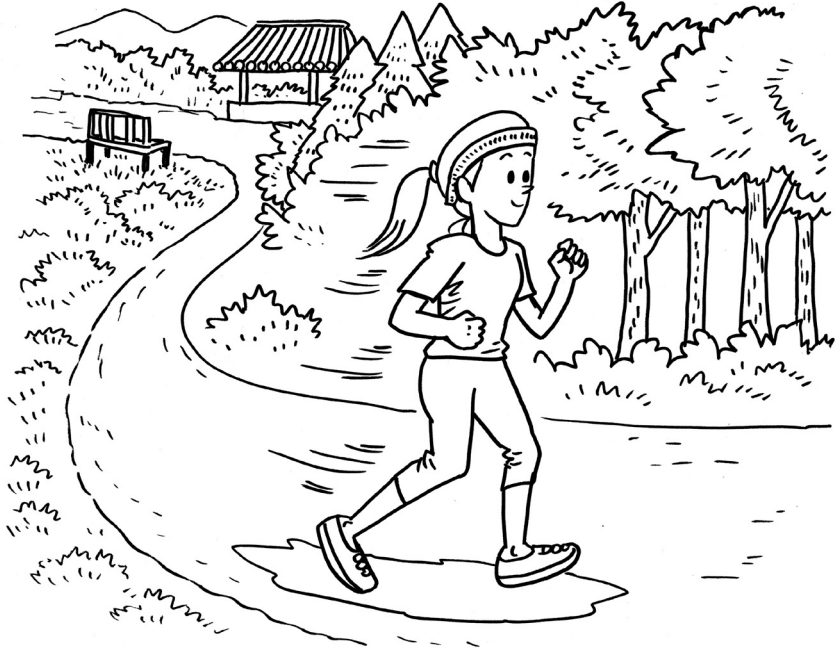
Having a history of benign breast conditions (e.g., atypical hyperplasia), invasive lobular carcinoma, ovarian cancer, or endometrial cancer, or carrying certain gene mutations (e.g., BRCA1 or BRCA 2), will also increase the likelihood of developing the condition.

## Drug

Women who are receiving Hormone Replacement Therapy (HRT) or taking combined contraceptive pills or postmenopausal hormone replacement heighten the chance of developing the disease.

## Ionising radiation

Long-term exposure to radiation environments, or exposure to moderate and high levels of ionising radiation, such as individuals who received radiotherapy to the chest before the age of 30, increases the risk level.



## Exercise

Women who do not exercise have a higher risk of breast cancer. A study by the US National Institutes of Health indicates that brisk walking for 1.25 to 2.5 hours per week can reduce the risk of breast cancer by 18%.

## Diet

Following a balanced diet, eating plenty of high-fibre foods, and limiting red meat, processed, pickled or smoked foods, high-fat foods, high-salt foods, sugar, or alcohol can help you maintain a good health and reduce the risk level of developing breast cancer.

## Alcohol

Women who frequently drink excessively contributes to an increased risk of breast cancer.

Source: Non-communicable Diseases Watch October 2024 issue, Centre for Health Protection, Department of Health.  
\*Hong Kong Cancer Registry 2024 (2022 statistics)

# Symptoms of breast cancer

Most women who are diagnosed with breast cancer discover it through self-examination when they notice a lump or changes in the appearance of their breast, prompting them to seek medical consultation. Common symptoms of breast cancer are as follows:

## Breast

- Change(s) in shape or size.
- Skin thickening, redness, scaling, or an “orange peel” appearance.
- Discovering a lump.
- Persistent discomfort or pain.

## Nipple and areola

- Inverted nipple.
- Skin thickening, redness, scaling, or an “orange peel” appearance.
- Nipple discharge or rash.

## Axilla

- Swollen lymph nodes.
- Lumps or thickening.
- Persistent discomfort or pain.

Having these symptoms does not necessarily mean you have breast cancer. Breast pain may be related to endocrine changes during puberty, menstrual periods, and early pregnancy; while breast lumps can also be caused by cysts or fibrocystic changes before or during periods.

But please also note that not all breast cancers are palpable. Sometimes they can be completely asymptomatic. By the time they can be felt, the tumour may have already formed. Therefore, women should undergo risk-based breast cancer screening\*. Should any breast abnormality be found, consult your doctor immediately. The earlier breast cancer is detected, the higher the treatment and survival rates. For example, the 5-year survival rate for Stage I or II breast cancer patients is over 90%#.

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\* Non-communicable Diseases Watch October 2024 issue, Centre for Health Protection, Department of Health.

# Hong Kong Cancer Registry 2024 (2022 statistics)

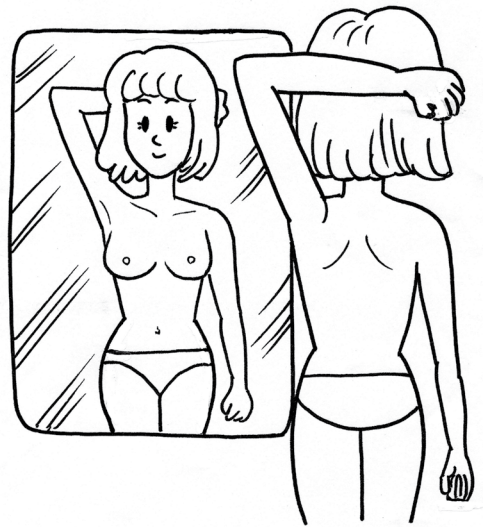
# Breast self-examination: the three steps

This section will detail how to perform a breast self-examination. Strictly speaking, the methods for breast cancer screening are [mammogram](#) (Page 19) and [ultrasound scan](#) (Page 20). The government’s “Cancer Expert Working Group on Cancer Prevention and Screening” recommends adopting a risk-based approach for breast cancer screening. Please browse this [link](#) for further information. Early detection saves lives. Should you have any questions, please discuss the most suitable screening method with your doctor.

## Observation

First, stand in front of a mirror, raise your arms overhead, and observe your breasts for the below abnormalities; then place your palms on your hips, pressing down firmly to tighten your chest muscles, and note if your breasts are dimpling.

- Through self-examination, observe changes in breast skin: Whether the skin appears wrinkled or uneven, usually redness or other colour changes.
- Nipple changes: Including change in shape, scabbing or crusting, pain or redness.
- Nipple discharge: Abnormal discharge, usually from one nipple, that is bloody or leaks spontaneously without squeezing.



## Touch

- This can be performed in the shower or when lying on your back in bed. First, raise your right arm overhead or place your right hand behind your head. Using

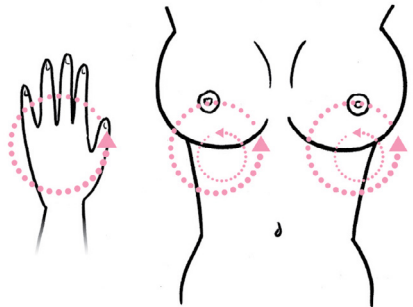
the pads of the index, middle, and ring fingers of your left hand on your right breast, make small circular movements, starting from the area nearest to your armpit on the side of your breast and circling inwards towards the nipple. Gently squeeze your right nipple and check for any discharge. Then, switch hands and examine your left breast, nipple, and armpit using the same method.

- Lumps, swelling or hardening: Should any woman find a lump, swelling, or any other abnormality in her breast, she should seek early medical attention for further examinations.
- Persistent unusual pain: This does not refer to pain caused by menstrual periods, but to painful swelling that persists after periods and occurs in one breast.



### Comparison

- Compare with previous condition: Check for unusual changes in the size or shape.
- Compare the left with right breast: Check for any changes or differences.



## Staging of breast cancer

Hong Kong hospitals follow the TNM system from the AJCC {American Joint Committee on Cancer (AJCC) 7th edition (2010)} for staging of breast cancer. T (Tumour) represents the size of the tumour, N (Lymph node) refers to the extent of the lymph node involvement, and M (Metastasis) indicates the extent of the spread. It is classified into stages I to IV; the smaller the number, the lower the stage and the lower the risk of reoccurrence.

However, due to the wide variety of breast cancers, in recent years, doctors have also tended to base treatment decisions on the individual characteristics of different breast cancers. In addition to staging, consideration is also given to whether cancer cells have hormone or HER2 receptors, etc. The approach of solely using the staging of breast cancer classification system to determine the treatment methods has gradually been replaced. For reference, the stages are classified as follows:

### Stage 0 breast cancer

Also known as carcinoma in situ, this is the earliest stage. Cancer cells are still within the basement membrane of the lactiferous ducts.

### Stage I breast cancer

The tumour is less than 2cm, with no lymph node involvement.

### Stage II breast cancer

The tumour is between 2cm and 5cm, or less than 2cm but with lymph node involvement.

### Stage III breast cancer

The tumour is larger than in Stage II, and/or with axillary lymph node metastasis, and/or invasion of the chest wall or breast skin.

### Stage IV breast cancer

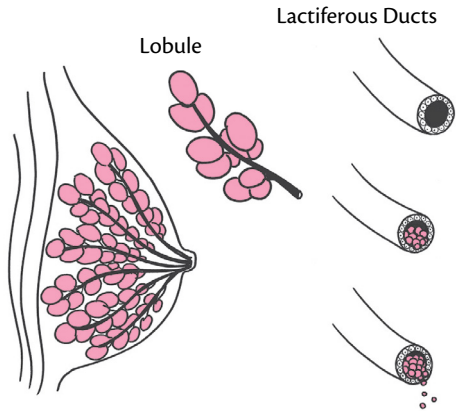
Cancer cells have metastasised to distant organs such as the brain, bone, lungs, or liver, and is classified as metastatic breast cancer.

# Types of breast cancer

## (I) Pathological classification of breast cancer

Based on the extent of spread, breast cancer can be classified as carcinoma in situ and invasive carcinoma. Carcinoma in situ refers to ductal carcinoma in situ, accounting for about 14% of breast cancers. Whereas invasive carcinoma, including invasive ductal carcinoma, invasive lobular carcinoma, etc., accounts for the remaining 86%.

Breast cancer is mostly commonly found in the milk-secreting lobules (also known as breast or mammary lobules) and the lactiferous ducts (also known as mammary ducts) that transport milk to the nipple, and less often in other parts such as fatty tissue.



### 1. Ductal carcinoma in situ (DCIS)

This accounts for about 14% of all breast cancers. Malignant changes occur in the cells lining the milk duct, but the abnormality has not penetrated the duct wall or spread to other parts of the breast. Although ductal carcinoma in situ is not an invasive breast cancer, it still requires proper treatment to prevent it from becoming invasive.

