

## Signs and Symptoms



Lump



Skin dimpling



Change in skin color or texture



Change in how the nipple looks, like pulling in of the nipple



Clear or bloody fluid that leaks out of the nipple

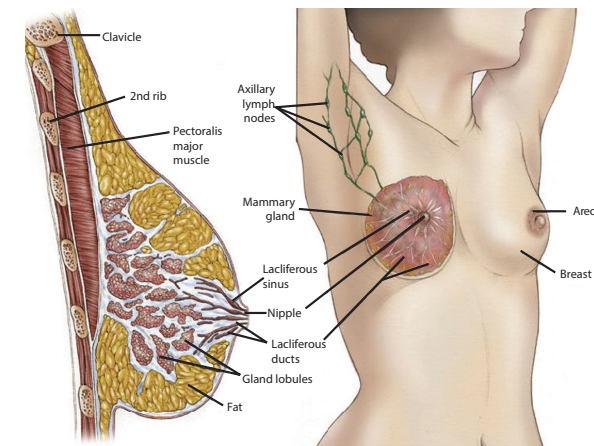
## Early Detection

Women are encouraged to be more aware of how their breasts normally look and feel, so that it becomes easier to spot any suspicious changes. Identifying a change early offers the best chance of effective treatment if a cancer is diagnosed.

## About Breast Cancer

The breast is made up of milk glands and supporting tissues like fat. The milk glands are connected to the nipple by ductal system. Cells lining the milk glands and ductal system can undergo changes leading to cancer. The reason this happens is not fully understood.

Tumour can be either benign or malignant. Benign tumours remain growing in one area and cannot spread. Malignant tumours are made up of cancer cells which can spread to other parts of the body through the blood stream or the lymphatic system.



## How to get to Subang Jaya Medical Centre (SJMC)

SJMC is located in the suburbs of Kuala Lumpur and is conveniently accessible by private and public transport. It is only 20 minutes from the city centre and 35 minutes from the Kuala Lumpur International Airport via major highways.



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# Breast Cancer

**RAMSAY SIME DARBY HEALTHCARE**  
**Subang Jaya Medical Centre**

## BREAST CANCER

Breast Cancer is the most common cancer among Malaysian women. About one in 19 women in Malaysia is at risk of breast cancer.

## LEADING THE WAY IN BREAST HEALTH

Subang Jaya Medical Centre has produced this brochure to help patients with breast cancer and their families and caregivers better understand and cope with this disease.

SJMC Cancer and Radiosurgery Centre is recognized for its expertise and leadership in cancer management and as a one-stop cancer centre which was designed to provide patient-focused care in a comfortable and safe environment.

It is our hope that this brochure will provide you with relevant information and coping techniques as well as answer some of the questions you may have. This brochure only serves as a guide and its contents are not to be taken as medical advice. You must discuss with your doctor the best treatment option for you.

## OUR COMMITMENT

Doctors and staff members at the centre are committed to enhancing each patient's well-being, both physically and emotionally. Their goal is to ensure all patients receive the highest quality care, whether seeking prevention and screening services, receiving treatment or coping with a cancer diagnosis. Support groups and other services provide emotional and psychological benefits that can ease many aspects of daily life.



## RISK FACTORS

### Gender

A woman is 100 times more likely than a man to contract breast cancer.

### Age

Your risk increases as you get older. Nearly 80 percent of women diagnosed with invasive breast cancer are 50 or older.

### Genetic

An increased risk of breast cancer may be inherited from either parent.

### Family History

Having a family member such as a mother, sister or cousin with breast or ovarian cancer can increase your risk.

### Race

In Malaysia, breast cancer is most common among the Chinese, followed by the Indians and then, Malays.

### Personal History

A woman who had breast cancer in one breast has an increased risk of getting a second breast cancer.

### Stay Informed

Understanding your risk factors can help you make informed decisions about screening, diagnosis and treatment.



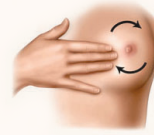


## Detecting Breast Cancer

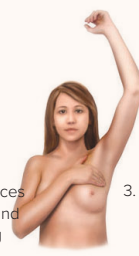
### Monthly Breast Self Examination



1. Lie down and put your left arm under your head. Use your right hand to examine your left breast. With your 3 middle fingers flat, move gently in small circular motions over the entire breast, checking for any lump, hard knot, or thickening. Use different levels of pressure - light, medium, and firm - over each area of your breast. Check the whole breast, from your collarbone above your breast down to the ribs below your breast. Switch arms and repeat on the other breast.



2. Look at your breasts while standing in front of a mirror with your hands on your hips. Look for lumps, new differences in size and shape, and swelling or dimpling of the skin.



3. Raise one arm, then the other, so you can check under your arms for lumps.



4. Squeeze the nipple of each breast gently between your thumb and index finger. Report any discharge or fluid to your healthcare provider right-away.

### Mammogram Screening

- A mammogram is an x-ray of the breast which can detect changes in the breast and small deposits of calcium. A cluster of very tiny specks of calcium may be an early sign of cancer.
- Most doctors recommend that women above 50 years of age have mammograms regularly, every 1 to 2 years.
- Women above 40 years of age with family history of breast cancer should have mammograms regularly.

#### Be Screened

Regular Mammograms can help detect changes at the earliest stage.

