



YU CAN Do This

A Breast Cancer Patient's Manual

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i. A message from **ICanServe**

SENDING YOU A HUG

The ICanServe Foundation began with storytelling. Four of us breast cancer survivors—Crisann Celdran, Bet Lazatin, Becky Fuentes, and I—discovered the healing power of swapping breast cancer stories. Our circle of storytellers grew bigger—too big that we had to create and distribute, for free, a printed resource guidebook to reach more breast cancer survivors all over the country.

After we published the book, we established the ICanServe Foundation. We staged forums, free breast clinics, workshops, and national and international conferences, institutionalized breast cancer control programs in partnership with local government, and lobbied for the passage of the National Integrated Cancer Control Act in the Philippines (2019).

And yet, 23 years later, the most frequent and important questions we encounter remain very personal: “How do I get through cancer? What do I do?”

When you encounter something new, you reach out to those who have perfected the art and science of doing it. Or sometimes, you simply rely on your instincts, like when you’re falling in love or becoming a mother.

But when you suspect breast cancer or are diagnosed with it, this is not something you can wing nor navigate instinctively. You will definitely need to talk to someone who has been there. And yes, you will be overwhelmed with unsolicited advice, good or great. You will find a lot of information online that can pull you in different directions.



We hope this patient manual will save you time that you might spend finding and sorting information so you can be an active partner in your care.

We tried to make this manual simple and understandable. We tried to make it friendly to the point, we hope, that you feel us holding and hugging you, and telling you, you will survive! You will thrive!

The best part is, besides information from the experts, the manual is filled with voices of breast cancer survivors whose stories and tips range from the musical to the medical.

We're back to our roots, sharing stories and information and publishing a book. But this time, it's an online downloadable book. Yes, we try to evolve with the times, so please feel free to send us your feedback so we stay relevant and responsive.

I was once told my cancer had spread to the bones. At that point I had been a cancer patient advocate for more than 10 years. Yet when I received that report, I was stunned. After catching my breath, I had to ask myself, what am I supposed to do next? I completely forgot the drill. It felt like I was a first-time patient who needed information or a manual in order to gain composure.

I hope you or your loved ones will never need this manual. But at the very least, be aware of it. Breast cancer is the number one cancer in the Philippines and the world, so it would be good to know you can one day refer this to someone who might need it. The sooner a patient knows what to do, the sooner she or he can be in control of her or his path to wellness and wholeness.

KARA MAGSANOC-ALIKPALA

Founding President

ICanServe Foundation

ii. Foreword





THIS IS FOR YOU

If you are a woman, wherever you may be, who is living with breast cancer, or has just been diagnosed with breast cancer, and you have a tornado of questions swirling around in your head—well, this is for you.

This manual has been put together, with much love, diligence, hope, and infinite understanding by breast cancer survivors from the Philippines. We have been on that journey, and we are here to tell you that breast cancer can be beaten—and there are many beautiful, sometimes heartbreaking, but always meaningful lessons to be learned and shared along the way.

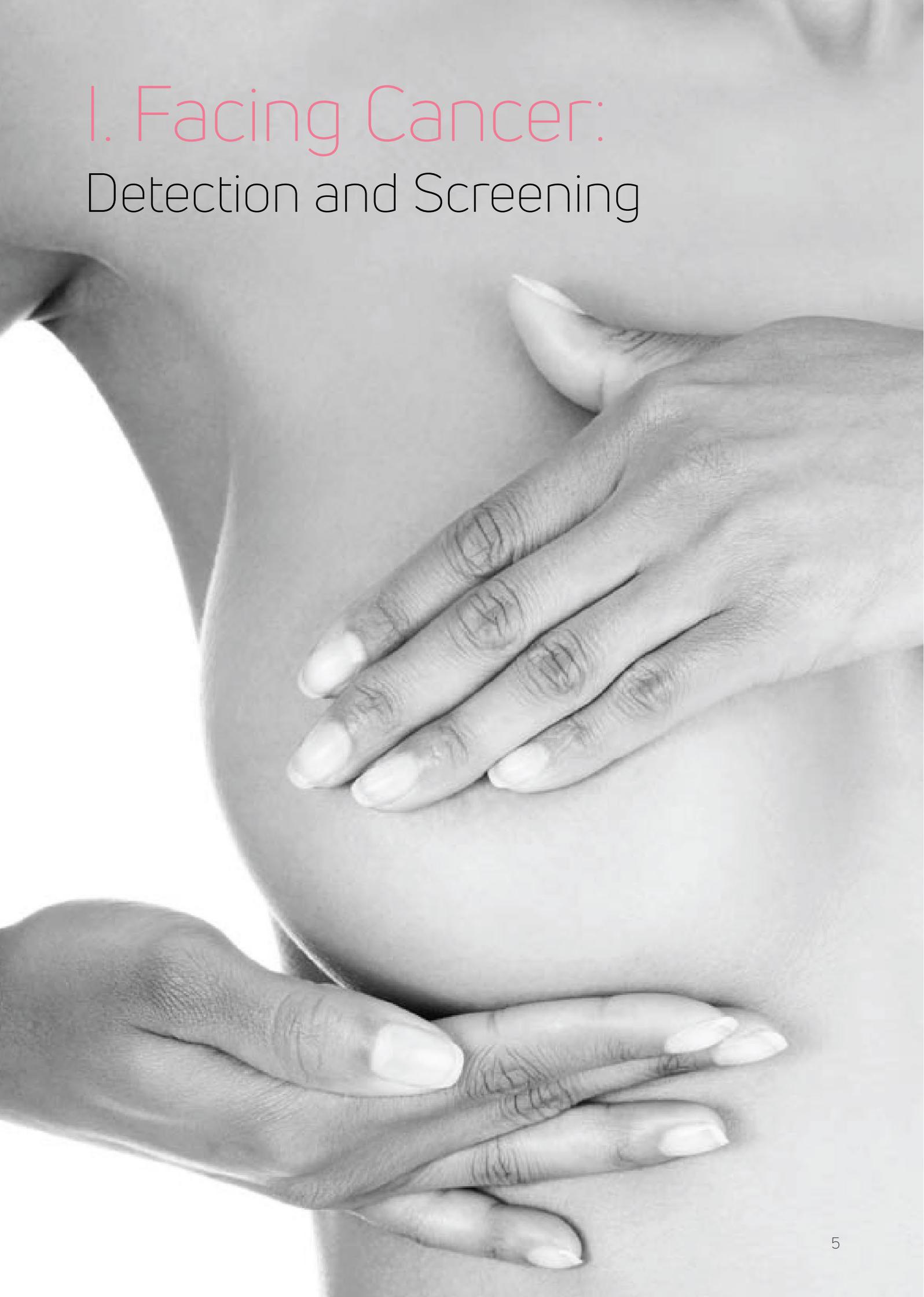
We share this document with whoever may want to take it, adapt it, translate it, or revise it to suit your specific needs and cultural nuances. It is a compendium of information gleaned from studies and established sources, such as the American Cancer Society, the Mayo Clinic, Johns Hopkins University, the Philippine Cancer Society, and more, as well as individual experiences and anecdotes of sister survivors. We offer it to our readers as a source of information and encouragement, and as a reminder that indeed, breast cancer is no longer a death sentence. This battle can be won, whether you are just beginning your journey or re-embracing life after treatment. Your sisters from this part of the world will be cheering you on.

You can do this.

The ICanServe Breast Cancer Patient's Manual team

I. Facing Cancer:

Detection and Screening



Because catching the disease early may save your life

The World Health Organization (WHO) defines cancer as any of a classification of diseases that can originate in body organs or tissues when abnormal cells begin to grow, and in some cases, invade or spread to other body parts or organs. A cancer can also be called a neoplasm or a malignant tumor, as opposed to a benign tumor or a lump with no cancer cells. Nature.com aptly refers to cancer cells as mutated cells or “cells gone wrong—in other words, they no longer respond to many of the signals that control cellular growth and death.”

Breast cancer, the most common type of cancer among women, is marked by the unusual growth and spread of cells that become a cancerous tumor in the breast area. It may start in the mammary glands—the part of the breast that produces milk—or in the milk ducts leading to the nipple. While breast cancer is most common in women, it may also occur in men.

According to Breast Cancer 101, a primer put together by the Philippine breast cancer support network ICanServe, there are early detection guidelines that may be followed. At age 20, women must do a breast self-exam monthly. At age 30, women must do a breast self-examination (BSE) monthly and have an annual clinical breast exam by a doctor or trained health worker. At age 40, women must continue their monthly BSE and have a mammogram every year.

Here are helpful video guides prepared by ICanServe for doing a BSE.

If any symptoms are detected, however, you should proceed to the next step.

Breast Self-examination
English

Breast Self-examination
Filipino

A. Don't ignore them:

Symptoms

The following are common symptoms of breast cancer:

- ! Noticeable lumps on your breasts
- ! Swelling in all or part of the breast, including lumps in your underarms
- ! Changes in the color and feel of the skin on your breasts
- ! Changes in breast size and shape
- ! Depressions or indentions on your breast
- ! Inverted nipples (or nipples turning inward)
- ! Blood or pus coming out of the nipple
- ! New and persistent pain in a particular part of the breast
- ! Itchiness, or the appearance of rashes, hives, or scales

If you have any of these symptoms, stay calm; do not immediately assume the worst, but do not ignore them. Please do not hesitate to consult a doctor as soon as possible. The faster you act, the greater your chances of beating the disease with less effort—and cost.



'Something hard'



One night while I was lying down and about to sleep, I accidentally touched something hard above my left breast. I ignored it at first, but when I discussed it with my husband, he advised me to see a surgeon for confirmation. I was in denial and kept thinking it was just a prominent bone in my body. Months before I discovered the lump, I had been experiencing back and arm pain, particularly on my left side. At the age of 40, I had my first mammogram because it was included in our annual office checkup. I was shocked to learn I had breast cancer because I thought that I would be the last person to get sick, as I'd been living healthy and doing daily workouts.

- Beth, survivor since 2009

While it is still not known exactly how breast cancer develops or what causes it—genetics, stress, toxins in the body and the environment—medical experts have identified risk factors that may predispose certain people to the disease. Risk factors mean that you have a higher chance of developing breast cancer. The following are common risk factors:



Family history



Alcohol consumption



Early menstruation

(before the age of 12)



Being overweight



Current age

(breast cancer more often occurs after age 50)



Not having children before the age of 35



Smoking



Prolonged use of hormonal replacement therapy (HRT) and estrogen replacement therapy (ERT)



Late menopause

(after the age of 55)

'My mother, my sister, and I conquered breast cancer'

I felt a lump on my breast, and there was pain when I pressed it. I was so nervous thinking of what happened to my mother and sister, who both had breast cancer in 2000 and 2008, respectively. I had my mammogram and ultrasound, and results showed that the lump was suspicious, so I was scheduled for a biopsy. I didn't waste time. Just like my mother and my sister, I conquered breast cancer. I am so thankful to God because He gave me a family that is supportive and loving.

- Cristina, survivor since 2011



B. 'I found a lump'—***now what?***

If you suspect breast cancer, what should you do? First, you must not panic, of course, because as breast cancer survivors like to reiterate, this is not an automatic death sentence. Also, do not ignore these symptoms and hope they go away. The sooner you confront the reality, the better the outcome.





- **Seek the help of a medical doctor** or your primary health care provider.

Check if you can get support from the local government unit (LGU), which may have a community or barangay health care worker (BHW) and/or a patient navigation team. Check for hospitals or health centers near you, and ask for a referral to a good breast surgeon from friends or family. Remember, your experience may still be different from theirs; that being said, feel free to “shop” for a doctor that you like or get along with.

- **Inform a family member** about your condition. It could be your spouse, children, a sibling or a relative. It is advisable to bring someone during your appointments, and you can start to see how each of them can help you at this time.

- **Prepare a list of questions** to ask your doctor during your appointments, which might include the following.

- **List down all your symptoms** and share them with your doctor.

- **Identify organizations** you can approach for financial assistance, if needed.

- **Try to be organized.** Identify contact persons and list down their information. A planner or journal will be a big help in your journey.

List of questions to ask your doctor

1. What screening method will be used?
2. What tests will be required, how much will they cost, and how long is the wait for results?
3. What side effects can be expected from the tests? I.e., will a biopsy hurt? Will you have to skip work or school?
4. What do you do before and after each test?
5. Should you consult other health professionals, if they have recommendations?

Doctors on your *team*

Whether your diagnosis will prove to be negative or positive, here are some of the doctors or medical professionals you may meet or need to consult on your journey.

An **obstetrician-gynecologist** specializes in the medical and surgical care of the female reproductive system and associated disorders.

