



Ochsner[®]

Lieselotte Tansey Breast Center

Patient Education Binder



Dear Patient,

Your doctor has told you that you have breast cancer. You may be in shock. You may be feeling angry, sad, scared, depressed, confused, in disbelief, and may even be questioning the accuracy of the diagnosis. *How can I have breast cancer when I don't feel, look or act sick? How can I have breast cancer when no one in my family has ever had this disease? How can I have breast cancer when I live a healthy life eating the right foods and exercising regularly?* These are just some of the questions women who are faced with breast cancer ask in an effort to understand, "*Why has this happened to me?*".

Regardless of your feelings, it is important to know that those feelings are normal. **There is no single way, no right way, no expected way for women to react to a breast cancer diagnosis.** Just as women vary in hair color, height and weight, so will their reactions to breast cancer. But throughout treatment, it is not uncommon for feelings to change. How you feel today may be quite different from how you feel tomorrow, next week or next month. Some women describe this experience as being like riding an emotional roller coaster with many unpredictable highs and lows.

The binder you are holding is what we refer to as our *Patient and Family Resource Guide*. This Guide was developed by health care professionals at Ochsner Clinic Foundation who care for women with breast cancer. It was assembled to help our patients move through the Ochsner system with as much ease as possible as they undergo medical treatment for breast cancer. It is up to each woman as to how much or how little she wants to be involved in her breast cancer treatment. How involved you become will be up to you. There is no *right way*.

In conclusion, we would like to acknowledge that this guide is a "work in progress" and never to be considered complete. Please let us know how we can make improvements. We thank you in advance for your suggestions.





Patient and Family Resource Guide

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About The Lieselotte Tansey Breast Center

The Lieselotte Tansey Breast Center at Ochsner was established to provide an interdisciplinary approach to the detection and treatment of breast disease in a serene and beautiful environment. At the Breast Center, surgeons and radiologists that specialize in the evaluation and management of breast disease work together in the same facility to provide women with comprehensive breast services and swift diagnoses. By working in close proximity, the Breast Center fosters synergy and efficiency that is unachievable in any other setting.

The Breast Center team is comprised of compassionate and caring individuals who understand and acknowledge the concerns, anxieties and fears that many women experience when faced with the possibility of breast cancer.

We are also actively involved in breast cancer research, helping to develop new and more effective methods of preventing, diagnosing and treating breast disease. Past research has had far-reaching positive effects on breast cancer treatment, and studies underway offer the promise of even greater changes.

Mission: *Our dedicated team of professionals will be the leaders in the timely diagnosis and treatment of breast cancer in a setting that emphasizes personal service, education and research.*

The Breast Center was named after Mrs. Lieselotte Tansey, a breast cancer survivor and Ochsner patient, whose generosity made the Breast Center a reality. Before she passed away in 2016, Ms. Tansey traveled from Germany every 6 months just to keep her cancer care here at Ochsner. Her contribution to the fight against breast cancer was unwavering. She realized the value of having a place where women can get a swift diagnosis and treatment for breast cancer in a pleasant environment. It is because of her support that we are able to treat patients in a state of the art facility fulfilling the mission of the breast center.





General Phone List For Ochsner Clinic Foundation

Ochsner Information.....	(504) 842-4000
Billing/Patient Account Services.....	(504) 842-4190
Blood Bank (Donations).....	(504) 842-3375
Brent House Hotel.....	(504) 835-5411
Breast Center.....	(504) 842-6406
- Mammography (breast imaging)	
- Prosthesis Services	
- Surgical Consultation/Surgery Clinic	
- Genetic Counseling/Testing	
- Physical Therapy.....	(504) 736-4734
- Nurse Navigator	(504) 842-6518
- Financial Coordinator	(504) 842-6498
Cancer Institute	(504) 842-3910
- Social Worker	
- Chemotherapy	
- Medical Oncology Department	
- Oncology Nutritional Services	
- Oncology Psychological Services	
- Cancer Research (Clinical Trials)	
Gift Shop.....	(504) 842-4438
Lymphedema Clinic.....	(504) 842-4348
Ochsner Health Plan.....	(504) 219-6600
Parking/Security.....	(504) 842-3770
Pastoral Care.....	(504) 842-3286
Patient Relations.....	(504) 842-3971
Physical/Occupational Therapy.....	(504) 842-3750
Radiation Oncology.....	(504) 842-3440
Release of Information/Medical Records.....	(504) 842-2832
Surgery Hostess/Family Waiting Room.....	(504) 842-3549
Women's Health Clinic/Dr. Elizabeth Lapeyre	(504)703-8721

My Treatment Team

Each woman's breast cancer treatment plan will be designed by the members of the Breast Cancer Team and individualized to meet your personal and medical needs. Because each treatment plan is different, you may or may not require information on all of the specialty cancer treatment areas here at Ochsner (surgery, chemotherapy, radiation oncology). Once your plan of care is designed, you will receive more detailed information from each specialty area. A brief explanation of each treatment area has been included in this Guide to serve as a foundation for future information.

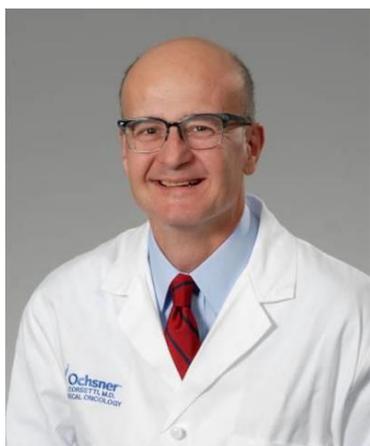


My Treatment Team

This is a list of the healthcare professionals that may be involved in your cancer care here at Ochsner. Who you choose for your breast cancer care is your decision; our job is to make sure you have the tools to make that decision the right one.

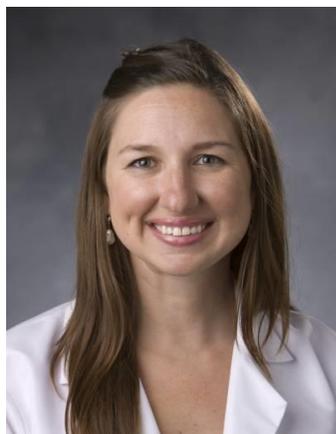
Surgical Oncology

All Surgeons are board certified by the American Board of Surgery



Ralph Corsetti, M.D.
Medical Director
The Lieselotte Tansey
Breast Center

Surgical Oncologist and Medical Director of the Lieselotte Tansey Breast Center, Dr. Corsetti assists in providing the unique and coordinated services offered at the Tansey Breast Center. He earned his medical degree from the Boston University School of Medicine and completed his internship and residency in general surgery at the Tulane University Health Sciences Center. He completed a fellowship in surgical oncology at Brown University and specialized in general and oncologic surgery, and joined Ochsner Health System staff in 2006. Dr. Corsetti has authored numerous research publications and remains active in clinical research. He is an Associate Professor of Surgery at the UQ School of Medicine. He has received many awards and honors for his achievements and dedication, including the Spirit and Service Award from the American Cancer Society, America's Top Surgeons, and Outstanding Faculty Teaching Awards in Surgery from both Tulane University School of Medicine and Ochsner Medical Center, and the Arnold P. Gold Foundation Humanism in Medicine Award. His vision at the Tansey Breast Center is to foster continuity of care with a multidisciplinary approach for every patient.



Aimee Mackey, M.D.

Dr. Mackey was born and raised in Baton Rouge, LA, and is an alumnus of St. Joseph's Academy. She graduated from LSU and earned her Doctor of Medicine from LSU Medical School in Shreveport, LA. She then completed her general surgery residency at Ochsner Clinic New Orleans and a fellowship in Breast Surgical Oncology at Columbia University in New York, NY. In 2012, she joined the faculty at Duke University as an Assistant Professor of Surgery. In 2015 she returned home to the Ochsner Health Network as a Breast Surgical Oncologist at the Tansey Breast Center. She is a member of the Society of Surgical Oncology, American Society of Breast Surgeons, and the American College of Surgeons.



Amy Rivere, M.D.

Dr. Rivere was born and raised in Napoleonville, LA. She graduated from LSU and earned her Doctor of Medicine from LSU Medical School in Shreveport. She then completed general surgery residency at Ochsner Clinic New Orleans and a fellowship in Breast Surgical Oncology at University of Arkansas for Medical Sciences. In 2016, Dr. Rivere returned home to the Ochsner Health System as a Breast Surgical Oncologist. She is a member of the Society of Surgical Oncology, American Society of Breast Surgeons, and the American College of Surgeons.



Lynette Mauterer, MN, CR-FNP

Lynette Mauterer has been a Nurse Practitioner at the Tansey Breast Center since its opening in 2001. She obtained her Bachelors of Arts in Biology from the University of New Orleans in 1992. She earned her Bachelor's of Science in Nursing from Louisiana State University Health Sciences Center in 1995 and Masters of Nursing from the Louisiana State University Health Sciences Center in 2000. She is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners, and she has more recently been certified as an Advanced Genetic Nurse. Services that she provides to the Lieselotte Tansey Breast Center include Breast Screening Clinic, monitoring of benign breast abnormalities, breast cancer survivorship care, genetic counseling, community education, quality assurance, and patient education.

Plastic and Reconstructive Surgery

All Plastic and Reconstructive Surgeons are Board Certified in Surgery and Plastic Surgery



Christopher Babycos, M.D.

Dr. Babycos earned his medical degree from Tulane where he also completed his surgical internship and residency. He completed a Plastic Surgery Fellowship at Tulane followed by a Fellowship with the Australian Craniofacial Unity in Adelaide, Australia. Dr. Babycos is a Fellow of the American College of Surgeons, a Board Certified member of the American Society of Plastic and Reconstructive Surgeons, and has been on staff at Ochsner since 1995.



Robert J. Allen, M.D.

Dr. Allen is an esteemed breast reconstruction surgeon whose practice is dedicated solely to breast reconstruction. He is the pioneer of the muscle sparing DIEP/SIEA/S-GAP/I-GAP perforator flaps and a founder of The Center for Microsurgical Breast Reconstruction and the Group for the Advancement of Breast Reconstruction. As a plastic surgeon, he has an interest in autogenous breast reconstruction and microsurgery. He believes that all women have the chance to keep their muscles and still have natural breasts after breast cancer. Dr. Allen has limited his practice to microsurgical breast reconstruction for the past ten years. Dr. Allen received a medical degree from the Medical University of South Carolina. He then went on to residency at Louisiana State University in general and plastic surgery. After completion of general and plastic surgery training in Louisiana, he moved to New York City for a one-year fellowship in microsurgery at New York University Medical Center. He is Clinical Professor of Plastic Surgery at NYU Medical Center, Medical University of South Carolina, and LSU Health Sciences Center.



Jamie Zampell, M.D.

Dr. Zampell is a board certified plastic surgeon who specializes in reconstructive microsurgery. She received her medical degree at Ohio State University. She went on to complete her plastic surgery residency training at New York University and fellowship training in microsurgery at the University of Southern California Los Angeles. Throughout her training, she participated extensively in basic science and clinical research, including completion of a plastic surgery research fellowship with focus on lymphedema at Memorial Sloan-Kettering in New York. She has published numerous articles and book chapters, presented lectures, and gained a competitive grant funding from the Department of Defense and Plastic Surgery Education Foundation for lymphedema and plastic surgery research. She is a member of the American Society of Plastic Surgeons as well as the American Society of Reconstructive Microsurgery.

Medical Oncology

All Oncologists are Board Certified in Hematology and Medical Oncology



John Cole, M.D.

Dr. Cole graduated from LSU School of Medicine in 1981 and completed his residency in Internal Medicine at Ochsner in 1984. He completed his Fellowship in Hematology / Oncology at Columbia University in New York in 1987. He has been on staff at Ochsner Clinic Foundation Board of Governors in 1996. He is also the Chairman of the Ochsner Pharmacy and Therapeutics Committee. Dr. Cole has written many articles for scientific medical publications and has written chapters for several oncology textbooks.



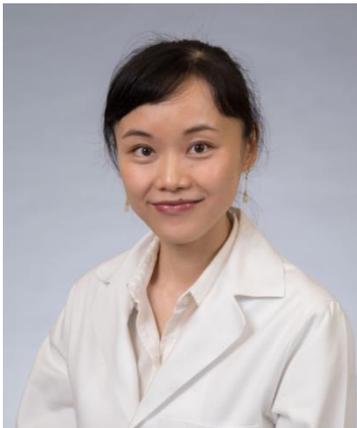
Zoe Larned, M.D.

Dr. Larned earned her medical degree from Emory University. Following graduation, she stayed at Emory to complete her internship and residency in internal medicine. She also completed a Hematology / Oncology Fellowship at Duke University Medical Center. She has been on staff at Ochsner since summer 2004.



Chris Theodossiou, M.D.

Dr. Theodossiou earned his medical degree from University of Athens. He completed his internship and residency at Grant Hospital in Chicago. He then completed a Hematology Fellowship at the Mount Sinai Medical Center in NY, and an Oncology Fellowship at the National Cancer Institute, NIH, in Bethesda, Maryland. Dr. Theo has been on staff at Ochsner since 2004.



Lingling Du, M.D.

Dr. Du earned her medical degree from Peking University Health Science Center. She had her internship and residency training at Cleveland Clinic Foundation, and completed Hematology-Oncology fellowship training at Washington University School of Medicine in St. Louis. She specializes in Hematology-Oncology, has a lot of experience in treating patients with breast cancer.



Srikanth Tamma, M.D.

Dr. Tamma earned his medical degree from Kasturba Medical College in Manipal, India, in 2001, and then earned a master's degree in epidemiology at the School of Public Health in Albany, NY. In 2007 he completed an internship and residency at Sinai-Grace Hospital in Detroit, MI, followed by an oncology fellowship at Ochsner Clinic Foundation.



Ryan Griffin, M.D.

Dr. Griffin earned his medical degree from Louisiana State University School of Medicine in New Orleans in 2011. He completed his Residency in Internal Medicine at Ochsner in 2014, as well as a Chief Residency in Internal Medicine in 2015. He completed his Fellowship in Hematology/Oncology at Ochsner in 2018.

Radiation Oncology

All Radiation Oncologists are board certified by the Board of American Radiology in Radiation Oncology



Mini Elnaggar, M.D.

Dr. Elnaggar earned her Medical Degree at the Louisiana State University in New Orleans, Louisiana after completing her Bachelor's Degree in Chemical Engineering at Iowa State University, Ames, Iowa. She completed her Internship at Tulane University Medical Center and went on to complete Radiation Oncology Residency at Rush University Medical Center at Chicago, Illinois. She worked as an Assistant Professor in Radiation Oncology at Tulane Cancer Center, New Orleans, LA prior to joining Ochsner. Dr. Elnaggar's special interests include treatment of breast and gynecological cancers as well as other tumors and stereotactic body irradiation.



Troy Scroggins, M.D.