### 2. Invasive ductal carcinoma (IDC)

This is the most common type of breast cancer and can be detected by a mammogram. Cancer cells from the lactiferous duct wall have already penetrated the duct wall and invaded the breast's fatty tissue. Timely treatment is required to prevent the cancer cells from spreading along the lymphatic system and blood vessels to other parts of the body.

### 3. Invasive lobular carcinoma (ILC)

Originating from the breast lobules, timely treatment is required to prevent spread. It is less easily detected by a mammogram and generally supplemented with Magnetic Resonance Imaging (MRI) for diagnosis.

In addition to the above three types, there are less common types such as Inflammatory Breast Cancer (IBC), where cancer cells invade the skin, subsequently blocking lymph vessel and causing inflammatory symptoms in the breast. Paget's Disease is also a less common breast cancer, where ductal cancer cells spread to the nipple and areola.

### (II) Biological subtype classification of breast cancer

Besides pathological classification (based on the extent of spread), breast cancer can also be classified by biological subtype (i.e., different receptors). Based on the hormone receptors (estrogen receptor, ER and progesterone receptor, PR), the targeted receptor (human epidermal growth factor receptor 2, HER2) and Ki-67 proliferative index, breast cancer can be divided into the following types. Each subtype has different clinical characteristics and treatment regimens.

Biological Subtype Classification	Percentage of Total Cases	ER and/or PR	HER2	Ki-67 Proliferative Index
Luminal A	50%	Positive (+)	Negative (-)	Low
Luminal B	15%	Positive (+)	Negative (-)	High
HER2-amplified	20%	Positive (+)/ Negative (-)	Positive (+)	Any
Triple-negative	11%	Negative (-)	Negative (-)	Any

## 1. What is luminal breast cancer?

Luminal breast cancer is a hormone receptor-positive breast cancer. Hormone receptors are divided into estrogen receptor (ER) and progesterone receptor (PR).

Luminal breast cancer is divided into luminal A and luminal B types. Luminal A patients have high hormone receptor expression, a low Ki-67 index indicating slower cell division, a lower tumour malignancy, and generally a better prognosis. Luminal B patients have a high Ki-67 index indicating faster cell division, a higher tumour malignancy, high invasiveness, and are more likely to spread. Regardless of whether it is type A or B, because their hormone receptors are positive, both are suitable for hormone therapy (refer to “[hormone therapy](#)” section on page 37).

## 2. What is HER2-positive breast cancer?

HER2-positive breast cancer (human epidermal growth factor receptor 2, abbreviated as HER2) is a relatively aggressive type of breast cancer, featuring a high invasiveness and rapid spread. Normal human cells have a small amount of the HER2 gene, and the HER2 protein produced attaches to the cell surface, receiving signals that stimulate growth and controlling cell growth. Patients with HER2-positive breast cancer have large amounts of this HER2 protein, which promotes cancer cell growth, causing them to grow particularly quickly.

In addition to surgery and chemotherapy, treatment for HER2-positive breast cancer also includes HER2 targeted therapy. However, if the HER2-positive breast cancer is at a very early-stage invasive breast cancer (less than 5mm and has not spread to the lymph nodes), the risk of recurrence is low, and chemotherapy and targeted therapy may not be necessary. Patients with advanced HER2-positive breast cancer can also use the antibody-drug conjugate (ADC) - Trastuzumab Deruxtecan (refer to “[novel targeted drug - antibody-drug conjugate](#)” section on page 48).

### 3. What is triple-negative breast cancer?

Triple-negative breast cancer refers to cases where the two hormone receptors (estrogen receptor and progesterone receptor) and the HER2 receptor are all negative, meaning hormone therapy and HER2 targeted therapy are not applicable. Triple-negative breast cancer is more common in younger women and hereditary (BRCA) breast cancer, characterized by being more prone to metastasis to other organs, particularly brain metastasis, a higher risk of recurrence, and a relatively poorer prognosis.

For treating triple-negative breast cancer, surgery is generally used, followed by chemotherapy or radiotherapy depending on the situation. For triple-negative breast cancer patients with BRCA gene mutations, PARP inhibitors (a targeted drug) can be used. Some patients with metastatic triple-negative breast cancer can use immunotherapy, such as PD-1/PD-L1 inhibitors (refer to “[immunotherapy](#)” section on page 50). For patients with metastatic triple-negative breast cancer that expresses the trop-2 protein, trop-2 antibody-drug conjugates can be used (refer to “[novel targeted drug - antibody-drug conjugate](#)” section on page 48).

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# Diagnosis

After reviewing your medical and family history, the doctor will examine your breasts, axilla, and the lymph nodes in your neck to check for any swelling, pain, or other abnormalities.

If necessary, the doctor may arrange one or more of the following tests for a detailed diagnosis.

## (I) Preliminary examination Radiological diagnostic imaging

### • Mammogram

A mammogram can detect early breast changes and cancer before a lump is felt. If treated while the cancer is still small, the outcome will be better and the treatment will be easier.

During the examination, the breast is placed on the machine and compressed vertically for approximately 10 to 15 seconds. The resulting image can show the breast structure and the breast tissues, including microcalcification, cysts (often seen before or during menstrual cycle) and small tumours that cannot be felt by hands.

If any abnormality is seen on the X-ray image, an ultrasound scan can be performed to distinguish whether the suspicious area is solid or liquid. If necessary, a small tissue sample will be taken from the breast to confirm whether the lump is benign or malignant.

A mammogram is not recommended for pregnant women. Additionally, due to the



higher density of breast tissue in younger women, X-rays may have difficulty penetrating the tissue, rendering tumours less visible. Consequently, the accuracy of the test results is relatively lower for women under the age of 40 years old.

Any woman over the age of 40 years old should undergo a mammogram every one to two years.

- **Ultrasound scan or sonography**

An ultrasound scan uses sound waves to create an image of the inside of the body, which can examine any breast lumps and check for swollen lymph nodes in the axilla. An ultrasound scan can supplement areas that are not clearly defined by a mammogram. During the examination, the doctor applies the gel-like substance to the breast, then moves a high-frequency transducer (similar to a microphone) over the specified area, and uses a computer to convert the reflected sound waves into images to check for any abnormality. This test is painless and without any radiation, it takes only a few minutes to complete, and can be performed in a general clinic.

## Tissue examination

### Biopsy

A biopsy is generally divided into the following two types. Both may cause some wound or mild swelling, but there is no need to worry excessively. They will heal quickly after the procedure has been completed.

- **Incisional biopsy**

If a mammogram or an ultrasound scan finds a suspicious lump, the doctor may recommend the patient to undergo an incisional biopsy. This is a simple, reliable and economical minor surgical procedure for diagnosing cancer, and will help distinguish the properties and grade of tumour cells.

An Incisional biopsy generally requires local anaesthesia. A small piece of the lump is taken, and then the cells are observed under a microscope to determine if they are benign or malignant, as well as their type.

- **Excisional biopsy**

An excisional biopsy is currently the most accurate, but the most invasive diagnostic method. The biopsy generally involves making a one to two inch incision in the breast to directly remove the entire abnormal tissue and the surrounding tissue for observation. Stitches will be needed to secure the wound after removal, therefore, this is a chance of leaving a small scar. Additionally, if necessary, the doctor may leave a marker at the biopsy site for the purpose of surgery.

## Needle biopsy

- **Fine needle aspiration**

The procedure of a fine needle aspiration is minimally invasive and economical. The doctor uses a fine needle to aspirate tissue from the breast for laboratory analysis. However, it should be noted that the small amount of cells obtained may not be sufficient to determine the nature of the tumour or whether the cancer cells are invasive. Therefore, patients may need further tests to obtain more information about the tumour.

In addition, if an ultrasound scan reveals a benign cyst in the breast, this method can also be used to help aspirate the fluid within the cyst.

- **Core needle biopsy**

The principle of a core needle biopsy is similar to a fine needle aspiration in that it is a minimally invasive test. However, the needle is thicker than the fine needle, as its gauge needs to be sufficient to obtain core tissue samples, allowing the collection of sufficient tissue for cellular examination. This results in a higher accuracy result than a fine needle aspiration. Though the cost is higher, it is currently a widely used technique. Stitches are generally not required after the biopsy, and scarring is not significant. When taking the tissue sample, if needed, a marker can be left at the suspicious area simultaneously, to facilitate a further biopsy in the future.

If cancer cells are found in the breast biopsy, two subsequent tests are required, including for the presence of hormone receptors or the HER2 receptor.

## Hormone receptor testing

When breast cancer cells carry hormone receptors, they bind with estrogen and progesterone in the blood and stimulate cancer cell proliferation. Cancer cells that carry estrogen receptors are called ER-positive (estrogen-receptor-positive, abbreviated as ER+); those that carry progesterone receptors are called PR-negative (progesterone-receptor-positive, abbreviated as PR+). Hormone receptor-positive cancer cells respond well to hormone therapy.

If cancer cells do not carry these receptors, meaning they are ER-negative (estrogen-receptor-negative, abbreviated as ER-) or PR-negative (progesterone-receptor-negative, abbreviated as PR-), they do not respond to hormone therapy.

Generally, receptor-positive breast cancers have more treatment options than that of receptor-negative ones. And breast cancers with both ER and PR receptors respond better to hormone therapy than those with only one of these receptors.

For invasive breast cancer, doctors generally recommend using breast tissue obtained from a biopsy for hormone receptor testing.

## HER2 receptor testing

The purpose of HER2 testing is to check for the presence of another protein receptor and the gene that produces this protein, “human epidermal growth factor receptor 2” (abbreviated as HER2), to help determine treatment methods.

Cancer cells naturally proliferate faster than normal cells, but in about one out of every four or five cases of breast cancer, there is an excess of HER2 in the cancer cells, indicating that the HER2 receptor gene is overactive, which stimulates cancer cells and causes them to proliferate even faster. Since cancer cells multiply faster and are more aggressive, HER2-positive breast cancer typically grows faster than HER2-negative breast cancer and is more likely to spread and recur. Therefore, for treating invasive or recurrent breast cancer, your doctor may adopt targeted therapy.

## (II) Further examination

If breast cancer is found through a preliminary examination, your doctor may recommend that you undergo some of the following examinations to further determine the size, location, and extent of the spread of the tumour, therefore deciding on the most appropriate treatment method.

- **Liver ultrasound scan**

A liver ultrasound scan can check if the breast cancer has spread to the liver. During the examination, the doctor or radiographer applies a gel-like substance to the patient's abdomen, and then moves a high-frequency transducer around the liver. Sound waves reflected from the liver are received by the scanner and then formed into images by a computer. If there is a lump on the liver, its size and location can be determined from the screen. The whole procedure takes only a few minutes. It is painless and does not require anaesthesia, there are no side effects or sequelae, and it does not require a hospital stay.