A surgeon, and the more specialized **breast surgeon**, will perform a biopsy to check if a lump is cancerous, and other surgical procedures such as the removal of the lump itself (a lumpectomy) or the removal of one or both breasts (mastectomy).

A **surgical oncologist** is a doctor who performs surgical procedures on patients with cancer.

An **oncologist** is a doctor who treats a person diagnosed with cancer.

An **internist**, or a doctor of internal medicine, specializes in the internal organs and systems of the body.

You may also deal with nurse practitioners (NP), who work closely with doctors and have been trained in the medical and nursing fields; community health care workers such as barangay health care workers (BHWs), members of your community, especially in more remote rural areas, who give help and access to health care services; and patient navigators, who assist cancer patients through the system, help identify other resources, and address any obstacles to proper patient care

C. The details: *Diagnosis*

There are different tests and procedures used to find or diagnose breast cancer. You may be referred to a breast specialist or a surgeon to check for lumps and lymph nodes or identify any abnormalities in your breasts. Remember that the goal of these tests, tedious or intimidating as they may seem, is for your doctor to get a clearer picture of what is happening inside your body.

A **mammogram** is a low-dose x-ray that allows doctors, or specifically, a radiologist to look for any abnormalities in the breast tissue. It can help health care providers decide if more testing, such as a biopsy, is needed. The radiation from a mammogram is low, and the benefits of discovering possible disease certainly outweigh any possible harm from radiation exposure. In a mammogram, your breasts will be compressed a few times while you are standing to better see any tumors. It can be uncomfortable, but it is not unbearable, survivors agree. A nurse will assist you through the procedure.



A **breast ultrasound** uses sound waves and their echoes to create computer images of the inside of the breast. It can reveal certain breast changes, like the presence of fluid-filled cysts, that can be harder to see on mammograms. An ultrasound can be more accurate for women with dense breast tissue. It will also require some pressure applied on the breasts; again, it can be uncomfortable, but is not unbearably painful.



A **breast MRI** (magnetic resonance imaging) uses radio waves and strong magnets to capture detailed pictures of the inside of the breast. An MRI can find tumors or abnormalities not seen in a mammogram, and is often used to find out the exact size and location of the cancer. This is recommended more for women with a high risk of having breast cancer.



The American Cancer Society (ACS) website defines a biopsy as when “a doctor removes small pieces of breast tissue from the suspicious area so they can be looked at in the lab to see if they contain cancer cells.” It is often the best way to find out if a growth is cancerous or not. There are different types of biopsies performed.

In a **core needle biopsy**, the ACS explains, a hollow needle is inserted to obtain tissue from a growth seen in an ultrasound, mammogram, or MRI. This is the most common kind of biopsy performed. The area will be under local anesthesia so the injection will not be painful.

In a **surgical biopsy**, also called an open biopsy, the entire lump, or a portion of it, is removed for testing. Often the entire mass is removed, along with a surrounding margin of clean tissue to ensure that any cancer cells were excised.

In a **lymph node biopsy**, the lymph nodes under the arm on the side of the afflicted breast are checked. This may be done concurrently with the breast lump biopsy or during the actual surgery for removal of the growth. Lymph nodes are checked using either a core needle biopsy or a sentinel node biopsy. As explained in the Mayo Clinic website, the sentinel nodes are the first few lymph nodes in the lymphatic system into which a tumor drains. “A sentinel node biopsy involves injecting a tracer material that helps the surgeon locate the sentinel nodes during surgery. The sentinel nodes are removed and analyzed in a laboratory. If the sentinel nodes are free of cancer, then cancer is unlikely to have spread, and removing additional lymph nodes is unnecessary. If a sentinel lymph node biopsy reveals cancer, your doctor might recommend removing more lymph nodes.”





'I had an excision biopsy'

I had symptoms like back pain, itchiness around my nipple, needle-like pricking pain near my armpit, and a palpable lump. I had an excision biopsy, and the finding was a malignant tumor. I sought help from medical specialists, I asked for prayers from my friends, I joined a support group because I needed someone to talk to about my journey.

- Mary Grace, survivor since 2014

D. Understanding test 'scores': ***BI-RADS categories***

Your doctor is the best person to explain test results to you, as he or she should. However, it helps to have a basic familiarity with the initially baffling terminology used in such tests.

As the ACS explains, mammogram results will be categorized using the Breast Imaging Reporting and Data System or BI-RADS, which has six categories for "scores." This system is also used to categorize results of a breast ultrasound or a breast MRI.

CATEGORY **0**

Incomplete; additional tests or comparison are needed.

CATEGORY **1**

Negative; nothing new or abnormal was found.

CATEGORY **2**

Benign; no cancer detected, but there are noncancerous findings such as benign masses.

CATEGORY **3**

Probably benign; less than 2 percent chance of cancer, but a follow-up is advised after some time.

CATEGORY **4**

Suspicious abnormality; a biopsy is recommended. This category is further divided into 4a, 4b, and 4c, for low, medium, or high likelihood of cancer.

CATEGORY **5**

Highly suggestive of malignancy; there is a 95 percent chance of the mass being cancerous.

CATEGORY **6**

Known malignancy; this is used for findings on an existing cancer, to monitor any changes.



'My fault'

When I received the results of my tests, my reaction was no different from all the rest. Why me? How come? What now? So many questions flooded me. I was just in denial. In hindsight, I knew it was also my fault. My regular checkups and mammograms since 2000 did not give me any reason to worry, so I stopped going. It was only in 2016 that I decided to visit my doctor again, and the results showed I had the big C.

- Delle, survivor since 2016

E. 'What's this?':

Your pathology report

After you undergo a biopsy, the sample taken from your breast is sent to a laboratory where it will be analyzed by a pathologist. Although you'll probably never meet him or her in person, your pathologist is a very important member of your medical team. A highly specialized doctor, a pathologist works behind the scenes to analyze your cancer cells. The resulting report, containing vital information about your diagnosis, will be submitted to your oncologist, whose responsibility it is to explain any results to you.

The pathology report describes key characteristics of the specimen, and will help your medical team determine the appropriate treatment for your particular case.

It's easy to feel overwhelmed and intimidated by all the medical terms in these reports, so never hesitate to ask your doctor if there are words you don't understand.

Here are some of the terms you may encounter:

Breast cancer stage

One of the first things most newly diagnosed patients would like to know is the stage of their breast cancer.

In cancer terms, the word "Stage" is used to describe how much the cancer cells have spread, if at all. The stage determines how your cancer will be treated, as well as your chances of survival over a certain number of years.

Your breast cancer will be classified into one of five stages, ranging from Stage 0 (zero) to Stage IV (4), with Stage 0 (carcinoma in situ) being the earliest stage. In general, a lower stage number means less spread. Often written in Roman numerals I to IV, they are also sometimes followed by letters A to C.

The following factors are considered in cancer staging:

- Tumor size (**T**)
- The spread to nearby lymph nodes, if any (**N**)
- Metastasis or spread to other parts of the body (**M**)
- Estrogen receptor (**ER**) status
- Progesterone receptor (**PR**) status
- Human epidermal growth factor receptor 2 (**HER2**) status
- Grade of the cancer (**G**)

Although cases vary with each individual, cancers within the same stage are generally treated the same way and have the same outlook.

TNM

The standard staging system internationally used for breast cancer is known as TNM.

The ACS explains the system as follows:

- **T** refers to the main (primary) tumor
- **N** indicates for spread to nearby lymph nodes
- **M** stands for metastasis (spread to different parts of the body)

If the stage is based on removal of the cancer with surgery and review by the pathologist, the letter P (for pathologic) may appear before the T and N letters.

The **T category** (T0, Tis, T1, T2, T3, or T4) is based on the size of the tumor, and whether or not it has spread to the skin over the breast or to the chest wall under the breast. Higher T numbers mean a larger tumor and/or wider spread to tissues near the breast. (“Tis” is carcinoma in situ, cancer cells located in the original place where they were found.) Since the entire tumor must be removed to learn the T category, this information is not given for needle biopsies.

The **N category** (N0, N1, N2, or N3) indicates whether the cancer has spread to lymph nodes near the breast, and if so, how many lymph nodes are affected. Higher numbers after the N indicate more lymph node involvement. If no nearby lymph nodes were removed to be checked for cancer spread, the N category may appear as NX, where “X” means that the information is not available.

The **M category** (M0, M1) is usually based on the results of lab and imaging tests, and is not part of the pathology report from breast cancer surgery. In a pathology report, the M category is often left off or listed as MX (again, with “X” meaning that the information is not available).

Hormone receptor (ER/PR) status

Invasive breast cancer is tested to see if the cancer cells have receptors for the hormones estrogen and progesterone. Estrogen receptor-positive (ER+) breast cancer has estrogen receptors, and progesterone receptor-positive (PR+) breast cancer has progesterone receptors. Some cancers are positive for both ER and PR.

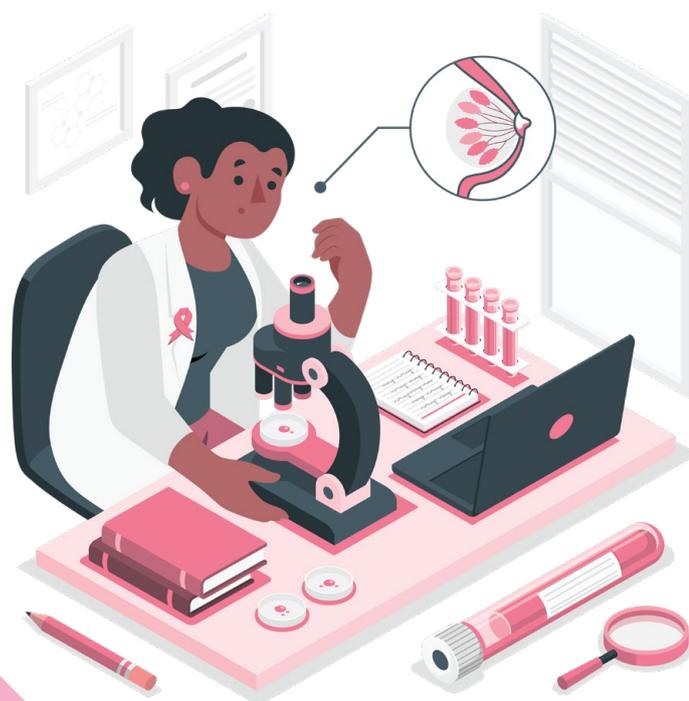
Doctors often use the term hormone receptor-positive (HR+) for cancers that are estrogen receptor-positive, progesterone receptor-positive, or both. If both estrogen and progesterone receptors are absent, the breast cancer is called hormone receptor-negative (HR-).

According to BreastCancer.Org, about 80 percent of breast cancers are ER+; about 65 percent are both estrogen receptor-positive and progesterone receptor-positive (ER+/PR+); about two percent are estrogen receptor-negative and progesterone receptor-positive (ER-/PR+); and about 25 percent have no hormone receptors, called hormone receptor-negative (HR-).

HER2 status

Human epidermal growth factor receptor (HER) 2 (or HER2) is a protein involved in cell growth. Ten to 25 percent of breast cancer patients have too many of these proteins in their breast cells, causing the cancer to grow and spread more aggressively than in other breast cancers. This particular type of breast cancer is referred to as HER2-positive.

Although you may feel alarmed upon learning your cancer has tested positive for HER2, the good news is that there are specific medicines (often referred to as “targeted treatment”) just for this kind of breast cancer.



Triple negative breast cancer

All cancer cells are tested for estrogen receptors (ER), progesterone receptors (PR), and HER2 proteins. About 15 percent of breast cancer patients test negative for all three. This type is classified as triple-negative breast cancer (TNBC), an aggressive invasive breast cancer that can be difficult to treat.

Nottingham histologic grade

Your pathology report will include a grade or score between 3 and 9, depending on how different the cancer cells in your specimen are from normal, healthy cells. Although it's important to note that grade is different from stage, the same rule applies to both: a lower number means a better prognosis and outlook.

The grade will be based on three characteristics:

- Tubular formation: Do the cells form tubules (small tubes)?
- Nuclear pleomorphism: How different are the cancer cells from normal breast cells?
- Mitotic count: How many cells are dividing?

Each characteristic receives a score of 1 to 3.

The three scores will be added to come up with the Nottingham grade.

Carcinoma and adenocarcinoma

Carcinoma refers to cancer that starts in the lining layer of organs like the breast. Almost all breast cancers are carcinomas. Carcinomas that start in glandular tissue are called adenocarcinomas.

Invasive/infiltrating

Invasive cancer has spread to surrounding tissue in the breast and may have spread to the lymph nodes in the armpit or to other parts of the body. All breast cancers, except those in situ, are invasive.

