

About breast cancer



About us

Breast Cancer Network Australia (BCNA) is the peak organisation for all people affected by breast cancer in Australia. We provide a range of free resources, including the *My Journey Kit* for women with early breast cancer and *Hope & Hurdles* for women with secondary breast cancer. Our free quarterly magazine, *The Beacon*, includes stories from people sharing their experiences, as well as information on a wide range of breast cancer issues. We welcome and celebrate the diversity of our members.

Visit our website www.bcna.org.au for more information or to connect with others through BCNA's online network.

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In Australia, most women survive breast cancer. Treatment for breast cancer is much better now than it was in the past and more and more women are living long and healthy lives after breast cancer. Australia has one of the highest survival rates in the world.

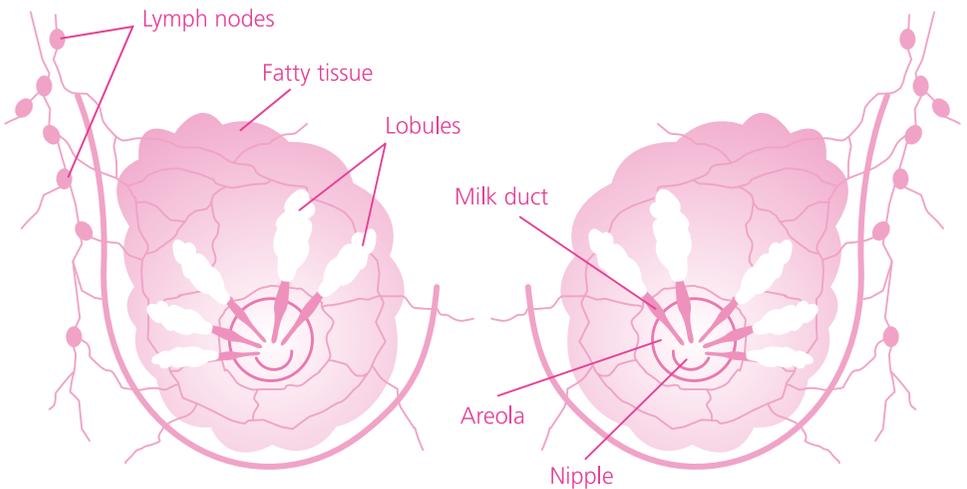
When I was first diagnosed, I had no idea what I should do. I was in the mist. I had no information about cancer. I didn't expect to get cancer, so I didn't know what questions to ask. – Ming



About the breast

To understand breast cancer, it helps to know what breasts are like on the inside. Breasts are made up of fatty tissue, lobules and ducts. During breast feeding, milk is made in the lobules. Milk travels through the ducts to the nipple. There is fatty tissue around the lobules and ducts.

There are also lymph nodes close to the breast in the armpit. Lymph nodes are like filters that clean the blood.



What is cancer?

Cancer happens when the body's cells grow in a way that is not normal. These cancer cells spread into the body's healthy tissues. Sometimes a cancer is called a tumour.

What is breast cancer?

Breast cancer is cancer that grows in the breast. There are many different types of breast cancer.

Early breast cancer is cancer that is in the breast tissue. It may also have spread to the lymph nodes near the breast or in the armpit. Early breast cancer is sometimes called invasive breast cancer.

Ductal carcinoma in situ (DCIS) is breast cancer in the milk ducts of the breast. The breast cancer has not spread outside the ducts into the breast tissue. DCIS is sometimes called non-invasive breast cancer.

Lobular carcinoma in situ (LCIS) is breast cancer in the lobules of the breast. The breast cancer has not spread outside the lobules into the breast tissue. LCIS is sometimes called non-invasive breast cancer.

Secondary breast cancer is breast cancer that has spread to other parts of the body, such as bones, the liver or the lungs. It is also called advanced or metastatic breast cancer. It is not as common as other types of breast cancer.

What causes breast cancer?

Initially you go through this, 'Why did this happen to me, I'm a good person'. But I got past that and thought, 'it's just bad luck.' – Maria

It is not possible for doctors to know what caused your breast cancer. There are some things that can make your chance of getting breast cancer higher, but they don't mean you will definitely get it. Some of the things that make the chance of getting breast cancer higher are:

- being a woman
- getting older
- having a faulty gene passed on from your mother or father
- having a number of other people in your family who have had breast cancer before they turned 50 years old.

Learning about your breast cancer

After surgery to remove the breast cancer, your surgeon will send the tissue to a pathologist. The pathologist looks at the tissue and writes a pathology report. This report has a lot of information about the breast cancer, including:

- how big it is
- how fast it is growing
- whether it has spread to the lymph nodes
- whether it uses hormones to grow (for example, the female hormone oestrogen)
- whether all the cancer has been removed and if the area around it has any more cancer cells (the 'surgical margin').

You can ask your doctor for a copy of your pathology report to take with you.

The report might have some words that you have never heard before. The meanings of some of these words are on page 7 of this booklet. You can also ask your doctor or nurse to help you understand it. Many women say that it is hard to understand all of the information the doctor tells you.

*When the doctor told me I had breast cancer,
I went numb. I just stood there and stared at him.
When I went home, I was so angry. I just could not believe
what lay in front of me. – Eleni*

Making decisions about treatment

Your doctor uses the information in your pathology report to know how likely it is that the breast cancer may come back, or spread to other parts of the body. This helps your doctor to decide which treatments may be the best for you. All breast cancers are different. Not everyone has the same treatment.

Your treatment will depend on:

- the type of breast cancer you have, and how quickly it is growing
- your age, your general health and what treatments you prefer.

