



Breast Cancer Guide



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Introduction

This Breast Cancer Guide will help you understand:

- Your diagnosis
- What to expect at each step during your journey
- What you need to do to advance your health
- Who to connect with for support

We believe each person with breast cancer is an individual with different needs.

Breast Cancer Guide Tips

Every day at WellSpan, we look for new ways to make going to the doctor a good experience for our patients.

One tool that can help you manage your health is MyWellSpan, our secure patient portal that you can use on your computer, tablet or smartphone. MyWellSpan makes it easy for you to get what you need quickly.

Ask any WellSpan office for information on how to enroll in MyWellSpan. You can also visit wellspan.org/mywellspan to learn more.

- Bring this binder to all of your appointments.
- Ask for test and pathology results. You can also see results on MyWellSpan.
- Make sure to write down any reactions you have to medications or treatments. Also write down any unusual symptoms you may have. Tell your doctors about these reactions and symptoms.
- Keep your medication list up to date.
- Be careful with this binder. It has private information about your health. Handle it like you would handle any other type of confidential information.



Organizing Your Care

Your Breast Care Team

At WellSpan Health, we offer a multidisciplinary, patient-centered approach to breast cancer treatment. This approach helps keep all your providers engaged in your health, with you as the focus. Your team will likely include:

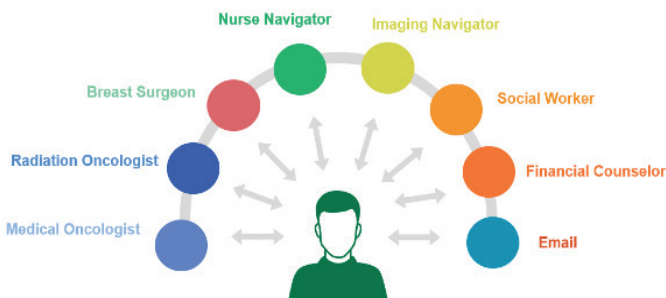
| | | Name | Phone Number |
|---|---|------|--------------|
| Primary Care Provider (PCP) | Doctor you use for routine medical care. | | |
| Gynecologist (GYN) | Doctor you see for female health services. | | |
| Radiologist | Doctor who examines the imaging done. | | |
| Imaging Navigator | Person who is trained in imaging services and helps coordinate imaging and biopsies. | | |
| Interventional Radiologist | Radiologist who performs breast biopsy. | | |
| Pathologist | Doctor who examines the breast tissue under a microscope. | | |
| Breast Surgeon | Doctor who specializes in breast surgery. | | |
| Medical Oncologist | Doctor who specializes in using medicine to treat breast cancer. | | |
| Radiation Oncologist | Doctor who specializes in using radiation to treat breast cancer. | | |
| Radiation Therapist | Certified professional that delivers the radiation prescribed by radiation oncologist. | | |
| Breast Nurse Navigator / Care Coordinator | A nurse specially prepared and educated to provide care and guidance to breast cancer patients. | | |
| Registered Nurse | Specialty trained nurses who support your care during treatments and education. | | |
| Infusion Room Scheduler/Medical Assistant | Support staff to the infusion room and doctor offices. | | |

Organizing Your Care (continued)

Your Breast Care Team (continued)

| | | Name | Phone Number |
|--------------------------------|---|------|--------------|
| Financial Counselor | Person who helps with authorization for treatments and financial programs offered. | | |
| Social Worker | Person who specializes in providing counseling and support services. | | |
| Dietitian | Health care professional who can guide you with diet and nutrition during and after breast cancer treatments. | | |
| Physical Therapist | Professional that provides physical therapy and rehab services. | | |
| Certified Lymphedema Therapist | Professional that provides massage, exercises, prevention and treatment of lymphedema. | | |
| Chaplain | Person who can give spiritual and emotional support. | | |
| Nurse Practitioner | Person who helps with surveillance, survivorship, post-op care and education. May be in any medical office. | | |
| Genetic Counselor | Person who will help with genetic testing discussions and options. | | |

Your Breast Nurse Navigator



The Nurse Navigator/Care Coordinator will:

- Act as your guide throughout the course of treatment
- Answer questions and help coordinate your care
- Help guide you through the medical system
- Listen to your concerns

- Support and encourage you
- Help explain your treatment options and choices
- Talk with your family
- Connect you with others who help solve problems

The Nurse Navigator works closely with a team of support services including a social worker, dietitian and financial counselor.

Patient support services are offered Monday through Friday, 8:00 a.m. to 4:30 p.m.

You can send portal messages to your Nurse Navigator using MyWellSpan. Please keep in mind that the Nurse Navigator may not be able to respond until the next business day.

Breast Cancer

■ What is breast cancer?

Breast cancer begins when healthy breast cells change and grow out of control, usually forming a mass called a tumor. Breast cancer is the most common type of cancer diagnosed in women in the United States (excluding skin cancer). Men can also develop breast cancer, but it is rare.

■ What are the parts of the breast?

Most of the breast is fatty tissue. However, it also contains a network of lobes that are made up of small, tube-like structures called lobules that contain milk glands. Small ducts connect the glands, lobules, and lobes and carry milk from the lobes to the nipple. Most breast cancers begin in the cells lining the milk ducts and are called ductal carcinomas. The second most common type of breast cancer starts in the lobules and is called lobular carcinoma.

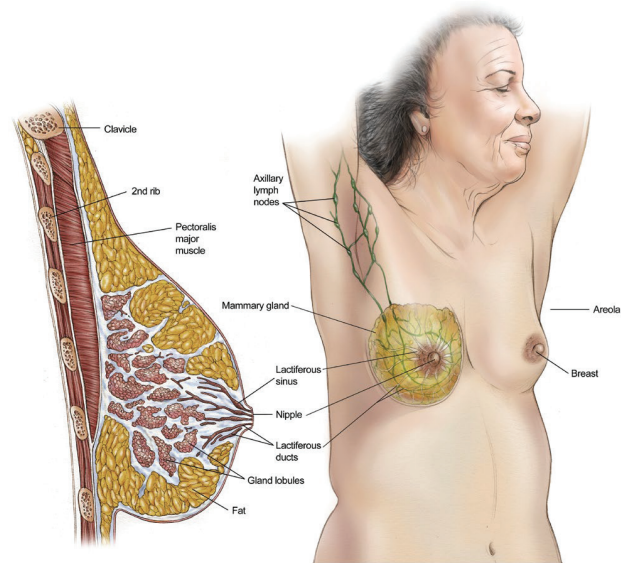


ILLUSTRATION BY ROBERT MORREALE/VISUAL EXPLANATIONS, LLC © 2022 AMERICAN SOCIETY OF CLINICAL ONCOLOGY.

■ What does stage mean?

The stage is a way of describing where the cancer is located, how much the cancer has grown, and if or where it has spread. There are 5 stages for breast cancer: stage 0 (zero), which is called noninvasive cancer or ductal carcinoma in situ (DCIS), and stages I through IV (1 through 4). Find more descriptions of these stages at www.cancer.net/breast.

■ How is breast cancer treated?

The biology and behavior of breast cancer affect the treatment plan, and every person's cancer is different. Doctors consider many factors when recommending a treatment plan, including the cancer's stage; the tumor's human epidermal growth factor receptor 2 (HER2) status and the hormone receptor status, which includes estrogen receptors (ER) and progesterone receptors (PR); the presence of known mutations (changes) in breast cancer genes; and the person's age, general health, and whether they have gone through menopause. For earlier stages of cancer, surgery to remove the tumor and nearby lymph nodes is usually the first treatment. Additional treatment with chemotherapy, radiation therapy, hormonal therapy, or targeted therapy is usually given after surgery to lower the risk of the cancer returning. These treatments may also be given before surgery to shrink the size of the tumor. The treatment of cancer that has spread or come back after treatment depends on many factors. It can include the therapies listed above used in a different combination or at a different pace.