### Screening & Testing

To help find the cause of any signs or symptoms, a doctor does a careful physical exam and asks about personal and family medical history.

In addition, the doctor may do one or more of the tests below:

- Imaging
- Mammography
- Ultrasound



Ultrasound machine

If an abnormality is found on any of the tests and malignancy is suspected of a cancer then fluid or tissue must be removed from the breast so that the doctor can make a diagnosis. The doctor may refer you for further evaluation to a surgeon or interventional radiologist who may perform a biopsy

- All tissue or fluid will be sent to the laboratory to be checked by a pathologist for cancer cells.
- The pathologist can tell what kind of cancer it is and whether it has invaded nearby tissues in the breast.
- Special lab tests of the tissue can help the doctor learn more about the cancer:
  - hormone receptor tests
  - SISH test

#### Be Guided

Biopsy result will guide 'the next phase of care if necessary.

### Making decision about treatment

It is very important to have a skillful multidisciplinary team to treat breast cancer as there are numerous treatment options.

Subang Jaya Medical Centre brings together the most advanced resources to manage the treatment of patients with early or advanced breast cancer.

Our multidisciplinary team includes surgeons, clinical oncologists, pathologists and radiologists working together to create the most effective treatment plan.

Our doctors make sure that each patient thoroughly understands factors such as the stage of the tumour and the range of treatment options, as well as the potential side effects of each therapy.

Doctors will guide patients through the sometimes complicated choices posed by these factors.

### Treatment Choices

#### Surgery

Surgery is usually the first line of attack against breast cancer.

Decisions about surgery depend on many factors. You and your doctor will determine the kind of surgery that is most appropriate for you based on the stage of the cancer, the "personality" of the cancer, and what is acceptable to you in terms of your long-term peace of mind.

#### Be Informed

Breast reconstruction is the rebuilding of the breast after mastectomy and sometimes lumpectomy. Reconstruction can take place at the same time as cancer-removing surgery, or months to years later. Some women decide not to have reconstruction and opt for a prosthesis instead.

### Chemotherapy

Chemotherapy treatment uses medicine to weaken and destroy cancer cells in the body, including cells at the original cancer site and any cancer cells that may have spread to another part of the body.

Chemotherapy, also known as "chemo", is a systemic therapy, which means it affects the whole body by going through the bloodstream.

There are quite a few chemotherapy medicines. In many cases, a combination of two or more medicines will be used as chemotherapy treatment for breast cancer.

#### Be Enlightened

Your Oncologist will spend time with you and explain the possible side effects of chemotherapy and ways to deal with its side effects.

### Radiation Therapy

Radiation therapy or radiotherapy is a highly targeted, highly effective way to destroy cancer cells in the breast that may stick around after surgery. Radiation can reduce the risk of breast cancer recurrence from 30-35% to 5-10%. Despite what many people fear, radiation therapy is relatively easy to tolerate and its side effects are limited to the treated area.

### Intraoperative Radiation Therapy (IORT)

IORT is a high dose of radiation that is given during a surgery, to the area where the cancer was removed. IORT does as little damage as possible to normal tissue around where the tumour used to be.

IORT is different from standard radiation therapy. Standard radiation therapy treats the whole breast. IORT treats only the tissue surrounding the breast tumour. Most of the time, if your cancer does come back, it comes back near the site of the first cancer. This is the tissue that will be treated with IORT.

Whether you have IORT or traditional radiation to the whole breast will depend on several factors, including your age, the size of the tumour, the type of cancer cells that make up the tumour and the size of your breast.



#### Latest Technology

The Cancer & Radiosurgery Centre, is equipped with sophisticated and highly advanced radiotherapy and radiosurgery facilities.

### Hormone Therapy

Some breast cancers grow with the influence of hormones. Patients with both Estrogen Receptor positive (ER+) and Progesterone Receptor positive (PR+) have the best chance of responding to hormone therapy. Hormone therapy in breast cancer is aimed at affecting estrogen, a hormone that is required for the cancer to grow. For some women with early breast cancer, anti-cancer hormone treatment may be used as an additional treatment to reduce the chances of breast cancer recurrence. Hormone therapy can cause some side effects. These are dependent on the type of drugs taken and can vary from patient to patient.

### Targeted Therapy

Targeted therapy is a form of cancer treatment that involves the use of antibodies or small molecules that bind specific sites on cancer cells in order to prevent cell growth and division. The aim of the treatment is to reduce and hopefully eliminate existing cancer cells in the human body while minimizing side effects on normal cells. An increasing number of targeted drugs are becoming available for treatment of breast cancer. An example of targeted therapy for breast cancer is Trastuzumab, also known as Herceptin.

Other drugs may be needed to better control the cancer, for example Biphosphonates. Biphosphonates can be given to patients who are at high risk of bone metastases.

### Supportive Care

The Patient and Family Resource Centre at the Cancer & Radiosurgery Centre offers a wide array of support and educational services to its patients including:

- Oncology Nurse Educator
- Patient & Family Liaison Officer
- Counsellor
- Psychologists
- Pain Management Specialists
- Cancer Careline

Patients can also participate in programmes such as:

- Diet workshops
- Support groups
- Yoga & exercise workshops

### Understanding patients' needs

The support of the healthcare team can help both patients and their families feel less isolated and distressed and improve the quality of their lives.