Your doctor will talk with you about the treatments that will be best for you. You will have time to talk to your family before you decide what treatment to have. You can also talk to another doctor, your GP or a nurse if you are unsure.

Having the treatments that your doctor recommends for you will give you the best chance of surviving cancer. Your treatment will also lower the chance of cancer coming back. It is good to remember that most people diagnosed with early breast cancer in Australia survive.

Cancer is not a death sentence – it's not as terrible as you might imagine. Have hope. – Anh

It is important to ask your doctor questions about anything you do not understand. Sometimes this can be hard and you may not know which questions to ask. It can help to write down questions before your visit. It is a good idea to take a family member or friend with you to your appointments. They can ask questions or write notes about what the doctor says.

If you speak a language other than English and you need an interpreter, let your doctor or nurse know when you make your appointments.

My daughter came with me to my doctor appointments. This was good because I felt so nervous. She remembered to ask the questions I forgot, then after the appointments she could help me understand what happened. It really does help to take a list of questions to every doctor's appointment. No question is too silly and a list helps you to remember the questions you want to ask. – Delene

The Cancer Council can help answer some of your questions, or help you decide which questions to ask. You can phone the Cancer Council on **13 11 20**. If you speak a language other than English and you need an interpreter please phone **13 14 50**.

What do these words mean?

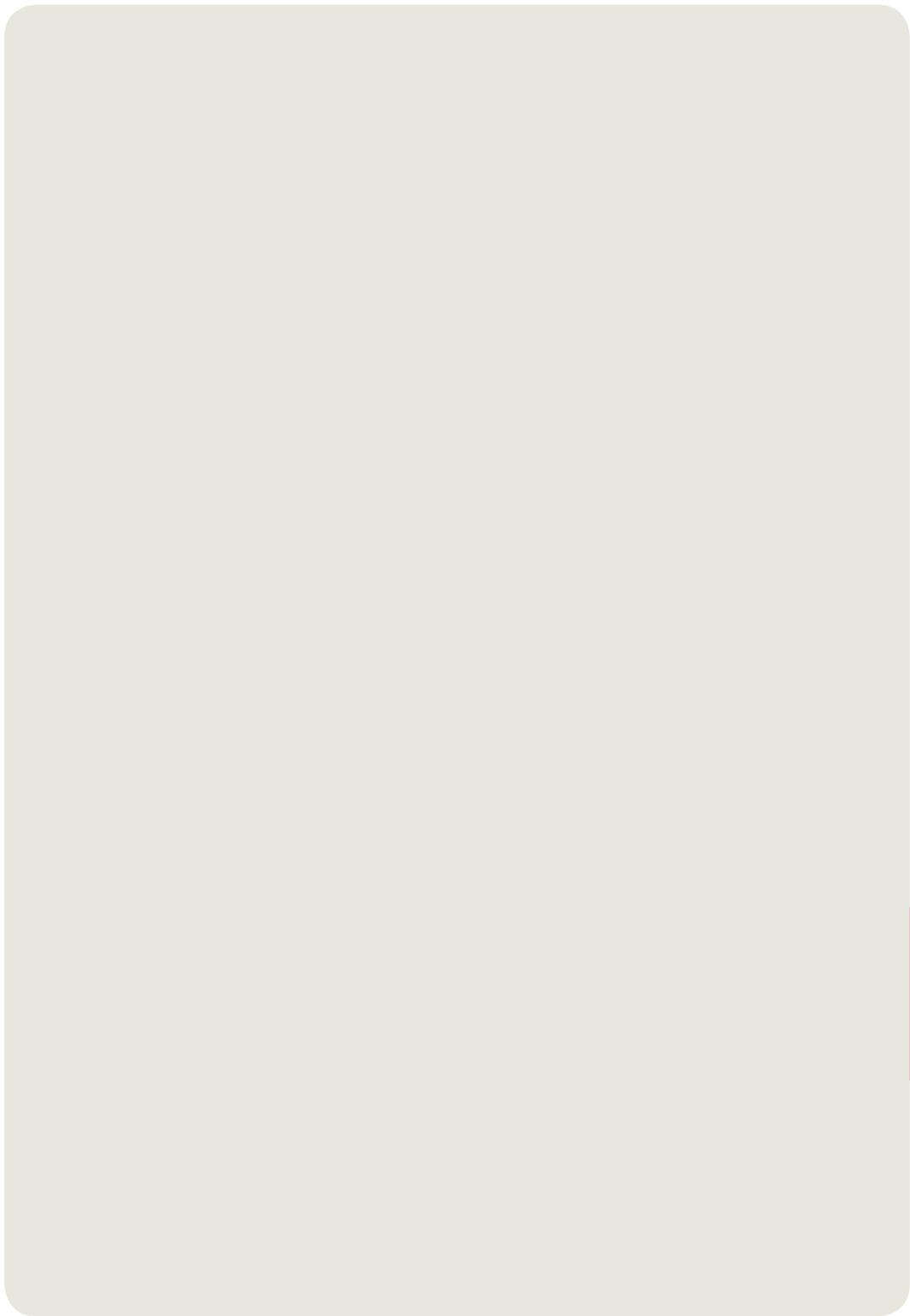
Below are some of the words you may see in your pathology report. Your doctor may talk about them when he or she tells you about the type of breast cancer you have and the best treatment for you.