When making treatment decisions, you may also consider a clinical trial. Clinical trials are an option to consider for treatment and care for all stages of cancer. Talk with your doctor about all treatment options. The side effects of breast cancer treatment can be reduced or managed with a variety of medications and the help of your health care team. This is called palliative care or supportive care and is an important part of the overall treatment plan.

■ How can I cope with breast cancer?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.

ASCO ANSWERS is a collection of oncologist-approved patient education materials developed by the American Society of Clinical Oncology (ASCO) for people with cancer and their caregivers.

Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type of breast cancer do I have?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ What stage is the breast cancer? What does this mean?
- ▶ What is the ER/PR status of the tumor? The HER2 status? What does this mean?
- ▶ Can you explain my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ What treatment plan do you recommend? Why?
- ▶ Should treatment before surgery be considered?
- ▶ What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Will this treatment affect my ability to become pregnant or have children? What can be done to preserve my fertility?
- ▶ What long-term side effects are associated with my cancer treatment?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have a question or problem, who should I call?

Find more questions to ask the health care team at www.cancer.net/breast and www.cancer.net/metastaticbreast. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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Health Care Professionals: To order more printed copies, please call 888-273-3508 or visit www.cancer.net/estore.

Words to know

Benign: A growth that is not cancerous.

Biopsy: Removal of a small tissue sample that is examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

DCIS: Ductal carcinoma in situ. Cancer that has not spread past the ducts and is not invasive.

Hormonal therapy: The use of hormones to stop or slow the growth of cancer cells.

Lymph node: A small, bean-shaped organ that fights infection.

Lumpectomy: The surgical removal of the tumor and an area of healthy tissue around the tumor.

Malignant: A cancerous growth or mass.

Mastectomy: Surgical removal of the entire breast.

Metastasis: The spread of cancer to another part of the body, usually to another organ.

Oncologist: A doctor who specializes in treating cancer.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Targeted therapy: Treatment that targets specific genes or proteins that contribute to cancer growth.

Tumor: An abnormal growth of body tissue.

MADE AVAILABLE THROUGH

Cancer.Net[®]
ASCO | KNOWLEDGE CONQUERS CANCER

CONQUER CANCER[®]
THE ASCO FOUNDATION

AABC21

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Support Services

Breast Surgeon

York:

WellSpan Surgical Oncology
25 Monument Rd., Suite 295
York, PA 17403
(717) 812-7676

Gettysburg:

WellSpan Surgical Specialists
450 S. Washington St., Suite C
Gettysburg, PA 17325
(717) 339-3110

Chambersburg:

WellSpan Breast Care
22 St. Paul Dr., Suite 207
Chambersburg, PA 17201
(717) 709-6599

Lebanon:

WellSpan Breast Surgery
845 Helen Dr.
Lebanon, PA 17042
(717) 639-2955

Ephrata:

WellSpan Breast Surgery
804 Grandview Dr., Suite 2
Ephrata, PA 17522
(717) 639-2955

Medical Oncology

York:

Cancer Care Associates of York
25 Monument Rd., Suite 294
York, PA 17403
(717) 741-9229

Gettysburg:

WellSpan Medical Oncology
40 V-Twin Dr., Suite 104
Gettysburg, PA 17325
(717) 339-2560

Hanover:

WellSpan Medical Oncology
671 Wilson Ave.
Hanover, PA 17331
(717) 632-1559

Chambersburg:

WellSpan Medical Oncology
22 St. Paul Dr., Suite 100
Chambersburg, PA 17201
(717) 217-6020

Waynesboro:

WellSpan Medical Oncology
601 E. Main St., Level 2
Waynesboro, PA 17268
(717) 765-5025

Lebanon:

WellSpan Medical Oncology
844 Tuck St.
Lebanon, PA 17042
(717) 270-2238

Ephrata:

WellSpan Medical Oncology 460
N. Reading Rd.
Ephrata, PA 17522
(717) 721-4840

Radiation Oncology

York:

WellSpan Radiation Oncology
25 Monument Rd., Suite 94
York, PA 17403
(717) 741-8180

Gettysburg:

WellSpan Radiation Oncology
40 V-Twin Dr.
Gettysburg, PA 17325
(717) 339-2640

Chambersburg:

WellSpan Radiation Oncology
260 N. 7th St.
Chambersburg, PA 17201
(717) 262-4660

Lebanon:

WellSpan Radiation Oncology
844 Tuck St.
Lebanon, PA 17042
(717) 270-2238

Ephrata:

WellSpan Radiation Oncology
460 N. Reading Rd.
Ephrata, PA 17522
(717) 721-4840

Organizing Your Care (continued)

Important Phone Numbers

WellSpan York Hospital

Main Hospital

Pre-Hospital Assessment Services (PHAS)

Short Stay Unit

1001 S. George St., York, PA 17403

(717) 851-2345

(717) 812-2170

(717) 851-2504

Apple Hill Surgery Center

Main Number

Pre-Op nurse

25 Monument Rd., Suite 270, York, PA 17403

(717) 741-8250

(717) 741-8631

WellSpan Surgery & Rehabilitation Hospital

Main Hospital

Pre-Hospital Assessment Services (PHAS)

55 Monument Rd., York, PA 17403

(717) 812-6100

(717) 812-4215

WellSpan Health & Surgery Center

Main Number

Pre-Hospital Assessment Services (PHAS)

1227 Baltimore St., Hanover, PA 17331

(717) 646-4204

(717) 812-4215

WellSpan Ephrata Community Hospital

Main Number

Pre-Hospital Assessment Services (PHAS)

Short Stay Unit

169 Martin Ave., Ephrata, PA 17522

(717) 733-0311

(717) 738-6435

(717) 738-6431

WellSpan Gettysburg Hospital

Main Hospital

Pre-Hospital Assessment Services (PHAS)

Outpatient Unit

147 Gettys St., Gettysburg, PA 17325

(717) 334-2121

(717) 339-2019

(717) 337-4259

WellSpan Chambersburg Hospital

Main Hospital

Pre-Op Area

Preadmit (PHAS) Nurse

Call-Ahead Registration

112 North 7th St., Chambersburg, PA 17201

(717) 267-3000

(717) 267-7164

(717) 267-7105

(717) 267-6116

WellSpan Good Samaritan Hospital

Main Hospital

252 S. 4th and Walnut St., Lebanon, PA 17042

(717) 270-7500

My Pathology

Type of Breast Cancer:

What This Means:

Grade:

Estrogen Receptor:

Progesterone Receptor:

Her 2 Neu:

Stage:

Oncotype Score:



TIP:

Ask your surgeon or nurse navigator to help you fill this out.