If the breast cancer cells have spread to other organs, such as the bones, brain, liver or lungs, it is called metastatic breast cancer.

Noninvasive/in-situ

Noninvasive or in situ breast cancers stay in the place where they started to grow. They don't grow into the surrounding breast tissue or beyond the breast.

DCIS (ductal carcinoma in situ) is limited to the milk ducts of the breast, and has not spread beyond the breast to the lymph nodes or other parts of the body. However, there are several types of DCIS. If it is not removed, some types may in time change and develop into an invasive cancer. Some may never progress to an invasive cancer.

LCIS (lobular carcinoma in situ) is a noninvasive growth limited to the milk lobules of the breast. It is not cancer—only a warning sign of increased risk of developing cancer, according to the National Cancer Institute. Women with LCIS have about a one percent risk of developing invasive breast cancer equally in either breast per year. After 20 years, this risk is about 18 percent.

Breast carcinomas are often divided into two main types: invasive ductal carcinoma and invasive **lobular** carcinoma, based on how they look under the microscope. In some cases, the tumor can have features of both, and is called a mixed ductal and lobular carcinoma. Both types arise from the cells lining the ducts and lobules in the breast. In general, they are treated similarly.

There are three types of invasive carcinoma:

Invasive ductal carcinoma (IDC) is also called invasive mammary carcinoma of no special type, as is the most common type of breast cancer, accounting for about 80 percent of cases.

Invasive lobular carcinoma (ILC), sometimes called infiltrating lobular carcinoma, is the second most common type of breast cancer.

Inflammatory breast cancer (IBC) is a rare and aggressive type of breast cancer, and makes up only one to five percent of all breast cancers. Unlike most breast cancers that manifest as a lump, IBC is characterized by swelling and reddening of the breast. This happens because breast cancer cells are blocking lymph vessels in the skin. The skin of the breast also may thicken or dimple, and can be likened to an orange peel.

F. In the family: **Genetic and genomic testing**



While they sound similar, genetic testing and genomic testing are two very different things.

Genetic testing is done on a sample of your blood, saliva, or other tissue, and can be done even without a cancer diagnosis. Genetic tests can tell if you have an abnormal change (also called a mutation) in a gene that is linked to a higher risk of breast cancer, and may be recommended for individuals with a strong family history of cancer.

The most well-known genes that put one at risk for breast, ovarian, and other types of cancer are Breast Cancer Gene 1 (BRCA1), Breast Cancer Gene 2 (BRCA2), and Partner and Localizer of BRCA2 (PALB2). Only 10 percent of breast cancers are caused by an inherited gene mutation; most patients have no family history.

A **genomic test** analyzes a sample of the cancer tumor itself after surgery or biopsy. Also known as a **gene expression test or gene expression profiling**, it can see how active certain genes are within the actual tumor, and help guide your treatment plan.

Genomic tests look at the patterns of a number of different genes in order to help predict if the cancer will come back, or recur, after initial treatment. According to the website of the Centers for Disease Control and Prevention (CDC), the BRCA1 and BRCA2 genes are supposed to protect you from developing certain cancers, but mutations prevent them from doing their original job; inheriting these mutations means a more likely chance of developing breast, ovarian, and other cancers. Family members—daughters, sisters—usually share the same mutation. Going for genetic counseling can be of help.

If you have early-stage breast cancer, your doctor may recommend this to see if you will benefit from chemotherapy, on top of breast surgery and hormone or targeted therapy, depending on your type of cancer.

In some cases, the breast cancer is diagnosed early enough so that the risk of recurrence even without chemotherapy is low.

While genomic tests are useful, they are still quite costly, as they are done abroad.

G. Picture this: ***Imaging tests***

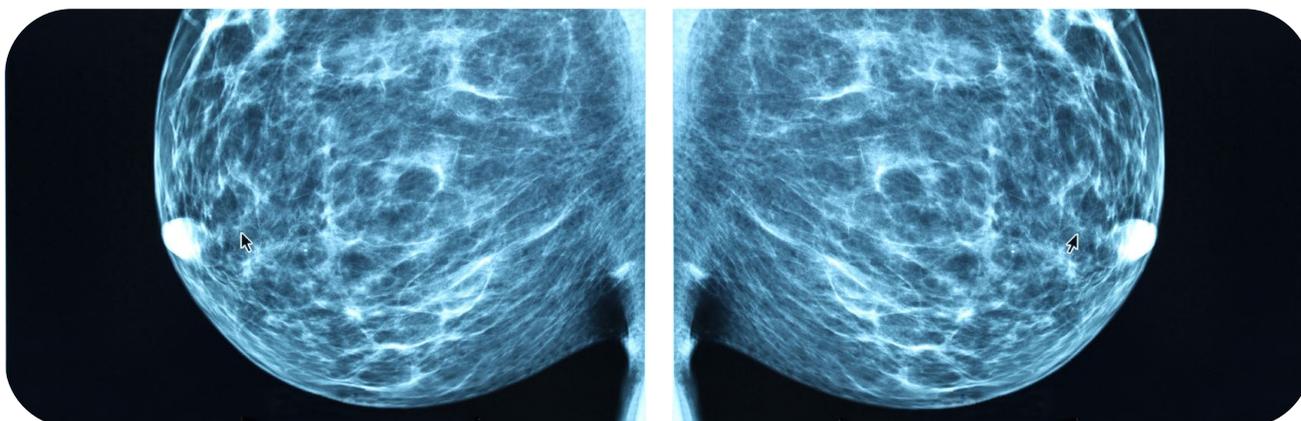
In order to treat your breast cancer in the best way possible, your medical team will need as much information as they can get about your diagnosis. Imaging tests may be ordered, as needed, based on your stage and symptoms.

These medical imaging procedures are administered under the supervision of a radiologist, a doctor who specializes in using such techniques for the diagnosis and treatment of diseases.

Diagnostic mammogram

A mammogram is an x-ray of the breast. While screening mammograms are routinely administered to detect breast cancer, diagnostic mammograms are used after suspicious results on a screening mammogram or after some signs of breast cancer alert the physician to check the tissue more closely.

While normal screening mammograms take 10–15 minutes, diagnostic mammograms take about 40 minutes, as they provide a more detailed x-ray of the breast using specialized techniques. Diagnostic mammograms may provide views of the breast from multiple vantage points and zoomed-in views of a specific area where there is a suspicion of an abnormality. This will give your doctor a better image of the tissue to arrive at an accurate diagnosis. Diagnostic mammograms are recommended for patients above 30 years of age.

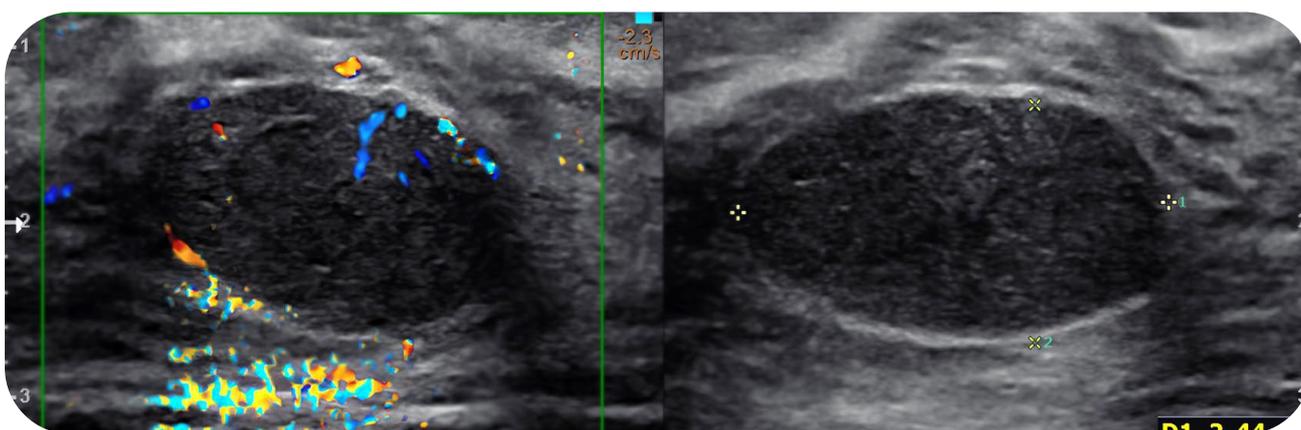


Breast ultrasound

Ultrasound (ultrasonography) uses sound waves to create an image on a video screen. After a cool gel is applied on your breast, a small microphone-like instrument that gives off sound waves is moved over the skin surface and picks up echoes as they bounce off tissue. A computer turns these echoes into an image on the screen.

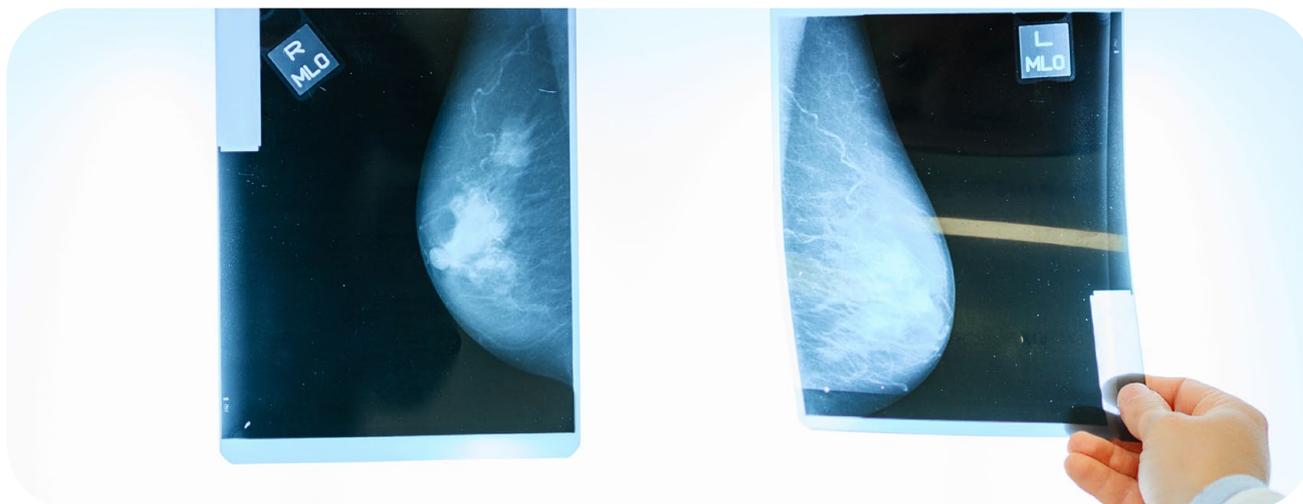
If you are younger than 30 years old, your doctor may order a breast ultrasound, as your breast tissues may still be too dense for a mammogram.

If there is reason to suspect that the cancer has spread to other parts of your body, your doctor may order one or more of these additional tests, based on your symptoms.



Chest x-ray

If there is possible spread to your lungs, a chest x-ray may be ordered.



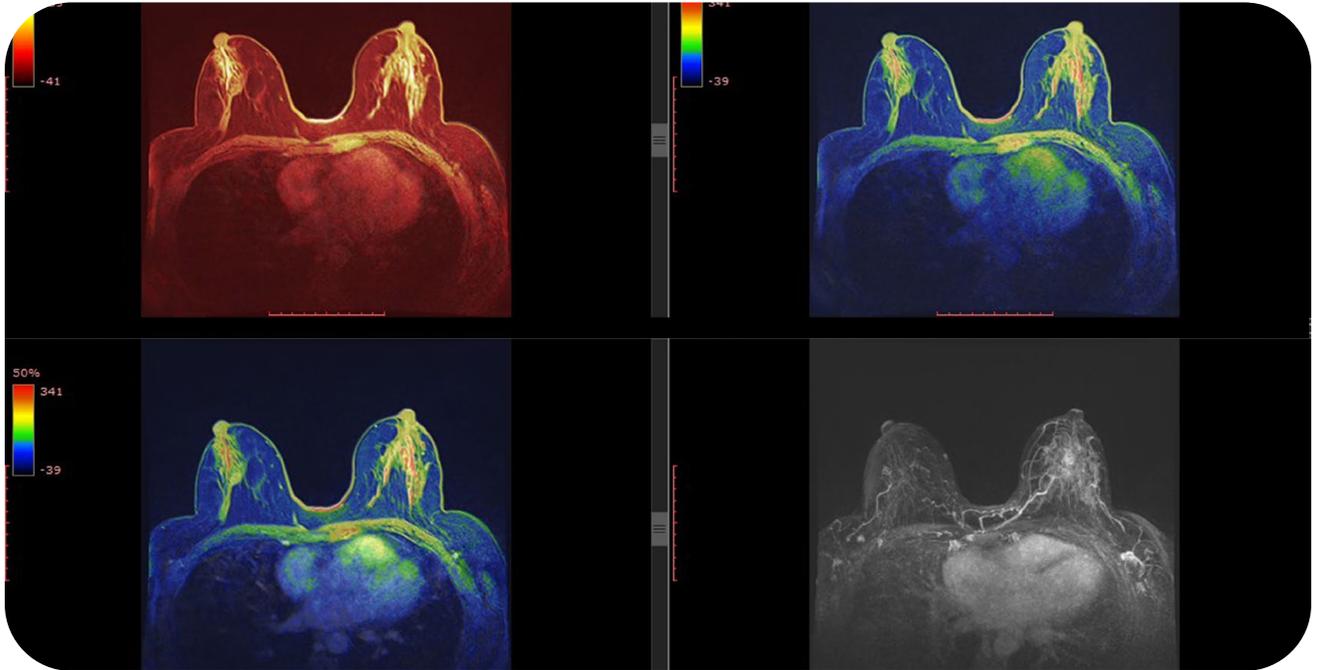
CT scan

A computed tomography (CT) scan is a more advanced way of detecting cancer in the chest and abdomen. Unlike a simple x-ray, it gives detailed, cross-sectional views of the body.