| | |
|--------------------------|---|
| Grade | The grade of the cancer is about how slow or fast the cancer cells are growing. Grade 1 means the cancer is growing slowly. Grade 3 means the cancer is growing faster. |
| HER2 | If the cancer is HER2-positive, it means it has higher than normal levels of the HER2 protein and this can make the cancer cells divide and grow. |
| Hormone receptors | When breast cancer cells have hormone receptors on them it means that hormones called oestrogen and/or progesterone make them grow. These cancers are called 'hormone receptor positive' breast cancers. About two out of three women with breast cancer have this sort of breast cancer. This is also called oestrogen-positive (ER+) breast cancer. |
| Lymph nodes | Lymph nodes are found all around the body, including the armpit, groin, stomach, chest and neck. The lymph nodes in the armpit (axilla) or near your breast are often the first place that breast cancer will spread outside the breast. Your surgeon will remove one or more lymph nodes during your breast cancer surgery to see if they have any cancer cells in them. |

What do these words mean?

| | |
|------------------------|--|
| Stage | The stage of the breast cancer is about how big the cancer is and whether it has spread to the lymph nodes or not. |
| Surgical margin | The surgical margin is the area around the breast cancer that looks like healthy tissue. It gets taken out with the breast cancer during surgery in case there are some tiny cancer cells in the area that cannot be seen. If there are no cancer cells in the healthy looking tissue, it is said to be 'clear'. If the tissue has cancer cells in it, more surgery may be needed to take all of the cancer out. |
| Triple negative | Triple negative breast cancers have no hormone or HER2 receptors. This means that neither oestrogen, progesterone nor the HER2 protein help the cancer to grow. |







Breast Cancer Network Australia acknowledges the assistance of Estée Lauder Companies in producing this booklet.

More information

Breast Cancer Network Australia (BCNA) is the peak organisation for Australians affected by breast cancer. We have more information about breast cancer, including some information in other languages, that you can order or download from our website.

Phone BCNA on **1800 500 258**

Visit our website **www.bcna.org.au**

If you need an **interpreter**, phone **13 14 50**



Breast cancer treatments



About us

Breast Cancer Network Australia (BCNA) is the peak organisation for all people affected by breast cancer in Australia. We provide a range of free resources, including the *My Journey Kit* for women with early breast cancer and *Hope & Hurdles* for women with secondary breast cancer. Our free quarterly magazine, *The Beacon*, includes stories from people sharing their experiences, as well as information on a wide range of breast cancer issues. We welcome and celebrate the diversity of our members.

Visit our website www.bcna.org.au for more information or to connect with others through BCNA's online network.

One of the reasons so many women survive breast cancer in Australia is because of the excellent treatments available. There are many different types of treatments for breast cancer. This is because there are many different types of breast cancer. Your doctors will work out the best treatments for you.

When you go to see your surgeon or doctor, it is a good idea to write down questions you want to ask before the appointment and take these with you. It can also be helpful to take a family member or a friend to your appointments to support you. They can ask questions for you and write notes about what the doctors say.

If you speak a language other than English, let your doctors, nurses and surgeons know when you make your appointment. An interpreter can help you understand medical words, your breast cancer and your treatment options.

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Why treat breast cancer?

If breast cancer is not treated, the cancer cells in the breast will keep growing. They can spread to other parts of the body, such as bones, the liver or the lungs. This is called secondary breast cancer. Over time, these cancer cells can stop some organs in your body from working, or lead to other life-threatening problems.

It is better if the breast cancer is found before it spreads to other parts of the body and if you start treatment as early as possible.

What do breast cancer treatments do?

Treatments for early breast cancer aim to:

- remove the cancer from the breast
- kill any cancer cells that cannot be seen

Treatments for breast cancer

| | |
|-------------------------|---|
| Surgery | An operation to take out the cancer and some of the healthy tissue around it |
| Chemotherapy | Medicine to kill cancer cells in the breast and other parts of the body |
| Radiotherapy | Treating the area where the cancer was found with radiation (X-rays) |
| Hormone therapy | Medicine to stop hormone receptor-positive breast cancer growing |
| Targeted therapy | Medicine to stop certain types of breast cancer, such as HER2-positive breast cancer, growing |



You may have one, some or all of these treatments.

The treatment your doctor suggests for you will depend on:

- the type of breast cancer you have and how quickly it is growing
- your age, general health, and what treatments you prefer.

Your doctors will help you decide which treatment is best for you. It is usually alright to take a week or two to decide which treatments you want to have. You might like to talk to your family about it. You can also talk to another doctor, your GP, or a nurse if you are unsure.

When the doctor talked about having a second operation to remove the breast, I said, 'I can't let you know now. I need time to think about this'. He gave me a week. – Sotiria

You will see more than one doctor or nurse during your treatment. Some hospitals will have a special breast care nurse.

Surgery

The aim of breast cancer surgery is to:

- take out the cancer and some healthy tissue around it (this is called the 'surgical margin')
- find out more about your breast cancer so that your doctors can suggest the best treatment for you.

Main types of surgery

Breast conserving surgery

This is the removal of (cutting out) the part of the breast where the cancer is located. Other words for breast conserving surgery are lumpectomy, partial mastectomy or wide local excision. This type of surgery is usually recommended if the cancer is small.

Mastectomy

This is the removal (taking off) of the **whole** breast. Bilateral mastectomy is where both breasts are removed. Mastectomy is usually recommended if:

- the cancer is large
- there is more than one cancer in the breast.

Sometimes women have breast conserving surgery first and then a decision is made later to have a mastectomy. This might happen if:

- the pathology report shows that the margins around the breast cancer were not clear and there are cancer cells still in the breast
- breast cancer comes back in the same breast
- women have had radiotherapy to that breast in the past.

Some women choose to have a mastectomy as their first surgery. Speak to your surgeon about your options.