- **Bone scan**

A bone scan can check if the breast cancer has spread to the bone. During the scan, a small amount of low-radioactive substance is first injected into a vein in the arm. A machine is then used to scan the bones. Because cancer cells can absorb more radioactive material than normal cells, if there are cancer cells in the bone, it is clearly visible to the doctor on the screen. Patients do not need to worry; the concentration of radioactive material injected before the examination is not high, and it disappears naturally after a few hours. For safety, it is recommended to avoid contact with pregnant women and children for 24 hours afterwards.



- **Magnetic resonance imaging (MRI)**

An MRI is a commonly used scan, which uses radio waves and strong magnets to create a cross-sectional image of the inside of the body. When the body tissues absorb the radio waves, the re-emitted waves form different patterns according to their structure. These are inputted into a computer, and form a detailed image of the area. The images produced by an MRI are more detailed than an X-ray, and are used to distinguish multifocal breast cancer.

Prior to the MRI scan, a contrast agent is injected into a vein in the arm to enhance the imaging. The patient then lies still on a couch that slides into the MRI machine, which is a large tube-shaped scanner. The scan is painless, but the machine is noisy, and you may need to wear headphones. The scan takes about an hour. If you are not comfortable with being alone in a confined area, please inform the doctor in advance.

Metal may interfere with the magnetic field, therefore, patients must remove personal metallic items before the scan. An MRI is not suitable for individuals with internal metallic medical devices such as a pacemaker or surgical clips.

An MRI can be used in conjunction with X-rays for screening women who have a high risk of breast cancer; or after breast cancer has been diagnosed, it is used to determine the size of the tumour and whether there are any cancerous growths in other parts of the breast.

- **Positron emission tomography (PET) scan**

A PET scan is a non-invasive method for examining tumours, and is also a whole-body scan. It is suitable for patients who have signs or symptoms of lymph spread (such as bone pain, cough, shortness of breath, etc.). The principle of a PET scan is to use radioactive isotopes to show any tumours in the body.

## Purpose of PET scan

- To check for the spread of cancer cells.
- To evaluate the staging of breast cancer.
- To monitor the efficacy of breast cancer treatment.

The PET scan requires no anaesthesia, however, you will need to fast for several hours prior to the procedure. Prior to the PET Scan, a small amount of radioactive drug (typically FDG) is injected into a vein in the arm, and the patient is then asked to rest for a while to allow the body to absorb the radioactive drug before the scan. The scan process takes less than 30 minutes.

PET scans are routinely used in conjunction with computerised tomography CT scan to provide precise images.

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# Treatment

Breast cancer is primarily treated using six main approaches: Surgery targeting the tumour site, radiotherapy, and immunotherapy. Drug therapies include hormone therapy, chemotherapy, and targeted therapy.

Doctors generally use more than one treatment method, as they will complement each other, enhance the efficacy, and reduce the risk of recurrence. Factors for choosing one or more treatment methods include:

- Staging (tumour size, location, and extent of spread).
- Presence of hormone or HER2 receptors.
- Personal health status, such as presence of chronic diseases.
- Fertility plans, as some breast cancer drugs may affect a woman's fertility.
- Patient's preference, such as how much side effects can be tolerated.

You may have heard that some people's symptoms and diagnoses sound similar, but their treatment methods differ. In fact, many cases sound similar, but the medical details vary, and different doctors may have different approaches. For any doubt, it is advisable to note them down one-by-one, or make an appointment with your doctor accompanied by a family member or friend to gain a deeper understanding. You can also refer to the "[What to ask your doctors?](#)" section on pages 54 to 56 of this booklet, which contains suggested questions to help you better understand your condition and treatment plan.

If you still find it difficult to decide on the treatment method after hearing the doctor's explanation, you can also ask your doctor for a referral to seek a second opinion. After choosing another doctor, you can ask your attending doctor to provide a copy of your medical records for the other doctor to review. If both you and the second doctor participate in the electronic health record sharing system, you can also authorise the doctor to access your electronic medical records using your personal password. For details, please call the sharing system hotline at **3467 6300**. At the same time, ask the second doctor to provide their assessment as soon as possible. If the treatment is delayed, the second opinion will be in vain.

## (I) Surgery

In general, doctors will decide to resect a part of or the whole breast. Some patients may choose to remove the whole breast, even though there is a choice. Sometimes when the whole breast needs to be removed, one might want to consider reconstruction. All these should be discussed with the surgeon.

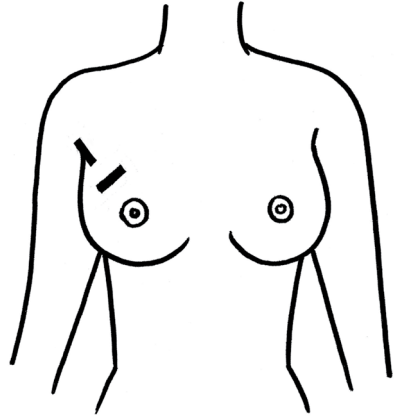
In addition to removing the tumour itself, the doctor also removes a small amount of the surrounding normal tissue along with the adjacent lymph nodes. These are examined under a microscope to ensure that there are no cancer cells around the surgical site.

Before undergoing the surgery, patients should discuss with their doctor the impact of the surgery regarding the breast shape and the extent of scarring. Ask your doctor to show you photographs of similar surgeries, and discuss the treatment methods with your partner.

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## Lumpectomy

When the tumour is only a small part of the breast, a lumpectomy can be performed to remove the tumour and the adjacent lymph nodes. When removing the tumour, the doctor may also reconstruct the remaining breast tissue to maintain the appearance. If the patient agrees, the doctor will also make the corresponding adjustment to the other breast.



The length and appearance of the scar after surgery will depend on the size and location of the tumour. Patients generally only need to stay in hospital for two to three days, with a recovery period of about five to ten days. In the first few days, your doctor will insert a surgical drain into the wound to remove any excessive fluid or clotted blood. Pain medication can be taken during this time.

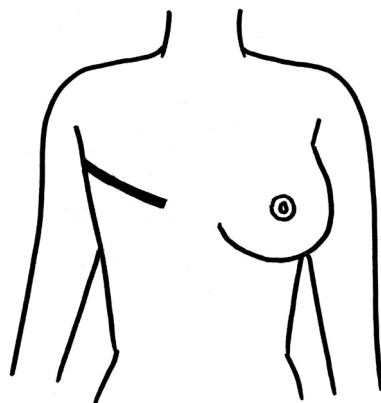
After the surgery is completed, the lymph vessels near the breast may become hardened, causing the arm from the axilla to the back of the hand to feel like it is being constricted. This may result in pain and mobility. During the recovery period, patients should get out of bed and stretch their limbs as instructed by the nurse, or use physiotherapy or antibiotics to relieve tightness, in order to reduce the risk of surgical incision fibrosis (post-surgical scarring). It generally improves slowly after a few months. If the discomfort returns, you should inform your doctor immediately.

## Mastectomy

If the tumour is large or cancer cells are scattered throughout the breast, surgery of the entire breast is required. In such cases, doctors generally remove the axillary lymph nodes and part of the pectoral muscle. After surgery, patients generally need to stay in hospital for three to five days, and the recovery takes about three to four weeks.

In the first few days after surgery, drainage of any lymphatic fluid or blood may occur around the wound. This can simply be drained using a surgical drain, there is no need to be concerned, and this situation is not lymphoedema. After a few weeks, the redness and swelling of the tissues near the wound will gradually subside.

Before the mastectomy, the patient must carefully consider whether they would like to have breast reconstruction after surgery. If breast reconstruction is planned, you will need to consider and discuss this with your doctor as to whether it can be performed at the same time as the mastectomy, or scheduled for a later date. Completing the mastectomy and the reconstruction at the same time may be more convenient. However, if other treatment methods are required after surgery, then the reconstruction



cannot be done until the treatment has been completed, meaning that it has to be conducted in two separate stages. Breast reconstruction is performed by a plastic surgeon. Apart from implanting a prosthetic breast, skin from the abdomen, the back, or the thigh can also be transplanted to the breast area.

The length of the scar after the mastectomy will depend on your original breast size, however, it will fade over time. If your original breast is large, and the reconstruction cannot be performed after removal, the neck and shoulder may feel sore due to the change in the body's centre of gravity. You will need to slowly adapt to learning to balance the body and wear a prosthetic breast as suggested by your healthcare professionals. The experienced registered nurses at the Hong Kong Cancer Fund Support Centres can also help any breast cancer patients choose and show them how to wear a prosthetic breast and breast care techniques. Call **3656 0800** for enquiries and appointments.

Additionally, a patients' shoulders may feel stiff after surgery, and they can have physiotherapy or do some stretching exercises to mobilise the shoulders and arms. Self-massage can also help.

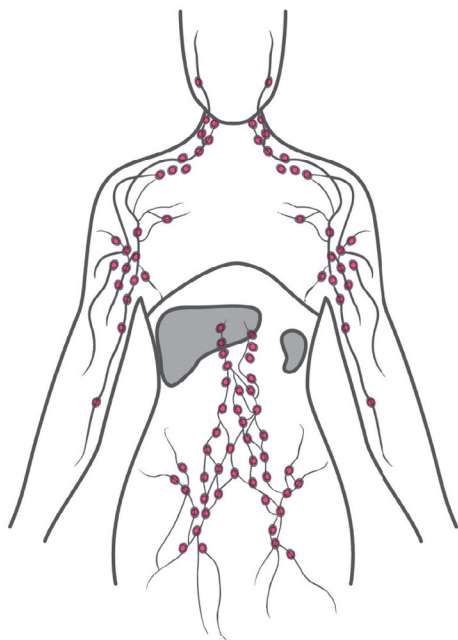
For early detection of breast cancer, whether a lumpectomy or mastectomy is performed, or whether reconstruction is needed afterwards, the survival rate is largely the same. Whether to preserve or reconstruct the breast after surgery depends on personal preference and physical conditions, and is not related to the efficacy of the cancer treatment.

### Axillary dissection

The human body has 30 to 40 lymph nodes in each axilla, and they are easily invaded by cancer cells, which can then spread throughout the body via the lymphatic system.

Depending on the extent of the spread of the cancer cell, besides complete axillary dissection, there is also a sentinel lymph node biopsy. This involves removing only part of the lymph tissue. The doctors only target and remove the axillary sentinel lymph nodes which have the highest risk of spreading. They will avoid the removal of those without this risk, so as to reduce the risk of lymphoedema.

Removing the axillary lymph nodes can affect some of the nerves nearby, this may cause the upper arm to feel numb, tingling, or stiff. This can potentially last for some time, but there is no need to worry excessively. Physiotherapy can help to relieve it.



## Lymphoedema

If the axillary lymph nodes are removed, or have received radiotherapy, lymphatic fluid cannot circulate and accumulates under the skin, leading to lymphoedema. For details, please refer to “lymphoedema” published by the Cancer Fund, which is available for free download.