Dr. Scroggins received his Bachelor of Science in Biology at the University of Kansas and earned his medical degree from the Washington University School of Medicine in St. Louis, Missouri. He completed his internship at the University of Tennessee and his Residency in Radiation Oncology at the University of Maryland Medical Center. Dr. Scroggins is the Chairman of the Ochsner Cancer Institute's Minority Task Force, where he has focused efforts to increase early detection and treatment of cancer in under-served and minority populations in the New Orleans area. Dr. Scroggins was the principal investigator for a National Cancer Institute grant to investigate strategies to improve cancer screening and treatment among minority groups. He routinely volunteers time to educate the public on cancer awareness and other health issues. Dr. Scroggins is a member of the American Society for Therapeutic Radiology and Oncology, American College of Radiology, American Medical Association, National Medical Association, and the New Orleans Radiation Oncology Society. Dr. Scroggins has been on staff at Ochsner since 1991.

Understanding Your Pathology Report

In order to determine whether or not an abnormality detected in your breast is *benign* (not cancerous) or *malignant* (cancerous), your physician will collect a sample of breast tissue, called a breast biopsy, and send for evaluation by a pathologist. The pathologist will then analyze the tissue and prepare a pathology report. If a cancer is diagnosed, the pathology report provides your doctor with the information needed to develop a specific treatment plan based on the findings. In general, there are two pathology reports issued during the diagnosis of your breast cancer: your biopsy pathology report and your surgical pathology report



Understanding Your Pathology Report

Breast Biopsy Pathology Report

The first report will contain information from the initial biopsy that your doctor performs. Frequently, this information comes from tissue obtained from a core breast biopsy or an excisional biopsy. The results will usually be available in 1-3 days. Your surgeon will use this information to determine whether or not you have breast cancer and the surgical options that will best treat your specific pathology. It is important to realize that results from a core needle biopsy cannot give information about whether or not the cancer has spread to your lymph nodes or to what extent it has extended into the surrounding tissues. Only a small portion of the tissue is available for analysis and the pathology report following your surgery will give your surgeon more detailed information on the size, areas involved and staging of the tumor.

Because of the importance of the core biopsy pathology analysis, many guidelines are in place to promote an accurate diagnosis. Two pathologists will review every patient's pathology slides and render an impression. A multidisciplinary core breast biopsy conference is conducted every Tuesday consisting of physicians and nurses from the radiology, surgery, and pathology departments. During this conference all core breast biopsy pathology

slides are reviewed and correlated with the mammogram findings and physical findings for each patient.

Surgical Pathology Report

The second pathology report will contain more detailed information concerning the tissue removed during your surgery. At the time of your surgery, your surgeon will send the tissue that is removed to the pathology department. A ***permanent section is*** prepared by placing the remaining specimen in a chemical that fixes the tissue. When the permanent section is firm, in approximately 24 hours, the tissue is cut into small sheets and placed on glass slides. The pathologist then reads all the slides under the microscope and issues a final report on what is seen. This final report is generally available four days following your surgery. A permanent section gives the most comprehensive answer because it is a more extensive study of the tissue.

The final pathology report provides information regarding the type of cancer present, the tumor size, margin status, lymph node involvement (if they have been removed), and hormone receptor response. All of these factors are analyzed by your breast cancer physicians and a specific treatment plan will then be developed.

Understanding Your Pathology Report Continued

The following information describes terms which you may find within your pathology report:

- **Tumor size**- measures the size of the tumor; largest dimension is reported in centimeters or millimeters
- **Margins**- refers to the area of tissue surrounding a tumor, if the entire tumor was removed, and how it relates to the tumor. If the surrounding tissue has no evidence of cancer, the report will state the information with terms such as "clear", or "negative".
- **In situ cancers**- normal ducts and lobules in the breast are lined with one or two layers of cells that are in an orderly or regular pattern; when cancer develops, cells grow too quickly and do not break through the walls, but remain in the duct or lobule where it began, it is considered an in situ cancer. If these cells are in the milk ducts, it is called ductal carcinoma in situ (DCIS).
- **Invasive or infiltrating cancers**- this means that the cancer cells have broken through the wall of the duct or lobule of the breast and have begun to grow into the surrounding tissue. If your surgery included lymph node removal, the report will include how many were removed, a description of the area from which they came, and how many tested positive for cancer cells.
- **Hormone Receptor Assay**- this is a test that measures the presence of estrogen (ER) and progesterone (PR) receptors in the tumor cells. It tells the physician whether the tumor can be treated by anti-hormonal agents and is very important in determining what type of treatment will be used after surgery. If a tumor is positive, ER+ or PR+, that means it was stimulated by estrogen or progesterone and usually carries a more positive prognosis. We may be able to use certain medications called **hormone therapy** to target these receptors and decrease the likelihood of cancer coming back. If a tumor is negative, it may be written in a report as ER- or PR-. The ER and PR status of your tumor, as well as the HER2 status described below, are normally provided in your core biopsy pathology report to aid in your treatment/surgical planning.
- **HER2 Expression**- HER2 (human epidermal growth factor receptor 2) is a protein that appears on the surface of some breast cancer cells. The HER2 protein is an important part of the pathway for cell growth and survival. Normally, this expression is rated on a scale of 1-3+, 3+ meaning there is a lot of the HER2 protein (HER2 positive), 2+ meaning there is a moderate amount of the HER2 protein (HER2 "indeterminate"), and 0-1+ meaning there is little to none of the HER2 protein (HER2 negative). If a HER2 expression is rated as a 2+/indeterminate, another test may be performed called a FISH to look more closely at whether or not we can consider it positive. This test looks at the number of HER2 genes in a cancer cell. Your physician will let you know if this test needs to be run, and the end result.

For more information regarding your pathology report, visit the following websites:

www.breastpath.com
www.breastcancer.org



Questions to Ask About Your Pathology Report

When you speak to your surgeon regarding your pathology results, you may want to ask and write down the answers to the following questions:

- What is the name of the type of cancer I have?

- Was my tumor in situ or infiltrating?

- What size was my tumor?

- Was the cancer found anywhere else in my breast tissue?

- How many lymph nodes were removed? Did any have cancer in them?

- What was the result of my...

Estrogen Receptor? _____

Progesterone Receptor? _____

HER2 Protein? _____

The Role of Surgery & Reconstruction

For well over a century, surgery has been the first line of defense in treating breast cancer. Treatments and technology have changed drastically over the years, presenting cancer patients with many new options.

Today the goal is to treat the cancer while preserving as much of the healthy breast tissue as possible. This section of the binder will help you explore your options and teach you to make educated and informed decisions on the types of surgery and treatments available to you.



The Role of Surgery in Breast Cancer

You may hear many different terms used to describe the types of surgeries that can be performed, but there are really only two main types:

Breast Conservation Surgery

(Lumpectomy or Partial Mastectomy)

Lumpectomy or partial mastectomy is the removal of a tumor and a small amount of surrounding normal breast tissue.

Mastectomy

Mastectomy is the surgical removal of the breast.

For either procedure, your surgeon may or may not recommend evaluation of your lymph nodes. Your lymph nodes can be evaluated by **sentinel node biopsy** or by **axillary node dissection** at the time of surgery. This will be explained in greater detail later.

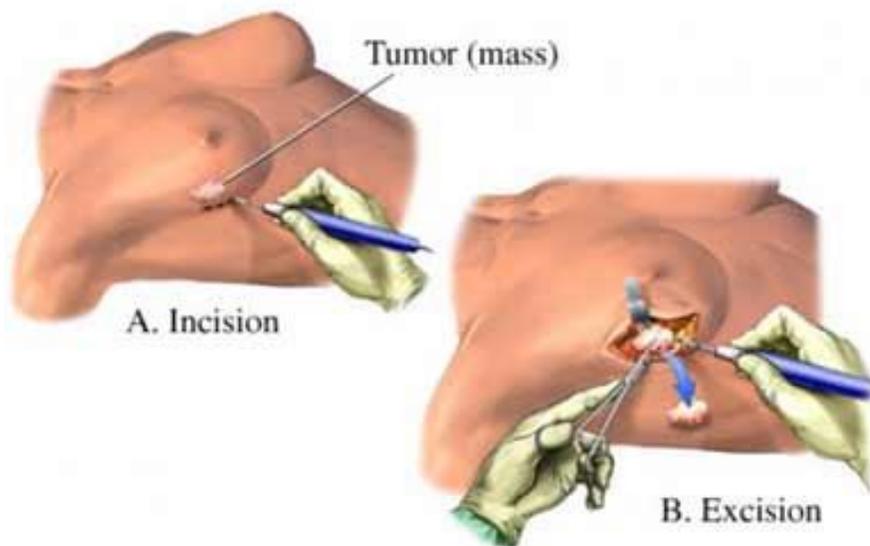
Understanding Lumpectomy

Lumpectomy - is a term commonly used to describe the type of surgery in which the cancerous tumor (and varying amounts of surrounding tissue), is removed from the breast, leaving the remainder of the breast intact.

Several factors will help to determine if you are eligible for a lumpectomy. These factors may include:

- 1) Your priorities and expectations of surgery
- 2) The size of your tumor compared to the size of your breast
- 3) The number of tumors in your breast
- 4) The presence/location of microcalcifications shown on your mammogram
- 5) The location of the tumor in your breast
- 6) Evidence of an invasive tumor involving your skin, muscle, or chest wall
- 7) The presence of collagen, vascular disease or lung disease
- 8) Any restrictions on travel or transportation to the clinic for daily radiation treatments for six weeks
- 9) Pregnancy (Pregnancy disqualifies you from immediate radiation therapy)

Lumpectomy with radiation therapy is an alternative to mastectomy for breast cancer. Survival rates are EQUAL to mastectomy. The decision to have a lumpectomy versus a mastectomy should be carefully considered and discussed with your physician



Breast conserving surgeries have both advantages and disadvantages, which should be considered before making any decisions.

ADVANTAGES

- Conserves major portion(s) of your breast, usually the nipple and areola
- Body image remains intact
- Rarely requires reconstructive surgery
- Emotionally easier for some patients

DISADVANTAGES

- Possibility of recurrence of cancer in the remaining breast tissue
- Usually requires radiation therapy after surgery
- Changes may occur in your breast tissue if radiation is needed. Texture, color and the sensation of feeling are the most common changes
- Decrease in size of the remaining breast tissue may occur

Seed Placement for Lumpectomy

When scheduling your surgery, your provider may ask you to pick a date/time to have your seed placed. This is a small metal marker that contains a small amount of radiation. **The insertion of this seed will not make you radioactive.** This seed responds to a machine used in surgery and helps the surgeon localize the area of abnormal tissue. The surgeon/pathologist will check and make sure they have the correct area by looking for this seed, as well as any marker/clip that was inserted during your biopsy, in the tissue that is removed



The size of a seed in comparison to your finger

Understanding Mastectomy

Mastectomy is the surgical removal of the breast. There are several types of mastectomy surgeries available:

- **Modified Radical Mastectomy-** a surgical procedure in which the breast tissue, skin, nipple, areola, underarm lymph nodes and the lining over the chest muscles are removed.
- **Simple, or Total Mastectomy-** a surgical procedure which removes the breast tissue, some skin, the nipple, and the areola.
- **Skin Sparing Mastectomy-** a surgical procedure which removes the breast tissue, the nipple, and the areola, but leaves the skin that covered the breast.
- **Nipple Sparing Mastectomy-** a surgical procedure which removes the breast but not the skin covering the breast, the nipple, or the areola. Although the nipple and areola look the same, they usually lose all sensation following surgery.
- **Prophylactic Mastectomy-** removal of the breast to prevent breast cancer. This treatment is reserved for select women at high risk of developing breast cancer.

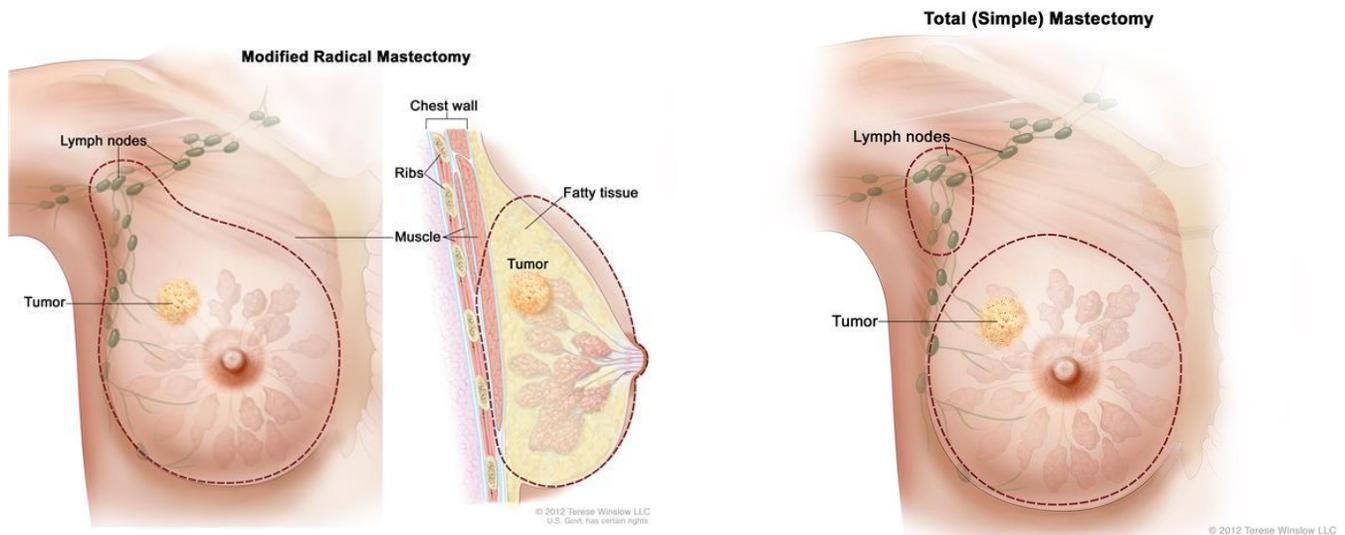
Be sure to discuss the type of mastectomy you are having with your surgeon.