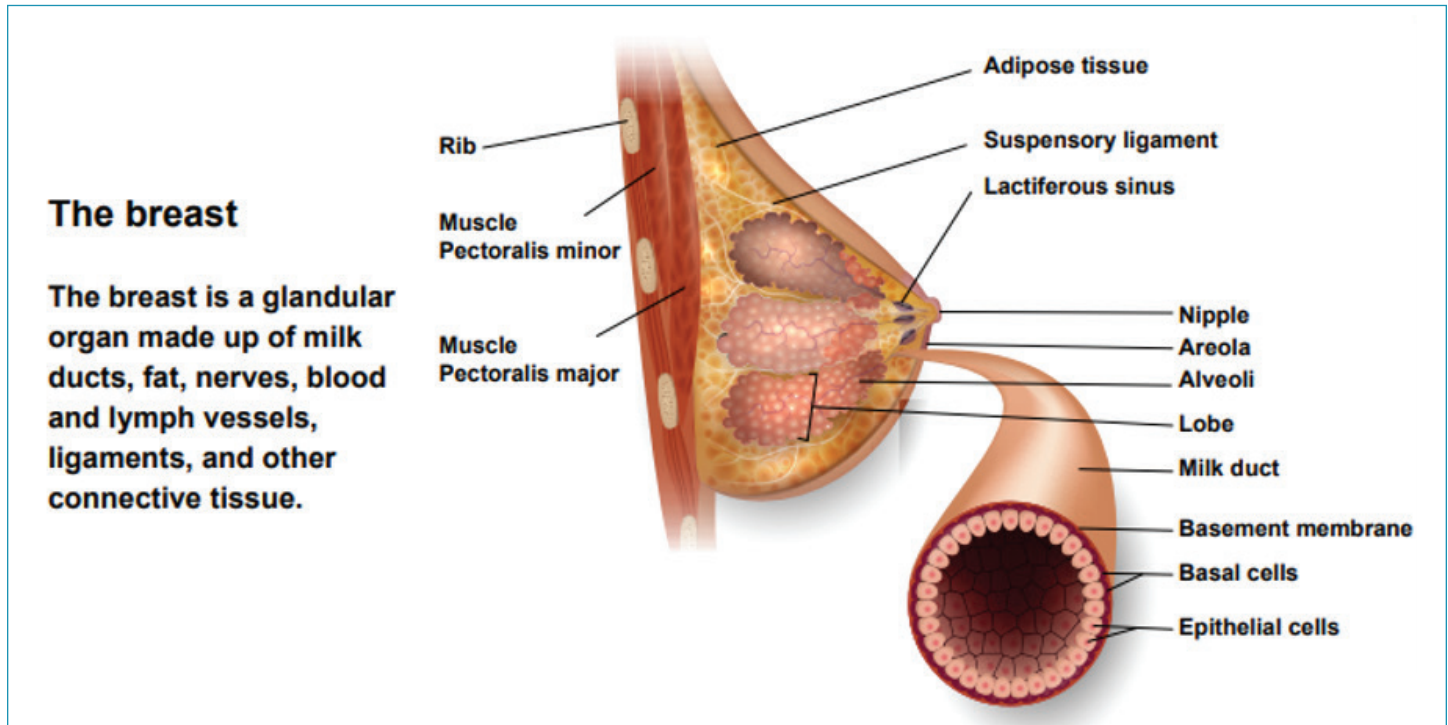
Note

Triple Positive Breast Cancer – breast cancer that is positive for all 3 types of receptors: estrogen, progesterone and Her 2 Neu.

Triple Negative Breast Cancer – breast cancer that is negative for all 3 types of receptors.

Understanding Your Diagnosis

The Breast



NCCN Guidelines for Patients
Ductal Carcinoma in Situ Breast Cancer, 2022

The breast is made of milk ducts, fat, nerves, lymph and blood vessels, ligaments and other connective tissue. Breast tissue contains glands, called lobules, that produce milk. Lobules are tiny clusters that connect to the ducts and lead out to the nipple.

Lymph is clear fluid that helps give the body cells water and provides and removes fluids from the cells. The lymph fluid in the breast drains into the lymph nodes near the armpit (axilla). Lymph nodes in the armpit area are called axillary lymph nodes.

Not All Breast Cancers Are the Same.

Cancer cells are normal body cells that have grown and multiplied without stopping because there has been damage to the cells or their DNA.

There are two types of treatments for breast cancer: local and systemic.

Local treatment focuses on the breast and armpit (axilla) only. Examples of this are surgery and radiation.

Systemic treatment works all over the body and can include medications and chemotherapy.

Breast Cancer Drivers

There are certain receptors or hormones in the body that can encourage breast cancer growth.

Estrogen is needed for breast to develop. Breast cancer cells may need estrogen to grow. These cancer cells may stop growing or die with treatment to block estrogen.

Continued on next page

Understanding Your Diagnosis (continued)

Progesterone is a hormone that regulates your period and pregnancy. This hormone may also encourage breast cancer cell growth.

HER2 is a growth factor found with normal cell growth. When the HER2 level is high, it causes cells to grow and divide. Some breast cancers have an overexpression or amplification of HER2 causing increased growth of the breast cancer cells.

How Breast Cancer Is Staged

Stage 0 (Zero)

Ductal Carcinoma In Situ (DCIS)

DCIS is a type of noninvasive breast cancer that occurs in the milk ducts of the breast. Noninvasive means the cancerous cells have not spread outside the milk duct.

DCIS is treated to prevent invasive breast cancer (cancer that spreads).

Stage I (One)

The cancer has left the milk ducts or glands of the breast, but is confined to the breast and less than 2 cm in size. There may be microscopic breast cancer cells in the lymph nodes.

Stage II (Two)

The cancer is 2-5 cm in size and may involve 1 lymph node.

Stage III (Three)

The cancer is any size and has 2 or more lymph nodes involved.

Stage IV (Four)

The cancer has spread outside the breast and local lymph nodes to other organs or bones.



Surgery & Post-Surgery Care

The goal of surgery in breast cancer is to remove all the breast cancer with a small edge of healthy breast cells around it.

The edge of healthy cells around the breast cancer, called a surgical margin, helps the surgeon and pathologist know that all the breast cancer has been removed and reduces the risk of the breast cancer returning. You may have more than one surgery to make sure that enough surgical margin has been removed so there are no breast cancer cells on the margin.

Breast Surgery Types

Lumpectomy (Partial Mastectomy)

Also known as breast-conserving surgery or partial mastectomy, a lumpectomy is the removal of an area of abnormal cells or tumor.

If you are having a lumpectomy, you will go home the same day.

Your incision will be covered with a bandage or surgical glue.

You may have some swelling, bruising and tenderness at the site of incision.

Sentinel Lymph Node Biopsy

Sentinel lymph nodes are the first lymph nodes that cancer cells are likely to spread to in the axilla.

A second incision will be placed in the axilla for access to the sentinel lymph nodes.

Sentinel lymph node biopsy is performed by a surgeon in the operating room. A radioactive material and dye are injected into the breast, and the fluid travels through the breast to the lymph nodes. These lymph nodes are then removed and tested by a pathologist to determine if cancer is present.

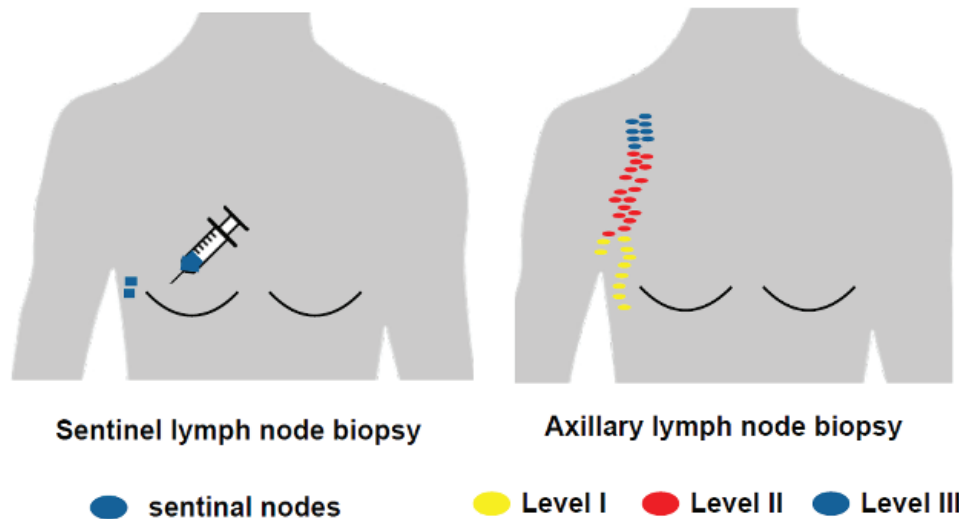
You will experience a light- to dark-blue discoloration of your urine after lymph node surgery. This is the body removing the dye used to trace the lymph nodes and will resolve a few days after surgery.