## Lymphoedema booklet



## Breast reconstruction

The breasts are an important physical characteristic for women. A mastectomy may lead to varying degrees of physical and psychological changes for the patient, and this may affect body image, self-confidence, and relationships. However, patients should not worry too excessively as women who have undergone a mastectomy can still have breast reconstruction surgery to restore the appearance of the breast.

Breast reconstruction surgery includes implant surgery or flap transplantation, both of which have their own advantages and disadvantages. It can be performed at the same time as the mastectomy, or several months or even years afterwards.

### 1. Breast implant

This is performed in several stages. First, a balloon expander is placed under the chest muscle. Then, over several weeks, saline solution is injected into the expander in stages to stretch the skin and create a space. Once sufficient space is created, the expander can be removed and a breast-shaped implant containing saline or silicone gel can be inserted.

In the first few days after implant surgery, the doctor will insert a surgical drain into the patient’s chest to remove excessive fluid and/or clotted blood. During this time, you should regularly move your arm to prevent lymphoedema, and

gently massage the scar to soften the tissue. For the first six months after the surgery, you should massage the breast occasionally to prevent scar tissue contraction between the implant and the body, which may cause discomfort and skin tightness.

However, implants may harden, rupture, shift, or deform over the years, causing pain or infection, and revisional surgery may be needed later to remove or replace the implant.

## 2. Tissue flap

Patients can choose to use their own body tissue, such as skin and fat from the abdomen or buttocks, and transplant it to reconstruct the breast. As there is more abdominal fat, this option is usually considered by most people. The recovery period for tissue flap reconstruction is about six to eight weeks. The reconstructed breast can generally be used for life, but this method is not suitable for patients who are excessively thin or obese, smoke or are in poor health.

Breasts reconstructed using tissue flap look more natural and have a better elasticity than those reconstructed with implants, and can be lifelong and permanent. However, the recovery period after surgery is longer, the surgery is more complex than implant surgery, and the area where the skin is taken will also have scars.

Whether reconstructed with implants or tissue flap, the reconstructed breast will not have any nerve sensation, so there is no feeling when touched. Additionally, shoulder and arm movements may be restricted, therefore, daily care is important.

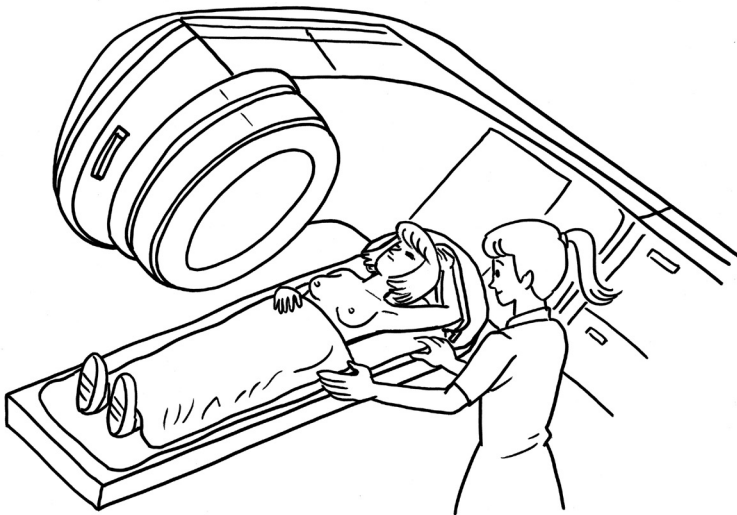
### **External prosthetic breast**

After a mastectomy, healthcare professionals will give you a soft sponge prosthetic breast to wear inside your bra to protect the wound. We have established a Prosthesis Fund for patients with financial difficulties to purchase suitable prosthetic breasts and bras after surgery. For details, please call the Cancer Fund Support Centre free service hotline at **3656 0800** for enquiries.

## **(II) Radiotherapy**

The principle of radiotherapy is to use high-energy rays to target and kill cancer cells while minimising the impact on normal cells.

Radiotherapy is often used after breast cancer surgery to clear any residual cancer cells and reduce the risk of recurrence. However, radiotherapy is sometimes also used before surgery, with the aim to shrink the tumour first to facilitate removal and preserve the breast tissue as much as possible. The standard treatment schedule involves five sessions weekly, for over ten minutes each time, and with a treatment period of about three to eight weeks.



If a patient chooses to undergo a mastectomy, and if the doctor is concerned about residual cancer cells on the chest wall, radiotherapy will also be used to reduce the risk of recurrence.

Radiotherapy includes external and internal types, with each holding its own benefits. However, because there are few cavities within the body that can accommodate radiation sources, the former is more commonly used.

### External radiotherapy

External radiotherapy uses a linear accelerator to deliver beams that pass through the body surface to reach the tumour inside the body. Receiving a dose of radiotherapy is like having an X-ray: It only takes a few minutes, and just requires the patient to lie still, it is painless, and requires no hospital stay. During the treatment, the patient must remain alone in the treatment room, and will be monitored by the radiographer from the next room via a screen. The patient can raise their hand to communicate with the radiographer at any time.

Generally, the patient receives treatment five times a week. The length of the treatment course depends on the type, size and stage of the tumour.

The most common number of sessions is fifteen to twenty, lasting about three to five weeks.

In order to ensure that the rays are precisely targeted at the tumour and to minimize the impact on normal cells, a simulation machine is used to calibrate the rays prior to the treatment course beginning. The patient will lie on the simulation machine, and the radiographer will take an X-ray of the entry site and simultaneously mark the skin.

During the treatment course, the skin at the entry site will be more sensitive and should be kept dry to prevent any infection. It is recommended to wash it with lukewarm water, gently pat dry with a soft towel, and avoid rubbing. Do not use scented skincare products.

## Internal radiotherapy

The principle of internal radiotherapy is to implant a radioactive wire into the body where the tumour is located, irradiating residual cancer cell nearby at close range to reduce the risk of recurrence. Internal radiotherapy is often used after surgery when the tumour is small, and the breast is being preserved after removal.

## Side effect

Radiotherapy is a local treatment targeting the tumour area, and side effects are mainly seen in the tissues near the tumour and tend to be temporary, gradually subsiding after the treatment course is completed.

For the breast, the skin at the radiation entry site may become red and painful. Patients may also feel fatigued or nauseous.

However, some patients may experience long-term side effects such as nerve pain, tingling, hand weakness and numbness, or even injury to the lung causing shortness of breath, but these are not common. For details, please refer to “**Radiotherapy**” published by the Hong Kong Cancer Fund, which is available for free download.

Radiotherapy booklet



## 1. Fatigue

Fatigue is the most common side effect of radiotherapy. Symptoms include exhaustion, drowsiness, confusion, irritability, difficulty concentrating, loss of appetite, etc.

### Tips

- Plan your work and life in advance to ensure that you get enough rest.
- Conserve energy; do what you can. Take short naps occasionally.
- Eat well and drink plenty of water.
- Take walks or do light exercise.
- Ask others and share responsibilities.

## 2. Nausea and vomiting

Patients may occasionally experience nausea or vomiting.

### Tips

- Ask your doctor if anti-emetic medication can be prescribed.
- Nausea and vomiting usually stop after radiotherapy has been completed. If these symptoms persist, inform your healthcare professional immediately.



### (III) Hormone therapy

Estrogen and progesterone can stimulate the proliferation of breast cancer cells. Inhibiting estrogen to stop the growth of cancer cells is one of the methods for treating breast cancer. Patients can have their ovaries removed, or use radiotherapy to cease their hormone production, thereby changing the quantity of hormones the body manufactures. Alternatively, hormone therapy drugs can be used to inhibit the body's hormone production and prevent hormones from attaching to cancer cells, thus blocking the cancer cells' access to additional nutrients.

Hormone therapy is suitable for patients whose tumour tissue sample tests positive for estrogen receptor (ER) and progesterone receptor (PR), with one or more showing a positive response. If both receptors in the tumour tissue sample are strongly positive, the efficacy is better compared with those with only one receptor being weakly positive. In other words, for tumours with a weakly positive receptor response, hormone therapy may not be very effective, and other therapies are needed.

When hormone receptors are occupied by drugs, it can also interfere with the normal cells' ability to use them, which may affect normal body function. However, different from chemotherapy and radiotherapy, these drugs do not attack normal cells, and therefore the side effects are milder.

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**Note:** Hormone therapy and hormone replacement therapy (HRT) sound similar, but their actions are exactly opposite. Hormone therapy suppresses estrogen to treat breast cancer, whereas hormone replacement therapy stimulates estrogen secretion to relieve menopausal symptoms such as hot flushes, vaginal dryness, etc.

## Common hormone therapy drugs

### 1. Anti-estrogen class

**Common drug:** Tamoxifen

**Applicable:** Women before and after menopause.

**Dosage and course:** Oral administration once daily, for 5 to 10 years.

**Action:** This type of drug blocks estrogen from binding to cancer cells, thereby inhibiting the growth of the cancer cells.

**Common side effects:** Hot flushes, nausea and indigestion, possibly foetal malformations (therefore, pregnancy must be avoided during treatment), increased chances of postmenopausal women developing endometrial cancer.

Regarding the side effects of Tamoxifen, contraception must be used during treatment to prevent foetal malformations; regular gynaecological examinations should be performed annually so that any endometrial lesions can be diagnosed early. Patients who have had their uterus removed do not need to worry about developing uterine cancer.

If abnormal vaginal bleeding occurs, please inform your doctor immediately.

### 2. Aromatase inhibitor

**Common drugs:** Anastrozole, Letrozole and Exemestane

**Applicable:** Postmenopausal women with early breast cancer and metastatic breast cancer.

**Dosage and course:** Oral administration once daily, for 5 or more years, with the duration depending on the patient's condition.

**Action:** In postmenopausal women, estrogen is produced from androgens by the adrenal glands. Aromatase inhibitors block the conversion of androgens to estrogen, thereby helping to prevent the growth of estrogen-dependent cancer cells.

**Common side effects:** Hot flushes, gastrointestinal discomfort, fatigue, and other mild discomforts. Some patients may experience joint or bone pain, or osteoporosis during treatment. Please inform your doctor so that a bone density test can be performed.

## (IV) Chemotherapy

Chemotherapeutic drugs have a low selectivity for cells; while destroying cancer cells, they also damage rapidly growing normal cells, resulting in side effects. When treating breast cancer, chemotherapy is often used as adjuvant therapy combined with surgery, generally in the following three situations:

- The most common approach is to first surgically remove the tumour. After obtaining the pathological information about the tumour, an appropriate chemotherapy plan is then used to eradicate residual cancer cells throughout the body to reduce the risk of recurrence.
- For patients with a larger tumour or extensive lymph node involvement, chemotherapy is given first to shrink the tumour, followed by a mastectomy.
- For late-stage breast cancer, chemotherapy is used to combat the spread of cancer cells and relieve symptoms.