Lymph nodes removed (taken out)

During the breast cancer surgery, the surgeon will most likely remove (take out) one or more lymph nodes from the armpit (axilla) to see if they have any cancer cells in them. You may be offered one of the following procedures:

- **Sentinel node biopsy**

This is where the first lymph node, or nodes, where the cancer cells are most likely to have spread, are taken from the breast. If cancer cells are found in the nodes that are taken out, you may need more surgery to remove some more lymph nodes.

- **Axillary dissection** (also called axillary clearance)

The word 'axilla' means armpit. Axillary dissection is where some or all lymph nodes are removed (taken out) from the armpit.

Your surgeon will talk to you about which option is best for you.

Breast reconstruction

If you have a mastectomy, you may like to think about having a breast reconstruction. Breast reconstruction means rebuilding a breast shape after breast surgery. This is done using:

- an implant made from silicone or saline

OR

- tissue from another part of your body, for example, fat from the stomach.

Breast reconstruction may involve several operations. It can sometimes be done at the same time as the mastectomy, or it can be done later. There are different types of breast reconstruction.

Women who have had a mastectomy as part of their breast cancer treatment, can have a breast reconstruction in the public health system with most of the costs covered. Not all public hospitals are able to provide reconstruction surgery, so your surgeon might recommend a different hospital. Speak to your surgeon if you are interested in breast reconstruction. Ask about any costs that you might have to pay.

Breast Cancer Network Australia (BCNA) has more information about breast reconstruction on our website, www.bcna.org.au.

It may take you some time to decide if you want to have a breast reconstruction. You don't have to decide straight away. You can choose to have a reconstruction years after your breast cancer treatment.

If you choose not to have a breast reconstruction, you might like to wear a breast prosthesis. A breast prosthesis is something that can be worn inside your bra to give you the shape of a breast. There is more information about this in the booklet *Support that may help*.





Chemotherapy

Chemotherapy uses medication to kill cancer cells that may have spread outside the breast and armpit area that cannot be seen or found. Chemotherapy treats the whole body, not just the area where the cancer was found. It destroys fast growing cells, such as cancer, as well as normal cells in places like the mouth, stomach, bowel, skin, hair and bone marrow. These normal cells repair in time. Damage to the normal cells causes the side effects of chemotherapy. Side effects can include feeling sick or losing your hair.

Chemotherapy can lower the chance that the breast cancer will come back. It can improve the chance of surviving breast cancer.

Not everyone with breast cancer will have chemotherapy. Whether or not you have chemotherapy may depend on:

- the risk of your breast cancer coming back
- if your cancer uses hormones to grow
- your general health
- if you want chemotherapy.

There are different types of chemotherapy. Most chemotherapy is given using a needle and tube to feed the medication through your veins. This is called an intravenous or IV drip. Some chemotherapy is given as tablets. Each type has different side effects. Everyone experiences side effects differently. Some of the most common side effects of chemotherapy are:

- feeling sick (nausea) or vomiting
- becoming very tired (fatigue)
- losing your hair (your hair will grow back later)
- finding it hard to think (sometimes called ‘chemobrain’)
- your periods stopping (menopause).

If you think you would like to have children after your treatment, it is important to talk with your doctor before you start chemotherapy, as it can affect your ovaries.

Most side effects of chemotherapy can be managed with help from your doctor or nurse.

I was quite sick after my first treatment. My doctors were great and changed my anti-nausea medication, which made the following treatments much easier to handle. – Georgia

A **medical oncologist** is a doctor who is an expert in treating cancer with medications. He or she will speak with you about the best treatments for you.

Radiotherapy

Radiotherapy uses X-rays to kill any cancer cells that may be left in the breast or armpit after surgery. It is usually recommended after breast conserving surgery. Sometimes it is also recommended after a mastectomy.

Radiotherapy is only given to the area that needs to be treated. Before you start radiotherapy, you will meet with:

- a radiation oncologist to plan your treatment
- a radiation therapist who will explain what will happen.

Once radiotherapy starts, you will usually have treatments once a day for five days a week for three to six weeks. You will be given an appointment time for each of your visits. Each treatment usually only takes a few minutes. Radiotherapy is usually painless, but there may be some side effects. The most common side effects are:

- the skin of the breast where you are getting treatment can become red and dry like sunburn
- the skin can become darker and may stay that way for a few months
- feeling more tired than usual during treatment and for a few weeks after treatment is over.

There are other side effects, which are less common. Talk to the radiotherapy or nursing staff about ways to manage the side effects or other concerns you may have.

Hormone therapies

Hormone therapies (sometimes called endocrine therapies) are drugs (medicines) for women whose breast cancer uses the hormone oestrogen to grow. Hormone therapies stop cancer cells from growing. They lower the amount of oestrogen in the body, or stop the oestrogen from getting into the cancer cells. The type of hormone therapy recommended for you will depend on whether or not your periods have stopped (menopause). Hormone therapies are tablets that are taken every day, usually for five years or more.

Main types of hormone therapies

- Tamoxifen
- Aromatase Inhibitors, e.g. Arimidex, Femara, Aromasin

Tamoxifen

Tamoxifen stops the hormone oestrogen from getting into the breast cancer cells. This stops the breast cancer cells from growing. Tamoxifen can be used to treat women of any age, whether or not their periods have stopped (menopause).

Aromatase inhibitors

Aromatase inhibitors lower the amount of oestrogen in the body. The most common ones are Arimidex, Femara and Aromasin. Aromatase inhibitors only suit women whose periods have stopped forever (permanent menopause).

Hormone therapies are usually given after other breast cancer treatments, such as surgery, chemotherapy and radiotherapy.