Having a sentinel lymph node biopsy does not mean that the arm affected cannot be used for blood pressure or lab draws.

[Continued on next page](#)

Lymph node surgery

There are two types of surgeries to remove lymph nodes. A sentinel lymph node biopsy finds and removes the lymph nodes where breast cancer first spreads. An axillary lymph node dissection removes lymph nodes from levels I and II.



NCCN Guidelines for Patients Invasive Breast Cancer, 2022

Surgery & Post-Surgery Care (continued)

Axillary Lymph Node Dissection

This surgery is done to remove all axillary lymph nodes. This may be done after a sentinel lymph node biopsy or with a mastectomy.

Removing all axillary lymph nodes can cause future health issues, such as lymphedema, so it is important to discuss your surgical options with the surgeon.

Side effects can include lymphedema, decreased range of motion and potential nerve pain.

Discussion with a lymphedema therapist to reduce your risks of lymphedema and decreased range of motion may be ordered by your provider.

Mastectomy

A mastectomy is the removal of the breast, skin and nipple/areola.

If reconstruction is planned, a skin-sparing mastectomy may be performed.

A nipple-sparing mastectomy preserves the nipple and areola. Not all individuals may meet the criteria for this surgery, which needs to be discussed with your surgeon.

If you are having a mastectomy or removal of the whole breast without immediate reconstruction, you may spend the night or go home the same day, depending on surgical preferences and medical history.

Post-Surgery Care

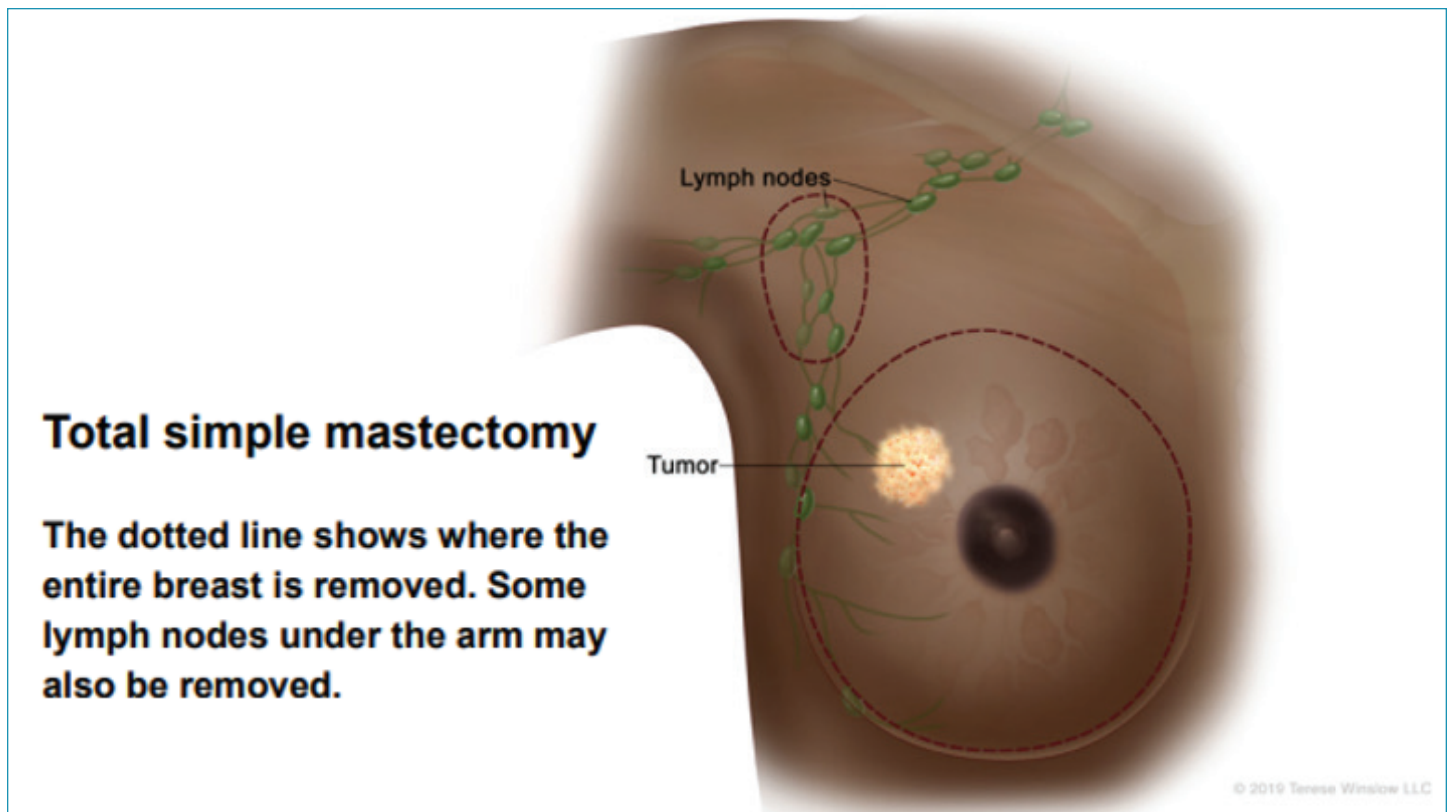
Expect some soreness around the incision site.

You will have at least one drain after the surgery.

Most swelling should decrease with time. Some patients experience swelling after the drains are removed. This is called a seroma. A seroma can be drained in the office using a needle.

You may experience pain in the inside of the upper arm on the side of surgery. This pain,

[Continued on next page](#)



Surgery & Post-Surgery Care (continued)

burning sensation or tingling will decrease with time. Try to move the arm normally after surgery. A small pillow or padding can be placed in the armpit to increase comfort.

If you do not choose to have reconstruction, prosthesis options will be provided to you once you are completely healed.

Stop Smoking

If you smoke, stop using tobacco products, including smokeless tobacco, nicotine and vaping products.

Smoking slows the healing of wounds.

Smoking:

- Delays your healing process
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood
- Can increase clotting, which can cause heart problems
- Increases blood pressure and heart rate
- Can cause increased breast swelling post-surgery

If you quit using tobacco and nicotine products before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit
- Choose the date
- Limit the area where you smoke; don't smoke at home
- Throw away all cigarettes and ashtrays
- Don't put yourself in situations where others smoke
- Reward yourself for each day without cigarettes



Smoking can impair oxygen circulation and delay healing.

Oxygen circulation is vital to the healing process.

- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit

Check with your doctor if you need products like chewing gum, patches or prescription.

Resources



[Smokefree.gov](https://www.smokefree.gov)



[Betobaccofree.gov](https://www.betobaccofree.gov)



[CDC.gov/tobacco](https://www.cdc.gov/tobacco)

WellSpan has one-on-one counseling and group classes available. For more information call:

- Adams County: (717) 338-3259
- Franklin County: (717) 264-1470
- York County: (717) 851-5857
- Lancaster County: (717) 721-8790
- Lebanon County: (717) 270-7759

Continued on next page

Surgery Frequently Asked Questions

Q. What are the signs and symptoms of a wound infection?

A. Signs and symptoms of infection include fever, increased pain, swelling and drainage at the incision site. Tell your surgeon if you have any of these symptoms.