Chemotherapy is primarily administered via intravenous injection of anti-cancer drugs (cytotoxics). There are only a few oral forms, however, the absorbed

dose after intestinal digestion is uncertain, so intravenous injections remain the mainstream method.

For breast cancer, a treatment course comprises of four to eight cycles, with each cycle lasting about two to three weeks, followed by a few weeks of rest to allow the body time to recover from the side effects before the next cycle starts. The number of cycles depends on the cancer type, stage, and the patient's response to the drugs. Generally, patients go to the hospital's day treatment unit to receive the injection and can go home on the same day.

## Side effect

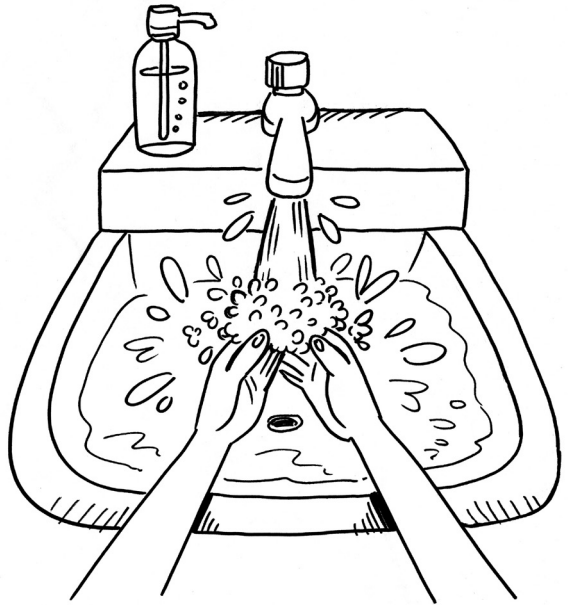
Chemotherapeutic drugs travel throughout the body, attacking rapidly proliferating cells. Therefore, while destroying cancer cells, they also affect rapidly proliferating normal cells, which causes side effects. Generally, the systems most affected by chemotherapy are the immune system, hair, the eating and digestive systems, and the reproductive system, leading to related side effects such as a significant decrease in immunity, hair loss, oral ulcers, vomiting, and reduced fertility. After the treatment is completed, side effects may gradually subside.

### 1. Decreased immunity

Some chemotherapeutic drugs may affect the bone marrow function, leading to a decrease in white blood cells. During the treatment process, your healthcare professionals will regularly test your blood to ensure that the white blood cell count is normal before administering injections. If there are insufficient white blood cells, the body's immunity will be weakened, making it difficult to recover from colds, increasing the risk of infections, and causing wounds to heal more slowly. Currently, there are injections available to help increase white blood cells (such as G-CSF injection), reducing the risk of infection.

## Tips

- During the chemotherapy, if any discomfort is felt, notify your doctor immediately to prevent the condition from getting worse.
- If there is accidental contact with someone who has an inflammatory or an infectious disease, notify your doctor immediately to determine if antibiotics are needed to prevent infection.
- If possible, avoid skin injuries in daily life and at work to prevent inflammation from spreading to other parts of the body. Wash your hands with soap and water after using the toilet and before eating.
- Do not eat undercooked food, such as salad, sashimi, raw meat, etc.



## 2. Nausea and vomiting

Vomiting typically occurs within 24 hours after chemotherapy treatment (acute), more than 24 hours later (delayed), and before and during chemotherapy (anticipatory). Nausea can sometimes last for several hours. Not all chemotherapy patients will experience nausea. Furthermore, with significant advancements in the efficacy and types of anti-emetic medication in recent years, taking doctor-prescribed medication can effectively reduce the feeling of nausea.



### Tips

- Eat something simple prior to the injection, and try to drink plenty of liquids, such as soup or congee.
- Immediately after the treatment, drink small, frequent amounts of fluids to stay hydrated. Drinking plain water, orange juice, or even having jelly are all fine.
- Eat small meals frequently, eat slowly, and chew thoroughly to aid digestion.
- Do not eat undercooked food, such as salad, sashimi, raw meat, etc.

### 3. Oral mucositis

Some chemotherapeutic drugs can cause oral mucositis, and even ulceration. If white patches appear in the mouth, it may indicate a fungal or herpes infection. Please inform your healthcare professional immediately to find out if any treatment is needed.

#### Tips

- Brush your teeth with a soft toothbrush in the morning and evening. The doctor may also provide you with alcohol-free mouthwash to prevent oral inflammation.
- Dissolve one teaspoon of salt into one cup of warm water to rinse the mouth (do not swallow), and repeat at least four times a day.
- If your mouth feels dry, sip liquids, particularly plenty of water, soup, or congee/noodles, or chew sugar-free chewing gum.

### 4. Hair loss

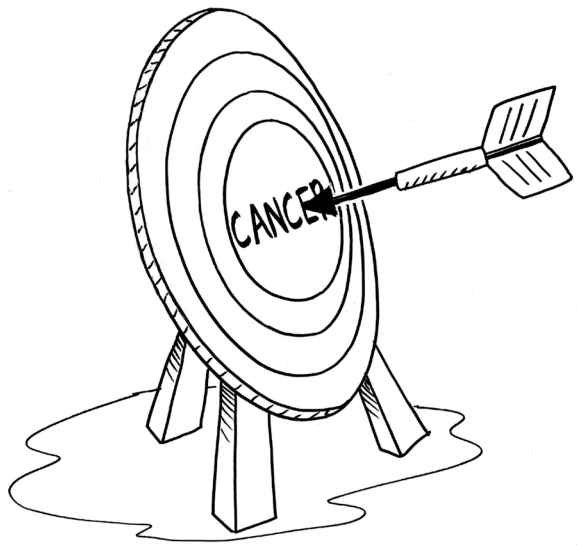
Hair loss is a common concern for patients. Some chemotherapeutic drugs may cause hair loss, but not all of them have this side effect. Your hair usually starts growing back quickly after chemotherapy stops.



Hair loss typically begins two to three weeks after chemotherapy starts, and the extent varies from person-to-person, some may quickly become bald, while others experience no hair loss at all.

### Tips

- You can choose to wear hats, wigs, or a headscarve.
- Use a gentle shampoo, baby shampoo is often a good choice.
- Be gentle when combing your hair, and use a wide-toothed comb or a soft brush.
- Pillows should be made from natural materials, such as cotton or silk. Nylon should be avoided to prevent irritating the scalp.
- Whenever you go out, wear a hat, use an umbrella, wear a headscarf, or apply sun cream to protect your scalp from any sun exposure.
- Wigs can be borrowed from our Cancer Support Centres. Please call the **free service hotline: 3656 0800**.



## (V) Targeted therapy

Targeted therapy, like chemotherapy, uses chemical drugs to kill the cancer cells directly. The difference is that targeted therapy focuses on the growth genes of the specific cancer cells and the proteins they produce, blocking the growth or repair function of these cancer cells and even destroying them completely. This specific action is called targeted therapy. Targeted therapy is precise in its action, with its side effects generally fewer than with conventional chemotherapy, and also has little impact on bone marrow hematopoietic cells and the immune system.

However, targeted therapy is only applicable to tumours with specific cell characteristics. For example, in patients with HER2-positive breast cancer.

In most cases, targeted therapy is used in combination with other treatments such as surgery, chemotherapy, and radiotherapy, and is rarely used alone.

### 1. Targeted drugs

Targeted breast cancer drugs registered in Hong Kong include:

	Active Ingredients of Targeted Drugs
HER2 Negative	Bevacizumab, Everolimus
HER2 Positive	Lapatinib, Pertuzumab, Trastuzumab

Targeted therapies are developing rapidly, with new drugs constantly becoming available. The following provides a brief introduction to drugs commonly used in Hong Kong:

## 1.1 Targeted drugs for HER2-negative breast cancer

### **Drug: Everolimus (Trade name: Afinitor)**

**Applicable:** Patients with HER2-negative, hormone receptor-positive (HR+), postmenopausal breast cancer patients who have developed resistance to hormone therapy.

**Dosage and course:** Oral administration once daily.

**Action:** Inhibit tumour cell and blood vessel proliferation, and cut off the supply of nutrients to cancer cells; counteract resistance to hormone therapy, and extend the duration of hormone therapy efficacy.

**Common side effects:** Typically include oral inflammation, nausea, fatigue, diarrhoea, and other mild discomforts, which are usually resolved after stopping the medication. If any cough, shortness of breath, or fever/chills is experienced, it may indicate infection, and you should seek medical attention immediately. Patients with fertility plans should also note that Everolimus can harm the foetus, and pregnancy should be avoided during treatment.

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## 1.2 Targeted drugs for HER2-positive breast cancer

**Drug: Trastuzumab (Trade name: Herceptin, first-line drug for HER2 breast cancer)**

**Applicable:** Patients with HER2 breast cancer.

**Dosage and course:** Intravenous infusion or subcutaneous injection every three weeks, and the course can continue from upwards of one year. For high-risk patients, continuous medication may be required.

**Action:** Selectively bind to HER2 on tumour cells, reduce HER2 protein overexpression, and decrease tumour cell proliferation.

**Common side effects:** Mainly related to infusion, including fever and chills, usually occurring after the first injection. Fever and chills will decrease with continued treatment. Of particular note, concurrent use with common chemotherapeutic drugs like Anthracycline (e.g., Doxorubicin or Epirubicin) increases the chances of damage to the hearts function. Therefore, before and during treatment, doctors regular monitor the patient's heart rate and exercise ECG to check if the heart is functioning normally. Patients with fertility plans should also note that Trastuzumab can harm the foetus, and pregnancy should be avoided during treatment.

**Drug: Pertuzumab (Trade name: Perjeta)**

**Applicable:** Patients with HER2 breast cancer. The use of Pertuzumab with Trastuzumab, together with chemotherapy, is currently the most effective first-line combination for metastatic HER2 breast cancer. It can also be used as neoadjuvant therapy for early HER2 breast cancer before surgery.

**Dosage and course:** Intravenous infusion every three weeks.

**Action:** Blocks the signal transduction pathway of HER2 and other Human Epidermal Growth Factor Receptor (HER) family members, causing the cancer cells to stop growing and undergo apoptosis.

**Common side effects:** Common side effects can include, diarrhoea, hair loss, decreased white blood cells, nausea, fatigue, rash, and peripheral neuropathy. Patients with fertility plans should also note that Pertuzumab can harm the foetus, and pregnancy should be avoided during treatment.