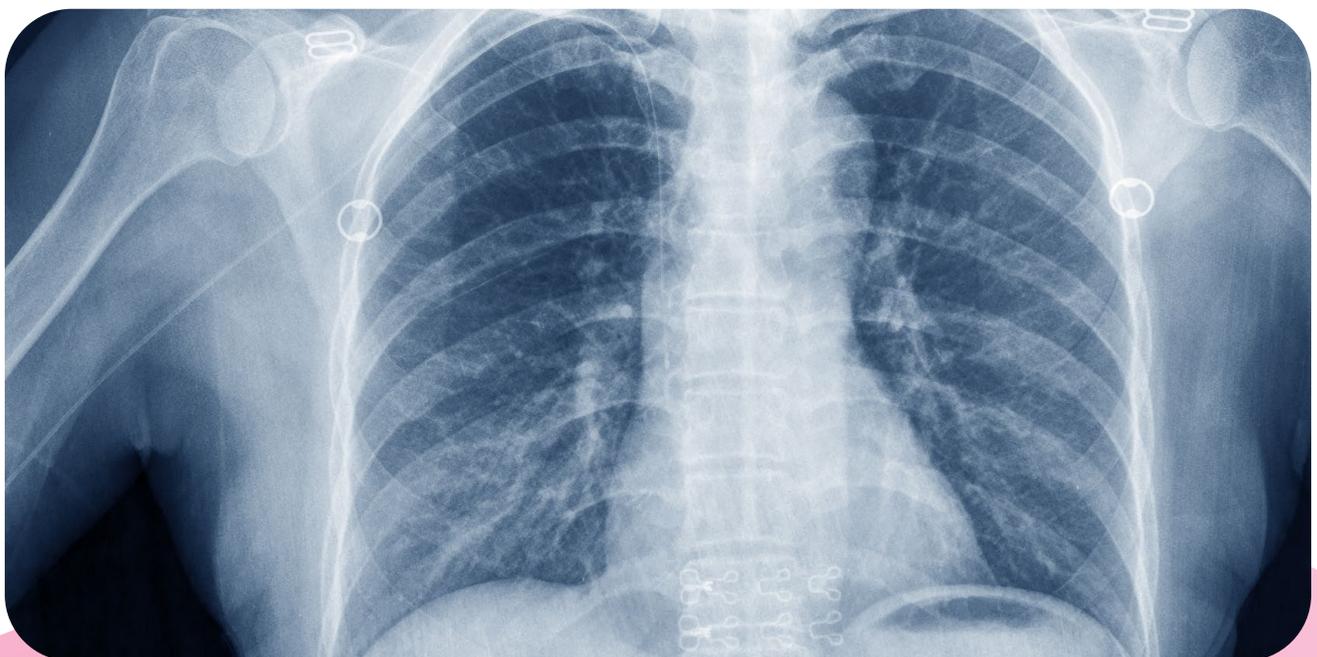
MRI scan

Like a CT scan, magnetic resonance imaging (MRI) is a more sophisticated test used to detect possible cancer spread. An MRI scan may be used in cases where metastasis to the brain, liver, or bones is suspected. This technique makes use of x-rays and magnets instead of x-rays.



Bone scan

As its name implies, a bone scan is a method of detecting disease in the bone. Also referred to as bone scintigraphy, this nuclear imaging technique makes use of small (but safe, of course) amounts of radioactive substances and a special camera.



II. The Big Fight: Treatment



Cancer can be beaten, so be prepared for the battle

Treatment for breast cancer patients involves a team of doctors that will determine a patient's protocol. As early as possible, have a list of doctors you would like to be on your team to help you with all your treatments. Ask family and friends to give you referrals. It is important that you are comfortable with your team of doctors.



A **breast surgeon** or surgical oncologist is the doctor who will operate on you, if needed, to remove a cancer.



The **medical oncologist** will design your protocol and suggest whatever you will need to fight the cancer—chemotherapy, immunotherapy, hormone therapy, or other types of treatment.



A **radiation oncologist** may be needed after chemotherapy to create your radiation treatment protocol.

If you decide, you may want to consider a plastic surgeon for breast reconstruction surgery, but this is not a necessity. Some breast cancer patients have opted against having reconstructive surgery and have learned to live minus one or both breasts, or parts of them.

Before you begin your cancer treatment, ask your medical oncologist for a list of things you will need to prepare yourself. Do you need to see a cardiologist if you have a preexisting heart condition, a pulmonologist if you have asthma? Do you need to have your teeth checked? Are there other considerations prior to starting your treatments?

Equally important is to talk to your family to let them know what the plan is. They will be worried and will want to know what is going to happen. Are you having surgery? Are you doing chemo? How could the treatments affect you? Who are your doctors?

Depending on what has been discussed with you, the order or types of treatments will differ per patient.

A. Cut clean: **Surgery**

Surgery for breast cancer patients may be done prior to chemotherapy or after. This will depend on several things that will be discussed with you by your lead medical oncologist and surgeon. There are two types of surgery for breast cancer.

Breast conserving surgery

Also known as a lumpectomy or partial mastectomy, this is where only the cancerous lump or the tumor is removed. In this case, your surgeon will also remove some noncancerous tissue around the tumor to ensure that they are able to remove the entire mass. The healthy tissue around the tumor, also known as a tumor's margins, will also be tested for any trace of the cancer.

Patients who have a lumpectomy will most likely have to undergo radiation therapy after. This will be discussed with you in detail by your medical oncologist and radio oncologist.

Mastectomy

This is where the whole breast is removed. Some patients opt to have reconstructive surgery after mastectomy to recreate the breast that was removed. However, not all breast cancer patients have this. Discuss with your breast surgeon what your options are.



'I wanted a mastectomy, but didn't need it'

I initially wanted to have a mastectomy, but my breast surgeon said that I didn't need one. I only needed a lumpectomy, given the size and location of the tumor. I also needed to have some lymph nodes removed, since the tumor had spread to my right underarm.

– Gina, survivor since 2009

Lymph node surgery

Other than these two procedures, the operation may also involve lymph node surgery. Even if there are no visible lumps in the underarms, the cancer may have spread to the lymph nodes or lymph glands, which, according to the Mayo Clinic, play a crucial role in your body's ability to fight off infections, serving as filters that block viruses, bacteria, and other causes of illnesses before they can spread all over the body. The purpose of the surgery is to extract lymph nodes from the underarms on the side where the breast tumor is, and have the lymph nodes tested for the presence of cancer.

There are three ways to do this:

- A **sentinel lymph node biopsy (SLNB)** is where the sentinel lymph node is identified, removed, and examined to determine whether cancer cells are present.
- An **axillary lymph node dissection (ALND)** is usually done during a mastectomy or lumpectomy. A number of lymph nodes are removed and tested for any presence of cancer.
- In a **wire localization or stereotactic biopsy**, an ultrasound or x-ray is used to locate the area of the tumor. A hollow wire is then inserted in the area to extract a sample for biopsy.

Breast reconstruction

You may choose to have breast reconstruction after mastectomy to rebuild your breast, and the options and considerations vary according to the individual, as explained in the ACS website (<https://www.cancer.org/cancer/breast-cancer/reconstruction-surgery.html>). If you opt for this procedure, your breast surgeon and a plastic surgeon could discuss this even before tumor removal or a mastectomy. You may choose to have this procedure to make the chest literally and visually balanced, to regain breast shape, to make clothes fit better, to avoid using a prosthesis, and to generally feel better about your body.

Your new breast will never be an exact match, however; it will have little or no sensation, and if tissue was taken from elsewhere in the body for a flap reconstruction—the stomach, back, thighs, or buttocks are the usual sources—then these areas will be affected. If you opt for implants made of either saline solution or silicone gel, be aware that there have been a few studies on a type of cancer associated with such implants. In general, however, studies show that reconstruction itself does not make breast cancer come back.

Know also that you can opt for a later reconstruction, although that will entail another surgery. Other considerations are scarring, sensitivity, blood flow, delayed healing because of treatment, and factors like smoking and diabetes. Make sure to ask your plastic surgeon everything you want to know.

Alternatives to reconstruction are breast forms or prostheses and special bras. Some women who have had both breasts removed choose to just remain flat, but it is a different consideration when only one breast is removed, as the asymmetry can have physical as well as psychological effects.

Check this link for more information on the different types of surgery involved in breast cancer:

Surgery for Breast Cancer

Breast Cancer Treatment

Managing side effects of surgery

A lumpectomy can be an outpatient procedure, and the recovery is quick. Your surgeon may prescribe some pain medication for you to take when you go home. The important thing is to protect the area around the wound.

If you have a mastectomy, the whole breast will be removed. The recovery time will be longer, and it will be an inpatient procedure. For a mastectomy, your surgeon will give you instructions on wound care and how to manage at home.

As with any surgery, you need to treat the area with care, and not exert the muscles around your chest or arms.



'Cushioning the area'

After I had my lumpectomy, when I would be out and about and around people, I would put a small pillow or cushion on top of the area to avoid any accidental bumps by my son or nieces and nephews.

- Mayette, survivor since 2015

B. From the inside:

Systemic treatments

Systemic treatments involve drugs meant to kill cancer cells. In **chemotherapy**, still the most common of such treatments, anticancer drugs are given intravenously or orally. The type of chemotherapy will depend on many factors, such as the type of breast cancer, grade of the tumor, stage of the cancer, and more. All these will be discussed with you by your medical oncologist; feel free to ask any questions. **Adjuvant chemotherapy** is given after surgery or removal of the tumor, while **neoadjuvant chemotherapy** is given prior to surgery to try and shrink the tumor.

Chemotherapy may have several side effects. You may experience all, some, or maybe none at all. According to the ACS, the most common **side effects of chemotherapy** are the following:

- | | | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Fatigue |  Appetite changes |  Weight changes |
|  Hair loss |  Constipation or diarrhea |  Chemo brain, which can affect concentration and focus |
|  Easy bruising and bleeding |  Mouth, tongue, and throat problems such as sores and pain when swallowing |  Mood changes, such as depression, which requires consultation with a therapist |
|  Infection |  Peripheral neuropathy or other nerve problems, such as numbness, tingling, and pain |  Changes in libido and sexual function |
|  Anemia (low red blood cell counts) |  Skin and nail changes such as dry skin and discoloration |  Fertility problems |
|  Nausea and vomiting |  Urine and bladder changes and kidney problems | |

Some patients report pain and sensitivity in the veins in the arm because of intravenous chemotherapy. Even before chemotherapy begins, if a patient's veins are very small and are likely to make infusion difficult, a surgeon may implant a **portacath** under the skin—literally, a port, a small plastic or metal disc, that connects to a catheter, a thin plastic tube that leads to a vein. Accessing the port makes it unnecessary to keep searching for tiny or collapsed veins for an infusion.

Another effect after chemotherapy is **phlebitis**, an inflammation and hardening of the veins due to intravenous drugs. This can last for a few weeks, months, or a longer time.

There may be other side effects not listed above. For any adverse experience with chemotherapy, always consult with your medical oncologist. Each patient will experience different side effects. Even if one person's chemotherapy is the same as another, what they experience could be different. What is important is you take note of your experiences and consult with your doctor.