Q. How soon can I drive?

A. This will depend on the type of surgery and medicines that you are taking. Some medicines can affect your ability to drive safely. Discuss with your surgeon when it is safe to drive.

Q. When can I go back to work?

A. Ask your surgeon for guidance on resuming work, physical labor or activities after surgery.

Q. What can I do when I return home after surgery?

A. You may get up and move around as soon as you feel like it.

Q. What shouldn't I do after surgery?

A. In general, you should limit heavy lifting, bending, twisting and high-impact physical activities, including contact sports.

Top 12 Things You Need to Know to Prepare for Surgery

1. Your surgery is scheduled for (Date/Time/Location):

2. Your surgeon's name and office phone number:

3. Testing before surgery:

4. After surgery follow-up with surgeon:

5. The PHAS nurse will call you the day before surgery to tell you what time to arrive.

6. **DO NOT EAT OR DRINK** after

7. **No smoking, vaping, tobacco or alcohol use after 6 p.m. the evening before surgery.**

8. **Take medicines as directed by the PHAS nurse.**

9. **Remove all jewelry and piercings** before arriving for surgery.

10. **No makeup, lotions, powder, perfumes or hairspray.**

11. Remove all nail polish / artificial nail from at least one fingernail.

12. You will need someone to drive you home after surgery. The driver must be over the age of 18.

After breast surgery, using your arm as normally as possible can help you get better faster.

And when you're ready, doing a few simple exercises can reduce stiffness and soreness and get your arm and shoulder back to normal.

These exercises can also help prevent any complications from the surgery, like extra swelling (called lymphedema) or scar tissue.

See the section Lymphedema for exercise after breast surgery.

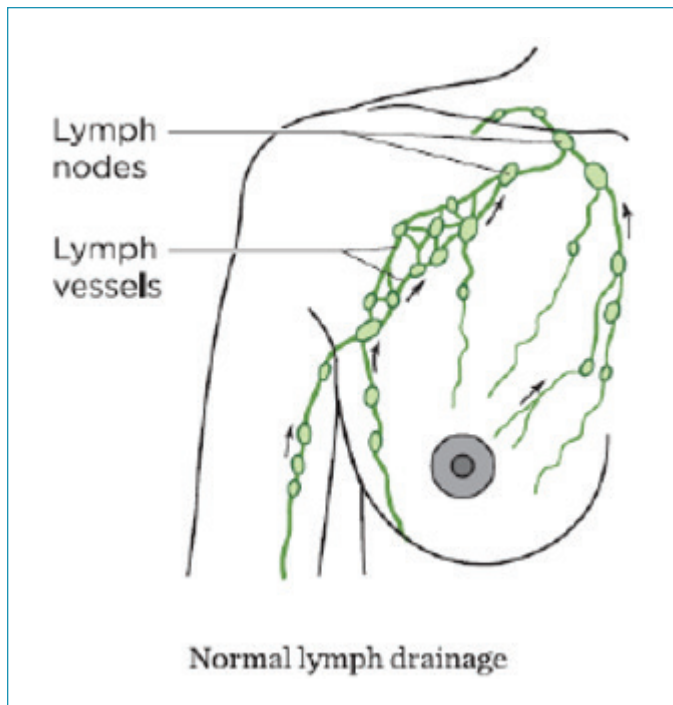
If you have any questions or concerns about your exercises or your recovery, for example when it's okay to lift something, be sure to talk with your care provider.

Axillary Lymph Node Surgery

Your Lymphatic System

Understanding how your lymphatic system works can be helpful as you prepare and

Continued on next page



recover from your surgery. Your lymphatic system is made up of:

- **Lymph nodes** are small, bean-shaped structures located along your lymphatic vessels. Your lymph nodes filter out bacteria, viruses, cancer cells and other waste products.
- **Lymphatic vessels** are tiny tubes, similar to blood vessels, which carry out fluid to and from your lymph nodes.
- **Lymphatic fluid** is the clear fluid that travels through your lymphatic system. It carries cells that help fight infections and other diseases.

Sentinel Lymph Node Biopsy

- The purpose of a sentinel lymph node biopsy is to find out if cancer has spread from the breast to the lymph nodes under the arm.
- A tracer is injected into the breast either the morning of surgery or while you are asleep during surgery.

- o A radioactive tracer may be used. In this case, you will go to nuclear medicine either the day before or the morning of your surgery for the injection, or the surgeon will inject the tracer in the operating room.
- o Blue dye may be used. In this case, the injection will be done during your surgery. Blue dye can turn your urine green or blue for a couple of days after surgery, and some patients develop a small lump right at the injection site.
- o Your surgeon may use one or both of these tracers.
- The tracer travels to the first lymph node or set of nodes under the arm that drain the breast. These node(s) are called the “sentinel node(s).” Most women have 2-3 sentinel lymph nodes.
- The sentinel node(s) may or may not be sent to be looked at under the microscope during your surgery. Your surgeon will discuss this option with you.
- If the sentinel lymph node(s) contain cancer cells (a “positive” node), your surgeon may choose to take more lymph nodes from the underarm area. This is called an “axillary lymph node dissection.”
- In order to perform the sentinel lymph node biopsy, your surgeon may make a separate incision in the underarm area. This is frequently more sensitive than the breast incision. Sometimes women experience numbness near the area that is usually temporary, but may be permanent.
- A sentinel node biopsy carries a 5% risk of lymphedema. See the section Lymphedema for more information on this topic.
- There are no arm restrictions if you undergo a sentinel node procedure. It is okay to use the arm you had a sentinel lymph node biopsy on for blood draw and blood pressure readings.

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Axillary Lymph Node Dissection

- There are two main reasons that surgeons will recommend an axillary lymph node dissection:
 1. To remove cancer that has spread into the lymph nodes
 2. To get more information about your cancer, if needed, to help make treatment decisions
- The combination of a mastectomy and axillary lymph node dissection is a common procedure known as a “modified radical mastectomy.”
- You may have an incision in the underarm area. This is frequently more sensitive than the breast incision. Sometimes women experience numbness near the area that is usually temporary, but may be permanent.
- An axillary lymph node dissection may involve taking anywhere from 4-20 lymph nodes.
- An axillary lymph node dissection carries up to a 20% risk of lymphedema. See the section Lymphedema for more information on this topic.

Special Precautions After Lymph Node Surgery

- If you have a **sentinel node biopsy**, there are no special precautions you need to take.
 - Return to your normal activities gradually.
 - Shoulder range-of-motion exercises can be started 1-2 days after surgery. Please reference the *Post-Operative Activity Guidelines and Exercises* for some suggested activities.
- If you have an **axillary node dissection**, please discuss your activities with your health care team and reference the below guidelines to help reduce your risk of lymphedema:

- After surgery or radiation, return to your normal activities gradually.
- It is important to use your affected arm for normal, everyday activities to help you heal properly and regain strength. This includes things like brushing your hair and bathing.
- Keep your arm clean and dry; use daily moisturizer.
- Avoid tight jewelry, tight clothing or elastic bands around the affected arm or fingers.
- Wear gloves while doing activities that might cause skin injury, such as gardening, working with tools and using chemicals such as detergents.
- Protect your arm from sun and insects by using sunscreen and insect repellent.
- If you get a scratch, bite, burn, or break in your skin, wash the affected area immediately with soap and water and apply antibiotic ointment.
- Avoid heavy lifting on the surgical side for 4 weeks after surgery. When you are ready, start with 2-3 pounds and see how your body reacts. Monitor for signs of swelling as you progress your activity.
- Avoid repetitive motions with the affected arm, such as vacuuming, for 2 weeks after surgery.
- If possible, have blood pressure, injections and blood draws checked in the unaffected arm first. If needed, it is okay to have these performed in the affected arm. There is no evidence that this will cause lymphedema.
- Report any redness or warmth right away. Treating infection promptly will minimize your risk.