**Drug: Lapatinib (Trade name: Tykerb, second-line drug for HER2 breast cancer)**

**Applicable:** Patients with metastatic breast cancer.

**Dosage and course:** Oral administration once daily, taken on an empty stomach. Avoid food containing grapefruit or pomelo during treatment.

**Action:** Bind to the epidermal growth factor receptor, block the receptor signal transduction pathway, prevent the growth of cancer cells, and eventually leads to cancer cell apoptosis.

**Common side effects:** Most patients experience diarrhoea after taking the drug, followed by nausea, fatigue, and rash. Some patients' left ventricular function may be affected. Should the above reactions occur, inform your doctor immediately to assess whether a dose reduction is needed.

### 1.3 Drug resistance

After using targeted drugs for a period of time, cancer cells may evolve in response to the drug's action, making the drug ineffective. Doctors usually adopt two strategies:

- Use two targeted drugs simultaneously as “dual targeted therapy”, targeting different components within the cancer cell structure.
- Use targeted drugs together with chemotherapeutic drugs, for example, using the targeted drug Trastuzumab plus the chemotherapeutic drug Docetaxe to treat HER2 metastatic breast cancer.

In recent years, breast cancer treatment, particularly drug-based therapies like chemotherapy, hormone therapy, and targeted therapy have developed rapidly. Drug names are constantly evolving, which can sometimes be confusing. Refer to the table below to gain a basic understanding of these therapies:

	Applicable Patients	Method of Administration	Side Effect
Chemotherapy	Most cases	Oral, intravenous, or subcutaneous injection	More
Hormone Therapy	Patients whose tumour tissue sample tests positive for Estrogen Receptor and Progesterone Receptor, with one or more showing a positive response	Oral, subcutaneous, or intramuscular injection	Milder than conventional chemotherapy
Targeted Therapy	Generally used for late-stage, metastatic, or genetically altered tumours, such as HER2 type	Oral, intravenous, or subcutaneous injection	Milder than conventional chemotherapy

## 2. Novel targeted drug - antibody-drug conjugate (ADC)

Antibody-drug conjugate (ADC) is a novel type of cancer treatment that combines the targeted approach of a monoclonal antibody with the properties of a chemotherapeutic drug, which are suitable for some patients with metastatic/advanced breast cancer.

ADC is composed of a specific monoclonal antibody and a cytotoxic chemotherapeutic drug, both of which are linked chemically to form a stable conjugate. The monoclonal antibody has targeting ability and is able to recognise and bind to specific antigens on the surface of cancer cells, allowing the ADC to deliver the chemotherapeutic drug directly to the cancer cells, thereby reducing the impact on normal cells. After entering the cancer cell, the chemotherapeutic drug is released, directly destroying the cancer cells. Antibody-drug conjugate are also known as the “magic bullets”.

### Drug: Trastuzumab deruxtecan (Trade name: Enhertu, abbreviated as T-DXd)

**Applicable:** Patients with HER2-negative breast cancer with low HER2 expression or patients with HER2-positive metastatic breast cancer. This accounts for about 80% of the total of breast cancer patients.

**Dosage and course:** Intravenous injection once every three weeks, with the duration depending on your conditions.

**Action:** The HER2 antibody in the drug can inhibit the growth of cancer cells, and the drug can simultaneously destroy the cancer cells.

**Common side effects:** Nausea, decreased white blood cells, fatigue, vomiting, hair loss, constipation, diarrhoea, loss of appetite, as well as muscle, bone or abdominal pain, etc.

### Drug: Sacituzumab Govitecan-hziy (Trade name: Trodelvy, abbreviated as trop-2 antibody conjugate)

**Applicable:** Patients with triple-negative metastatic breast cancer that expresses the trop-2 antigen. The vast majority of triple-negative breast cancer patients have the trop-2 antigen, therefore, testing is not required before using Trodelvy.

**Dosage and course:** Intravenous injection twice every three weeks, with the duration depending on your conditions.

**Action:** Use the targeted antibody to deliver the drug to the cancer cells and destroying them.

**Common side effects:** Typically include diarrhoea, nausea, vomiting, hair loss, fatigue, anaemia, constipation, rash, loss of appetite, stomach or abdominal pain, etc., all of which can be resolved after stopping the medication. If any fever, chills, cough, shortness of breath, or burning/painful urination is experienced, it may indicate infection, and seek medical attention immediately. Should diarrhoea not be controlled within 24 hours, seek medical attention

immediately. Patients with fertility plans should note that Trodelvy can harm the foetus, and pregnancy should be avoided during treatment. Patients who are breastfeeding or planning to breastfeed should not breastfeed during the treatment and for 1 month after the last dose.

## **(VI) Immunotherapy**

The immune system is normally able to recognise and eliminate abnormal cells, but cancer cells are able to evade immune cell attack, causing the immune system to “fail”. Immunotherapy works by activating the body’s own immune ability to recognise cancer cells and thereby eliminating them. The most commonly used immunotherapy for triple-negative metastatic breast cancer patients is immune checkpoint inhibitor.

### **Immune checkpoint inhibitor**

T cells are a type of lymphocyte and play an important role in the immune response. Programmed cell death protein 1 (PD-1) is an immune checkpoint on T cells. Cancer cells may express programmed cell death protein ligand 1 (PD-L1) on their surface. When PD-1 binds with PD-L1, it hinders T cells from recognising cancer cells, thus effectively causing the immune system to “fail”, rendering it unable to attack cancer cells and promoting cancer cell growth. Clinically used immune checkpoint inhibitors include: PD-1 inhibitors Pembrolizumab and Nivolumab; and PD-L1 inhibitors atezolizumab, avelumab, and durvalumab. These inhibitors enable the immune system’s T cells to regain their normal attacking power, thereby destroying the cancer cells.

Patients with triple-negative breast cancer generally feature higher PD-L1 expression and more tumour-infiltrating lymphocytes (TILs). These characteristics indicate that patients with triple-negative breast cancer are suitable for immunotherapy. Immunotherapy can also be used in combination with chemotherapy, such as using the immunotherapy drug PD-1 inhibitor Pembrolizumab combined with the chemotherapeutic drug Carboplatin.

# Breast cancer FAQ

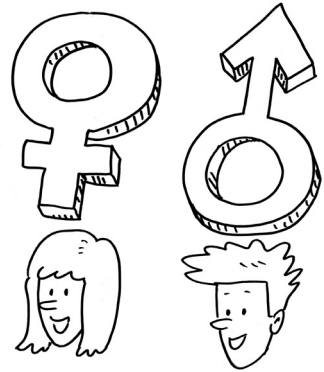
## After a mastectomy, will I still be myself?

Breasts are an important physical characteristic for women, representing confidence and beauty. After undergoing a mastectomy or other breast cancer treatment, women may lose confidence due to the loss of a breast or scarring. Due to the changes in appearance, some women may hesitate to show themselves with their new image, or lose interest in their sex life. There is no need to worry; these are temporary normal phenomena. You will return to normal after you have adjusted.

During this period, whatever you are feeling - whether it is sadness, resentment, or bitterness - do not suppress it. Accept your emotions and give yourself time to slowly adjust. At the same time, your partner's understanding and your family's support are also very important.

## Can I still get pregnant?

After recovering from breast cancer, patients can generally still try to conceive. If you have fertility plans, before starting the treatment, you and your partner should discuss the risks and implications of future pregnancy with your doctor and make arrangements for fertility preservation, for example, by having eggs retrieved for in vitro fertilisation (IVF) and frozen, then implanted after completing treatment and recovering physically.



Pregnancy after breast cancer recovery does not necessarily increase the risk of recurrence. However, doctors generally recommend that patients wait for three years after completing treatment and, if there is no recurrence, then plan the pregnancy.

Additionally, after completing breast cancer treatment, the breast that received the radiotherapy is usually unable to produce milk. However, you can still breastfeed your child using the unaffected breast.

For some women, infertility is a major trauma. You might want to talk to your

partner, family or friends to share your feelings and give yourself some time to process and adjust. You can also come to the Hong Kong Cancer Fund where we have a professional team who can help guide you through this emotional time.

### **Can I continue taking birth control pills?**

Birth control pills contain hormones that may stimulate cancer cell proliferation. Breast cancer patients should therefore avoid taking oral birth control pills. They can consider using condoms or a contraceptive diaphragm, supplemented by lubricating gel and lubricant, or ask your doctor to insert an intrauterine device (IUD).

### **What if breast cancer is diagnosed during pregnancy?**

It is uncommon for women to be diagnosed with breast cancer during pregnancy. From a medical perspective, pregnancy does not cause breast cancer. In the unlikely event that a pregnant woman develops breast cancer, it will not be transmitted to the foetus.

During pregnancy, a woman's breasts are fuller and the tissue is denser, and X-rays may have difficulty in showing cancer cells, which can lead to delayed diagnosis. Once diagnosed, the doctor will decide on the treatment method based on the nature of the tumour and the gestational week. If a pregnant woman has early breast cancer, a mastectomy can be performed. No matter how much of the breast is removed, it will not affect the foetus.

### **Will my sex life change?**

A mastectomy does not affect a woman's sexual ability.

However, after completing treatment, a patient's attitude towards sex may change, but reactions vary from person to person. Some women may suppress their sexual needs simply because the cancer affects their mood. Others may be reluctant to let their partner touch their breast after surgery, affecting the relationship. Some may worry that their partner will not accept their new body shape. Others may want to

be alone and prefer to not to show themselves until their emotions have settled. At this time, their close partner needs to show understanding and support, and they should give each other space and time to readjust.

Here are some tips that may help you and your partner navigate the changes in your sex life:

- Talk openly with your partner to understand each other's needs.
- After receiving cancer treatment, take things slowly when resuming sexual activity. Start with touching your partner, and use your hands to guide the other person. When you feel relaxed, you can then include genital touching.
- Remind your partner to be as gentle as possible. You can also try using manual or oral sex to reach orgasm.
- Experiment with different sexual positions with your partner to find what works best for you both.
- Patients may want to explore how to reach orgasm through masturbation. Reaching orgasm through genital touching can help you understand if cancer treatment has changed your sexual response.
- Physical contact, hugs, and caresses are also ways to convey affection and give the other person confidence. The patient's partner can use these foreplay actions to let them know that you are loved and enjoy touching their body.
- If you continue to experience difficulties with your sex life, consult your doctor or psychologist.

As for how long after surgery you should wait before engaging in sexual activity, it depends on personal feelings and your and your partner's habits.