ADVANTAGES

- Removes nearly all of the breast gland and reduces local recurrence of cancer to the lowest possible rate
- Reconstruction to restore your body image (breast) is available using implants or your own body tissue

DISADVANTAGES

- This type of surgery changes your body image because of the removal of the breast
- Prosthesis or reconstruction is needed to restore body image
- Recovery time may be greater than with a lumpectomy



Sentinel Node Biopsy and Axillary Lymph Node Dissection

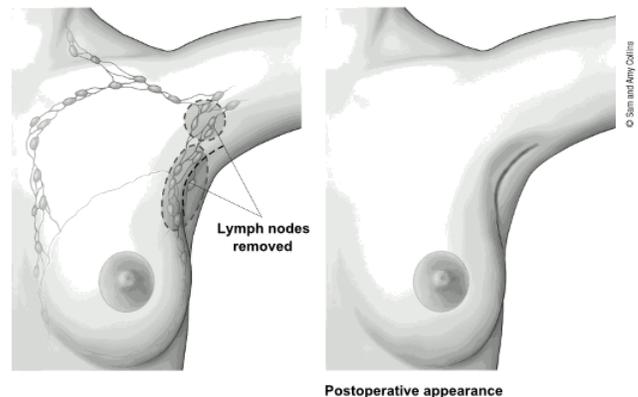
Sentinel node biopsy - is a technique which may, for some women, replace axillary node dissection. To perform this procedure, the surgeon attempts to identify the 1st lymph node(s) [*sentinel node*] that the breast cancer could reach. The surgeon then removes one or more of these nodes which are sent to the pathologist to determine the presence or absence of cancer. If cancer is present in the sentinel node, other lymph nodes may need to be removed at that time of surgery or during a separate procedure.

The status of the sentinel node (whether or not cancer is present) accurately predicts whether other lymph nodes may be involved. If the sentinel node shows no sign of cancer, then other lymph nodes do not have to be removed.

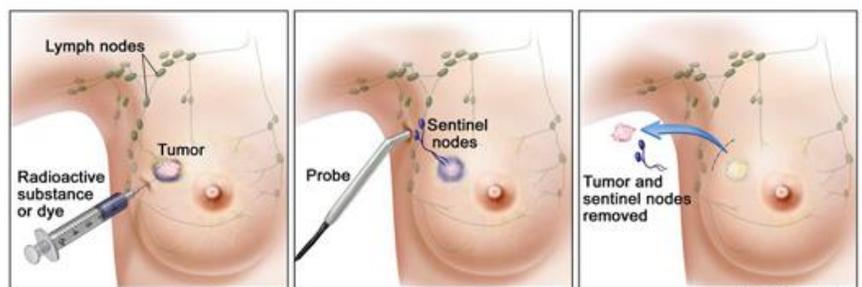
Currently, the identification of the sentinel node is done by injecting a special blue dye into the tissues around the tumor during surgery and observing the dye in the underarm lymph nodes. The nodes that stain with the dye are the ones that are removed. A radioisotope solution is also used in addition to the dye, and a radioactive probe (detector) is used to help identify the sentinel node during surgery. If the final pathology report shows cancer in the sentinel node, an additional operation may be required to remove the remaining lymph nodes (see next column).

Axillary node dissection - is the surgical removal of the majority of lymph nodes which are at risk for containing breast cancer in the armpit nearest the affected breast. The actual number of nodes removed varies from patient to patient. After being removed, these lymph nodes are then checked for the presence of breast cancer, which may have spread to this area. The presence or absence of cancer in these nodes is an important prognostic indicator and can help to determine the aggressiveness of any treatment which may be required after surgery.

Whether or not you have an axillary node dissection or a sentinel node biopsy will be determined by your surgeon. He or she will explain your options to you regarding these procedures



Axillary Lymph Node Dissection



What to Expect the Day of Surgery

You will be called the day before your surgery (or Friday, if your surgery occurs on a Monday) with the time you should arrive at the hospital. Your length of stay in the hospital will vary depending on the type of surgery you will be having. Typically, **if you have a lumpectomy and/or a sentinel node biopsy, you will go home later the same day. If you have a mastectomy and/or axillary node dissection, your discharge from the hospital will depend on whether reconstruction is selected.** Without reconstruction, the surgery usually lasts from one hour to an hour and a half and hospitalization usually lasts overnight. Pain may be moderate and is often controlled with medications by mouth after you are able to eat and drink. Most women are surprised at the small amount of pain they experience. As soon as you are awake, you will be allowed to walk to the bathroom with assistance.

Recovery following lumpectomy or mastectomy

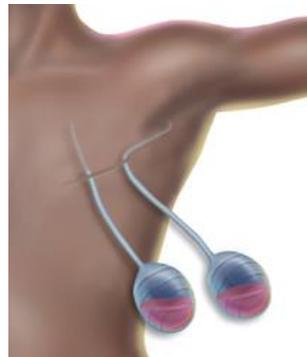
Recovery at home will require several weeks for mastectomy, and often less for a lumpectomy. It is important that you follow all directions given to you at the time of discharge. Rest when you feel the need and avoid over-exertion. If you experience increased pain, fever, discharge from the incision, redness or warmth around the incision, notify your physician as soon as possible. If you have stitches or staples, they will be removed in about one week. **Please call your surgeon if you have any questions regarding the care of your incision or drain at (504) 842-6406 or (504) 842-3000 after regular clinic hours. For patients having mastectomy only:**

When you awake from surgery, you will have a drain coming from your incision site. Drains

need to be pinned to your clothing or placed in a drainage pouch supplied by our facility. They are to be emptied when they become full to keep them from pulling on the skin and the incision site.

It is important that you elevate the arm on the side where your surgery took place in order to prevent swelling. Place your arm on a pillow above the level of your heart. Use your arm to wash your face, comb your hair and feed yourself. **DO NOT** begin exercising the arm until told to do so by your physician.

The first dressing change will take place in the hospital. It is important for you to look at your incision and learn what is normal, in order to evaluate any changes in the incision site. Instructions for dressing changes and care of your drains will be given to you by your nurse before you leave the hospital.



Drains will be removed when the amount of drainage is below a certain level. **It is very important for you to keep accurate records on the daily drainage amount.** This is the best way for the physician to tell when the drain is ready to be removed.



Reconstructive Surgery

If your breast or part of your breast is removed as part of your treatment, you have the option of having your body image restored through reconstructive breast surgery. Reconstructive breast surgery can help with your emotional and physical healing.

Many women choose to never have reconstruction, while others feel that reconstruction will bring back their feminine silhouette and eliminate the need for wearing a prosthesis.

The decision to have reconstruction is very personal and requires research and discussion on your part. Remember, part of gaining control over the cancer is knowing all the options that are available to you. Talk to other patients who have had reconstruction and learn the advantages and disadvantages of reconstruction. Ask your surgeon if you are interested in speaking to another breast cancer survivor who has undergone reconstructive surgery. These women are happy to share their experiences with you. *Reach to Recovery*, a program of the American Cancer Society, is another option that women have to speak to others who have faced similar experiences. Please ask your surgeon for more information. If you decide reconstruction is an option and would like to know more, we can help you make an appointment with a reconstructive surgeon and discuss your feelings and concerns.

Consider carefully the advantages and disadvantages of reconstruction and talk to your treatment team and other women about the procedure.

ADVANTAGES

- Body image is restored
- Prosthesis is not required
- Can wear a regular bra

DISADVANTAGES

- Requires longer surgery or second surgery
- Greater pain and recovery time
- Potential for additional cost; some insurance providers do not cover all costs
- Potential for infection or complications from surgery
- Longer hospitalization

Reconstructive Surgery (continued)

The physician will take the following information into consideration in evaluating which type of surgery would best suit your needs:

- Your previous medical history
- Your potential for healing
- Your history of smoking
- The type of cancer surgery you will need- lumpectomy or mastectomy
- The type of treatment expected- chemotherapy or radiation therapy
- Your desire for reconstructive outcomes
- The size of your breast
- Your desire to increase or decrease the size of your unaffected breast
- Your preference for implants or use of your own body tissue

Because of the advances of reconstructive surgery, many options are available to you. There are basically two types of breast reconstruction: one using **implants** and the other using **your own body tissues** (autologous reconstruction). Types of implants include water-filled, saline and synthetic material. Autologous reconstruction will involve using your own body tissue harvested from your abdomen or buttock area. Your reconstructive surgeon will share with you the recommendation that suits your needs.

Other questions that you may want to ask your reconstructive surgeon include:

- What type of surgery do you recommend for a patient with my type of medical history and planned surgery and treatments?
- Will an implant or my own body tissue be the best alternative?
- What types of implants do you recommend?
- Will they be placed under or over the muscle?
- What risks are associated with this procedure?
- Do you have pictures of patients you have performed this procedure on?
- Will I require surgery on my remaining breast to have it match my reconstructed breast?
- How much feeling will I have in the reconstructed breast?
- How long will the surgery take?
- Will you reconstruct a nipple and areola?
- How long will I be hospitalized?
- How many procedures will need to be performed before I am completely finished?
- When can I return to my normal activities?
- How much will my surgery cost and how much will my insurance cover?

Information about reconstructive surgery can be overwhelming. After reviewing the options, it is helpful to know that you do not have to decide immediately. Decide what you feel best meets your needs.

For more information, visit www.breastcare.org

Reconstructive Surgery (continued)

Some women choose immediate reconstruction at the time of their breast cancer surgery. You may want to consult a reconstructive surgeon who is familiar with this type of reconstruction before your surgery, even if you plan to have the procedure performed after your treatments. Your surgeon can provide you with the name of physicians that are competent in this field.

Once the decision to have reconstruction has been made, the next decision is to decide when to have it. There are advantages and disadvantages to each:



ADVANTAGES OF IMMEDIATE RECONSTRUCTION

- Usually, one surgery, one anesthesia, one recovery period
- Less total recovery time than with two separate surgeries
- Psychologically, you may better adapt to the experience

ADVANTAGES OF DELAYED RECONSTRUCTION

- Time to study reconstructive methods and talk to patients who have undergone various procedures
- Time to carefully select a reconstructive surgeon
- Surgery will be performed when you are less anxious over your breast cancer experience
- Will not delay any cancer treatments needed because of potential infection or complication from surgery



DISADVANTAGES OF IMMEDIATE RECONSTRUCTION

- Longer surgery time, additional discomfort, and longer recovery time when emotions are at the highest levels
- Greater potential for infection and surgical complications
- Longer hospitalization

DISADVANTAGES OF DELAYED RECONSTRUCTION

- Need to undergo second surgery
- Higher cost of second major surgery
- Prosthesis and special bras required until time of reconstruction

Selecting A Prosthesis

A breast prosthesis, also called a breast form, is worn externally to closely simulate the look of a natural breast and help restore the body's appearance and balance. This safe, non-surgical option is the choice many women make following mastectomy.

Wearing a **weighted silicone breast form** helps the body maintain its balance which may help prevent back, neck and posture problems. All silicone breast forms come in a variety of weight, shape and sizes to accommodate various body types, breast shapes and surgeries. A traditional breast form is usually worn in a specially fitted post-mastectomy bra with a stitched pocket to hold the form in place. **Attachable breast forms** are another option. These breast forms attach directly to the chest wall with a skin friendly adhesive. Because the form's weight is supported by the chest wall, attachable breast forms help reduce strain on the shoulders and back allowing you full freedom of movement and even the option to go braless. Accessories, such as **nipples and equalizers** are available for women whom have had either reconstructive surgery or partial mastectomies and need to replace volume loss in order to achieve balance.

Prices for prosthesis vary and can range from less than \$200.00 to \$2000.00. Your certified fitter should be able to tell you what benefits are available to you by your insurance carrier. Medicare, as well as most managed care and private insurance companies, offer complete or partial coverage for breast prosthesis and pocketed bras. A **prescription** is necessary

for insurance reimbursement and should be obtained from your surgeon or cancer team provider.

In most cases, about ten to twelve weeks following your breast cancer surgery you are ready to be fitted with a breast form. To find a breast form and post-mastectomy bra that is right for you, visit a shop in your area that specializes in post-mastectomy products. Look for a certified fitter who is sensitive to your needs. A certified fitter is specially trained to help you choose a breast form that is as close as possible to your own breast. The fitter should offer a private area where you can talk about and try on bras and breast forms.

If you are interested in something to fill out your bra before you have healed enough for prosthesis, or you want another option, we offer free **Knitted Knockers** to patients who request them. These knit breast-shaped pillows are a comfortable and gentle option for women who have sensitive skin following surgery or chemotherapy. They also are significantly lighter than your average prosthesis. They come in a variety of shapes and colors. If you would like to be set up with a Knitted Knocker, to volunteer to donate to our Knitted Knockers program, or are interested in learning how to knit a knocker, call the Breast Center and ask to speak to the Nurse Navigator at 504-842-6406.



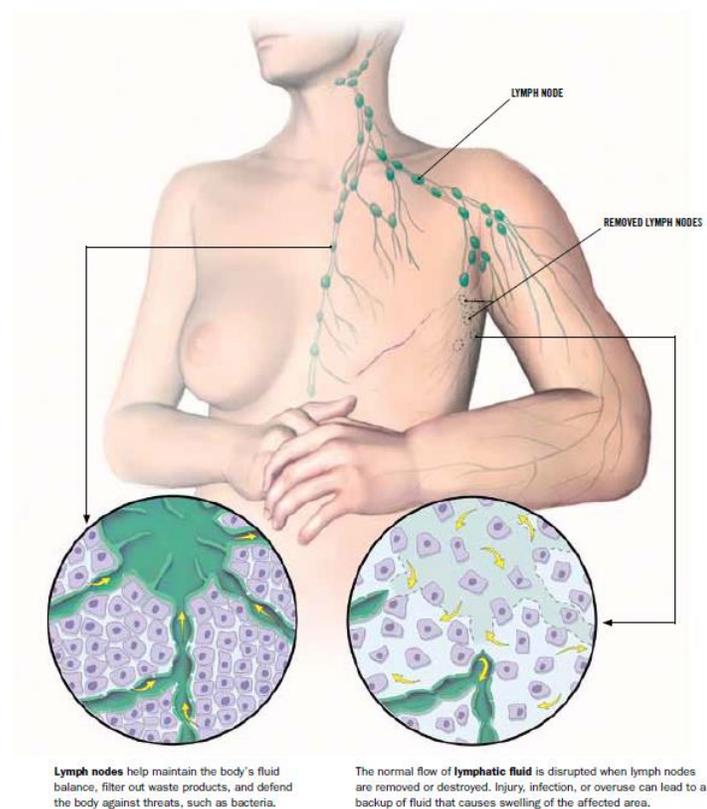
Understanding Lymphedema

During breast surgery when axillary lymph nodes are removed (with sentinel node biopsy or axillary dissection) or are treated with radiation therapy, the lymphatic system may become impaired. This may prevent lymphatic fluid from leaving the area therefore, causing **lymphedema**.

Lymphedema – Identification and Prevention

Lymphedema - is the swelling of a body area or extremity caused by the accumulation of lymphatic fluid. There is a risk for lymphedema with the removal of lymph nodes, trauma or radiation therapy. Treatment of breast cancer often involves surgery: mastectomy or lumpectomy. Some of the lymph nodes in the underarm (called axillary lymph nodes) may be removed and checked to see if they contain cancer cells. See the previous section under “Sentinel Lymph Node Biopsy and Axillary Lymph Node Dissection” for more details about this procedure.

Lymphatic fluid is a normal part of the circulatory system. Its function is to remove waste products and to produce cells vital to fighting infection. Swelling occurs when the vessels become restricted and the lymphatic fluid is unable to freely flow through them. If lymphedema is left untreated, the affected limb could progressively become more swollen, which could lead to hardening of the skin, bulkiness in the limb, infection and impaired wound healing.