Targeted therapies

Targeted therapies are drugs (medicine) used to treat some types of breast cancer. The most common targeted therapy is the drug Herceptin. It is used to treat breast cancer that is HER2 positive. This means the cancer cells have higher than normal amounts of the HER2 protein. Herceptin works by stopping the cancer cells from growing and dividing.

One in every five women with breast cancer has HER2 positive breast cancer. Herceptin is given using a needle and tube to feed the medication through your veins (IV drip). It is given by a nurse or doctor once a week or once every three weeks, for a total of twelve months.

Other targeted therapies are being tested in clinical trials. Clinical trials are studies to find new ways to prevent, find or treat diseases.

Side effects of treatment

Some breast cancer treatments have side effects. Everyone is different – you may have side effects or you may not. Your doctor or nurse can give you information about side effects that you may have. Your doctor or nurse can also help you to manage side effects to make you more comfortable.

For more information about side effects, visit www.bcna.org.au. There is also more information about side effects in BCNA's *My Journey Kit*.

Tell your doctor if you feel unwell. Most side effects can be managed to make you feel better. – Julia

Making decisions about treatment

Making decisions about treatments can be very difficult. Some women like to have a lot of information and some women prefer to be guided by the doctors who are looking after them. It is up to you to decide how much information you would like and how involved you would like to be in making decisions about your treatment.

If you don't understand something, ask your doctor to explain – and if you still don't understand, ask them to explain it again and again until it is clear to you. They have been doctors for many years so they understand what they are talking about. For you, it is new territory. – Cassandra

Some women feel uncomfortable asking their doctor lots of questions. But it is important that you ask questions if you feel unsure about something or if you would like more information. It helps to write your questions down before you see your doctor. You can also talk to another doctor or your GP or nurse if you are still unsure.

There is usually time for you to talk to members of your family about which treatments you think will be best for you before making your final decision.

Cancer puts a brake on things, makes you take things slower and forces you to stop and appreciate the value of life and those around you. – Qiao

Complementary medicine

Some people choose to use complementary medicines as well as the breast cancer treatment they have planned with their doctors. Examples of complementary medicines are vitamin supplements (such as vitamin C), herbal medicines (such as Chinese and Ayurveda medicines) and homeopathic remedies.

Some complementary medicines may help to make you feel better, **but some can stop the breast cancer treatment that your doctor has planned for you from working properly.**

It is very important to talk to your doctor about any complementary medicines you are taking or thinking about taking.

You can take the complementary medicine to your appointment to show the doctor what you are thinking about trying. Your doctor will tell you if it is safe or not.



Breast Cancer Network Australia acknowledges the assistance of Estée Lauder Companies in producing this booklet.

Finding out more about breast cancer treatments from other sources

This booklet has some information about breast cancer treatments. You can get more information about breast cancer treatments, their benefits and side effects from:

- Your **medical team**, such as your surgeon, medical oncologist and nurse at the hospital.
- The **Cancer Council** in your state or territory can send you more information about common cancer treatments such as radiotherapy and chemotherapy. This information is also available in languages other than English. You can phone the Cancer Council on **13 11 20** or, if you need an interpreter, phone **13 14 50**.

More information

Breast Cancer Network Australia (BCNA) is the peak organisation for Australians affected by breast cancer. We have more information about breast cancer, including some information in other languages, that you can order or download from our website.

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Messages of hope and support



About us

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Breast Cancer Network Australia (BCNA) represents people with breast cancer across Australia. We spoke to women with breast cancer from many different backgrounds. They want you to know that there is hope and that most women survive breast cancer.



It is natural to feel shocked and scared when you are told you have breast cancer.

Many people worry about whether the cancer will go away, or if it will come back later.

*When the doctor told me I had breast cancer,
I went numb. I just stood there and stared at him.
When I went home, I just couldn't believe what
lay in front of me. – Eleni*

*I had fear. I felt like I was in the dark. It took time,
but I came out of it. – Rosa*

*Cancer is not a death sentence –
it's not as terrible as you might imagine.
Have hope. – Anh*

In Australia, most women survive breast cancer. Treatment for breast cancer is much better now than it was in the past and more and more women are living long and healthy lives after breast cancer. Australia has one of the highest survival rates in the world. For every 10 women who are diagnosed with breast cancer, 9 of them will still be alive after 5 years. Most women recover and the breast cancer does not come back.

When I was first diagnosed, I had no idea what was going to happen. The encouragement (from doctors) is important, but we might not believe it. Even if the doctor says 'you will be fine', you still find it hard to believe. If there is another woman who you can see who has survived, it helps. Women can give you more confidence. – Hong

I thought I was going to die, I was very stressed; I had children and an elderly mother. Talking to other women in my language has helped me a lot. – Lin

Women have told us that it is very important to be reminded that most women in Australia survive breast cancer. Knowing this might help you to get through the difficult days.

For me, I would say to women, not give up. To fight it and fight it. To find strength within themselves. If I didn't have this strength, no doctor, no friend, nothing could have helped me. – Carla

Some women feel scared to tell others about their cancer. This can make them feel alone. Some people may avoid seeing you or talking about the cancer. This could be because they do not understand or are scared. Some people think that cancer can be passed on from one person to another (contagious). This is not true. Cancer cannot be passed on from one person to another. (Cancer is not contagious).

Cancer is not something that people cause themselves. Most of the time we don't know what causes breast cancer. It can be hard not knowing what caused the cancer. We know that the main things that make the chance of getting breast cancer higher are being a woman and getting older. We cannot change these things.