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Surgery & Post-Surgery Care (continued)

Reconstruction or Plastic Surgery

Our breast procedures are individually designed to help you achieve your own ideal breast shape and size. Using the latest surgical techniques, our procedures include reconstructive surgery for women looking to recover from the impacts of pregnancy, enhancement of naturally smaller breasts and reduction of larger breasts causing discomfort. In addition, we work with breast cancer survivors to help rebuild the shape and look of their breasts.

Everyone is different. WellSpan Plastic and Reconstructive Surgery works with you to provide the highest-quality care for natural-looking results that are uniquely you.

Offices

York:

302 St. Charles Way
York, PA 17402
(717) 812-2390

Lebanon:

101 Fairview Circle
Lebanon, PA 17042
(717) 721-5800

Ephrata:

175 Martin Ave.
Ephrata, PA 17522
(717) 721-5800

Chambersburg:

12 St. Paul Dr.
Chambersburg, PA 17201
(717) 263-8463



[wellspanplasticsurgery.org/
services/surgical/breast-surgery](https://wellspanplasticsurgery.org/services/surgical/breast-surgery)

Medical Oncology

Medical oncologists are providers educated in the treatment of breast cancer with the use of oral and intravenous medications.

For breast cancer this may include:

- **Chemotherapy** – oral and intravenous drugs that kill fast growing cells in the body.
- **HER2 Targeted Therapy** – intravenous therapies that treat HER2+ breast cancer.
- **Endocrine Therapy** – Endocrine therapy blocks estrogen and progesterone production or absorption in the body. This can be done with different medications and based on your individual menopause status and tolerance.
- **Immunotherapy** – IV medication that increases the immune response to target cancer cells.

Prior to starting therapies, a teaching session will be done to educate you and your support people on what to expect and how to manage side effects during treatment.

Chemotherapy, HER2 targeted therapy and immunotherapy are given through large veins.

A mediport may be needed during your treatment. If needed, more information will be provided at your breast cancer chemotherapy education session.

Fertility

Some breast cancer treatments, such as chemotherapy and endocrine therapy, can affect your fertility.

Discuss with your medical oncologist how breast cancer treatment can impact your ability to have children in the future.

Those who want to have children in the future should be referred to a fertility specialist.

WellSpan Fertility Care

35 Monument Rd., Suite 204
York, PA 17403
(717) 356-5330

[Continued on next page](#)

Medical Oncology (continued)

WellSpan Health and Shady Grove Fertility have entered into an exclusive preferred provider relationship for assisted reproductive therapy services, including fertility, donation and surrogacy services.

Sexual Health & Midlife Wellness

Your body is constantly changing, but some changes are most significant when transitioning from reproductive to menopausal years. For many, this happens mid-to-late 40s. However, when hormone-altering medications or surgeries are needed for your breast cancer treatment plan, this can impact natural menopause.

Symptoms can be subtle or more pronounced. Changes in your menstrual cycle, mood or libido, disturbances in sexual function, sleep patterns, and hot flashes do not have to control your life. We're here to help.

WellSpan Women's Center (Entrance)

35 Monument Rd., Suite 204
York, PA 17403
Friday, 12 – 5 p.m.

WellSpan Adams Health Center

40 V-Twin Dr., Suite 204
Gettysburg, PA 17325
Wednesday, 8 a.m. – 12 p.m.
Phone (717) 851-3347
Fax (717) 851-6129
wellspan.org/WMG

Preventing Pregnancy

It is important that patients do not become pregnant during breast cancer treatment or for a period of time after treatment.

Hormonal birth control may not be recommended by your doctors, depending on your type of breast cancer. Speak with your doctor about other options to prevent pregnancy. These could include IUDs, condoms and diaphragms.

Genetic Testing

About 1 out of 10 breast cancers is related to genetics.

It is important to know your family history of cancers.

Your provider may refer you to a genetic counselor or perform genetic testing in the office.

What Is Cancer Genetic Counseling?

Cancer genetic counseling aims to identify individuals and families with an increased risk for cancer. Individuals may then pursue early detection and cancer prevention. A cancer genetic counselor is a medical professional with expertise in genetics, inheritable cancer syndromes and counseling.

What Can a Cancer Genetic Counselor Do?

- Collect detailed family history information and identify the ideal family member for testing
- Provide detailed information about genetic testing and determine the most appropriate genetic test(s)
- Interpret genetic test results, including complex outcomes
- Discuss personalized cancer screening and preventative options
- Help patients and providers understand and apply genetic test results to medical management decisions
- Connect patients to supportive, informative and research-related resources

Appointments & Scheduling

A referral is required for the appointment.

Once the referral is received, the genetic counseling office will call you to schedule an appointment.

For questions regarding genetics evaluations, please call (717) 741-8077.

Who Should Consider Hereditary Cancer Testing?

You may want to consider undergoing a genetic evaluation for cancer if you have been

[Continued on next page](#)

Medical Oncology (continued)

diagnosed with certain cancers – such as breast or colon – at a young age, or have a significant family history of cancer. A significant family history may include:

- Relatives diagnosed with cancer before they reached the age of 50
- Multiple family members with the same or related cancers (such as breast and/or ovarian)
- Family member(s) with a rare cancer (such as male breast cancer)
- A relative with a known genetic mutation in a cancer predisposition gene (such as BRCA1/2)

Our genetic counselors are able to meet with you in person or via secure video conferencing. Sometimes, genetic testing results can impact treatment, and our genetic counselors can meet with you more quickly using telemedicine than if you had to schedule an appointment to come into one of our centers.

For more information, call (717) 741-8100 to be connected with genetic counseling.

Clinical Trials

Our professional research team works together with you and your doctors and nurses to assist with enrollment in studies and collection of research data. In addition to our Johns Hopkins Kimmel Cancer Center partnership, we also participate in a large number of National Cancer Institute and nationwide group trials. These collaborations allow us to bring you the latest cancer treatments that are usually only available at larger centers or universities.

All WellSpan oncology researchers are certified as clinical research professionals, and all our nurses are oncology certified. These certifications ensure that patients are informed and protected, with their care plan at the center of all decisions.

For a list of current trials, ask your provider or visit: clinicaltrials.gov

Radiation Therapy

Breast radiation is a local treatment used to treat or slow the growth of breast cancer.

Radiation therapy usually comes after breast conservation surgery or lumpectomy.

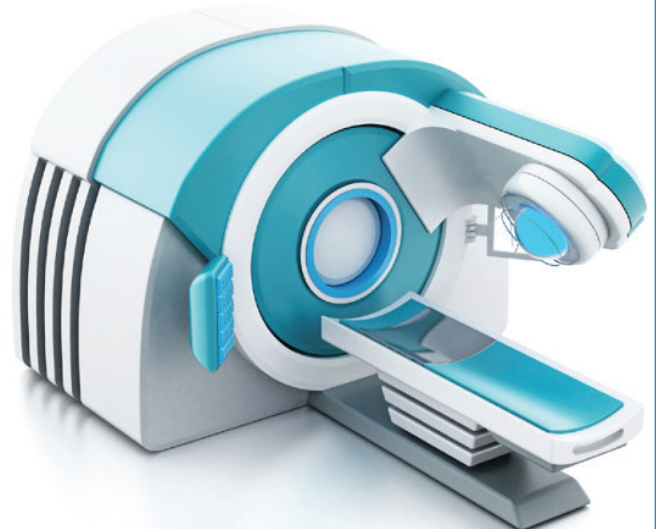
Whole-breast radiation is used to treat the entire breast. Additional treatments, or boost, may be given to the area where the cancer was removed.