There are things you can do to decrease the chance of developing lymphedema.

TRY TO AVOID POSSIBLE TRIGGERS



Injury or Trauma

- Wear gloves while doing activities that may cause skin injury (eg, washing dishes, gardening, using chemicals like detergent).
- Try to avoid punctures (eg, injections and blood draws).



Limb Constriction

- Wear loose jewelry and clothing.
- Avoid carrying a heavy bag or purse over the at-risk limb.
- Try to avoid blood pressure cuffs on the at-risk limb.



Extreme Temperatures

- Avoid exposure to extreme cold, which can cause rebound swelling or chapping of skin.
- Avoid prolonged (> 15 min.) exposure to heat, particularly hot tubs and saunas.



Prolonged Inactivity

- At-risk for leg lymphedema?
- Avoid prolonged standing or sitting by moving and changing position throughout the day.
 - Wear properly, fitted footwear and hosiery.

www.lymphnet.org/riskreduction

If lymphedema is diagnosed and treatment is started early, the overall prognosis is much better than if left untreated. Here at the Tansey Breast Center we utilize a tool call **L-Dex** (short for lymphedema index) that can measure the amount of extracellular fluid in the arms and legs. This machine can be used before and after surgery to determine if you're having any increase in the amount of fluid in your arms post-operatively.

It is very important that you notify your physician if you notice persistent swelling or tightness of your arm, hand or chest.

Lymphedema Treatment

The goals of lymphedema treatment are to:

- Decrease the size of the affected arm
- Manage and prevent future episodes of edema
- Decrease the frequency of infection and inflammation
- Improve use of the arm
- Teach self care of self management



The treatment for lymphedema at Ochsner is comprehensive called ***complete decongestive therapy***. Techniques that are incorporated include an intensive program that combines many of the different treatment approaches discussed in the section below including: bandaging, compression garments, manual lymphatic drainage, exercise and self care.

- ***Manual Lymphatic Drainage***

This is a technique using massage to soften the accumulated lymphatic fluid and “drain” it out of the arm. It usually lasts 20-45 minutes twice a week. There are several locations in the greater New Orleans area that offer manual lymphatic drainage with trained therapists.

- ***Compression Bandages***

These are special “low stretch” bandages that are applied in multiple layers on the affected arm. This technique can be learned by the patient and family members for home use. Patients may also require compression garments.

- ***Exercise***

Individualized exercise programs, specially designed for each patient, are also incorporated into the treatment plan. Plans may include flexibility, strengthening or aerobic exercise.

- ***Good Skin care and Hygiene***

For more information on lymphedema treatment outside the New Orleans area, please contact:

National Lymphedema Network
1-800-541-3259
www.lymphnet.org



TOPIC: Summary of Lymphedema Risk Reduction Practices

Please refer to the complete Risk Reduction document for details.

I. Skin Care - Avoid trauma / injury to reduce infection risk

- Keep extremity clean and dry.
- Apply moisturizer daily to prevent chapping/chafing of skin.
- Attention to nail care; do not cut cuticles.
- Protect exposed skin with sunscreen and insect repellent.
- Use care with razors to avoid nicks and skin irritation.
- If possible, avoid punctures such as injections and blood draws.
- Wear gloves while doing activities that may cause skin injury (e.g. washing dishes, gardening, working with tools, using chemicals such as detergent).
- If scratches/punctures to skin occur, wash with soap and water, apply antibiotics, and observe for signs of infection (i.e. redness).
- If a rash, itching, redness, pain, increased skin temperature, increased swelling, fever or flu-like symptoms occur, contact your physician immediately for early treatment of possible infection.

II. Activity / Lifestyle

- Gradually build up the duration and intensity of any activity or exercise. Review the Exercise Position Paper.
- Take frequent rest periods during activity to allow for limb recovery.
- Monitor the extremity during and after activity for any change in size, shape, tissue, texture, soreness, heaviness or firmness.
- Maintain optimal weight. Obesity is known to be a major lymphedema risk factor.

III. Avoid Limb Constriction

- If possible, avoid having blood pressure taken on the at-risk extremity, especially repetitive pumping.
- Wear non-constrictive jewelry and clothing.
- Avoid carrying a heavy bag or purse over the at risk or lymphedematous extremity.

IV. Compression Garments

- Should be well-fitting.
- Support the at-risk limb with a compression garment for strenuous activity (i.e. weight lifting, prolonged standing, and running) except in patients with open wounds or with poor circulation in the at-risk limb.
- Patients with lymphedema should consider wearing a well-fitting compression garment for air travel. The NLN cannot specifically recommend compression garments for prophylaxis in at-risk patients.

Healthy Habits for Patients at Risk for Lymphedema



Healthy Lifestyle:

A healthy diet and exercise are important for overall good health.

- Maintain optimal weight through a healthy diet and exercise to significantly lower risk of lymphedema.
- Gradually build up the duration and intensity of any activity or exercise. Review the Exercise Position Paper.*
- Take frequent rest periods during activity to allow for recovery.
- Monitor the at-risk area during and after activity for change in size, shape, tissue, texture, soreness, heaviness, or firmness.



Skin Care:

Make sure that your skin is in good condition.

- Keep your at-risk body part clean and dry.
- Apply moisturizer daily to prevent chapping/chafing of skin.
- Pay attention to nail care and do not cut cuticles.
- Protect exposed skin with sunscreen and insect repellent.
- Use care with razors to avoid nicks and skin irritation.



Medical Check-ups:

*Find a certified lymphedema therapist (CLT).**

- Review your individual situation, get screened for lymphedema, and discuss risk factors with your CLT.
- Ask your CLT or healthcare professional if compression garments for air travel and strenuous activity are appropriate for you.
- If a compression garment is recommended, make sure it is properly fitted and you understand the wear, care, and replacement guidelines.
- Set a follow-up schedule based on your needs with your CLT.
- Report any changes in your at-risk body part to your CLT.



Infection Education:

Know the signs of infection and what to do if you suspect you have one.

- Signs of infection: rash, itching, redness, pain, increased skin temperature, increased swelling, fever, or flu-like symptoms.
- If any of these symptoms occur, contact your healthcare professional immediately for early treatment of possible infection.
- If a scratch or puncture to your skin occurs, wash it with soap and water, apply topical antibiotics, and observe for signs of infection.
- Keep a small first aid kit with you when traveling.

TRY TO AVOID POSSIBLE TRIGGERS



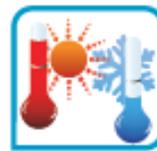
Injury or Trauma

- Wear gloves while doing activities that may cause skin injury (eg, washing dishes, gardening, using chemicals like detergent).
- Try to avoid punctures (eg, injections and blood draws).



Limb Constriction

- Wear loose jewelry and clothing.
- Avoid carrying a heavy bag or purse over the at-risk limb.
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Extreme Temperatures

- Avoid exposure to extreme cold, which can cause rebound swelling or chapping of skin.
- Avoid prolonged (> 15 min.) exposure to heat, particularly hot tubs and saunas.



Prolonged Inactivity

- At-risk for leg lymphedema?
- Avoid prolonged standing or sitting by moving and changing position throughout the day.
 - Wear properly, fitted footwear and hosiery.

Please Note: These guidelines are meant to help reduce your risk of developing lymphedema and are NOT prevention guidelines. Because there is little research about risk reduction, many of these use a common-sense approach based on the body's anatomy and knowledge gained from decades of clinical experience by experts in the field. Risk reduction should always be individualized by a certified lymphedema therapist and healthcare professional.

For a full list of the NLN's risk reduction practices, please see our website: www.lymphnet.org/riskreduction

*To review the NLN's other position papers and find a CLT in your area: www.lymphnet.org

Chemotherapy

Chemotherapy is the use of cancer-fighting drugs to prevent cancer recurrence and treat any cancer cells that may have spread to other areas.

Chemotherapy

There are two ways to give chemotherapy:

Neoadjuvant Chemotherapy is given *before* other treatment methods, such as surgery and radiation. This is often recommended for tumors that are more aggressive, or more likely to spread to other parts of the body. Chemotherapy upfront does delay surgery, but the treatment allows doctors to see the cancer's response to the chemo in the breast and lymph nodes, by seeing how much the chemotherapy shrinks the tumor or tumors. This may also be appropriate if you want a lumpectomy, but are not currently a candidate due to the size or location of your tumor.

Adjuvant Chemotherapy is given *after* the primary tumor has been treated with another method, such as surgery or radiation. This method is often recommended if we need the final surgical pathology to determine if chemotherapy is necessary, or if the patient would prefer surgery upfront and there is no medical contraindication to this.

Side Effects of Chemo

Side effects of chemotherapy can vary. Most patients are able to work (depending on their job) during chemotherapy treatment, perhaps only scheduling around the day or two of each treatment. More information will be given upon arrival at the chemotherapy department. Please contact your medical oncologist for more information at (504) 842-3910.

Fatigue

Many patients who receive chemotherapy for breast cancer experience some degree of fatigue. Fatigue can be due to many different causes such as anemia, depression, dehydration, and sleep disturbances.

Hair Loss (Alopecia)

Chemotherapy for breast cancer may cause hair loss. This could be partial hair loss or complete loss of all body hair. Patients normally start to see hair growing back within a few months after chemotherapy is complete.

Nausea and Vomiting

There are exceptionally good medications, called antiemetics, available to prevent or control nausea and vomiting. You and your doctor may have to try a few types before you find one that works for you.

Bone Marrow Suppression

Many patients experience a reduction in the number of white blood cells, which usually occurs 10 to 14 days following each cycle of chemotherapy. This means the patient is at an increased risk of infection until the counts improve. Some chemotherapy regimens include a bone marrow booster shot, called Neulasta or Neupogen, that can help prevent this.

Neuropathy

Some chemotherapy drugs can cause mild to moderate numbness and tingling to the extremities, also known as neuropathy. The severity of the neuropathy is dependent on the drug, dose, and administration schedule.

All patients who plan to receive chemotherapy are encouraged to attend the Chemo Class held at the Benson Cancer Center. Ask your oncologist to schedule you or call **504-842-3910**

Radiation Therapy

Radiation therapy is the treatment of cancer using high-energy x-ray beams. These x-ray beams, called photons, are used to help kill cancer cells. The beams are produced by a machine called a linear accelerator. These machines also help the physicians target the part of the body to be treated, while sparing as much of the normal surrounding tissues as possible.

Radiation Therapy

With advances in technology and research, radiation therapy continually improves. Today, patients can receive high quality radiation therapy to treat their cancer with very few side effects. There are several different ways that radiation therapy is administered, including **whole breast radiation, partial breast radiation, and accelerated radiation**. Which type of radiation you receive will depend on several factors, including the type of surgery you have had, the location of the cancer in your breast, the size of your breast and the type of your cancer. If your treatment involves radiation therapy, you will receive specific information from your radiation oncologist. Please call your radiation oncologist if you have any questions regarding your radiation therapy, at (504) 842-3440.



Frequently Asked Questions About Radiation

1. Will I be radioactive?

No. Radiation is delivered much like turning on and off a light bulb. When the beam is on, the machine is delivering your treatment and when it is off, there is no more radiation.

2. What side effects will I experience?

Side effects are dependent on the area of treatment. Breast cancer patients will usually notice a skin effect similar to a mild sunburn, and some mild fatigue. A nurse will discuss the side effects expected from treatment and instruct you on skincare products to use, and other self-care initiatives.

3. Will I experience nausea?

No. Radiation only affects the area where the beam is aimed. Your stomach is not in the treatment field so you will not experience nausea.

4. How long will each treatment last?

Approximately 15 to 20 minutes each day.

5. Will I lose my hair?

Only in the area treated. If your armpit is in the field, you may lose that hair. You will not lose your scalp hair.

6. Do I need a special diet?

No. But we do recommend that you eat a well balanced diet and take a multivitamin. A dietician is available if you wish to consult one, just let your nurse know

7. Can I exercise?

Yes. You can maintain your normal exercise program. You may find it necessary to do less towards the end of treatment due to fatigue. During radiation therapy, however, is not the time to start a new exercise program.

8. How long will side effects last?

Side effects occur over time. At the end of the third week of therapy, you may begin to notice some skin changes like a small amount of dryness or redness. By the end of therapy to a week after, this skin change is most pronounced. By a month after therapy, most acute side effects have subsided.

9. How will I be followed after treatment is over?

You will receive a one-month follow up on the last day of treatment to return to see your radiation oncologist.

10. Can I work while I am under treatment?

Yes. Most people are able to work without difficulty, and the radiation oncology staff will try and accommodate your schedule for treatments.

11. Is it okay if I miss treatments?

No. Radiation is most effective given over a certain period of time. An occasional missed day because of a personal or family problem can be made up and does not affect treatment outcome, but every effort should be made to make your treatment

Hormonal Therapy

Hormonal therapy is one of the treatment options for certain types of breast cancer. After reviewing your pathology report, the oncologist or surgeon can determine if hormone therapy is recommended. If the cancer is estrogen or progesterone receptor positive, it indicates that your tumor may respond to this type of therapy. This information is explained in greater detail in the section entitled "Understanding Your Pathology Report".

Hormonal Therapy

There are two types of hormone therapies you may be offered:

Tamoxifen (Nolvadex)

Tamoxifen is a hormonal therapy agent that has been commonly prescribed to treat breast cancer since the early 1970s. Tamoxifen is a non-steroidal drug that **interferes with estrogen, a hormone that can promote the growth of estrogen-receptor positive types of cancer.** This drug is taken by mouth for five to ten years. When it enters the blood stream, it is carried to organs that have estrogen hormone receptors. There, the drug attaches to the receptor site like a key inserting into a lock, and blocks estrogen from attaching. The cell is prevented from dividing, thus controlling the cancer that may be left in the body.

The side effects of Tamoxifen are mostly **menopausal symptoms which include hot flashes, vaginal dryness, fluid retention and vaginal spotting.** Some women report nausea the first several weeks after beginning the drug. This can be helped by taking the drug with food. Although these symptoms can be bothersome, the benefit of the drug for patients usually outweighs any negative

effects it causes. If you experience any of these side effects, please consult with your one of your breast cancer specialists.

Although most side effects of Tamoxifen are mild, there are some serious side effects you should be aware of. There is a slight increased risk for blood clots to develop

within your vascular system. **Signs of this occurring include sudden chest pains, shortness of breath, or pain or swelling in your calves, legs, or arms.** There is also a small increased risk of endometrial (uterine) cancer. A yearly exam by a gynecologist is needed along with a pap smear or endometrial sampling. **Signs to watch for include changes in vaginal discharge, menstrual irregularities, pelvic pain and abnormal vaginal bleeding, especially any bleeding that occurs if you are post-menopausal and do not get your menstrual periods anymore.** Finally, some women may suffer from depression several months after taking Tamoxifen. If you experience any of these symptoms, please immediately notify your treatment team so intervention can occur.