Some women worry that their daughters may get breast cancer in future. It's natural to worry about this. Yet, we know that more than 9 out of 10 breast cancers have nothing to do with family history. If you are worried that breast cancer runs in your family, speak to your doctor about it. If there seems to be a strong history, for example, if you have a number of close relatives on the same side of the family who also have had breast cancer, your doctor may send you to a Family Cancer Centre. There they will:

- ask you about other people in your family who have had breast cancer
- talk about the chances of it running in the family
- speak with you about what you can do next.

In the first weeks of being told you have breast cancer, and during treatment, many women say it is hard to take in a lot of information.

Because of the fear, you forget half of the information.

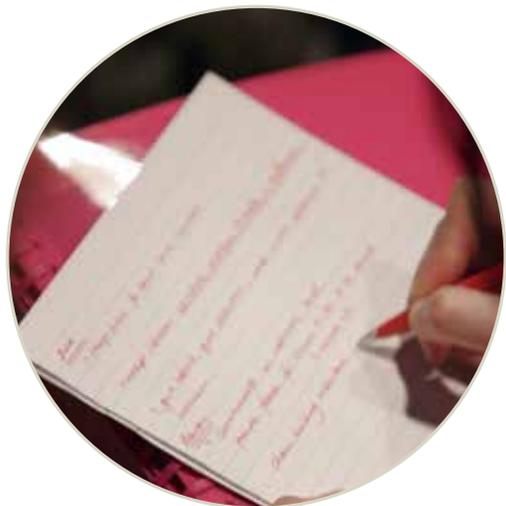
– Kim

When you are ready, speak with your doctor or nurse and ask them to give you the information you need. If you speak a language other than English, you can ask for an interpreter to be at the appointment with you.

It can also be a good idea to take a family member or friend to your appointments to support you. They can ask questions for you and write notes about what the doctors say.

You can also get information from the Cancer Council. They have nurses who can speak with you over the phone. Phone the Cancer Council on **13 11 20** or, if you need an interpreter, call **13 14 50**.

The Cancer Council NSW also has a multilingual website that people from any state can use: www.cancercouncil.com.au



While many people turn to family and friends for help during this time, it may be hard to talk about all of your fears, as you may not want to worry them.

*When cancer hits, we think we are going to die.
But we don't want to talk to our children,
our families about the fear. – Zafirah*

Many women say that it helps to talk with other women who have had breast cancer.

So when I had breast cancer I thought that my life was short, I lost everything, but then I think that if you could have a good talk with women who have experience with breast cancer then we can share the experience and we can tell them, 'There is a future, there is some help'. – Hang

You can get spiritual and emotional support from people who have been through it but I think the treatment information should come from health professionals. – Sevi

Many women also say that joining a support group, or speaking with a person who has had breast cancer, can help. The Cancer Council has volunteers who have had breast cancer and who speak English and other languages. The Cancer Council might also have information on support groups near you.

The most important thing I learnt from the Cancer Council is what cancer is, what will happen during treatment, and what questions to ask your doctor. They also set me up with a volunteer who has been through it. – Mary

When we face the diagnosis, we are so scared and confused, our minds are empty ... My sister reminded me to look for a support organisation. I spoke with three other survivors and this helped me enormously. – Xiang

It is common for women with breast cancer to feel sad some of the time. However, if you feel sad, worried or depressed a lot of the time, talking to a counsellor can help. If you speak a language other than English, there are counsellors who speak your language. You may be able to get some, or all, of the cost of speaking with a counsellor or psychologist back through Medicare. Speak to your doctor or nurse about this.

Going to counselling really changed my life. I used to have a monkey in my head, going around and around, and the counselling was really marvellous, it really helped. – Gina

Looking after yourself during and after treatment is very important. You may find you feel tired, even many months after treatment. You may have other symptoms: your hair may fall out or you may feel sick after some chemotherapy treatments for example.

There are many people who will be involved in your care at the hospital where you are having treatment. These may include doctors, nurses, dietitians, social workers and physiotherapists. They can help you manage the physical and emotional effects of having cancer treatment. They can give you information and support and they can tell you where you can get more help.

Cancer has come. The first period you are in a dark place but then you start to go through it. Concentrate on helping yourself – anything that helps you is good. – Lorenza

There is no shame in speaking about what you need, and asking for help from family and friends. You may need help with housework or looking after young children. The chance to help you can make your loved ones feel as if they are being useful. Sometimes people turn to their faith for strength.