## What to ask your doctor?

Before seeing the doctor to hear the diagnosis report and treatment recommendations, make a list all of your questions. You can ask a family member or friend to accompany you, take notes, remind you of the questions you want to ask, or even ask them for you. If you don't understand, be sure to ask your doctor to explain. Some patients may wish to record or video the consultation. However, this must be done with your doctor's prior consent, and your doctor also has the right to refuse such requests. In government hospitals, prior approval must also be obtained from the Hospital Authority. Here are some common questions cancer patients have about treatment:

1. What type of breast cancer do I have (ductal carcinoma, lobular carcinoma, etc.)? What stage is it?
2. What portion of the breast does the tumour occupy? Where is it located in the breast? Has it spread?



3. Which treatment method do you recommend for me? Why? Can it be completely cured?
4. How long is the entire treatment course? Is hospitalization required? How much will it affect my daily life? Can I continue working during treatment?
5. How much does the entire treatment course cost?
6. If I don't have treatment now, will it be too late to consider it later?
7. If surgery is used, will the scar be noticeable? I'm worried that a mastectomy will affect my relationship with my partner. Are there ways to preserve the breast's appearance?
8. If I have reconstructive surgery after a mastectomy, how long is the recovery time? Are there common problems like those with breast augmentation surgery, such as implants lacking elasticity, shifting, or even inflammation requiring further surgery? If I don't have reconstruction surgery, can I only wear a prosthetic breast?
9. I heard that mastectomy can lead to sequelae affecting arm mobility. How can I avoid such sequelae?
10. After removing one breast, can the other breast without a tumour be reshaped to make the appearance symmetrical?
11. Does my medical insurance cover breast reconstruction? How long is the typical waiting time in the public hospitals?
12. Why do I need radiotherapy or other treatments after surgery? What are the side effects or sequelae?
13. Will radiotherapy cause the breast to shrink, requiring reconstruction afterwards?
14. I heard that breast cancer treatment can affect endocrine function, affect emotions, disrupt menstrual cycles, and even lead to early menopause. Is this true?

15. Are the treatment methods different before and after menopause? Since I have already gone through menopause, will it be easier to treat?
16. After completing treatment, will my physical condition deteriorate? Will I need to readjust my life and be unable to care for my children or work normally?
17. How often do I need to have follow-up appointments after completing treatment? What regular tests/examinations are needed?
18. Is the breast cancer I have prone to recurrence?
19. Can my breast cancer be inherited? How high is the risk of my children developing the same type of breast cancer?
20. After the tumour is removed, will the breast area still have a sexual response?
21. Can I maintain a normal sex life during breast cancer treatment? Can my sex life return to normal after completing treatment?
22. My partner and I are planning to have children. Will breast cancer treatment affect my fertility? Do I need to make preparations before treatment?
23. Doctor, if you don't mind, I would like to get another professional opinion. Can you refer me to a specialist in this area?
24. During treatment, is it helpful to also consult with a Chinese medicine practitioner? Will there be any conflicts?

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# Post-treatment follow up

After completing the treatment course, the doctor will regularly examine you, including performing a mammogram. Examinations will be more frequent in the first two years, then the frequency will gradually decrease. Should there be any abnormalities during the recovery period, please inform your doctor immediately.

## Breast cancer recurrence

Breast cancer recurrence includes the following three situations:

### (I) Local recurrence

This is in the area where the breast cancer was treated, including the removed breast area, the preserved breast area, or the area that underwent breast reconstruction surgery. Residual cancer cells may be found at the original site, reproducing into a tumour. Should there be any abnormalities after completing treatment, please inform your doctor immediately.

### (II) New cancer in the contralateral breast

If you have previously had breast cancer, the risk of cancer in the other breast increases.

### (III) Spread / metastasis

Breast cancer recurrence may spread to the lymph nodes or other distant organs. The lungs, bones, liver and brain are common sites of metastasis.

**Lymph node metastasis:** The main symptom is swelling of the lymph nodes. Most commonly seen in the axilla, near the clavicle, and on the sides of the neck.

**Bone metastasis:** The main symptom is bone pain.

**Lung metastasis:** The main symptoms are pleural effusion and shortness of breath.

**Liver metastasis:** There are no specific symptoms initially. Later, there may be pain in the upper right abdomen, and it may also cause jaundice.

**Brain metastasis:** Chronic symptoms include headache, and high intracranial pressure which can also lead to vomiting. Some people may also have signs of a minor stroke, such as poor coordination of the limbs, weakness, slurred speech, etc.

To achieve early detection and improve the chance of a cure, breast cancer patients should undergo regular examinations and follow-up appointments after completing treatment.

Even if breast cancer recurrence is found, there is no need to worry excessively. With the advancement of medical technology, various treatment options are available today. If breast cancer recurrence is found, a tissue sample must be taken from the suspected cancerous area to confirm the tumour. Furthermore, because recurrent breast cancer may be a different type from the original breast cancer, the treatment methods will also differ. Patients must therefore undergo tests to see if there have been changes in targeted receptors/hormone receptors before deciding on the treatment method. Doctors generally recommend that patients undergo a PET scan to re-evaluate the breast cancer stage. If there are financial difficulties, you can ask your doctor to refer you to a medical social worker for assistance. Reducing the chance of recurrence is not difficult. Developing good lifestyle and dietary habits, and exercising regularly means you can maintain a good physical health.

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## Your feelings

Most people feel overwhelmed when they are told they have cancer. During diagnosis and treatment, your emotions may fluctuate due to physical reactions. You may experience some of the following emotions, although the order may differ. This is normal and does not mean that you are not strong enough to cope with cancer.

Navigating emotional changes is part of the patient's journey in coping with the disease. Everyone's reactions can vary, and there is no right or wrong way to feel. Your family and friends may also have similar feelings and need emotional support and guidance.

### Shock and disbelief

***“I can't believe it!” “It can't be true!”***

Upon first learning of a cancer diagnosis, the immediate reaction may be shock, numbness, and disbelief. After the initial shock, one may refuse to accept the reality: not listening to others, only remembering one's own suffering, or repeatedly asking the doctor the same questions without truly absorbing the information.

In fact, many cancers can be treated, and even if they cannot be cured, they can usually be controlled. Therefore, patients should allow themselves time to come to terms with their emotions before discussing it with those around them. This may help in accepting the diagnosis.

### Anger

***“Why me?” “Why did this happen to me?”***

Some patients use anger to hide their fear and sadness. They may direct their anger toward family members, colleagues, their environment, or even question their faith: “Why are you being so harsh on me?”

Any illness is difficult to bear, but cancer can feel especially overwhelming. Anger is a normal emotion, and you should not feel guilty about it. Sometimes, your family and friends may not fully understand that your anger is linked to concerns about your condition.

After your emotions have settled, try to express your feelings to them in an appropriate setting. If it's hard to do so face-to-face, consider using email, text messages, or even sharing this booklet with them. If you'd like to speak with a social worker or counsellor, our **free services hotline** is available: **3656 0800**.

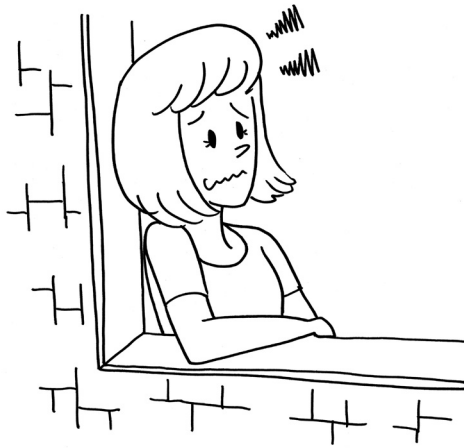
## Denial

### *"I'm fine!" "I don't have cancer!"*

Some patients may refuse to discuss their diagnosis and may avoid the word "cancer" altogether. It's okay to tell your family and friends: "Thank you for your concern, but I don't want to talk about this right now. I hope we can revisit it later!"

However, sometimes your family and friends may avoid the topic out of fear of upsetting you. If this makes you feel uncomfortable or isolated, don't hesitate to express that you understand your condition, want to face it positively, and need their support.





## Fear

### *“Will I die?” “Will it hurt very much?”*

Upon learning of a cancer diagnosis, “death” is often the first fear that comes to mind, followed by concerns about pain.

Recent advances in cancer treatment have led to higher success rates and lower mortality rates for most cancers. If detected early, many cancers can be cured, and for some patients, cancer has become a manageable chronic condition. If you experience pain, there are medications and other methods available to manage it, so there is no need to be overly anxious.

Another common worry is whether the benefits of treatment will outweigh its side effects. This concern is understandable, but each case is unique. You can prepare a list of all your questions and ask your doctor to explain them in simple terms until you fully understand and feel comfortable proceeding with treatment.

Some patients find that doctors’ answers about expected treatment outcomes can seem vague. This is because doctors can only provide information on treatment effects and reactions based on clinical experience and data. However, each patient’s situation is different, and the true effects of the treatment can only be confirmed through follow-up examinations. However, with advancements in medical science, doctors are now better equipped to understand disease progression and offer a wider range of medications to provide appropriate follow-up and treatment options for patients.

The fear of recurrence after treatment is a common concern. The uncertainty of the future can indeed be unsettling, but reality is often less frightening than imagined. Talking to family and friends can help reduce unnecessary anxiety caused by stress. There are also many reliable resources with authoritative medical information and shared patient experiences that can help ease your concerns and allow you to approach treatment with peace of mind. However, be cautious about the sources of information you trust. Unreliable sources can lead to unnecessary worries and cause detours in your cancer journey. The Cancer Fund has produced over 40 booklets (14 in English) on topics like “**Understanding Cancer**” and “**How to Cope**”, which are available at our Support Centres or can be accessed electronically on the Cancer Fund’s website.

#### Cancer booklet



## Complaint and guilt

*“If I hadn’t... I wouldn’t have gotten cancer.”*

When diagnosed with cancer, some people may blame themselves or others, searching for a cause of their illness. While understanding the cause can provide psychological relief, even doctors may not always know the exact reason for a specific case of cancer. Therefore, patients should not blame themselves or dwell on unanswerable questions.

## Resentment

***“You haven’t tried radiotherapy, so you don’t understand my pain!”***

During the course of an illness, feelings of resentment and frustration are common. Your family members might feel burdened by the disruption to their lives and may express frustration. It is helpful to find a moment to have open and honest conversations about your feelings. Working together to understand each other and find solutions will ease the strain. Holding on to resentment can increase stress for everyone involved.

## Withdrawal and self-isolation

***“Leave me alone!”***

While you may desire some alone time to process your emotions during your illness, your family and friends may also want to support you during this difficult time. If you need space, try to communicate this to them. Let them know that you need quiet time to think, but that you will reach out for their support once you feel ready. This will help them understand your needs and give them the reassurance that you still value their presence.

Cancer can lead to depression and a desire to withdraw from others, which is understandable. However, if feelings of sadness persist for an extended period and start affecting your daily life, you can contact our social workers or clinical psychologists, or ask your doctor for a referral to a psychiatrist for counselling and support.