Aromatase Inhibitors

Another group of hormonal agents used in the treatment of hormone receptor-positive breast cancer are called Aromatase Inhibitors. This group encompasses multiple drugs that work in similar ways, including anastrozole (Arimidex), letrozole (Femara), and exemestane (Aromasin). They work by blocking the enzyme aromatase, which is required by the body in order to produce estrogen. In clinical trials, Aromatase Inhibitors were shown to significantly reduce the risk of breast cancer returning as compared to Tamoxifen in post-menopausal women.



Some common side effects of Aromatase Inhibitors are **hot flashes, joint problems, weakness, changes in mood, pain, and vaginal dryness**. Risk for **Osteoporosis** is increased in women taking these drugs; therefore it is important that you ask your doctor about having a bone density scan prior to or immediately after you start these drugs. Aromatase Inhibitors are taken as a pill once a day for 5 years. **You should not take Aromatase Inhibitors if you are breastfeeding, pregnant or premenopausal (still having regular periods).**

Side Effect Management of Hormonal Therapy

Although it might not be life threatening, the side effects of hormonal therapy can affect your quality of life. Many of these side effects are very treatable with the right interventions. Also, some of these side effects may improve over time without intervention, after the body adjusts to the new medication.

Vaginal dryness is often overlooked during breast cancer treatment. Non-estrogen containing products are available for vaginal dryness over-the-counter, such as vaginal

moisturizers and lubricants. Avoid using products that contain dyes or perfume that may cause irritation. The Tansey Breast Center also collaborates with the **Ochsner Women's Health Clinic** so patients have the opportunity to meet with a gynecological specialist for these symptoms. If you would like to be set up at the Women's Health Clinic, ask your Nurse Navigator.

Hot flashes are one of the most common side effects of hormonal therapies. The side effects of hot flashes can be managed by your physician with medication, but you can also take initiative to help alleviate your discomfort at home. Here are some ways to reduce the discomfort of hot flashes:

- Wear loose, all-cotton or other natural fabrics rather than synthetics
- Avoid food and beverages that can trigger your flashes such as coffee, tea, spicy foods and alcohol
- Use cold water (such as a cool shower, splash of cool water on face/hands, or drinking a cold drink) when a hot flash occurs.
- Increase your physical activity. Women who exercise regularly seem to have less trouble with hot flashes

Clinical Trials

Patients experience many benefits from participating in clinical trials. The following information will provide you with an overview of what clinical trials are, as well as answers to commonly asked questions.



Clinical Trials

The Ochsner Cancer Institute coordinates and conducts a number of clinical trials studying a variety of different cancers. Your first step in deciding if participating in a clinical trial is for you is to speak to your Breast Cancer Team members and discuss the options available. A member of the Cancer Institute, usually a research nurse, will give you more specific information regarding specific research studies and determine if you meet the eligibility criteria specific to each research trial.

What are clinical trials?

Clinical trials, also called research studies, test new medical treatments. The goal of such research is to find better ways to treat disease and help patients. A clinical trial is one of the final stages of a long and careful research process. In the past, clinical trials were sometimes seen as a last resort for people who had no other treatment options. Today patients often choose to receive their first treatment in a clinical trial. Clinical trials test many new types of treatment such as new drugs, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy. Patients participating in a clinical trial will never have treatment withheld from them as part of a “control” group. You will receive as much treatment, or more treatment, than the standard of care.

Why are clinical trials important?

First, clinical trials contribute to knowledge and progress against cancer. Many of today’s most effective standard treatments are based on previous study results.

Second, patients who take part in clinical trials receive up-to-date care from cancer experts. If a new treatment proves effective or more effective than standard treatment, study patients are among the first to benefit. It is statistically shown that patients who participate in research studies actually do better than patients who do not. A lot of this is due to the additional care, attention, and monitoring you receive on these trials.

Should I take part in a clinical trial?

This is a question only you and those close to you can answer. While a clinical trial is a good choice for some people, it may not be the best treatment option for you. It is important to be aware of your options and to carefully discuss your treatment and care with your doctors and nurses.

One benefit to trial participation is the addition of research personnel to the patient’s treatment team. These medical professionals will be incredibly involved in your care, and often meet with you more regularly than your physician. Therefore, one more person will be monitoring your progress and noting any issues you may have.

Please contact the Ochsner Cancer Institute for further information about clinical trials at **(504) 842-3910** or visit their website at **www.research.ochsner.org**.

What Happens in a Clinical Trial?

Each clinical trial has an action plan or **protocol** that explains how the study will work. It outlines how many people will take part in the trial, what medical tests they will receive, how often, and why. For patient safety, each protocol must be approved by the organization that sponsors the study and the Institutional Review Board at each hospital. Each clinical trial also has a group of physicians who have been trained to enroll patients on this trial. Your physician will not enroll you unless he or she has been trained. This ensures that everyone involved in your care knows exactly what the trial entails and how to care for patients while they participate.



Each study's protocol also describes the characteristics that all patients must have. These are called **eligibility criteria** and may include age, gender, the type and stage of cancer, and whether they have had prior cancer. Eligibility criteria help produce reliable results by studying a similar patient population.



When you are approached about a clinical trial, you will go over a **consent document** with the research personnel. This document will include very detailed information about the trial, the standard treatments available, the tasks needed to participate, and how your treatment will be handled while you participate. Read this consent document in full before agreeing to be a part of any trial. Make sure you are comfortable and willing to participate. You will never be forced to participate in a clinical trial.



When you take part in a clinical trial, you will follow a **treatment plan** as described by the trial in a cancer center, hospital or clinic. Your progress is followed closely, and you may have more tests and doctor visits than you would if you were not taking part in a study, and you may have other responsibilities such as filling out forms about your health.



Once a study is complete, you will **continue to be followed** by your doctor on a regular basis as well as have routine tests, depending on what the trial requires. The research team may or may not need to continue to monitor your progress after your treatment on the study is complete. If they do need to continue to follow you, they will let you know what this entails and for how long. If you no longer want to be followed by the trial after your treatment has ended, you can let your research team and treatment physician know, and they will remove you from the trial in the appropriate fashion.

Follow Up After Treatment

Keeping track of appointments and follow-up care can sometimes be confusing. This section helps to explain when you will be evaluated after surgical treatment for your breast cancer. It is important to follow the instructions given to you by your breast cancer team, even if they vary from the guidelines included in this section.



Follow-Up Care After Treatment

After treatment follow-up care is important to help maintain good health, manage any long term side effects from treatment, and identification of any signs of cancer returning. Your follow-up plan will include regular physical exams and other medical tests to monitor your recover for the coming months and years. It is important to remember your follow-up may be slightly different depending on your personal diagnosis and treatments received.

Surgery follow-up:

Following surgery, you will meet with your surgeon for a **2 week post-operative visit**. This will involve a physical exam, review of pathology results, and discussion of any additional treatments, such as chemotherapy, radiation, and/or hormonal/endocrine therapy. At that visit, any additional consults that may be needed will be discussed and scheduled. Your surgeon may ask you to return for a **breast exam 4 months after your surgery**.

Cancer Care Follow Up

Typically, you can expect to be seen by a member of your cancer team **at least every 6 months for the first three years and then yearly through year five**. Depending on what treatments you had for your cancer, this may be a member of the Tansey Breast Center staff or a member of the Cancer Center staff. Your mammograms will continue to be performed yearly unless you are told otherwise by your surgeon or other cancer staff.

A survivorship visit will be scheduled within 6 months of completion of your cancer treatment (including radiation therapy and chemotherapy, but not hormone therapy). This visit will include a review of your diagnosis, treatment, physical exam, and assessment of emotional or financial needs. You will receive a **survivorship care plan** after this visit that outlines for you the experience of your cancer treatment, and what you can expect in the coming years as you transition into a cancer survivor. This is a great time to bring forward any questions regarding what you've experienced in the past few months. There are survivorship clinics at both the Benson Cancer Center and the Tansey Breast Center; which location you are assigned will depend on your breast cancer treatments thus far.

Many survivors feel worried or anxious that the cancer will come back. While it often does not, it is important to talk to your provider about the possibility of cancer returning. Tell you cancer team if you notice any of the following symptoms:

- new lump in the breast, chest , or armpit
- new bone pain
- unexplained weight loss
- abdominal pain
- shortness of breath/coughing up blood
- persistent headaches
- rash or redness of the breast
- nipple discharge



Services for Survivors

As you complete your cancer treatment at Ochsner, you may be wondering “What now?” You are not alone. For many cancer survivors and caregivers, the years after cancer treatment can bring physical and psychological challenges.

Ochsner Cancer Institute is committed to helping people live their lives to the fullest after cancer and its treatments. We have developed and offer a comprehensive array of services for cancer survivors to start you on the next phase of your journey. Our goal is to enhance overall care and improve your quality of life. Appointments in our clinic follow a multidisciplinary team approach.

What to expect from the Tansey Breast Center Survivorship Clinic

- personalized treatment summary and follow-up care plan
- surveillance of cancer progression, recurrence or secondary cancers
- age appropriate screenings
- identification and management of side effects related to your diagnosis and treatment
- coordination between your oncologist and other care providers of your ongoing healthcare needs to ensure continuity of care—including social worker and psychosocial services

Transitioning to the Tansey Breast Center Survivorship Clinic is a wonderful triumph. Our team is dedicated to providing you with the highest level of post-treatment care. We uphold our values of courage, compassion, collaboration, innovation, integrity, and hope.

To schedule an appointment or for questions, call 504-842-6406.

Item: 56008
Revised: 05/2015



Nutrition and Complementary Therapy

We have compiled the latest information about nutrition, exercise, and complementary/alternative therapies as recommended by the American Cancer Society, to provide you with the most current, scientifically based guidelines. Please discuss any concerns you may have with one of the members of your Breast Cancer Team.



Nutrition for Breast Cancer Patients

During your breast cancer treatment and recovery, nutrition and exercise can play a vital role in maintaining your sense of control over what seems to be a confusing, whirlwind of diagnostic tests and treatment decisions. Cancer survivors often become very motivated to actively improve their diets and begin exercise programs to enhance their quality of life and decrease their chances of recurrence. You may be questioning whether a low fat diet, vitamin supplements, herbal therapy or weight loss will affect your body's ability to fight off future cancer. Although there is a great deal of information regarding the influence of diet and exercise on the incidence of cancer, less is known regarding how nutrition actually affects the recurrence of cancer.

In general, it is recommended that every cancer survivor follow the American Cancer Society Guidelines on Diet and Cancer Prevention:

1) Choose most of the foods you eat from plant sources

- Eat five or more servings of fruits and vegetables each day
- Eat other foods from plant sources, such as breads, cereals, grain products, rice, pasta or beans several times each day

2) Limit your intake of high fat foods, particularly from animal sources.

- Choose foods low in fat
- Limit intake of saturated fats, such as red meat and poultry skin
- Try to obtain the majority of your fat intake from monounsaturated fat sources, such as olive or canola oil, coconut oil, avocados, and nuts

3) Be physically active - achieve and maintain a healthy weight

- Be at least moderately active for 30 minutes or more on most days of the week
- Stay within your healthy weight range
- Contact your physician before starting any new exercise program

4) Limit alcoholic beverages, if you drink at all.

For more information about nutrition during and after treatment, an appointment can be made with an Ochsner nutritionist to discuss specific concerns you may have and assist you in developing an individualized plan of care by calling **(504) 842-3910**. You can also visit the American Cancer Society's web site at **www.cancer.org** for helpful guidelines and tips.



Nutrition During Treatment and Recovery

Nutrition During Treatment:

Maintaining caloric balance is the most important nutritional goal during this time. If you are experiencing nausea from chemotherapy, try to eat smaller, more frequent meals. Liquid supplements including Ensure, Resource or Boost may be beneficial. Please speak to one of your physicians or nurses for suggestions. Although your treatment may cause fatigue, light regular exercise will help to improve your appetite, stimulate digestion, prevent constipation, maintain energy levels, reduce stress, and help you relax.

The use of nutritional supplements is controversial. Some supplements, including folic acid and antioxidants such as vitamins C and E, may reduce the effectiveness of radiation treatment and chemotherapy. It is recommended that you do not exceed the upper limits of the Dietary Reference Intakes for these vitamins and that you avoid other nutritional supplements that contain antioxidant compounds. Please speak to a member of your Breast Cancer Team if you have questions.

Nutrition for Prevention of Cancer

Recurrence:

Unfortunately, there has been very little scientific research on the effect of nutrition on the recurrence of cancer. It is recommended that all cancer survivors follow the guidelines for prevention listed previously.

Recently there's been significant research on a possible link between **soy and breast cancer**. Current research suggests soy is often part of an overall healthy diet that focuses on more plant-based foods and less red meat. Lab studies of cells have shown soy can sometimes act like estrogen and promote tumor growth, and at other times act against the effects of estrogen. Eating moderate amounts of soy foods has not been shown to increase the risk of breast cancer. Ongoing research continues to look at the role of soy in breast cancer risk.

Although no one can predict which women will have a recurrence of a cancer, it is important for all cancer survivors to arm themselves with the best tools to make their bodies healthy and strong.

Books to Reference

The Cancer Survival Cookbook: 200 Quick & Easy Recipes with Helpful Eating Hints
By Donna L. Weihofen

What to Eat During Cancer Treatment
By Jeanne Besser, Kristina Ratley, Sheri Knecht, and Michele Szafranski

American Cancer Society Complete Guide to Nutrition for Cancer Survivors: Eating Well, Staying Well During and After Cancer
By Barbara Grant, Abby S. Bloch, Kathryn K. Hamilton, and Cynthia A. Thomson



Frequently Asked Questions About Nutrition

The following is a list of some common questions asked about nutrition by breast cancer survivors:

How many fruits and vegetables should I eat to lower risk of my cancer coming back?

The general recommendation is to eat at least five servings of fruits and vegetables (fresh, canned, frozen or juiced) each day. One serving is 1/2 cup of cooked vegetables or chopped fruit, 1/4 cup of dried fruit, one piece of fresh fruit, or one cup of raw green leafy vegetables.

How much exercise is recommended?

Moderate physical activity at least three times a week for at least 30 minutes has been suggested to be the most beneficial. You can also incorporate exercise into your daily activities by parking further away from a destination and using the stairs instead of the elevators. Although researchers have not yet been able to determine whether physical activity can prevent recurrence of cancer or slow the progression of disease, it has been shown to reduce anxiety and depression, boost self-esteem, improve mood, and reduce fatigue, nausea and pain. Before initiating any new exercise regimen, be sure to discuss it with your Breast Cancer Team to be sure it is a safe option for you.

Is alcohol use safe and how much can I drink?

Alcohol should be avoided with certain types of chemotherapy and pain medications. Talk to your treating physician regarding how much, if any, is medically acceptable

Are juice therapies safe?