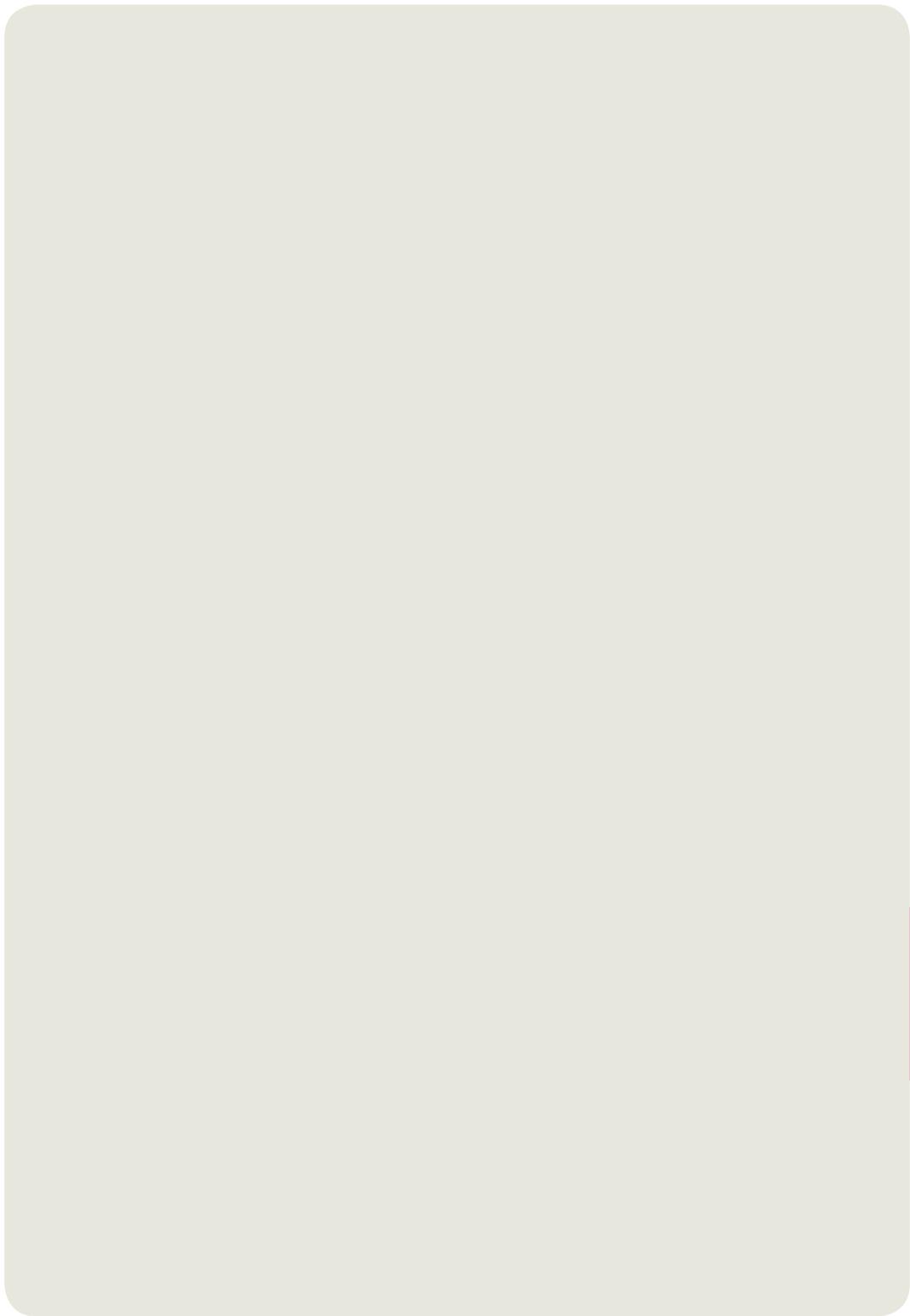
When I was told I had cancer, I didn't feel scared, I didn't feel sorry – I feel God gave me courage. He helped me to cope. I found strength in me that I didn't know I had.
– Sophia

Everyone is different. There is no right or wrong way to cope at this difficult time. Allow yourself to do what feels right for you.

I am living. I am doing the best I can to make my life the best quality life I can. I am doing it for me. – Georgia









Breast Cancer Network Australia acknowledges the assistance of Estée Lauder Companies in producing this booklet.

More information

Breast Cancer Network Australia (BCNA) is the peak organisation for Australians affected by breast cancer. We have more information about breast cancer, including some information in other languages, that you can order or download from our website.

Phone BCNA on **1800 500 258**

Visit our website **www.bcna.org.au**

If you need an **interpreter**, phone **13 14 50**



Support that may help



About us

Breast Cancer Network Australia (BCNA) is the peak organisation for all people affected by breast cancer in Australia. We provide a range of free resources, including the *My Journey Kit* for women with early breast cancer and *Hope & Hurdles* for women with secondary breast cancer. Our free quarterly magazine, *The Beacon*, includes stories from people sharing their experiences, as well as information on a wide range of breast cancer issues. We welcome and celebrate the diversity of our members.

Visit our website www.bcna.org.au for more information or to connect with others through BCNA's online network.

Breast cancer not only affects your health, it can also make everyday life more difficult. While you are having treatment, you may not feel well enough to do the things you normally do for yourself or for others. Many women worry about their health, their family and money when they have breast cancer.

Breast Cancer Network Australia (BCNA) encourages women to look after themselves and to ask family members and friends for help. Some women find this hard to do when they are usually the ones who are looking after others.

I cannot look after myself until I understand who is going to take the children to school, who is going to clean the house. When that is organised I can start to think about my own health. – Le

This booklet tells you about some of the organisations that can help you with money and other things that you might need. Your nurse or social worker can also help you to find out about some of these things.

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Money

If you have a low income or are unable to work because you have breast cancer, you may be able to get payments from Centrelink.

Talk to Centrelink or a social worker at the hospital where you are getting treatment as early as possible. If you are eligible to receive payments it may take time for the money to be given to you.



Where to get help

For more information about Centrelink payments, visit the Centrelink website:

www.humanservices.gov.au

If you would like to read information in a language other than English you can click on your language in the tab at the top of the page. Or you can phone **13 12 02** to speak to someone in your language.

When I had the operation, my husband stayed home for five weeks. We had young children. It was very hard for us financially. – Juan



Breast prostheses

A breast prosthesis is something that can be worn inside your bra to give you the shape of a breast. After surgery, you might find that wearing a breast prosthesis helps you to feel more confident. Some women do not wear a breast prosthesis. It is up to you.

Soft form prostheses

A soft form prosthesis is a soft padded pillow that can be worn inside your bra in the days and weeks after a mastectomy. They come in different sizes.