'I would lose my appetite for a whole week'

Each time I had my chemo, I would lose my appetite for a whole week. I just couldn't eat. But I forced myself to have some warm bread and warm milk just so I could have some kind of nutrition. Almost like clockwork, after exactly a week. I would have my appetite back, and my husband would always buy wonton noodle soup for me. Luckily, I only experienced loss of appetite, constipation, and blackened nails. Of course, there was the fatigue.

– Sarah, survivor since 2020

Survivors also share other ways to manage the side effects of chemotherapy:

- "When I started chemo and I felt like vomiting, I would suck on ice cubes, which minimized the feeling."
- "Meditating and praying helped lessen the anxious feelings."
- "When I started losing my hair, I went to the barber to shave off all my hair so that I didn't look too sick. I started using colorful bandannas and scarves to match my wardrobe, and I had fun with it!"

- “I always made sure that everyone who would come to visit me would wear a mask to lessen the chance of me getting sick while doing chemo. My doctor always reminded me that during chemo, my immune system was extremely compromised, so I would take the extra step of protecting myself.”
- “During and after chemotherapy, I always felt tired. So, I would just take it easy and see how far my body could take it. I slept a lot, so that helped in my recovery.”

There are other types of systemic treatments, which may or may not be prescribed by your team of doctors.

Hormone therapy is given to breast cancer patients whose tumors are affected by estrogen and progesterone. This is determined by a test, done after surgery, to determine if the type of breast cancer has receptors for the naturally occurring hormones estrogen or progesterone. Your medical oncologist and/or surgeon will discuss this with you.

Immunotherapy for breast cancer uses medicines to improve the patient’s immunity to help the body fight the cancer. However, not all patients will be given immunotherapy. Depending on the patient’s type of cancer, grade, stage, and other factors, immunotherapy may or may not be an option.

Targeted drug therapy could be given to patients to slow the growth of or destroy cancer cells. Some of these targeted drug therapies could be considered immunotherapy, because they may boost the patient’s immune system.

C. Zapping the cancer cells:

Radiation therapy

Radiation therapy is a type of treatment that uses high-energy beams from a machine to destroy the cancer cells in the targeted areas. Radiation therapy is usually given to breast cancer patients who have had a lumpectomy, and is usually done after chemotherapy. Your medical oncologist will most likely recommend a radiation oncologist he or she has worked with, and will turn you over after your chemotherapy assessment.

Depending on several factors, the type of radiation you will receive will be discussed by your radiation oncologist.



External beam radiation therapy (EBRT) is the most common type of radiation treatment. A special machine is used to concentrate the radiation beam on the area of the tumor, or where the tumor was (if after surgery) and around it. The area where the beam will be focused will depend on several factors, such as whether you had a lumpectomy or mastectomy or if your lymph nodes were affected. Usually, radiation will be given for six to seven weeks, five times a week. Depending on factors affecting your cancer, the type of EBRT may either be for the whole breast or part of the breast.

The preparation for EBRT usually takes a while, since you are first asked to come in to be measured, and a mold is made for you. When the mold is done, your sessions will be scheduled. During the EBRT session, you will be asked to be in a certain position and not move for a few minutes while they do the radiation. The exposure itself does not take a long time.

Brachytherapy or internal radiation therapy is another type of radiation therapy used on patients who have had a lumpectomy, have early-stage invasive ductal carcinoma, or are age 45 and older. This is done by inserting a radioactive seed in the area where the tumor is or was located, and is done twice a day for five days. Again, this will all depend on the type of cancer you have.

Intraoperative radiation takes place while you are in surgery, and your radiation oncologist administers radiation beams in the area around the tumor site before closing the surgery.

Radiation therapy has almost no side effects. The only visible side effect is burning of the skin, which can be managed by applying aloe vera gel around the areas affected. If you have sensitive skin, however, the burns can become painful, and you could consult a dermatologist for management. Some patients report fatigue and sleepiness as the treatment progresses.



'33 sessions'

For my type of cancer and the surgery that was done on me, a lumpectomy, my radiation oncologist prescribed 33 sessions of EBRT. I was going to the hospital Monday to Friday, resting on weekends, for six-and-a-half weeks. I started my radiation a month after my last chemo. There were hardly any side effects for me. My doctor just recommended that I apply pure aloe vera gel on the area affected by the radiation.

– Edna, survivor since 2011

D. Other notes

Treatment for a second breast cancer may be considered for patients whose other breast, not initially treated, is found to have cancer. The patient may go through a battery of tests again for the team of doctors to see which treatment protocols are suitable for the patient.

Some patients diagnosed with breast cancer are pregnant, and it is important that you discuss options with your team of doctors. You will need to consider both your and your baby's health.

During treatment, you will experience a lot of changes, and it is crucial that you discuss these with your team of doctors. ***You may also want to consider the following advice and anecdotes from breast cancer survivors and discuss them with your team of doctors:***

- “If your breast cancer and surgery are on one side, you do all bloodwork, blood pressure checking, and chemo on the opposite arm only.”
- “Do not exert too much effort, especially if you have had surgery.”
- “If you will be around others, always wear a mask to protect yourself.”
- “Your immune system is compromised while doing chemo, so you can easily catch a cold or cough.”
- “Always sanitize door handles, doorknobs, and anything that people always touch before you touch them to avoid getting any unwanted bacteria or virus.”
- “If you can avoid being around others while doing chemo, that might be better. But ask your doctor the window days for when you are not okay and when it is safe to be around others. You can ask your doctor how to boost immunity.”
- “Do not take supplements or other medication without talking to your medical oncologist. Some supplements may have some contraindication with your treatment, so it is best to disclose everything to your doctor.”

On unsolicited advice from family and friends:

- “You will have well-meaning family and friends who may give you some advice. Take them all with a grain of salt. It can get overwhelming if you listen to all of them.”
- “Stop listening to everyone and just talk to your medical oncologist.”
- “Your relationship with your doctor is key to your healing. Whatever advice your family and friends give, always consult or check in with your doctors so that you are properly guided.”
- “Google is not your oncologist! Do not believe everything you read online. Always consult with your doctor.”
- “Each person’s cancer journey is different. Treatments may be different. Side effects may be different. Stop comparing your situation with others, even if your type of cancer is similar or the same. What happened to others may or may not happen to you.”
- “Depending on the strength and potency of the chemo, some patients either stopped working or studying, or continued working or studying. Listen to your body and see how you feel.”
- “If you need to, sleep to rest and recharge.”
- “You may lose your hair. Yes, this includes eyebrows sometimes. What some have done prior to start of chemo is go to the barber or salon to have their hair cut in the shortest

possible length to prepare for hair loss. Go shopping for wigs and/or bandannas to go with your outfits. And don't worry, it will grow back."

On food and nutrition:

- Clean food very well if you want to eat it raw.
- If you want to eat salads and juice some fruits and vegetables, just make sure that you clean them very well. You may place the fruits and vegetables in a baking soda bath, then use the baking soda to scrub the fruits and veggies to remove any dirt. After this, rinse them thoroughly with clean water to remove the baking soda before consuming or juicing.
- Eat what makes you happy in moderation; some prefer all-natural, freshly cooked food without preservatives.
- You may lose your appetite during chemo, so it is important that you are able to eat what you can. This is not the time to go on a diet or stop eating meat. You will need the strength to endure the chemo your body will be infused with. If you want to take supplements, please consult your medical oncologist to check for contraindications with the chemo meds, or ask a nutritionist.
- Avoid using metal utensils. Most cancer patients who did or are doing chemo experienced a metallic taste when eating or drinking anything.
- You may feel queasy and nauseous from the chemo, and it would help to have ice cubes, ice candy, gelatin, and fruit slush ready to sip or suck on during your chemo days. However, you might also be one of the lucky ones who will not experience this. If you can't eat or keep food down, at least have something to put in your stomach. Stock up on these so that you can have them anytime you need them. Warm milk, oatmeal or porridge or lugaw, warm bread, hot soup, and warm water are other options.



'I drank my vegetables'

I found that cold-pressed vegetable juice helped me a lot—I drank my vegetables! I bought organic produce like lettuce, spinach, celery, kale—more expensive!—and washed them in baking soda, then apple cider vinegar. A whole platter of chopped veggies made just less than one full glass, but what a glass! It felt so potent and healthy. I also added spirulina powder, and I honestly think this helped keep my blood count normal even between chemo sessions.

– Alice, survivor since 2013

III. Life Beyond Cancer: Survivorship



Yes, you can plan for the long term, but vigilance is key

Cancer patients are considered survivors from the very first day they are diagnosed.

Survivorship covers the physical, mental, emotional, social, and financial health and well-being of the patient from the time of diagnosis, throughout treatment and beyond. It involves living with cancer, as well as the fear of cancer recurrence or of cancer spreading after you have completed treatment. Family members, friends, and caregivers are important parts of the survivorship experience.

Your primary goal is to stay healthy, and to be strong enough to do the things you want to do, whether for work or for pleasure.

A. Paying attention: ***Follow-up care***

“Follow-ups” are regular medical checkups after you have completed your treatments. Each patient has a different follow-up care schedule based on the cancer type, treatment received, and overall health.

In general, your doctor will order tests and follow-up appointments every three months for the first two years after treatment; every six months for the next three years; and at least once a year after that.

Which tests are ordered and how often they are done will be based on what your doctor thinks is best for you when creating your follow-up care plan.

Your primary task is to be vigilant. As with your initial diagnosis, early detection and timely treatment are your best protection. Give time for follow-up care or monitoring tests, and see your doctor at the appointed times.

'Follow-up care may save your life'

On the fifth year after diagnosis and treatment, I returned to annual physical examinations. During the start of the COVID-19 pandemic, people were afraid to go to the hospital for their annual physical examination. Not me. I still went because I knew the importance of catching anything wrong as early as possible. There were irregular findings and confirmed "suspicious" activity. A surgeon recommended a core needle biopsy. If results were negative, she would order follow-up tests in six months. I asked if it was okay to just have a mastectomy. By this time, it had been 17 years since I had lost one breast to cancer. I didn't think twice about giving up the other. I had the mastectomy, and it turned out to be cancer, Stage Zero. No further treatment was recommended. It was a primary or new cancer, not related to the one that took the other breast. Follow-up care is important. It may just save your life.

– MCS, survivor since 2004



B. Caution:

Long-term side effects

Long-term or late effects are problems caused by cancer treatment that may not appear for months or even years later. These problems are specific to certain types of treatment. Like side effects during treatment, late effects differ greatly from person to person. Your problems may be very different from someone else's, even if you had the same type of cancer and treatment.

Ask your doctor during follow-up about common long-term effects of your treatment.

Bone loss and osteoporosis

Chemotherapy, steroid medicines, hormonal therapy, or radiotherapy may cause resorption or thinning of the bones. With radiotherapy, bone loss will occur only in the part of the body that was treated.

Ask your doctor how often you need to have **bone densitometry** (or a bone density test) to check for bone health during follow-up care.

You can help lower your risk of bone loss by:

- Not smoking or using other tobacco products
- Eating foods that are rich in calcium and vitamin D
- Walking, jogging, or other weight-bearing exercises
- Limiting how much alcohol you drink

Osteoporosis is a condition in which the bones become less dense and more prone to fracture. Fractures from osteoporosis can result in significant pain and disability. It is known as a silent disease because, if undetected, bone loss can progress for many years without symptoms until a fracture occurs.

Women who were treated for breast cancer may be at increased risk for osteoporosis and fractures. **Estrogen** has a protective effect on bone, and reduced levels of the hormone trigger bone loss. Because of treatment medications or surgery, many breast cancer survivors experience a loss of ovarian function and, consequently, a drop in estrogen levels. Women who were premenopausal before their cancer treatment may go through menopause earlier than those who have not had breast cancer.

Here are steps to reduce one's risk for osteoporosis or lessen the effects of the disease on women who have already been diagnosed with osteoporosis:

- **Eat a well-balanced diet** rich in calcium and vitamin D. Good sources of calcium include low-fat dairy products; dark green, leafy vegetables; and calcium-fortified foods and beverages. Supplements can help ensure that the calcium requirement is met each day, especially in people with a proven milk allergy. A daily calcium intake of 1,000 milligrams (mg) for men and women up to age 50 is recommended. Women over age 50 and men over age 70 should increase their intake to 1,200 mg daily. Vitamin D plays an important role in calcium absorption and bone health. Food sources of vitamin D include egg yolks, saltwater fish, and liver. Many people, especially those who are older or housebound, may need vitamin D supplements to achieve the recommended intake of 600 to 800 IU (international units) each day.