Although fruits and vegetables contain many chemicals that may help to prevent cancer or improve your prognosis, it is not recommended that juices be used as an exclusive food source. In combination with a balanced diet, the practice of juicing to include at least five servings of fruits and vegetables can safely be used

How much water should I drink?

Try to drink at least eight cups of water each day. Many symptoms of cancer treatment, such as fatigue, lightheadedness and nausea, can be due to dehydration.

Should I supplement my diet with extra vitamins and minerals?

Dietary supplements should never replace whole food sources. If you are unable to obtain the recommended vitamins and minerals by eating whole foods, a balanced multivitamin and mineral supplement is suggested. Many vitamins and herbal compounds can be toxic at high levels, and the lack of regulations overseeing dietary supplements can lead to misleading health claims. Pills marketed as being equal to fresh fruits and vegetables are actually not acceptable alternatives, because the body absorbs them differently.

Should I take antioxidants?

No. It is not recommended to take "mega-doses" of any vitamin or mineral, especially antioxidants during your cancer treatment. High doses of antioxidants can interfere with the effectiveness of chemotherapy and radiation therapy and render these treatments less effective. Fruits and vegetables are the best sources for naturally occurring antioxidants.

Is there anything I can change in my diet to help reduce fatigue?

Fatigue can be reduced by a balanced diet and physical exercise. Starting with an exercise program like walking at gradually increasing intervals can help restore your energy. It is important to listen to your body when it tells you to stop and rest. You may not be able to exercise to the same extent that you could before your diagnosis. This is completely normal.



Complementary and Alternative Therapies

You may have heard information about complementary and alternative therapies for the treatment of cancer in the media. It is important for you to make the distinction between complementary and alternative therapies. The American Cancer Society has defined "**complementary**" **therapies** as those supportive methods used to complement evidence-based treatment. Examples include meditation to reduce stress, acupuncture for pain, and ginger for nausea. These therapies are used to help control symptoms and improve your well-being and are not intended to be used to cure your disease.

In contrast, **alternative therapy** refers to treatments that are promoted to cure cancer. These therapies are unproven because they have not been scientifically tested or the tests found them to be ineffective. If these methods are used alone, your condition may actually worsen because helpful treatment was not received or the alternative therapy itself was harmful. Many claims are made regarding the beneficial effects of these therapies, most of which are not justified by medical research. For your safety, before starting any alternative therapy, please discuss it with your physician.

For your safety, it is also important to share with your doctors what therapies you are using in addition to prescribed medications and treatments. Your doctors are open to these discussions and will advise you if what you are considering may interfere with your treatment plan.

Please remember, relying on any one of these therapies alone and avoiding conventional medical care may have serious health consequences. The *American Cancer Society's Guide to Complementary and Alternative Cancer Methods* serves as a good resource for various complementary and alternative methods.

The following list of **resources and websites** may be helpful when searching for information about complementary cancer therapies:

American Academy of Medical Acupuncture
www.medicalacupuncture.org

Biofeedback Certification Institute of America
www.bcia.org

Office of Complementary and Alternative
Medicine (OCAM) at the National Institutes of
Health
www.altmed.od.nih.gov

The National Association for Holistic
Aromatherapy (NAHA)
(206) 547-2164
www.naha.org

The National Center for Complementary and
Alternative Medicine (NCCAM), National
Institutes of Health
www.nccam.nih.gov

Cancer Supportive and Survivorship Care
www.cancersupportivecare.com



Complementary and Alternative Therapies (continued)

The following is a sample list of some common complementary therapies used by cancer survivors, divided into two main categories: **Mind, Body, and Spirit** or **Manual Healing/Physical Touch**:

1. Mind, Body, and Spirit Methods - this category includes methods that focus on the connections between the mind, body and spirit and their power for healing.

- *Aromatherapy* is the use of fragrant substances from plants to alter or improve your mood. These substances should never be ingested by mouth. Avoid long periods of exposure to the skin because some people have allergic reactions to the oils used.
- *Biofeedback* uses monitoring devices and relaxation methods to help people consciously regulate physiological processes such as heart rate, blood pressure and muscle tension. Biofeedback has been shown to improve the quality of life for some people with cancer.
- *Imagery* involves mental exercises used to enable the mind to influence the health and well being of the body.
- *Meditation* uses concentration or reflection to relax the body and calm the mind in order to create a sense of well being.
- *Support groups* present information, provide comfort, teach coping skills, help reduce anxiety, and provide a place to share common concerns and emotional support. Ochsner has a breast cancer support group, open to all women with cancer and their families, which is generally held on the second Tuesday of each month. For more information call **(504) 842-3910**, and please refer to the Social Support section in this binder.
- *Tai Chi* is a form of ancient Chinese martial arts. It uses movement, meditation, and breathing to improve health and well being.
- *Yoga* is a non-aerobic exercise that involves precise posture and breathing activities. Research has shown that yoga can be used to control several body functions such as blood pressure, heart rate, respiration and body temperature. This can improve your overall physical fitness and promote feelings of relaxation and well being.



Complementary and Alternative Therapies (continued)

2. Manual Healing and Physical Touch Methods - this category involves touching, manipulation or movement of the body. It is based on the idea that problems in one part of the body often affect other parts of the body.

- **Acupuncture** uses very thin needles of varying length inserted into the skin to treat various conditions including chemotherapy-induced nausea. It may also be helpful in addictive behaviors such as smoking and alcoholism. When conducted by a trained professional it is considered safe.
- **Therapeutic Touch** is a method that uses the hands to direct human energy for healing purposes. It usually involves no actual physical contact and may be useful in reducing anxiety and increasing a sense of well being in some people.
- **Massage** involves manipulation, rubbing and kneading of the body's muscle and soft tissue. Massage has been shown to decrease stress, anxiety and pain and increase alertness. When performed by a licensed, trained professional, light massage during your cancer recovery is considered safe. *However, receiving a vigorous massage during radiation therapy may increase fatigue*, and gentler techniques such as Jin Shin Jyutsu, Compassionate Touch or cranial sacral therapy has been recommended. Do not use massage oils or lotion near the area of your body receiving radiation because increased moisture can increase the effects of radiation. If you experience lymphedema, or swelling of your arm, following surgery or radiation, instruct your massage therapist to avoid massaging the affected arm.

When choosing a therapist, it is vital that the person who treats you is properly trained and qualified. **The following are general suggestions to help you find a practitioner in your area:**

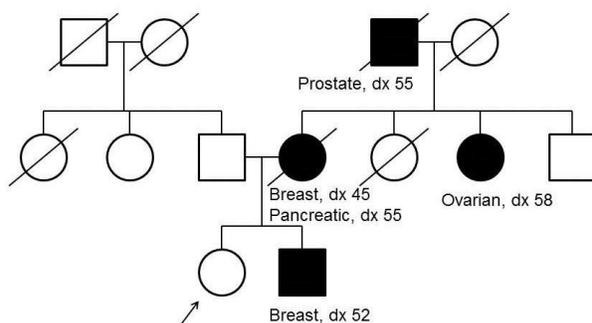
1. Contact the relevant professional organization and ask for a list of practitioners in your area. The list of resources below may be helpful for this. For example, the American Academy of Medical Acupuncture will keep a record of any affiliated acupuncturists in your area that are taking patients.
2. Ask the organization what level of qualification and training they mandate before practitioners are allowed to be affiliated with the organization.
3. Check if the organization has a code of practice and ethics as well as disciplinary and complaints procedures. This will ensure that there will be no variation from the above qualifications
4. Ask your practitioner how many years of training they've had and how long they have been practicing.
5. Find out if the practitioner is state licensed or certified (not all therapists are required to be state licensed).

Is My Family At Risk?

Along with concerns over your own health and well-being, you may be wondering if your family members are also at risk for breast cancer. **Research has shown that there is also an overestimation of personal risk by women with a family history of breast cancer.** This section serves to provide you with some basic information on the differences between sporadic, familial and hereditary breast cancer in order to help clarify any concerns you may be having for yourself and your family.

Is My Family At Risk?

Family history is one of many factors involved in the development of breast cancer. In order to assess your family's risk of breast cancer, your physicians will ask you specific questions about your family and whether anyone on either your mother's or father's side of the family has had breast or ovarian cancer, and at what age were they diagnosed. A **pedigree** is a family tree that specifies the relationship between affected individuals in a family being evaluated. This is a standard part of genetic counseling and is used to help identify families who are at increased risk for hereditary breast cancer.



Example of a pedigree for patient with multiple relatives who have had cancer

In addition to obtaining a detailed family history, your breast cancer team can also use several tools to assess your family's risk of developing breast cancer. One of these tools is called the **Gail Model**. This model can calculate a person's risk of breast cancer based on certain characteristics such as the individual's race, current age, age of first menses, age of first live birth, number of first-degree relatives with breast cancer, and number of breast biopsies.

Although this tool can be very useful, it is limited in certain circumstances. It does not take into account whether other members of your family other than your mother, sisters, brothers or daughters have had breast cancer. It also does not take into account at what ages the family members were diagnosed, which is an important factor when determining if a family's history of breast cancer is likely to be familial or hereditary. For example, having a first-degree relative with breast cancer, especially if she was diagnosed before the age of 50, is more significant than one or two distant relatives diagnosed after the age of 50. Therefore, depending on your family history, additional tools may be used by your physicians to further assess your family's risk of breast cancer.



Is My Family At Risk? (continued)

A family's history of breast cancer can generally be divided into 3 categories: sporadic, familial and hereditary.

Sporadic Breast Cancer

The majority of breast cancers (**about 70%**) are sporadic and occur in women without a family history of breast cancer. If you are the first person in your family to be diagnosed with breast cancer and you are over the age of 50, your breast cancer is most likely to be considered sporadic. First degree family members may be at a slightly increased risk for developing breast cancer, if they share certain environmental or lifestyle risk factors. In general, your female family members should have yearly mammograms and clinical breast exams 10 years prior to the age at which you were diagnosed, or age 40 (whichever comes first).

Family Clustering of Breast Cancer

Approximately 30% of breast cancers are considered familial, with a clustering of individuals affected within a family. Families who have two or more relatives with breast cancer diagnosed after the age of 50 most likely represent a clustering of cancer. This can occur on either your mother's or father's side of the family, or both. Familial clustering of breast cancer can result from many different factors including genetically inherited predispositions, environmental exposure to carcinogens that might affect an extended family living in close proximity, culturally motivated behaviors that may alter a family's risk factor profile (such as age of first live birth), and socioeconomic influences that might result in differing dietary exposures.

Hereditary Breast Cancer

The presence of specific genes known to indicate a susceptibility to breast cancer is responsible for **approximately 5%-10%** of all breast cancers. This form of hereditary breast cancer runs in families and has several distinct characteristics that differentiate it from sporadic and familial breast cancers. The age of onset of breast cancer in families carrying a gene mutation is usually much earlier, typically occurring before the age of 50. The prevalence of bilateral breast cancer (or cancer in both sides of the breast) is increased, and there is also an association of related tumors such as ovarian, prostate, pancreatic, and colon cancer within family members.

Is My Family At Risk? (continued)

BRCA1 and **BRCA2** are two important tumor suppressor genes. Mutations (or changes in DNA) in BRCA1 and/or BRCA1 genes account for the majority of hereditary breast cancers, and are **associated with up to an 87% risk of breast cancer.**

The presence of a cancer susceptibility gene in an individual confers a substantial risk for breast cancer. Genetic testing can determine if you or your family members have a genetic predisposition for breast and ovarian cancer related to a mutation in the BRCA1 or BRCA2 gene, or other possible genes. The National Coalition Cancer Network (NCCN) have regularly updated guidelines for what family/medical history warrants genetic testing.

If your family is considered to be at a higher risk, several clinical management options are available, including increased cancer screening or more frequent clinical breast exams, hormonal therapy to help prevent breast cancer, or prophylactic (preventative) surgery to remove tissue at high risk for cancer.

What Can My Family do to Help Reduce Their Risk?

- ***It is best to speak to your physician regarding which options are best based on your family history.***
- ***In general, first-degree family members should begin to have mammograms 10 years earlier than the earliest age of onset of breast cancer within the family, or at age 40, whichever comes first.***
- ***Breast MRI can be an additional way to screen the breast, often this is alternated with regular mammography every 6 months in high risk individuals (see the "Guidelines for MRI Use In Breast Cancer Screening" sheet at the back of this section)***
- ***Clinical breast exams every 6-12 months may be recommended for some families.***
- ***If a genetic predisposition is suspected, genetic counseling and genetic testing for the presence of a cancer-susceptible gene can be conducted.***

For more information regarding family risk assessment, genetic counseling, and/or genetic testing, contact the Hereditary Breast Cancer Risk Assessment Clinic at **504-842-6406**

MRI Use In Breast Cancer Screening

The **American Cancer Society** has developed recommendations for which patients should be monitored with both a breast MRI and a breast mammogram each year as part of annual screening (normally recommended 6 months apart from each other):

TABLE 1 Recommendations for Breast MRI Screening as an Adjunct to Mammography

<p>Recommend Annual MRI Screening (Based on Evidence*)</p> <ul style="list-style-type: none"> BRCA mutation First-degree relative of BRCA carrier, but untested Lifetime risk ~20–25% or greater, as defined by BRCAPRO or other models that are largely dependent on family history
<p>Recommend Annual MRI Screening (Based on Expert Consensus Opinion†)</p> <ul style="list-style-type: none"> Radiation to chest between age 10 and 30 years Li-Fraumeni syndrome and first-degree relatives Cowden and Bannayan-Riley-Ruvalcaba syndromes and first-degree relatives
<p>Insufficient Evidence to Recommend for or Against MRI Screening‡</p> <ul style="list-style-type: none"> Lifetime risk 15–20%, as defined by BRCAPRO or other models that are largely dependent on family history Lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH) Atypical ductal hyperplasia (ADH) Heterogeneously or extremely dense breast on mammography Women with a personal history of breast cancer, including ductal carcinoma in situ (DCIS)
<p>Recommend Against MRI Screening (Based on Expert Consensus Opinion)</p> <ul style="list-style-type: none"> Women at < 15% lifetime risk

*Evidence from nonrandomized screening trials and observational studies.

†Based on evidence of lifetime risk for breast cancer.

‡Payment should not be a barrier. Screening decisions should be made on a case-by-case basis, as there may be particular factors to support MRI. More data on these groups is expected to be published soon.

If any of the above criteria apply to you or your family, ask your doctor whether MRI screening may be appropriate.



Talking to Your Family About Breast Cancer

One of the most difficult things about a new diagnosis of breast cancer is thinking about how it may affect your loved ones. Many patients spend more time concerned about their family than themselves. There is nothing wrong with this reaction. The next few pages outline some tips for discussing your diagnosis with your partner and your children.