Where to get help

BCNA has a *My Care Kit* that you can get for free after breast cancer surgery. The *My Care Kit* contains a bra and a soft form prosthesis.

To find out more about the *My Care Kit* visit BCNA's website:

www.bcna.org.au

Your breast care nurse can order you a *My Care Kit* with a bra and soft form from BCNA. If you don't have a breast care nurse, you can phone BCNA on **1800 500 258**.

If you need an interpreter please phone **13 14 50**.



Silicone prostheses

A silicone prosthesis can also be worn inside your bra. It looks like the shape of a breast and feels like the weight of a breast. You can be fitted for a silicone prosthesis to suit your shape. The cost for silicone prostheses ranges from \$150 to \$500 each.

Large department stores such as Myer sell silicone prostheses, or you can phone the Cancer Council for other places that sell them in your area.

Women who have had a mastectomy can claim up to \$400 (or \$800 if you have had a double mastectomy) every two years for the cost of a prosthesis. Claims can be made through Medicare. If you have private health insurance, ask your insurer how much money they will give back to you. Medicare will pay the rest, up to a total of \$400.



Where to get help

To claim your reimbursement (get money back) after you have paid for a silicone prosthesis, you need to fill in the reimbursement form and send the form to Medicare. You can get more information and the reimbursement forms from the Medicare website: www.humanservices.gov.au

You can also phone the Cancer Council for more information on **13 11 20**.

Wigs

If you have lost your hair from chemotherapy you may want to wear a wig. A wig supplier can help you choose a wig. Wigs can cost from \$80 to many hundreds of dollars. Some Cancer Councils and other organisations run wig libraries where you can borrow wigs for free.

Some women prefer to wear a scarf or a hat while their hair is growing back. Some women don't wear anything on their heads. It is up to you.



Where to get help

Ask your nurse, social worker or the Cancer Council (phone **13 11 20**) if they know where you can get wigs.

BCNA has more information in English.

You can order the fact sheet called *Hair loss during breast cancer treatment* by phoning **1800 500 258**.

Or if you need an interpreter, phone **13 14 50**.

We can post it to you in the mail or you can download it from our website: www.bcna.org.au



Skin care, hair care and make-up

Look Good ... Feel Better is an organisation that runs workshops for women undergoing treatment for cancer.

These free three-hour workshops help women to learn about skin care, make-up, wigs, hats and scarves. They are usually run at cancer centres, hospital oncology units, Cancer Council offices and other venues in the community.



Where to get help

To find a workshop near you visit the Look Good ... Feel Better website: www.lgfb.org.au

Speaking with other women

Many women say that it helps when they speak with other women who have had breast cancer. Talking to someone who has been through a similar experience can give you hope, encouragement and information.



Where to get help

Cancer Connect

Cancer Connect is a program at the Cancer Council where you can call and speak to a trained volunteer who has also had cancer. Some Cancer Connect volunteers speak languages other than English. Phone the Cancer Council on **13 11 20** and ask about the Cancer Connect program.

Support groups

There may be a support group near you where you can go and talk with other people who have had cancer. Ask the Cancer Council if there is a support group near you. They might also know of support groups who speak languages other than English.

You can also visit BCNA's website:

www.bcna.org.au

Online support

BCNA has an online network where you can connect with people who have been affected by breast cancer from all around Australia on the internet. Everyone is welcome to join the online network. At the moment the online network is in English only.

www.bcna.org.au

Counselling

Women often say it helps to speak with a counsellor or psychologist. A Mental Health Plan from your GP can help to pay for up to 10 counselling sessions with a psychologist. Speak with your doctor about a GP Mental Health Plan before you make an appointment with a counsellor.



Where to get help

Your doctor or nurse can help you find a counsellor or you can search for a counsellor through the Australian Psychological Society website: www.psychology.org.au



Travel for treatment

If you live far away from the hospital you may be able to get some money to help pay for your travel and accommodation. Ask a social worker or nurse at the hospital where you are getting treatment. They may be able to help you to get these payments.



Where to get help

BCNA has more information in English about payments for travel in the fact sheet called Patient Assisted Travel Schemes (PATS). To get a copy of this fact sheet phone **1800 500 258**, or if you need an interpreter phone **13 14 50**. We can post it to you in the mail or you can download it from our website:

www.bcna.org.au

You can also get more information from the Department of Health website:

www.ruralhealthaustralia.gov.au

The Cancer Council also has more information about how to access these payments. Phone the Cancer Council on **13 11 20** to find out more.



Home help

Your local council may be able to provide help with house cleaning, gardening and child care.



Where to get help

Ask a social worker or nurse at the hospital where you are getting treatment. They may be able to help you to organise home help. Or you can call your local council directly.

Travelling overseas

Travel insurance covers you for losses, illness or injuries when you travel.



Where to get help

BCNA has more information in English about travel insurance in the fact sheet called *Travel insurance – For women with early breast cancer*. To get a copy of this fact sheet phone **1800 500 258**, or if you need an interpreter phone **13 14 50**. We can post it to you in the mail or you can download it from our website: www.bcna.org.au



Local services

BCNA has a Local Services Directory to help you find breast cancer related support and services in your local area. The Local Services Directory is in English.



Where to get help

Visit BCNA's website: www.bcna.org.au



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More information

Breast Cancer Network Australia (BCNA) is the peak organisation for Australians affected by breast cancer. We have more information about breast cancer, including some information in other languages, that you can order or download from our website.

To request a copy of BCNA's *Financial and practical assistance* fact sheet, phone BCNA on **1800 500 258** or visit **www.bcna.org.au**

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