Accelerated partial breast irradiation can be used in some cases and will be explained by the radiologist if you meet the criteria.

Radiation may be given to treat the chest wall after mastectomy or the lymph nodes if needed. It is important to discuss your radiation plan with your provider.

Radiation therapy

Radiation therapy uses high-energy radiation from x-rays, gamma rays, protons and other sources to kill cancer cells and shrink tumors. It is also used to treat pain caused by cancer.



NCCN Guidelines for Patients Invasive Breast Cancer, 2022



A guide for conversations with your healthcare professional



For most patients, everything about radiation therapy is new. This handout provides some key information and questions to ask your healthcare professional, to help you receive the best possible treatment and care.

Quick Facts: Radiation Therapy



Approximately 50% of cancer patients receive some type of radiation therapy during their cancer treatment. Radiation therapy can be used on its own, or in combination with chemotherapy, surgery, or hormone therapy. It is used to destroy cancer cells and is completely painless, similar to getting a chest x-ray. It is usually given once a day for between 1 day and 8 weeks, in a radiation center where you lie on a treatment couch.

Left Breast Cancer Radiation Therapy

Radiation therapy has been shown to be a highly effective treatment for breast cancer but the left breast is close to the heart, which leaves the heart vulnerable to radiation exposure. This has been shown to sometimes lead to post-treatment heart conditions¹ like heart disease and heart attacks. But new techniques are becoming more widely adopted to help eliminate these risks.



Deep Inspiration Breath Hold (DIBH)



Many centers are beginning to use a technique called Deep Inspiration Breath Hold (DIBH) to move the patient's heart away from the left breast during radiation therapy. Taking a deep breath moves the heart down and away from the breast to reduce radiation exposure during treatment. However, achieving this same position for daily radiation treatment can be difficult. Patients breathe in different ways at different times and may arch their backs. These different movements can appear similar to a patient who is holding their breath correctly, but do not necessarily separate the heart from the breast.

AlignRT® + DIBH - A new standard of care

Deep Inspiration Breath Hold (DIBH) technique can be challenging to implement for many clinics. However, with the use of a new positioning and movement monitoring technology called AlignRT®, a clinician can have confidence that your breath hold is similar from day to day.² Becoming a new standard of care, this approach can help ensure you are positioned accurately before and during your treatment, helping to reduce exposure to your heart and healthy tissue, and possibly also eliminating the need for tattoos or marks.

Treat the Cancer, PROTECT THE HEART



Breast Cancer Resources

Lymphedema

Cancer-related lymphedema is a chronic swelling that could happen as a result of the disease or its treatment.

The lymphatic system works together with the arterial (artery) and venous (veins) systems. The lymphatic system helps to control the body's fluid and prevent infection. Lymph nodes act as filters to remove bacteria, cellular debris and toxins from the lymph. Once filtered, the lymph is returned to the venous system. When any part of the system is damaged, such as with lymph nodes being removed during surgery, by disease or radiation, the lymph cannot flow correctly. This may lead to lymphedema. Lymphedema can occur soon or years after surgery or other damage to the lymphatic system. Lymphatics are stimulated to move fluid by muscle contraction, light massage, breathing and movement in general.

Treatment of lymphedema is typically focused on helping the flow of the lymphatics. It may consist of exercise, light massage, bandaging, compression garments or compression pump and proper skin care.

Exercises After Surgery

The following exercises may help facilitate lymphatic flow:

1. Keeping your elbows straight, raise both arms up evenly. Breathe in as you raise your arms. Go only as high as your affected shoulder will go. Lower both arms slowly, breathing out as you lower your arms.



2. Standing up straight, raise your affected arm overhead with your opposite hand on your hip. Bend toward the unaffected side to stretch the trunk on the affected side. This can also be done sitting in a chair.



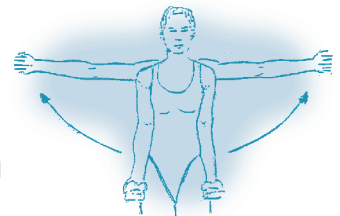
3. Turn your head slowly to look over your left shoulder, then turn back to look over your right shoulder.



4. Pinch your shoulder blades together and down.



5. Raise both arms out to the side until your arms are parallel to or in line with the floor. Keep your palms facing forward throughout the movement.



6. Clasp your hands behind your head with your elbows pointed toward the ceiling. Slowly lower your elbows. With elbows lowered, rotate your knees to one side. Repeat to the opposite side.



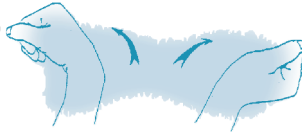
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Breast Cancer Resources (continued)

7. Lie on your back with your arm bent so your elbow points toward the ceiling. Slowly straighten your elbow until it is fully extended. Bend your elbow and return to the starting position.



8. Bend your wrist forward, then backward as far as you can.



9. Gently open and close your hand. You may squeeze a towel or ball in your hand.



Exercises 1-9 should be done 5-10 times each. Then repeat in the opposite order (9-1) 5-10 times each.

General Guidelines

- There should be NO pain with any of the exercises.
- Exercise slowly. Stretches should be gentle, continuous stretches.
- Use the affected arm as normally as possible.
- Do NOT hold your breath during exercise.

Breathing Techniques

Proper breathing is called diaphragmatic breathing. To ensure you're using good breathing techniques, follow these easy steps:

1. Relax in a reclined position (lying down).
2. Place one hand on your stomach and one hand on your chest.
3. Breathe in slowly through your nose. The hand on your stomach should rise, but do not move the hand on your chest.
4. Breathe out through pursed lips (puckered lips as if you were going to whistle). Your stomach will lower slowly.

Once you are comfortable using these breathing techniques lying down, you can make them more advanced by doing them while sitting, standing or even lying on your side.

Proper Posture

Good posture is important for everyone. Sometimes after surgery, posture may change. This could be due to your body working to protect the side that was operated on. It could also be due to the loss of weight on the side of a mastectomy. To check your posture, stand in front of a mirror with arms hanging at your side. Your shoulders should be level, and your ears should line up with your shoulders. When walking, your arms should swing naturally at your side.

Lymphedema Precautions

A damaged lymphatic system can lower your body's ability to handle extra fluid and fight germs. Keeping this in mind, the following guidelines may help you prevent complications from lymphedema:

- Protect the arm from burns, sunburns, cuts, scratches and irritations
- Use moisturizing lotion on hands and arms frequently
- Use hypoallergenic soap and cream
- Use antibacterial ointment on cuts and scrapes
- Use insect repellent and sunscreen SPF 30 or higher as needed
- Push back cuticles, don't cut them
- Be careful when shaving underarms; use an electric razor
- Wear gloves when gardening, washing dishes and cleaning
- Have needlesticks (injections & bloodwork) in opposite arm
- Continue to move your shoulder area
- Do not put anything tight on the arm
 - Wear loose clothing and jewelry
 - Wear watch on opposite wrist

Continued on next page

Breast Cancer Resources (continued)

- Carry purse on the opposite arm
- Have blood pressure taken on the opposite arm
- Slowly return to activity
 - Conditioning exercise should be done at a gentle pace. Ask your doctor if you have questions
- Do not use heat treatments like Jacuzzis, cosmetic heat facials and sitting under hair dryers
- If you already have lymphedema, for best management wear a compression garment when flying or exercising
- Call your doctor right away if you notice any sign of infection, such as:
 - Warmth
 - Areas of redness or red streak
 - Swelling
 - Pain

Lymphedema is easier to treat early in its development. Call your doctor if you have symptoms.