## Learning to “get along” with cancer

After being diagnosed, it may take time to adjust to the changes in your life and the side effects of treatment.

You may need frequent hospital visits and feel fatigued afterward. Some patients may need extended rest at home to recover after completing treatment. During this period, focus on resting and avoid overexerting yourself, whether in daily activities or work.

Many of today’s treatments have fewer side effects than in the past, allowing patients to maintain a relatively normal life during treatment.

Even if cancer can be overwhelming, try not to feel defeated. Don’t hesitate to share your experience with your friends and family. They will likely want to support you through this journey.



## What can you do?

Upon learning of a cancer diagnosis, beyond the initial shock, some people may feel that they can only rely on doctors and wait passively. However, with the readily available information and the increasing number of social services organisations today, there are actually many things you and your family can do while waiting for diagnosis and treatment. Seeking information independently can help you understand your diagnosis better, giving you more confidence when making decisions about your treatment.

### Understanding your cancer and its treatment

The more you learn about your cancer and treatment options, the easier it will be to make choices, cope with the treatment process, and adjust to life after treatment. However, sometimes information sources may not be reliable, and each patient's experience is unique. It is best to consult your doctor to ensure that the information you receive is accurate.



## Patient recovery after treatment

After treatment, some patients may find it difficult to handle tasks that they previously took for granted, such as household chores. As your body gradually recovers, you can try setting small, achievable goals to slowly rebuild your confidence.

To start, focus on optimizing your diet and sleep patterns, both of which play a crucial role in supporting your recovery. You can create a healthy meal plan on your own or with the help of your family, and consult a nutritionist if needed. Relaxation is also important. There are many online resources available to help you master this skill, though it requires practice. You can access online resources at home or even attend classes, aiming for consistency and making it a part of your daily routine.

Additionally, you can incorporate regular exercise into your routine to strengthen your body. The type and frequency of exercise should be based on your physical condition, and you can set personalized goals and progress step-by-step.

Even if you find it challenging to adhere to a strict diet or exercise routine, you can explore new hobbies to support your well-being, such as walking, hiking, traveling, dancing, playing music and gardening, etc.

## Financial burden

In addition to affecting your physical health, and mental well-being, cancer can also bring significant medical expenses. Apart from seeking treatment at public hospitals, you can apply for the government's "Comprehensive Social Security Assistance (CSSA) Scheme", various drug subsidy programs provided by the government and different organisations or the relief fund offered by the Cancer Fund when facing financial difficulties.

For more details, you contact our **service hotline** at **3656 0800** or speak to one of our professional team at our Cancer Support Centres.

## Who can help?

Remember that many people are willing to help you and your family. Sometimes, it might be easier to talk to someone who is not directly connected to your condition. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Our team are always willing to discuss any concerns that you might have and can arrange for one-on-one counselling or connect you with a relevant peer support group. For more information, please call the Cancer Fund's **free services hotline** at **3656 0800**.

### Cancer Fund's peer support

We have four Cancer Fund Support Centres located in Central, North Point, Wong Tai Sin and Kwai Chung. We are here to provide free information and counselling services for cancer patients and their families.

We have a network of 22 peer support groups under our umbrella, "Friends of CancerFund", with a strong membership of over 16,000 people that includes cancer patients and survivors. This one-of-a-kind volunteer-based network is cancer specific covering all types of cancer such as throat, prostate, colorectal, nasopharyngeal, gynaecological, breast and many more. We manage this large network through our Support Centres, providing mutual support services and organising various activities in the community.

# Free breast cancer support services

The Hong Kong Cancer Fund provides FREE professional support services for breast cancer patients and their families. We offer comprehensive assistance at every stage, from diagnosis and treatment through to recovery, ensuring that no one faces cancer alone.

Our oncology nurses, social workers, art therapists, dietitians, and clinical psychologist specifically design a series of free workshops, activities, and different forms of support services to meet the needs of breast cancer patients, including individual and family counselling, breast cancer self-help groups, nurse consultation services, and peer support, to provide comprehensive assistance throughout their cancer journey.

We also have a dedicated Women Support Centre in Central, providing **FREE professional support services** for breast cancer and gynaecological cancer patients and their families. For details, please call our helpline on **3656 0800**.

## Rehabilitation services

- Pink recovery pack.
- Prosthetic breast subsidy fund.
- Free breast imaging surveillance programme.
- Prosthetic breast education workshop.
- Nurse consultation service.
- Lymphoedema assessment service.
- Lymphoedema care education video.
- Upper limb lymphoedema prevention and management exercise workshop.
- Breast cancer patient adjustment group.
- Understanding breast cancer treatment seminar.
- Chinese medicine for wellness seminar.
- Rehabilitation exercise classes.



## **Psychological support services**

- Breast cancer patient self-image building workshop.
- Positive psychology workshop and group.
- Art therapy group.

## **Family support services**

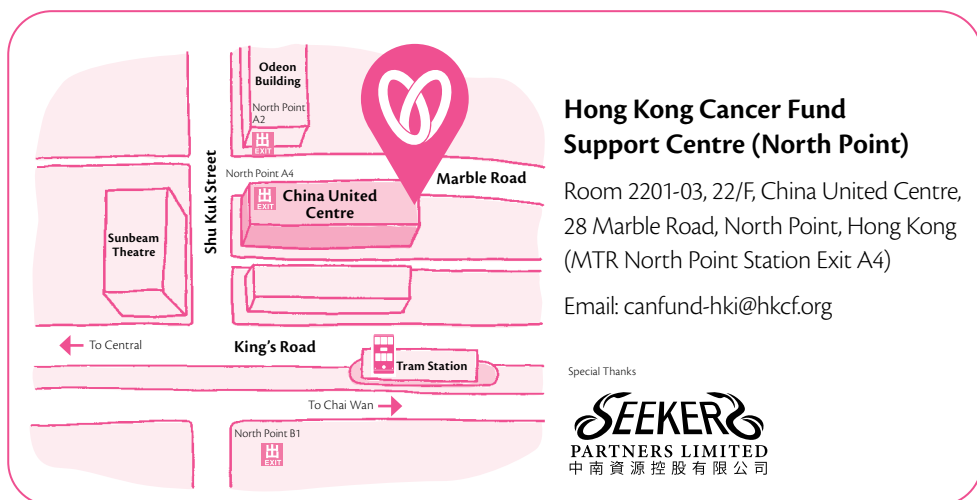
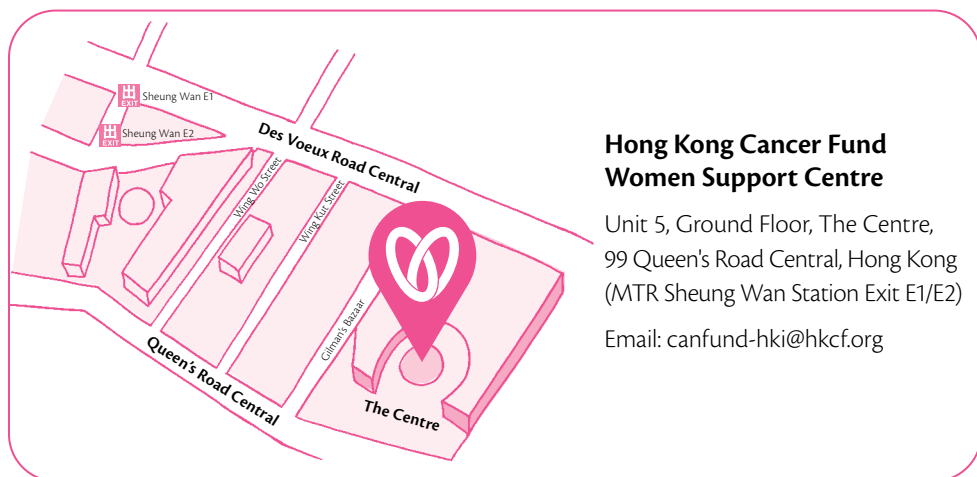
- “Couple’s yoga” - breast cancer couple support workshop.
- Couple enrichment workshop.
- Parent-child workshop.
- Carer workshop.

## **Nutrition and health**

- Diet and nutrition workshop.
- Dietitian consultation service.
- Mind-body-spirit wellness course.

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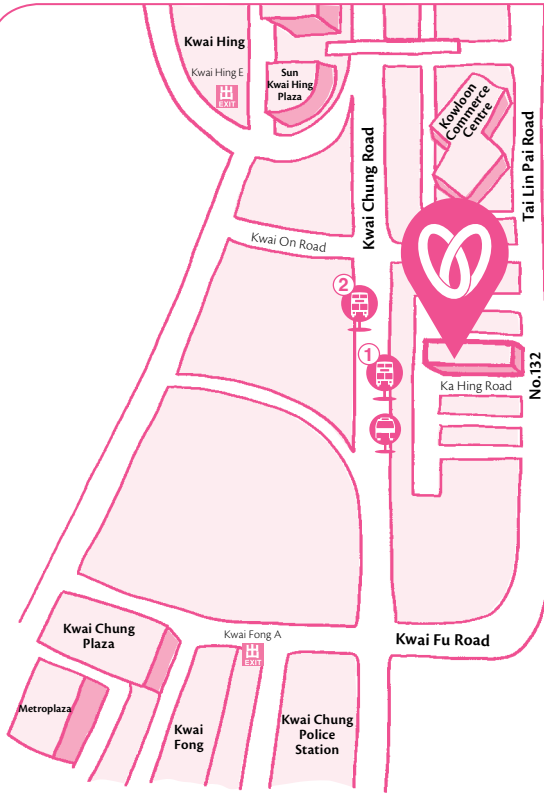
# Location maps of Hong Kong Cancer Fund Support Centres



## Hong Kong Cancer Fund 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: canfund-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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The Hong Kong Jockey Club Charities Trust

同心 同步 同進 RIDING HIGH TOGETHER

Special Thanks



傅德蔭基金有限公司  
Fu Tak Lam Foundation Limited



## Hong Kong Cancer Fund Support Centre (Wong Tai Sin)

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

Email: canfund-wts@hkcf.org

***“Hong Kong Cancer Fund’s holistic approach to cancer care ensures people with cancer and their families have free access to life-changing information and professional support as they navigate through their diagnosis, treatment and into survivorship.”***

**So no one should face cancer alone.**

This booklet is published by Hong Kong Cancer Fund in 2025

**Dr. Foo Wai Lum, William, Specialist in Clinical Oncology  
in reviewing and proofreading this booklet**

The contents of this booklet are accurate as of the final review date (Sep 2025).

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## **Hong Kong Cancer Fund**

**Free Services: 3656 0800**

**Donation Hotline: 3667 6333**

**Website: [www.cancer-fund.org](http://www.cancer-fund.org)**



**Cancer booklets**



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