- **Exercise.** Like muscle, bone is living tissue that responds to exercise by becoming stronger. The best activities for your bones are weight-bearing and resistance exercises. Weight-bearing exercises force you to work against gravity. They include walking, climbing stairs, and dancing. Resistance exercises, such as lifting weights, can also strengthen bones.
- **Stop smoking** and avoid second-hand smoke. Smoking is bad for the bones as well as the heart and lungs. Women who smoke tend to go through menopause earlier, resulting in earlier reduction in levels of estrogen, and triggering earlier bone loss. In addition, people who smoke may absorb less calcium from their diets.
- **Undergo bone densitometry.** A bone mineral density (BMD) test measures bone density in various parts of the body. This safe and painless test can detect osteoporosis before a fracture occurs, and can predict a person's chances of fracturing in the future. The BMD test can help determine whether medication should be considered. A woman recovering from breast cancer should ask her doctor whether she might be a candidate for bone densitometry.

There is no cure for osteoporosis. However, several medications are available to prevent and treat this disease. Bisphosphonates, a class of osteoporosis treatment medications, may have beneficial effects in some women with breast cancer.

Another osteoporosis treatment medication, raloxifene, has been shown to reduce the risk of breast cancer. Raloxifene is from a category of drugs known as selective estrogen receptor modulators (SERMs). Ask your doctor if these medications will help you.



'Movement is very important'

I had breast cancer in 2005 at the age of 40. The diagnosis was Stage 2B invasive ductal carcinoma, and I underwent a mastectomy, immunotherapy, chemotherapy, radiotherapy, and hormone therapy. In 2007, I was found to have osteopenia, a loss of bone mineral density that weakens the bones. I was put on alendronate and ibandronate, bisphosphonates which slow down the natural breakdown of bone, as well as calcium supplements. Treatment



was continuous, but in 2018, the osteopenia had progressed to osteoporosis. Treatment was Denosumab, a monoclonal antibody that also slows down the natural rate at which bone breaks down, and more calcium supplements. I also had to do stretching and mobility exercises at least thrice a week. My regimen included weightlifting, hiking, and body weight training. After three years on this program, in 2021, a bone density scan showed the reversal of osteoporosis to osteopenia. I now know that movement is very important. Get active. Stay active.

– Mimi, survivor since 2005

Chemo brain

Cancer treatments such as chemotherapy may cause difficulty in thinking, concentrating, or remembering things. So can some types of radiotherapy to the brain and immunotherapy. Memory or concentration problems, also known as mental fog or ***“chemo brain,”*** may start during or after cancer treatment. Some people notice very small changes, such as a bit more difficulty remembering things, whereas others have much greater memory or concentration problems.

It's important for you or a family member to tell your health care team if you have difficulty remembering things, thinking, or concentrating. Treating conditions such as poor nutrition, anxiety, depression, fatigue, and insomnia may also help.

To manage minor memory or concentration problems:

- ***Plan your day.*** Do things that need the most concentration at the time of day when you feel at your best. Get extra rest and plenty of sleep at night. If you need to rest during the day, short naps of less than an hour are best. Long naps can make it more difficult to sleep at night. Keep a daily routine.

- **Exercise your body and mind.** Exercise can help to decrease stress and help you to feel more alert. Exercise releases endorphins, also known as “feel-good chemicals,” which give people a feeling of well-being. Ask what light physical exercises may be helpful for you. Mind-body practices such as meditation or mental exercises such as puzzles or games also help some people.
- **Get help to remember things.** Write down and keep a list of important information. Use a daily planner, recorder, or other electronic device to help you remember important activities. Make a list of important names and phone numbers. Keep it in one place so it’s easy to find.



Fatigue

Some survivors report that they still feel tired or worn out. In fact, fatigue is one of the most common complaints during the first year of recovery.

Rest or sleep does not cure the type of fatigue that you may have. Doctors do not know its exact causes. The causes of fatigue are different for people who are receiving treatment and for those who have finished.

Fatigue during treatment can be caused by cancer therapy. Other problems can also play a part in fatigue, like anemia (having too few red blood cells) or having a weak immune system. Poor nutrition, not drinking enough liquids, and depression can also be causes. Pain can make fatigue worse. Researchers are still learning about what may cause fatigue after treatment.

There is no normal pattern for how long fatigue will last. For some, fatigue eases over time. Some people, like those who underwent radiotherapy, may still feel energy loss years later.

Some people feel very frustrated when fatigue lasts longer than they think it should, and when it gets in the way of their normal routine. They may also worry that their friends, family, and co-workers will get upset with them if they continue to show signs of fatigue.

Ask your care team about what may be causing your fatigue and what can be done about it.

Some things to ask about:

- How any medicines you are taking or other medical problems affect your energy level
- How you can control your pain, if pain is a problem for you
- Exercise programs that might help, such as walking
- Relaxation exercises
- Changing your diet or drinking more fluids
- Medicines or nutritional supplements that can help
- Specialists who might help you, such as physical therapists, occupational therapists, nutritionists, or mental health care providers

To better cope with fatigue:

- **Plan your day.** Be active at the time of day when you feel most alert and energetic.
- **Save your energy** by changing how you do things. For example, sit on a stool while you cook or wash dishes.
- **Take short naps** or rest breaks between activities.
- **Try to go to sleep** and wake up at the same time every day.
- **Do what you enjoy**, but do less of it. Focus on old or new interests that don't tire you out. For example, try to read something short or listen to music.
- **Let others help you.** They might cook a meal, run errands, or do the laundry. If no one offers, ask for what you need. Friends and family might be willing to help but may not know what to do.

- **Choose how to spend your energy.** Try to let go of things that don't matter as much now.
- **Think about joining a support group.** Talking about your fatigue with others who have had the same problem may help you find new ways to cope.



Fertility problems

Cancer treatment such as surgery, chemotherapy, hormonal therapy, and immunotherapy, among others, may affect a woman's reproductive organs. Problems caused by these changes can develop many years after treatment and may include early menopause and consequently, infertility.

Early menopause

Menopause occurs when the ovaries stop making estrogen, and naturally occurs between the ages of 45 and 55. Hot flashes and night sweats are common symptoms of menopause.

A **hot flash** is a sudden warm feeling over your face, neck, and chest that may cause you to sweat, and your face to turn red. Sweating is your body's way of lowering body temperature by allowing heat loss through your skin. Hot flashes combined with sweats that happen while sleeping are often called night sweats, and are common in patients receiving cancer treatment. Some people continue to have hot flashes and night sweats after cancer treatment.

Early menopause is a condition in which the ovaries stop making estrogen at a younger age than usual (earlier than 45 years old), and can occur when both ovaries are removed by surgery,

called a bilateral oophorectomy, to lessen the chances of developing cancer or as part of a hysterectomy to treat cancer.

Aside from surgery, treatments that can cause hot flashes and night sweats include chemotherapy; hormonal therapy, such as antiestrogens (tamoxifen) and aromatase inhibitors; radiotherapy to the hip bones; and other drug therapies, such as opioids, tricyclic antidepressants, and steroids.

In breast cancer patients, severe hot flashes have been linked to problems sleeping, a lot of pain, and poor mental health.

In premenopausal breast cancer survivors, hot flashes and night sweats have also been linked with depression. It is important to recognize and acknowledge the adverse effects of early menopause so that you can seek professional help as early as possible.

Ask your doctor's advice to address the symptoms of menopause, including vaginal dryness. A gynecologist may prescribe supplements or medication, depending on their severity. Such may be in the form of pills, creams or gels, or patches.

Note that **hormone replacement therapy (HRT)**, a treatment normally recommended to those undergoing natural menopause or surgical menopause, is likely not suitable for women with a history of hormone-dependent cancer. Ask your doctor to be certain. HRT helps relieve symptoms of menopause, including hot flashes and vaginal discomfort.

Comfort measures may also help relieve hot flashes and night sweats, such as wearing loose-fitting cotton clothes, using fans and opening windows to keep air moving, and practicing relaxation and paced breathing.

Infertility

For many women, infertility can be among the most upsetting long-term effects of cancer treatment.

Cancer treatments are important to recover your health, but they may harm reproductive organs and glands that control fertility. Changes to your fertility may be temporary or permanent. Talk with your health care team to learn what to expect, based on your treatment.

Chemotherapy (especially alkylating agents, drugs meant to prevent cancer cells from multiplying) can affect the ovaries, causing them to stop releasing eggs and estrogen. This is called primary ovarian insufficiency (POI). Sometimes POI is temporary, and your menstrual period and fertility return after treatment. Other times, damage to your ovaries is permanent and fertility doesn't return. You may have hot flashes, night sweats, irritability, vaginal dryness, and irregular or no menstrual periods. Chemotherapy can also lower the number of healthy eggs in the ovaries. Women who are closer to the age of natural menopause may have a greater risk of infertility.

The surgical removal of the uterus, cervix, ovaries, and fallopian tubes, which may be recommended as treatment for certain types of cancer in women, will mean the permanent loss of the ability to bear children.

Hormonal therapy may disrupt the menstrual cycle, which then affects fertility as younger women are led to early menopause. Side effects depend on the specific hormones used and may include hot flashes, night sweats, and vaginal dryness.

There is no easy way to address fertility issues related to cancer treatment. Women who still want to get pregnant in the future must discuss options for fertility preservation, if there are any available, with their doctors.

Whatever you decide, it is important to be at peace with your decision, and to find support should you have any questions or doubts. Always reach out to your health care team with your concerns, as well as to professionally led support groups.



'My torso looks like an emoticon'

I was 43 when I was diagnosed with Stage 2A breast cancer. I had a mastectomy, chemotherapy, and hormonal therapy. At the time, we had a 12-year-old son, and my husband and I were not really trying to have any more children. My menses stopped by the second chemotherapy cycle and never came back. I experienced depression two months after I completed chemotherapy. I had to be medicated for six months, but I was able to recover. I opted to have another mastectomy, even if no surgeon recommended it. My mother had breast cancer, I had breast cancer, and microcalcifications were being observed in my remaining breast. Because of the risk of uterine cancer, I also had a total hysterectomy instead. Today my torso looks like an emoticon: two scars from the mastectomies are the eyes, and the hysterectomy scar for a smile. I am still a human being with a heart that loves, a complete woman, a proud mother, and a happy wife.

– Caren, survivor since 2008



Heart issues

Certain cancer drugs and radiotherapy to the chest may cause heart problems that don't show up until years after treatment. Drugs that tend to cause heart problems include:

- trastuzumab
- doxorubicin
- daunorubicin
- epirubicin
- cyclophosphamide

Heart problems caused by cancer treatment may include a weakening of the heart muscle, known as ***congestive heart failure***. People with this condition may have shortness of breath, dizziness, and swollen hands or feet. ***Coronary artery disease*** occurs when the small blood vessels that supply blood and oxygen to the heart narrow, leading to chest pain or shortness of breath. This problem is more common in those who have had high doses of radiation therapy to the chest

If you have heart problems caused by cancer treatment, the following tips may help:

- **Eat a low-salt, heart-healthy diet.** Salt can cause extra fluid to build up in the body, making heart problems worse. A low-salt, heart-healthy diet includes a variety of fruits, vegetables, and whole grains. It also includes lean meats, poultry, fish, beans, and fat-free or low-fat milk or milk products.
- **Lose weight if you're overweight or obese.** Carrying extra weight can put added strain on your heart. Work with your health care team to lose extra weight safely.
- **Exercise.** The right type and amount of exercise can help keep you and your heart healthy. Talk to your doctor about which activities you can safely do.
- **Quit smoking and avoid using drugs not prescribed by a doctor.** Tobacco and marijuana expose users and those nearby to many harmful substances. Both smoking and taking drugs can make heart failure worse and harm your health. Also, try to avoid second-hand smoke.
- **Get enough rest,** at least seven hours of sleep at night.
- **Take medicines prescribed by your doctor.** Your doctor may prescribe these based on the type of heart problem you have, how severe it is, and your response to certain medicines. Taking these medicines is important.



Lung issues

Chemotherapy and radiotherapy to the chest may damage the lungs, but you might not notice problems until years after treatment. Cancer survivors who received both chemotherapy and radiotherapy to the chest may have a higher risk of lung damage. Lung damage can cause shortness of breath, wheezing, fever, dry cough, congestion, and feelings of tiredness.

If you have symptoms of lung damage, you will have tests to see whether they are due to cancer in the lungs or are the late effects of treatment.

It is also possible that there are changes in the lungs noted in chest x-rays, which may be interpreted as pneumonitis (inflammation of lung tissue), scarred tissue, or stable tuberculosis, but there may be no clinical symptoms. Your medical history will be considered when assessing if there is an active or current problem with your lungs, or if such diagnostic findings were caused by your past treatment for cancer in the absence of clinical symptoms.