Herbal Medicine

Herbal medicines or alternative therapies can interfere with other medications and treatments for breast cancer.

Check with your provider before starting any new supplements, and discuss your current supplements and vitamins with your provider.

Examples of herbal medicines or supplements include: echinacea, ginkgo, ginseng, ginger, licorice, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, soy, vitamins and kavakava.

Survivorship

Cancer survivorship starts from the moment you hear the words “you have cancer.”

However, you may not feel like a survivor until treatments are over. During this time, it is important to follow up with your providers and focus on a healthy lifestyle.

Healthy Living

- Be physically active and avoid inactivity.
- Eat a balanced diet.
- Avoid alcohol.
- Achieve and maintain a normal body weight.
- Do not chew, smoke or sniff tobacco.
- Practice sun safety.
- Get enough sleep.

Anticancer Lifestyle

The Anticancer Lifestyle online course is an expert-led program that helps you make healthy and informed lifestyle choices to reduce your risk of cancer, cancer recurrence and chronic illness. The self-paced course is filled with evidence-based tools, tips and information to promote well-being in the areas of diet, fitness, mindset and environment.

Ask your provider to sign you up for the program today.



Anticancer
Mindset



Anticancer
Diet



Anticancer
Environment



Anticancer
Change



Anticancer
Fitness

Cardiac Health

The ABCDEs of cardiovascular wellness in cancer survivors

A

- Awareness of the risk factors and symptoms of heart disease
- Assessment of being at risk for or having heart disease
- Aspirin use as needed

B

- Blood pressure management

C

- Cholesterol management
- Cigarette and tobacco cessation (quit smoking)

D

- Diet and weight management
- Doses of anthracyclines, radiation to the heart, or both
- Diabetes prevention and treatment

E

- Exercise
- Echocardiogram, electrocardiogram, or both—as needed

NCCN Guidelines for Patients®: Survivorship Care for Cancer-Related Late and Long-Term Effects, 2020

Health Care Finances

If you are in need, ask your social worker or financial counselor about financial options available at WellSpan and in the community.

About the Cancer Patient Help Fund

Patients who have a demonstrated financial need and are undergoing treatment for cancer may be eligible to receive help. Stringent guidelines help financial counselors work with recipients to ensure their needs are met in the best way possible. Financial counselors also offer counseling on a broader scale. They help

patients understand how to reduce expenses and arrange priorities.

Patient situations vary. Often people are waiting to receive Social Security or disability but are too sick to work in the meantime, leaving a gap in income. Sometimes people lose their jobs and are not able to find work because of the health effects of treatment. Whatever the situation, the Cancer Patient Help Fund is a much-needed path to finding hope in often challenging situations.



Health Care Decisions

Advance medical directives communicate the patient's wishes regarding healthcare. There are different options available:

- **Living Will** – your wishes for healthcare if you have a terminal condition or are unable to communicate for yourself
- **Healthcare Agent** – also known as a Medical Power of Attorney, lets you name a person to make medical decisions if you are unable to do so

- **Healthcare Instructions** – your choices regarding life-sustaining equipment, hydration, nutrition and pain medications

If you already have any of these documents, bring a copy to any of your WellSpan providers.

If not, ask any staff member for a 5 Wishes Folder.

If you need assistance with your 5 Wishes forms, reach out to the center's social worker.

Online Resources

The Advocacy Connector

A list of not-for profit, mostly non-governmental resources. advocacyconnector.com



American Cancer Society

Breast cancer information covering all types of issues (risk through treatment and survivorship). Information is also available in 14 other languages. cancer.org • 1-800-ACS-2345



American Institute for Cancer Research

Research findings on diet and cancer. aicr.org



American Society of Clinical Oncologists (ASCO) Patient Education Site

cancer.net



American Society of Plastic Surgeons

Descriptions and images of various reconstruction options. plasticsurgery.org/reconstructive-procedures



BreastCancer.org

Medical information about diagnosis through treatment and survivorship. breastcancer.org



BreastCancerTrials.org

Web-based service to match breast cancer patients with clinical trials, sponsored by the National Cancer Institute and UCSF. breastcancertrials.org



Cancer and Careers

Empowers and educates people with cancer to thrive in their workplace. cancerandcareers.org/en



CancerCare

Counseling, education, financial assistance and practical help are provided by trained oncology social workers. cancercares.org



Cancer Hope Network

Matching patients and/or family members with trained volunteers throughout the US who have recovered from similar cancer experiences. cancerhopenetwork.org



Cancer Support Community

Provides free professional programs of emotional support, education and hope. cancersupportcommunity.org



Cancer Survivor Network

Offshoot of the American Cancer Society. The purpose of the CSN is peer support and all content is contributed by its members. csn.cancer.org



Continued on next page

Online Resources (continued)

Clinical Trials.Gov

A database of publicly and privately supported clinical studies. clinicaltrials.gov



Consumer Lab

Independent testing of non-prescription supplements. consumerlab.com



FORCE

Information about hereditary breast or ovarian cancer. facingourrisk.org



John Nick Foundation

Information on male breast cancer. malebreastcancer.org



LIVESTRONG (Fertility)

Provides information on fertility risks and options and fertility preservation discounts. livestrong.org/what-we-do/program/fertility



LIVESTRONG (General)

Tools and information regarding all cancers, current research and fertility. livestrong.org



Living Beyond Breast Cancer

Provides programs and services to help people whose lives have been impacted by breast cancer. lbbc.org



National Coalition for Cancer Survivorship

Advocacy organization for quality cancer care. canceradvocacy.org



National Lymphedema Network

Information on lymphedema prevention and treatment. lymphnet.org



MD Anderson Cancer Center

Breast cancer information. mdanderson.org



Medline Plus

Health information from the Library of Medicine and National Institute of Health Information on drug supplements. medlineplus.gov



METavivor

Provides support for patients with metastatic breast cancer, advocates for greater awareness and funds research into metastatic breast cancer. metavivor.org



National Breast Cancer Foundation, Inc.

Provide help and inspire hope to those affected by breast cancer. nationalbreastcancer.org/about-breast-cancer



National Cancer Institute

Comprehensive information on cancer prevention and screening, diagnosis and treatment, research across the cancer spectrum, and clinical trials. cancer.gov



Continued on next page

Online Resources (continued)

National Comprehensive Cancer Network

Information on treatment guidelines and information on supportive care. nccn.org/patients



Patient Advocate Foundation

Provides mediation and arbitration services to patients, providers, family members and caregivers of those dealing with significant medical issues. Programs include case management, grants, co-pay relief and outreach for eligible patients. patientadvocate.org



Patient Education Center

Harvard Medical School. health.harvard.edu/topics/breast-health-and-disease



Susan G Komen for the Cure

Comprehensive information on breast cancer and treatment. komen.org



Triple Negative Breast Cancer Foundation

Information and support for patients with triple negative breast cancer. tnbcfoundation.org



Young Survival Coalition

Supports and educates younger women about breast cancer. youngsurvival.org



Zero Breast Cancer

Dedicated to finding the causes of breast cancer through community participation in research and identifying environmental factors. zerobreastcancer.org



wellspan.org