Talking to your Children About Breast Cancer

Having a parent with cancer can sometimes create uncertainty and anxiety for a child. Deciding if, how and what to tell your children about your breast cancer diagnosis can be difficult. Your Breast Cancer Team at Ochsner recognizes that breast cancer affects the whole family. We are available to assist you in discussing your diagnosis with your children and have put together some basic information on how children respond to a parent's illness based on the child's age and level of development.

We have also included a brief list of resources in the form of books and websites that may be helpful. Please let us know if you discover any additional resources you find to be of benefit so that we may update our lists in order to better serve our patients and their families.

Of course, you are the expert on your child and know best how your child will react and what to tell him or her. If you feel that you require more help than we can provide, one of our social workers is available for counseling or to make referrals as necessary. **To reach a social worker at the Ochsner Cancer Institute, call 504-842-3910.**

Deciding what, when and how to tell children about a parent's serious illness is often difficult. You might think that it is best not to tell children so that they will not be frightened or worried. Most experts advise against this. Even infants are sensitive to the emotional climate around them and realize that something is wrong. Young children are very egocentric and imagine that they are the cause of whatever is wrong. Older children may hear someone else talking about the illness and assume that they are not being told because it is too horrible.

Sitting down with your child and explaining what is happening in terms they can understand is recommended. Tell them the name of your illness: breast cancer. In children's minds, things that are named can be understood and dealt with. Be honest. **It is okay for your children to see that you are sad or angry. Just be certain that they understand they are not the cause of your sadness or anger.**

Do not depend only on your own perception of how your children are coping. Research studies have shown that parents under stress are not very good at recognizing when their children are having difficulty.



Talking to Your Children About Breast Cancer (continued)

The following information details the developmental level of children in various age groups and provides suggestions on how to address their individual needs and concerns.

Infants (birth to about 2 years)

As stated above, infants are sensitive to other's emotions. They may feel a parent's tension while being held or hear stress in the parent's voice. You cannot explain what is happening to an infant, but you can try to provide extra time and attention. If you have to go into the hospital for a few days, **it is best to disrupt the baby's routine as little as possible by having someone he or she knows provide care.** If the infant cannot stay at home, it is better to send him or her to one place rather than shift care around from person to person and place to place. When you come home, your infant may seem to reject you at first. This is normal. He or she did not understand why you went away and is worried it will happen again. If the normal routine has not been too badly disturbed, he/she will often come around quickly.

Toddler to Preschool (about 2 years to 6 years)

Children in this age group still require a lot of consistency in their routines. They are usually very frightened by a parent's illness and worried about what will happen to them. They do not have a good understanding of what causes illness and may be concerned that it is their fault because they were angry with you (also known as magical thinking).

It is normal for children to sometimes be angry and act out--encourage activities that vent these feelings, such as pounding on

drums or hammer-and-peg toys. Some children regress to an earlier stage of behavior (bedwetting or thumb sucking). This is a normal response to stress and will disappear as they feel more secure.

Children in this age group need to have simple, reassuring explanations in language they understand. You should tell them the name of your illness-- breast cancer --and explain that it is a "boo-boo" (or whatever the family word for a hurt is) that mommies get. They need reassurance that they cannot catch it from you and that nothing they did caused you to get sick. **The most important reassurance you can give them is that they will be taken care of.** If you can, try to have a close relative or well known babysitter give them a little more time and attention.

Grade School (about 5 years to 12 years)

As a general rule, children in this age group cope a little better with a parent's illness. They are often very curious about the human body and may want to see your scar if you have had surgery, or go with you for radiation or chemotherapy treatments to check out the equipment. At the younger end of this age range they still have a "magical" idea of the cause of disease, but as they get a little older, they begin to understand illness as being caused by some "bad" thing from outside the body.

Sometimes this age group will have worries



about how this illness will affect them. These concerns come out sounding a little self-centered (such as seeming to be more interested in whether or not they will have to forgo a birthday party or give up an organized sport). **They are not being selfish; they are just trying to understand how your illness is going to change their lives.**

Some children seem to sail through all problems at this age. Others are very angry. Some may not outwardly show emotion but will start doing poorly in school. You may want to let your child's school know what is going on so they can notify you right away if there are problems.

Though children this age are more interested in and have a better understanding of illness, explanations need to be simple and on their level. **It is a good idea to frequently ask your child to explain back to you what is going on, to ensure they have the correct understanding.** Be careful of asking questions that can be answered by "yes" or "no". It is better to ask, "What do you think of when you hear someone talk about breast cancer?" rather than "Do you understand what breast cancer is?"

Adolescents (about 11 years to 18 years)

Adolescence is a difficult time for children even under the best of circumstances. **It is extremely important to be honest with adolescents.** They have a tendency to look for reasons not to trust adults. They may demand that you keep out of their life one minute and ask for a ride to the mall the next.

Teenagers may react to your illness with

extreme anger, sadness or insecurity. Or, they may not seem to react at all. Some adolescents respond by becoming "model children". Others pull away and isolate themselves from the family. Friends may become more important than parents. Your teenager may not want to discuss any aspect of your illness with you, but will confide everything to a close friend or other trusted adult. Most adolescents crave information but can only deal with small amounts at a time. If your child does not seem comfortable talking with you, you may want to leave brochures and books out for them to look at on their own. This lets them take in as much or as little as they feel capable of handling at any one time. **Some families have found regular discussion times where everyone gets a chance to air concerns and talk over what is happening to be helpful.**

Often teenagers are very image-conscious. They may be embarrassed by baldness or whether or not you wear prosthesis. Be open with them in discussing why you look the way you do and what accommodations you are willing to make in public or around their friends.

Adults (over 18)

Even adult children who may no longer live at home are affected by a parent's illness. Young (college-age) adults tend to react similarly to adolescents. **It is important to keep adult children informed of what is happening throughout the course of the illness.** Not informing them of complications or setbacks until after the fact can be distressing and increase feelings of isolation and helplessness.



Resources for Parents

Books:

There are a lot of books for children dealing with loss and grieving, but only a few that deal specifically with a parent's illness. Check out children's bookstores or the children's section of major bookstores and ask the staff for recommendations. Some of the books mentioned in the section of this binder on partners also have sections on telling your children.

The Hope Tree: Kids Talk About Breast Cancer

by Laura Numeroff and Wendy S. Harpham, M.D. (Simon and Schuster).

-A simple picture book co-written by the author of the *If You Give a Mouse a Cookie* series of children's books and the author of several other books on cancer. Children tell their own stories of how breast cancer affected their families. The book is geared toward the 4-8 year old child.

Michael's Mommy Has Breast Cancer

by Lisa Torrey (Hibiscus Press).

-Another book geared to young children 5-10 years old.

Our Mom Has Cancer

by Adrienne and Abigail Ackermann (American Cancer Society).

-Written by two elementary school age sisters whose mother had breast cancer. The sisters describe the treatments their mother went through and how the experience affected their family.

My Mother's Breast: Daughters Face Their Mothers' Breast Cancer

by Laurie Tarkan (Taylor Publishing).

-Sixteen stories from girls and women whose mothers had breast cancer about how their mothers' illness affected them.

What Is Cancer Anyway? Explaining Cancer to Children of All Ages

by Karen L. Carney (Dragonfly Publishing).

-Written by a registered nurse who is also a licensed clinical social worker, this book explains different types of cancer and the treatments involved in simple, hopeful language.

Because...Someone I Love Has Cancer: Kid's Activity Book

(American Cancer Society, www.cancer.org)

-This is an activity book for children between the ages of 6 and 12 to help them cope with a cancer diagnosis within the family. This book can be ordered through the American Cancer Society Website



How to Help Children Through a Parent's Serious Illness

by Kathleen McCue with Ron Bonn (St. Martin's Press).

-An excellent book written by a child life specialist that covers all aspects of children's responses to a parent's illness based on their developmental level. It includes a chapter on warning signs that your child may be having serious trouble and needs professional help.

Websites:

There are numerous websites devoted to cancer topics. When surfing the web it is important to keep in mind that anyone can put up a web page on any topic without having any qualifications. Always check out Internet information with your health care provider. The following list is just a small sample of what is available:

www.komen.org or www.breastcancerinfo.com

These both go to the same site-the Susan G. Komen Foundation. Clicking on the "breast health" button brings you to an area with sections on support issues including a brief section on telling your children about your diagnosis.

www.kidscope.org

This site does not contain much information but it has a comic book about chemotherapy and a video about children whose mothers have had breast cancer that can be ordered at no cost. There is also a "links" button that takes you to related websites.

www.lbbc.org

Clicking on the "transcripts" button brings you to a menu of available transcripts of Internet chats. The "Helping Kids Deal With Mom's Breast Cancer" chat from August 17, 2000 is excellent. It ends with a list of resources, divided by age, to help explain cancer to children.

www.kidskonnected.org

This is a website/organization dedicated to children who have a parent with cancer. The website offers information about cancer on a child's level. There are many resources available to children through the "Kids Konnected" organization, such as a 24 hour hotline, cancer literature and newsletter.

<http://momalways.org>

This website specializes in helping mothers cope with having a terminal illness. It includes resources on how to talk to your kids about your illness, as well as support for the patient on the emotional struggles of accepting a terminal diagnosis.



The Partner's Reaction to Breast Cancer

Everyone reacts differently to the news that a loved one has cancer. Partners of breast cancer patients frequently try to provide emotional support to the patient and family at the same time that they themselves need support to adjust to the diagnosis and the changes it will bring. They must continue to carry out their usual family role while also trying to manage the household and provide physical and emotional care to the loved one with cancer.

Most information for partners of breast cancer survivors focuses on how the partner can support the patient. There is not much available on support for the partner. These are some things that others have found helpful:

- Physically “being there” with your loved one during appointments helps the partner obtain information and emotionally support your significant other. The feeling of competence from being able to do this may help you cope.
- Learning about the cancer and the treatments helps the partner assist the patient with decision making and teaches ways to inform family and friends about the diagnosis. This knowledge may also help you cope.
- Some partners say that keeping the family routines and activities as close to normal as possible helps them feel that they are managing. This can be stressful, however. It is helpful if there is another family member or close friend who can assist with chores.
- Having a positive attitude and being around positive people, along with a good sense of humor, helps many partners cope.
- The attitude of health care professionals and the way they respond to the partner affect his or her coping. Partners say they want to be included and have their views considered with dignity, respect and compassion. They want to feel confident that the information they receive is current and accurate.
- Talking to other partners of breast cancer survivors can allow you to discuss your feelings in a safe environment with others who are experiencing the same things. Some partners say that sharing information in this way helps them feel less alone.



Resources For the Partner

Books

As previously stated, most books focus on how the partner can assist the breast cancer survivor. The following is a list of some books containing sections on how the partner can take care of himself or herself. These books can be found at various local bookstores and frequently offered through online bookstores.

Helping Your Mate Face Breast Cancer: Tips for Becoming an Effective Support Partner
by Judy C. Kneece (Edu Care Publishing)

This is a clear, easy to read book with lots of good information on all aspects of breast cancer treatment. It is also located in the Tansey Breast Center Patient Resource Library

When Someone You Love Has Cancer
by Suzanne LeVert Dell.

-This book does not focus specifically on breast cancer, but the information is still very useful.

The Complete Idiots Guide to Living With Breast Cancer
by Sharon Sorenson and Suzanne Metzger (Alpha Books)

-This book is very easy to read and has a lot of excellent information despite its terrible title. The authors are both breast cancer survivors.

The Breast Cancer Handbook-Taking Control After You've Found a Lump
by Joan Swirsky and Barbara Balaban. Power Publications.

-There is a very good, short chapter on the partner (referred to here as the "caretaker").

Websites

There are numerous websites devoted to cancer topics. When surfing the web it is very important to keep in mind that anyone can put up a web page on any topic without having any qualifications. Always check out Internet information with your health care provider. Most websites that address partner issues look at them from the patient's point of view.

www.yme.org

Click on the "breast cancer info" button then "support services" on the side bar to bring up a toll-free phone number (1-800-221-2141) to be matched with a volunteer in the "Men's Match Program" who has gone through a similar experience.

There is also a brochure-"When the Woman You Love Has Breast Cancer"-that is very good.

www.wellspouse.org

The Well Spouse Association provides peer support and resources for the spouse of someone battling a disease.

Supportive Services and Resources

A diagnosis of cancer can be a life changing experience. Once a diagnosis of cancer is made, patients are faced with decisions regarding surgery, treatment, employment and financial instability. As part of breast treatment at The Lieselotte Tansey Breast Center, support services are an integral part of the treatment process and are offered to every patient upon a diagnosis of breast cancer.

Included in the comprehensive team of professionals, a licensed, Masters prepared social worker is available to assist with an array of services that are offered to patients and families. Assistance to patients and families includes discharge planning, supportive counseling, referrals to community resources and crisis intervention. Resources outside of the Ochsner System are also included.



Breast Cancer Support Group

2018 Meeting Dates

We Welcome Patients
and Their Families to
These Informative
Sessions!

All meetings held
6:00 - 7:30 p.m.
Lieselotte Tansey
Breast Center

*1319 Jefferson Hwy.
(Across the street from main campus)*



January 9
February 20
March 13
April 10
May 8
June 12
July 10
August 14
September 11
October 9
November 13
December 11

For more information call The Ochsner Cancer Institute 504-842-3910



Breast Support Group

The Breast Cancer Support Group meets on a monthly basis and is open to adult cancer patients, family members, caregivers and friends. The Breast Cancer Support Group is free and open to the public.

If you would like to receive monthly information on our Breast Cancer Support Group, please complete this form and you will be added to our mailing list.

For more information without being added to the mailing list, please call the Oncology Social Worker at 504-842-3910

NAME _____

CLINIC NUMBER _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

IF YOU WOULD RATHER RECEIVE THE INFORMATION BY EMAIL, PLEASE GIVE US YOUR EMAIL ADDRESS. _____

Please return this form to: The Tansey Breast Center at Ochsner
1319 Jefferson Hwy
New Orleans, LA 70121

OR

Leave this form with the receptionist at the
Tansey Breast Center

OR

Fax form to the Oncology Breast Social Worker: 504-842-
7693

Open to all cancer survivors, men and women

HEALING YOGA FOR CANCER SURVIVORS

**3 classes
are now
available!**

Thursday 4:00 – 5:30 pm
Thursday 6:00 – 7:30 pm
Saturday 11:00 am - 12:30 pm

Gayle and Tom Benson Cancer Center
5th Floor Sitting Area

1514 Jefferson Hwy, New Orleans, LA 70121

Instructor:

Louanne Cho, E-RYT 500, AWC

Elmwood Fitness Yoga Instructor

Uptown Yoga & Ayurveda Wellness Center, Owner



- Casual or exercise attire
- Class at no cost to patient
- Bring a mat or one will be provided



TO REGISTER OR FOR QUESTIONS, PLEASE CALL 504-842-3910

Young Survivors YOGA

Saturdays

12:30 pm - 2:00 pm

Gayle and Tom Benson Cancer Center

5th Floor Sitting Area

1514 Jefferson Hwy,

New Orleans, LA 70121

Instructor:

Louanne Cho, E-RYT 500, AWC

Elmwood Fitness Yoga Instructor

Uptown Yoga & Ayurveda Wellness Center, Owner

- Casual or exercise attire
- Class at no cost to patient
- Bring a mat or one will be provided
- No yoga experience required
- Participate at own level

**TO REGISTER OR FOR QUESTIONS,
PLEASE CALL 504-842-3910**

 **Ochsner™**
Cancer Institute



look good **feel better**

Empowers cancer patients by teaching techniques to help with skin, nail, makeup & hair loss concerns from treatment.