If there are lung problems that need to be addressed, the following may help:

- **Oxygen therapy.** If you have serious trouble breathing, your doctor may prescribe this. Oxygen is most often given through nasal prongs or a mask that fits over your mouth and nose.
- **Lose weight** if you're overweight or obese. Excess weight can make it hard to breathe. Work with your doctor and health care team to lose excess weight safely.
- **Exercise** for weight control, and to strengthen the lungs, as well.
- **Quit smoking**, don't vape, and avoid using drugs not prescribed by a doctor. Smoking tobacco or marijuana exposes smokers and those nearby to many harmful substances. Smoking, vaping, and taking drugs can make lung problems worse and harm your health. Also, try to avoid second-hand smoke.
- **Take medicines prescribed by your doctor** to help you relax when it is hard to breathe, relieve discomfort, and treat pain.
- Some people with lung problems take **steroid drugs**. Steroids, however, can interfere with the way the body uses specific nutrients, including calcium, potassium, sodium, protein, and vitamins C and D.



Lymphedema

Lymphedema is a condition where the lymph fluid does not drain as it should, builds up in the tissues, and causes swelling. You may be at risk for lymphedema if lymph nodes were removed during surgery to determine how far the cancer has spread, or if you had radiotherapy for areas with large numbers of lymph nodes. Lymphedema can develop many years after treatment.

Lymphedema usually affects **the arm where the lymph nodes were removed**, but it can also affect other parts of the body, such as the chest wall. You may notice symptoms of lymphedema in the part of your body where you had surgery or received radiotherapy. Swelling usually develops slowly, over time. It may develop during treatment or it may start years after treatment.

At first, lymphedema in the arm may cause symptoms such as swelling and a heavy or painful feeling in your arm that may spread to your fingers; a dent when you press on the swollen area; and swelling that is soft to the touch and usually not painful at first.

Lymphedema that is not controlled may cause more swelling, weakness, and difficulty moving your arm; itchy, red, warm skin, and sometimes a rash; wounds that don't heal; increased risk of skin infections that may cause pain, redness, and swelling; thickening or hardening of the skin; and a tight feeling in the skin.

It is important to take steps to prevent lymphedema, or if it has already started, to control it so that it will not get worse. Lymphedema is often irreversible, and once the swelling starts, it will take a long time to reduce the size of the swelling. Very often, the area will not go back to normal size.

Sometimes, it is hard to notice mild lymphedema. Some women will mistake it for fat upper arms. To check if you have lymphedema in your upper arm, measure the circumference of both upper arms five centimeters above the elbow. If the difference between the right and left arm is greater than one centimeter, check with your doctor, as the bigger arm may be beginning to swell.

To prevent lymphedema or to keep it from getting worse:

- **Do not carry heavy loads** with your affected arm (where the lymph nodes were removed).
- **Do not let your affected arm be used** for taking blood pressure, for needle pricks for blood or glucose tests, or for vaccinations.
- **Avoid "traumatic" activities** on your affected arm such as bumping or squeezing.
- **Avoid extreme temperatures**. Extreme cold or heat can trigger a flare-up of

lymphedema due to changes in blood flow.

- **Protect your skin.** Avoid insect and other animal bites. Use sunscreen. Use lotion to avoid dry skin.
- **Wear plastic gloves** with cotton lining when working in order to prevent scratches, cuts, or burns.
- **Keep your hands clean and dry.** Keep your nails clean and short to prevent ingrown nails and infection.
- Avoid **tight clothing** and tight jewelry.
- Wear a medically-prescribed and professionally-fitted **compression sleeve** on your arm when traveling by air. The pressure changes the body goes through while flying could trigger lymphedema in people who have had breast cancer surgery.
- **Exercise.** Work to keep body fluids moving, especially in places where lymphedema has developed. Start with gentle exercises that help you to move and contract your muscles. Ask your doctor or nurse what exercises are best for you.
- Consult a trained specialist (a certified lymphedema therapist) to receive a type of therapeutic massage called **manual lymph drainage**. Therapeutic massage works best to prevent lymphedema when given early, before symptoms progress.

If you have moderate to severe lymphedema, treatment may involve the following:

- **Getting a lymph drainage massage.** While therapeutic massage works best to lower lymphedema when given early or before symptoms progress, a certified lymphedema therapist is trained to manage moderate to severe cases and can help set realistic treatment goals.
- **Wearing compression garments or bandages.** Some garments are meant to be worn during the day, while others are worn at night.
- Your health care team may advise you to use **compression devices** (special pumps that apply pressure periodically) or have laser therapy or other treatments.



'Make sure to avoid heat'

I had breast cancer in November 2005 and underwent modified radical mastectomy, and 13 lymph nodes were removed. All were negative for malignancy and my cancer was Stage 2A. I was cautious with my right arm. In 2019, I had my underarms waxed for the first time and there was no untoward reaction, so I went a second time. When I woke up the next day, my right hand was already swollen. The doctor referred me to a lymphedema therapist who did lymphatic drainage massage, which brought me great relief. The swelling did not get any bigger and the pain was less, but my arm and hand did not return to normal size. The lymphedema nurse taught me exercises I need to do every day to make sure my condition does not get any worse. It is a most inconvenient disability because I have practically lost use of my right arm. Lymphedema can happen many years after lymph node removal. Make sure to avoid heat which can trigger it, as what happened to me.

– Lorena M., survivor since 2005



Post-traumatic stress

Finding out you have cancer, having treatment for cancer, and living with cancer can cause extreme feelings that persist over time. Such feelings and events can pile up and cause post-traumatic stress. Symptoms of post-traumatic stress can occur at any time, even years after your first treatment for cancer.

Symptoms of post-traumatic stress may include frightening thoughts, trouble sleeping, being distracted, feeling hyperactive, feeling alone, losing interest in daily activities, and feelings of shock, fear, helplessness, or horror.

If these symptoms cause distress and interfere with daily life, be sure to tell your doctor. Your doctor can refer you to a social worker, therapist, palliative care specialist, or pastoral counselor. These experts can assess your symptoms and suggest treatment, such as relaxation training, counseling, support groups, and medication.

For more information about stress and mental health, see “Mental health,” page 56.

Second primary cancers

Cancer treatment can sometimes cause a new cancer many years after you have finished treatment. When a new primary cancer occurs in a person with a history of cancer, it is known as a second primary cancer. **Second primary cancer** is not the same as **metastatic cancer**, which is when cancer spreads from where it started.

Second primary cancers do not occur very often. When they do occur, they are not always caused by cancer treatment. Talk with your doctor about the types of second cancers you may be at risk for.

As with your initial diagnosis, early detection and timely treatment are your best protection. This is why it is very important to stick to your follow-up care schedule. Have regular checkups for the rest of your life to check for cancer—the one you were treated for and any new cancer that may occur. Your doctor can suggest tests you may need to look for cancer, and how often you should have them. Tell your doctor if you notice any changes in your body that last longer than a few weeks.

C. In your mind:

Mental health

If you still think mental health is not a major issue when it comes to cancer survivorship, think about these situations: when a newly-diagnosed patient loses sleep and has anxiety attacks upon learning of her illness; when she undergoes chemotherapy and feels extreme sadness or mental exhaustion at her weakness, inability to sleep, or even the cost of her treatment; or, surprisingly, when a patient in remission finds herself at a crossroads, and questions what she really wants to do with the rest of her life.

Mental health has become a huge concern worldwide for all people, and not only for breast cancer patients but for all cancer patients, reveals Dr. Maria Madeline Mallillin, chair of the Department of Psychiatry of Asian Hospital and Medical Center and head of the Psycho-Oncology Service of the Cancer Institute at St. Luke's Medical Center-Global City. **"Distress"** is the word used to describe psychosocial reactions of cancer patients. It can range from mild to extreme levels, and can cause problems with coping and other aspects of living."

Distress affects 50-90 percent of all cancer patients, Dr. Mallillin notes, and the emergence of her field of expertise is an acknowledgment of this need. Psychosocial oncology (or psycho-oncology) addresses the psychological, behavioral, emotional, and social issues that cancer patients and their loved ones must face. "It addresses the two psychological dimensions of cancer: first is the **emotional response** of patients and families to the disease, and second is the **emotional, behavioral, and psychosocial difficulties** that influence living with it," Dr. Mallillin quotes the definition of the American Psycho-oncology Society.

Dr. Mallillin goes through the usual reactions of a patient through the cancer process. Even before diagnosis, distress may already be happening when you first feel a lump on your breast or a change in your skin, triggering negative thoughts and emotions that will remain until you see a doctor. Some patients may be so afraid of the implications of a cancer diagnosis that they will ignore the lump—which will only make matters worse. Uncertainty over biopsy results is the most common source of distress.

In the interim between diagnosis and treatment, the intensity of the distress will depend on your disposition, and the kind of support that you have, Dr. Mallillin says. If the family has experienced dealing with the disease, it becomes easier; some families, meanwhile, will have no clue—"like the sword of Damocles is hanging over them, and may fall any time.

"In the Philippines," Dr. Mallillin continues, "**financial challenge** is also a major source of distress, as the decision to proceed with treatment is dependent on the financial capability of the family. This can also cause friction and stress between spouses. Those with younger children have a higher risk of going into anxiety or depression as the patient becomes torn between being a patient and a good parent. Feelings of guilt are greatly felt by a mother with breast cancer." If you already had a history of anxiety and depression even prior to feeling the symptoms, you may experience greater distress when diagnosed with breast cancer.

When the diagnosis is confirmed and treatment options discussed, you can once again feel increasing distress. If adverse effects are felt—painful aftereffects of surgery, a wound infection, debilitating chemotherapy—then the distress continues. An uneventful, manageable reaction will help you calm down. "After the first treatment, there is usually a lull, a feeling of suspense, as the patient will have time to think," Dr. Mallillin says.

When one is declared in remission, there is naturally some joy and celebration. For many patients, however, the feeling that the cancer may recur is constant; survivors call this "**scanxiety**," which creeps back in when regular monitoring tests are due. "Some will choose to

enjoy life as much as possible, but some will have difficulty adjusting to their new normal, and to the endless monitoring that must be done. Family and friends will play a crucial role in how a patient can maintain an excellent quality of life.”

And then, you may again experience distress as you return to your roles as a worker, mother, wife, friend. Support may also fall away at this point, as people who were there for you may return to their own lives. Do not try to deny such feelings if they come; you are not being ungrateful (“But aren’t you glad you’re okay?”) or dramatic (“*Ang OA mo naman!*” or “You’re overacting!”). “A younger age, limited social support, poor communication with providers, personal life stressors, prior or pre-existing psychological problems, and decreased ability to work or carry out desired activities can further challenge a woman’s psychological recovery and reintegration,” says Dr. Mallillin.

You may be suffering from depression, anxiety, or some form of mental illness, whether temporary or more prolonged, when you are **unable to eat or sleep properly**, when you experience constant sadness or anxiety that **gets in the way of normal functions** like personal hygiene, and when the things that usually bring you joy **do not have the same effect** (known in psychiatric/psychological parlance as anhedonia). Some people don’t get over the shock of cancer diagnosis or treatment for a while; modern medical science has identified this as **post-traumatic stress disorder (PTSD)**, defined by the Mayo Clinic as “a mental health condition that’s triggered by a terrifying event—either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the

event.” So yes, even your family and caregivers can experience PTSD.

If you are having more serious **negative or suicidal thoughts**—“My family would be better off without me”—then you may need to see a counselor, psychologist, or psychiatrist soonest.



Some important things to remember about mental illness:

- Depression is just that—**an illness**. It does not mean that you are weak, incompetent, or a failure. It is not a character flaw, so there is no shame in admitting that you are going through it.
- **Don't ignore the symptoms** and hope they will go away. Your state of mind can affect the way you deal with your illness. If the negative feelings persist, consult a doctor.
- Do not be afraid of anxiety or depression **medication** if they are prescribed—but tell your doctor immediately if you feel any side effects. That being said, there are many gentler antidepressants and anti-anxiety medicines now on the market that can provide much relief.
- Do not be discouraged **if relief is not immediate**. Some treatments and medications take some time to work, and you may need to change modes and medications to find the one that works for you.
- Yes, things will get better if you **let a doctor supervise your treatment**.
- **Keep talking** about how you feel, and get help.



'Depression is as deadly as cancer'

I had a history of depression even before I was diagnosed with breast cancer. I did not feel depressed during treatment as I was so focused, but I felt like I had run into a brick wall after treatment ended. It was like I was floating in limbo with no direction. I actually had to stop and park my car on a street one evening because I was crying so hard. Thank God I was led to my psychiatrist, herself a cancer survivor—and we were able to resolve my issues, with psychotherapy and medication. Yes, medication can save your life. I think depression is as deadly as cancer.