To accommodate various patient needs, the techniques are taught in several formats.

Volunteer beauty professionals for the Look Good Feel Better program are trained and certified by the Personal Care Products Council Foundation, the American Cancer Society, and the Professional Beauty Association. The program is offered to cancer patients in treatment or who have recently completed treatment.

DVD AT HOME



Watch & learn the techniques conveniently at home.

Patients use their personal cosmetics to practice the steps shown on the DVD.

CONSULTATION



A certified, licensed cosmetologist reviews the techniques in his/her salon.

Patients bring their personal cosmetics for the consultation.

Volunteer availability varies.

GROUP CLASS



Certified, licensed volunteers demonstrate the techniques in a 2-hour class.

Each patient in a group class receives cosmetics sample for practice.

Select locations.

VIRTUAL CLASS



Watch & learn the techniques online at lookgoodfeelbetter.org or on the mobile app.

Check out the interactive makeover tool. Scan the code for the the iPhone app.



1-800-395-LOOK (5665)

Call to connect to a program & for more information.
Answered by the American Cancer Society, every day, all day.



General Breast Cancer Resources

A vital component of recovery from breast cancer for many women and their families is learning more about breast cancer and what to expect both during and after their treatment. It may also be helpful for you to read how other women faced their breast cancer experiences and solved their problems. Listed below are some suggested resources, most of which are free of charge, that can be found either in your local bookstores or libraries or by writing to the address listed.

In addition to this list, The Tansey Breast Center is pleased to offer you access to **the Patient Education Resource Center** located in the lobby of the Tansey Breast Center and sponsored by Capital One Bank. The Resource Center is open to all women and their families and contains a variety of materials, including pamphlets, books, videos and computers focusing on a variety of women's health issues. The center is open Monday through Friday from 7:30am until 5:00pm.

Insurance and Legal Matters

The National Insurance Consumer Helpline

800-942-4242

A hotline established to answer consumer questions and to provide problem-solving support. Lines manned by trained personnel and licensed agents. 8:00 am to 8:00 pm. Eastern Standard Time, Monday through Friday.

Insurance Consumer Organization

202-5476426 or Fax 202-547-6427

Organized to educate consumers about their insurance rights through publications and telephone inquiries.

Social Security Administration

www.socialsecurity.gov/myaccount to create an account for the online portal

www.socialsecurity.gov/applyforbenefits for Social Security retirement/spouse's benefits

www.socialsecurity.gov/applyfordisability for Social Security Disability benefits

www.socialsecurity.gov/i1020 to apply for extra help with Medicare prescription drug costs



Financial Assistance/Co-Pay Assistance

Patient Advocate Foundation

800-532-5274

www.patientadvocate.org

Patient Access Network

866-512-3861

www.copays.org

Well-Being

Reach To Recovery, American Cancer Society

Contact local American Cancer Society at 469-0021 for an appointment with a volunteer for a visit. Information on exercises for recovery, including range-of-motion exercises for surgical arm is available.

Alicethenics

Exercises to increase freedom of movement after breast surgery (video available for viewing at the Tansey Breast Center). The program focuses on increasing range of motion, flexibility, and lymphatic flow, with a total body workout that pays particular attention to the upper body.

Support:

Cancer Association of Greater New Orleans (CAGNO)

504-733-5539 or 800-624-2039

<http://www.cagno.org>

Provides assistance with copays and bills for patients up to 1 year from diagnosis, Greater New Orleans area only

CAGNO Breastoration Fund - division of CAGNO specifically for patients undergoing reconstruction with mastectomy, who need financial assistance

Men Against Breast Cancer

1-866-547-MABC(6222) www.info@menagainstbreastcancer.org

First national non-profit organization designed to target and mobilize men to be active participants in the fight to eradicate breast cancer.

Mothers Supporting Daughters with Breast Cancer

www.mothersdaughters.org

National non-profit organization providing support services for breast cancer survivors and their families and designed to help mothers who have daughters battling breast cancer.



Y-ME National Organization for Breast Cancer Information and Support

800-221-2141

www.yme.org

212 W. Van Buren, 4th Floor

Chicago, IL 60607

Provides support and counseling through national toll-free hotline (9 am to 5 pm CST, Monday through Friday at 800221-2141). Trained volunteers, most of whom have had breast cancer, are matched by background and experience to callers whenever possible. Information on local support programs in your area or how to establish a support program is available.

Cancer Survivors Network through the American Cancer Society

<https://csn.cancer.org/>

Louisiana Breast Cancer Task Force

www.louisianabreastcancer.org

Promotes breast health and breast cancer eradication in our state. Raises awareness of the breast cancer epidemic and the need for increased cancer prevention, causes and cure.

Cancer Advocacy Resources

877-622-7937

www.canceradvocacy.org

Cancer Survival Toolbox

www.canceradvocacy.org/resources/cancer-survival-toolbox

The Pink Fund

877.234.PINK (7465)

<https://www.pinkfund.org/>

Provides financial support to help meet basic needs, decrease stress levels and allow breast cancer patients in active treatment to focus on healing while improving survivorship outcomes

Genetic Testing:

Myriad Genetic Laboratories, Inc.

1-800-4-myriad

www.myriadtests.com

320 Wakara Way

Salt Lake City, UT 84108

National Cancer Institute's Cancer Information Service

1-800-4-cancer

www.nci.nih.gov



Hair Care and Makeup:

Look Good, Feel Better, American Cancer Society

Call the Tansey Breast Center at Ochsner at (504) 842-6406 or the local American Cancer Society office or 1-800-ACS2345. Free class instructions on makeup application and hair care during cancer treatment. Open to all cancer patients undergoing treatment.

Wig Providers

Total Health Solutions: 504-834-8114

Wig World: 504-887-5353

JoLee Labelle: 504-454-3048

Prosthesis and Breast Cancer Products:

Total Health Solutions

504-834-8114

Amoena and Camp

companies that sell breast prostheses and mastectomy bras, among other products, for breast cancer patients.

Amoena

www.us.amoena.com

Camp

www.camphealthcare.com

Lodging

American Cancer Society Patrick F. Taylor Hope Lodge

<https://www.cancer.org/treatment/support-programs-and-services/patient-lodging/hope-lodge/new-orleans/>

General Information:

American Cancer Society (ACS)

800-ACS-2345 or 1-800-227-2345

www.cancer.org

National office address: 15999 Clifton Road NE, GA 30329

Check Yellow Pages for local office address and telephone number. Provides free written information on breast cancer, support group information and referrals to "Reach to Recovery" program.

National Cancer Institute (NCI)

800-4CANCER

<http://health.nih.gov/>

Public Inquiry Section, Office of Cancer Communications Building 31, Room 10 A 24, Bethesda, MD 20892

Provides free written information on all aspects of breast cancer.



Alliance of Breast Cancer Organizations 212-889-0606

www.nabco.org

NABCO, 9 East 37th Street, 10th Floor New York, NY 10016

A national non-profit organization that acts as an advocate for breast cancer patients. Provides information on patient resources throughout the United States concerning all aspects of breast cancer treatment and recovery.

American Breast Cancer Foundation

877-539-2543

www.abcf.org

Komen Alliance

800-IMAWARE

www.breastcancerinfo.com

Susan G. Komen Foundation Occidental Tower 5005 LBJ Freeway, Suite 370 Dallas, TX 75244

Information on all areas of breast cancer treatment and support.

AMC Cancer Research Center's Cancer Information Line

800-525-3777

Professional cancer counselors provide answers to questions about cancer, support and information on free publications. Equipped for deaf and hearing impaired callers.

Women's Information Network Against Breast Cancer

WIN Against Breast Cancer

866-2WINABC (866-294-6222) www.winabc.org

536 S. Second Avenue, Suite K

Covina, CA 91723

Mission is to increase public awareness about breast cancer and ensure all women have access to breast health services. Offers information on diagnosis, treatment and educational products.

Cancer Care, Inc.

1-800-813-HOPE

www.cancercareinc.org

National Coalition for Cancer Survivorship (NCCS)

www.canceradvocacy.org



National Resources Regarding Clinical Trial Participation:

Cancer Information Service (CIS)

Provides accurate, up-to-date information on cancer to patients and their families, health professionals, and the general public.

1-800-4-CANCER (1-800-422-6237)

<http://cancer.net.nci.nih.gov>

Contains information about cancer treatment, screening, prevention, supportive care, and clinical trials.

<http://cancertrials.nci.nih.gov>

Includes information on understanding trials, deciding whether to participate in trials, finding specific trials, plus research news and other resources.

<http://www.nci.nih.gov>

National Cancer Institute's (NCI) primary website contains information about the organization and its programs.

<http://www.clinicaltrials.gov>

The national database for clinical trials. You can search by diagnosis, location, or drug and find a list of trials that may be applicable, along with a list of places they are being conducted and contact info.

Other Helpful Websites:

www.breastcancer.net

www.youngsurvival.org

www.louisianabreastcancer.com

<https://tnbcfoundation.org>

www.breastcare.org

www.facebook.com/ACS.NOLA

www.breastcancer.org

www.abcf.org

www.cancer.org

www.breastcancer.org/community/reading

www.lbcc.org

<http://bewiseraboutbreastcancer.org/>

For resources outside of those listed here, or to inquire about any of these resources, please contact the breast cancer social worker at **504-842-3910**

General Books:

Dr. Susan Love's Breast Book

Dr. Susan Love, Breast Surgeon (Addison Wesley Publishing Company)

Living Beyond Breast Cancer

Marisa C. Weiss, M.D. and Ellen Weiss (Times Books, a division of Random House)

The Breast Cancer Survival Manual

John Link, M.D. (Holt and Company)

Your Breast Cancer Treatment Handbook

Judy C. Kneece, RN, OCN (EduCare Publishing Company)

Helping Your Mate Face Breast Cancer

Judy C. Kneece, RN, OCN (EduCare Publishing Company)
General Reference for Support Partners

A Woman's Decision

Karen Berger and John Bostwick, M.D. (Ballentine Books)
Discussion of all aspects of reconstruction

After Breast Cancer: Answers to the Questions you're Afraid to Ask

Musa Mayer (O'Reilly)

Living Beyond Breast Cancer: A Survivor's Guide for When Treatment Ends and the Rest of Your Life Begins

Marisa C. Weiss

Be A Survivor: Your Guide to Breast Cancer Treatment

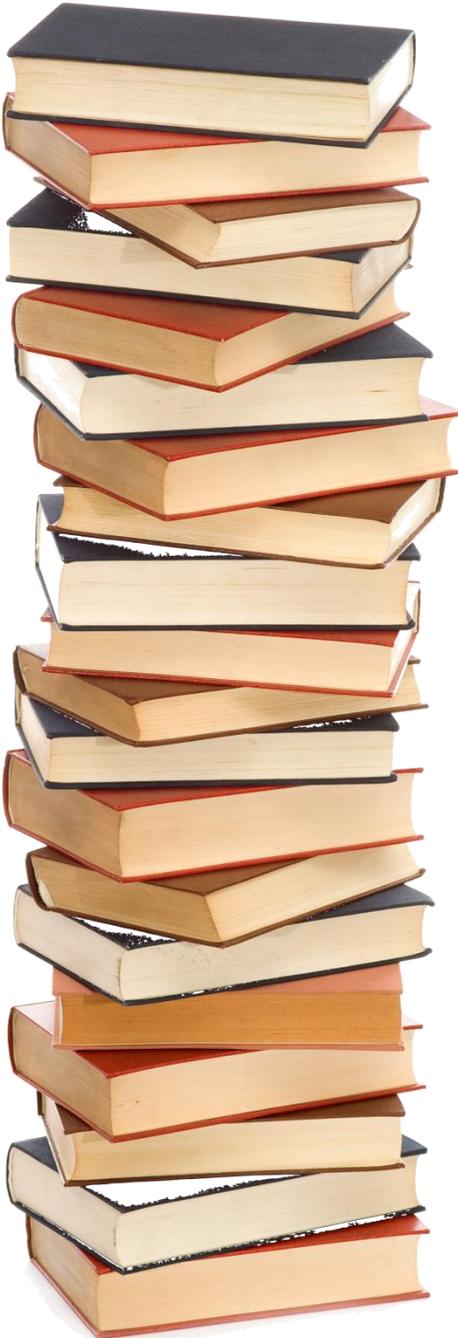
Vladimir Lange, M.D.

The Best News About Radiation Therapy: Everything You Need to Know About Your Treatment

Carol L. Kornmehl, M.D. F.A.C.R.O.

Ordinary Life: A Memoir of Illness

Kathlyn Conway



How Can I Give Back?

Many people find great fulfillment in giving back to their community following their breast cancer treatment. There are many ways in which you can assist others who are navigating the same path you have followed. This is a brief list of opportunities in the great New Orleans area.

My Treatment is Over, How Can I Give Back?

- **Participation in Breast Cancer Support Group**

Monthly support groups are generally held on the second Tuesday of each month from 6:00pm to 7:30pm at the Tansey Breast Center. This is a free community service and is not restricted to Ochsner patients. Your family is welcome to attend and several times a year various speakers will be present providing information regarding breast cancer and recovery. For more information call **842-3910**.

- **Join the Knitted Knockers**

Our Knitted Knockers program gives patients a comfortable, lighter option for prosthesis. If you are interested in making Knitted Knockers, please go to their website www.knittedknockers.org to find a group near you.



- **Tansey Breast Center Volunteers**

Breast cancer survivors can volunteer their time at the Tansey Breast Center in a number of different ways. Please contact the Volunteer Office at (504) 842-5085 for further information.

- **Reach to Recovery Volunteer**

Reach to Recovery is a peer support program sponsored by the American Cancer Society. For more information, please contact your local American Cancer Society office or 1-800-ACS-2345. The number to the New Orleans area office is (504) 465-8405.

- **Volunteer for the Hope Lodge**

The Patrick F. Taylor Hope Lodge is an extended-stay facility for cancer patients and their families. However, the main goal of the Hope Lodge is to make patients feel like they have a home-like environment to return to after treatment each day. There are many opportunities to volunteer your time at the Hope Lodge. Please call them at (504) 219-2200 to find out.



Hope Lodge



Thank You!

E-mail any critiques or comments
regarding this material to

Alison McDaniel:
amcdaniel@ochsner.org