– Alya, survivor since 2013

Fortunately, there is better recognition today of the mental health needs of cancer patients as compared to 20 years ago, says Dr. Mallillin. Most medical oncologists now factor in the psychology, but there is still a lot of work to be done to educate the community, the family, and health care providers who need to see “how mental health can greatly impact the outcome of the disease treatment and recovery,” she says.

"The pandemic has actually been an eye-opener for most health providers, as there is a greater acceptance of the psychosocial issues seen not only in cancer patients, but in other patients. The community has seen the significant increase of people who suffered during the first year of the pandemic, and is now more accepting of those who need help."

If you are experiencing mental disturbance at any point in your cancer treatment, ask for help. Many professionals are now aware that they need to listen, understand, and offer relief. As Dr. Malillin says, "I cannot just say 'be strong' because they may feel very vulnerable at that point, and may not feel affirmed, but I can help them feel strong and in control of the situation by facilitating their journey."

'I felt such sadness that the world lost color'

My mom was diagnosed with Stage 2A breast cancer at the age of 68, but later contracted dengue and died. Three months after she died, I was diagnosed with Stage 2A breast cancer at the age of 43. I had a mastectomy, chemotherapy, and hormonal therapy. I became so afraid that the cancer would come back. I also realized I had not properly grieved for my mother, nor had I recovered from the shock of my own cancer diagnosis. All the sad thoughts



suddenly piled up inside my head. I felt such sadness that the world lost color. I felt like I was being strangled, I could not breathe, the world was closing in on me. I realized that if I did not seek help, I would lose my mind. I went to a psychiatrist who told me that it was good of me to recognize that I needed help. I was given antidepressant medication. After six months, I was well enough to go off them. I still visit my psychiatrist sometimes, when I am overwhelmed by worry, or when I start losing sleep. Surviving is not easy. If you feel deeply sad, talk to someone, ask for help. Your survival may depend on it.

– Caren, survivor since 2008

D. The healthy lifestyle

Adhering to a healthy lifestyle is a challenge for everyone, not just cancer survivors.

Both during and after cancer treatment, many people want to find ways to reduce the chances of their cancer coming back. Some worry that the way they eat, the stress in their lives, or their exposure to chemicals may put them at risk. Cancer survivors find that this is an opportunity to take a good look at how they take care of themselves, and how they might live a healthier life.

Ask your doctor about developing a survivorship care plan that includes ways you can take care of your physical, emotional, social, and spiritual needs. If you find it hard to talk about these issues, it may be helpful to know that the more you do it, the easier it becomes. Your doctor may also suggest another member of the health care team for you to talk to about wellness, such as a social worker, nutritionist, clergy member, or nurse.

Consider adopting a total wellness routine that addresses the needs of your body (proper nutrition, sufficient sleep, and exercise), mind (stress management and mental exercises), and spirit (being at peace with yourself and maintaining healthy relationships with God, family, friends, and the community).

Some general tips for all cancer survivors:



- **Maintain a healthy weight.** Eating well and staying active can help you reach a healthy weight and stay there.
- **Eat well.** A healthy and balanced diet is important for overall wellness. This includes

eating fruits, vegetables, whole grains, and protein. Talk to your doctor or nurse to find out about any special dietary needs you may have. You could also ask if you should talk to a nutritionist for guidance on eating a healthy diet.

- **Exercise and stay active.** Research suggests that staying active after cancer may help lower the risk of recurrence and lead to longer survival. In addition, moderate exercise (walking, biking, swimming) for about 30 minutes every day can reduce anxiety and depression, improve mood, boost self-esteem, and reduce fatigue, nausea, pain, and diarrhea.

It's important to start an exercise program slowly and increase activity over time. Some people may need to take special care when starting. Consult your doctor before you begin any exercise program, and work with your doctor or a specialist (such as a physical therapist) if needed. If you need to stay in bed during your recovery, even doing small activities can help. Stretching or moving your arms or legs can help you stay flexible and relieve muscle tension. Many survivors have experienced many benefits from regular meditation or exercises like yoga, tai chi and qi gong.

- **Sleep well.** Maintaining a regular bedtime promotes health sleep. The National Sleep Foundation (<https://www.sleepfoundation.org/>) recommends that most adults get between seven and nine hours of sleep each night, while those over 65 years old get between seven and eight hours. Quality sleep is continuous. Sleeping straight through the night with minimal disruption is more restorative. Evidence suggests that continuous sleep is as important as sleep duration. Indicators that you have a healthy sleep pattern are waking up feeling refreshed in the morning, having lots of energy during the day, being in a good mood, or feeling clear-headed.

Meanwhile, being sleep-deprived may manifest as having trouble getting up in the morning, struggling to focus, irritability, depression, or anxiety, feeling sleepy during the day, and sleeping much longer or later on unstructured days.

Quit smoking and avoid second-hand smoke. Smoking after cancer treatment can increase the chances of getting cancer at the same or a different site.

Cut down on drinking alcohol, as it increases the risk of certain cancers.

Ask your doctor when considering taking **supplements**. Remember that food supplements have no therapeutic claims. There is no supplement on the market that can kill cancer cells, nor prevent cancer. Most supplements will try to boost your immunity so that your body will be stronger and less vulnerable to infections and other illnesses. However, if you are on maintenance medication, ask your doctor about supplements to ensure they are not counteracting the expected benefits of your maintenance medicines. Eating well, sleeping well, and regular moderate exercise are still the foundation of good health.

Some survivors switch to an all-natural diet, growing their own vegetables and herbs even in small plots or in pots inside their homes. **Organic food products** are becoming more readily available. Make sure the source is reputable. Read product labels to make sure you are getting exactly the product that you want.

Note that all-natural, vegetarian, vegan, ketogenic, and other types of diets that remove entire food groups are not for everyone. While there are benefits derived from these, especially in terms of weight loss or weight maintenance, it is important to discuss your fitness goals with your health care team to ensure you are still getting the nutrition that you need to stay healthy.

'Walk as much as you can'



After two cancers (colon in 2018 and breast in 2020), I recommend diet changes—make it mostly plant-based, cut out sugar and carbohydrates. Let's also exercise. The best is walking. Anyone can do it; it needs no special equipment. My colon surgeon advised me several times, "Walk as much as you can. Walk a lot." I have been walking 30 to 45 minutes five to six days per week since December 2020. Yoga helps build strong muscles; there are many yoga videos on YouTube, so it's free. I have switched to a mostly vegetarian diet. I try not to eat processed food—nothing that comes in a box, can, or jar. No dairy, no caffeine—I take oat milk with decaf coffee. I also do intermittent fasting daily. I think the lack of exercise was the trigger for my ill health. I feel much better now that I am more active. I try to sleep no later than 10 pm and wake at 6 or 7 am so I can exercise before I start work.

– Jenny, survivor since 2018

E. Still a **woman**

Body image

Learning to be comfortable with your body during and after breast cancer treatment is a personal journey that is different for every woman. Information and support can help you cope with these changes over time.

Along with the emotional, mental, and financial stresses that cancer and its treatment can cause, many women with breast cancer also find themselves coping with changes in their appearance as a result of their treatment.

Permanent changes in the body, like the loss of part or all of one breast (or breasts) after surgery, are difficult for most women. Some choose to have reconstructive surgery to rebuild the breast, while others might choose not to. If you decide not to have breast reconstruction, you can decide whether or not to wear a breast form or prosthesis.

Being self-conscious with your body is natural, especially when you constantly feel the asymmetry caused by a missing breast. Using a breast form or prosthesis which is the same weight as your remaining breast may help create more natural balance and symmetry.

It is important to be at peace with your decision about your treatment and its consequences. Beyond accepting the new reality of having lost a breast or part of a breast, or having a fake breast or breasts, exuding confidence as a woman is based on knowing your invaluable worth as a person and a human being.



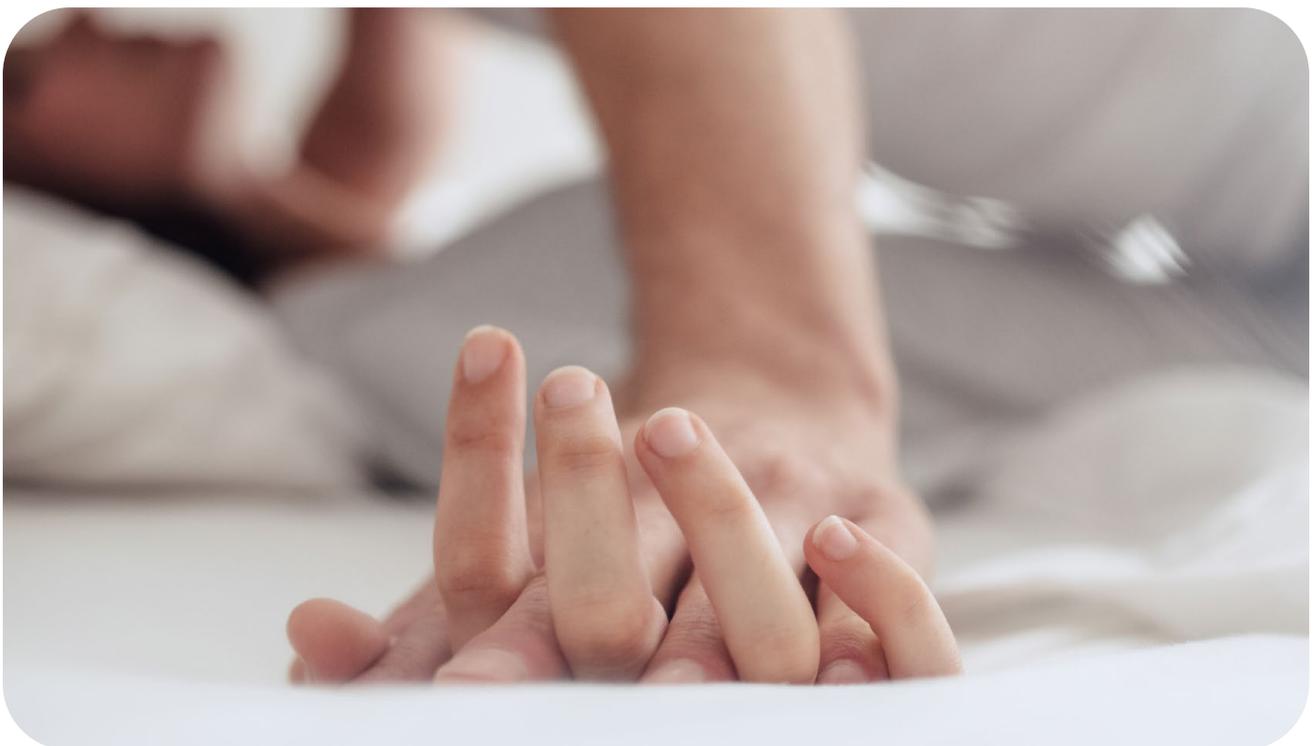
Sexuality

You may have concerns about sexuality after breast cancer. Physical changes, especially after breast surgery, can make some women less comfortable with their bodies. There may be a loss of sensation in the affected breast. Other treatments for breast cancer, such as chemotherapy and hormone therapy, can change your hormone levels and may affect your sexual interest or response.

Relationship issues are also important. Your partner might worry about how to express love physically and emotionally after treatment, especially after surgery. But breast cancer can be a growth experience for couples, especially when both partners take part in decision making and treatments.

Many cancer survivors continue to have loving relationships with their partners, or even with new partners, during and after treatment. Women continue to find pleasure in sexual intimacy, touching, and being touched. Honest communication is vital to maintaining healthy sexual relationships so that both partners know each other's needs, wants, fears, or anxieties.

If you are anxious, depressed, or struggling, reach out to a professional like a counselor or therapist. You and your partner may benefit.



'My anchor and best ever caregiver'



I got the darkest and most bitter of all chocolates when I was diagnosed with Stage 2B breast cancer. How devastating it was, but the worst part is over and my journey continues—a journey that is relentlessly supported by my caring family, well-meaning friends, and extended friends in our support group. I also feel blessed that in my heaven-sent box of chocolates, I got the Pinoy favorite, the ChocNut, in the person of my loving and faithful husband who's been my anchor and best ever caregiver, and who says I still look good with or without hair, even with only one boob!

– Adora, survivor since 2013

F. Getting pregnant *after cancer treatment*

While some treatments for breast cancer can cause immediate or delayed infertility (see “Fertility problems,” page 47), many women are still able to become pregnant after treatment.

Many breast cancers are sensitive to **estrogen**, so there has been concern that the high hormone levels that come with pregnancy might increase the chance of the cancer coming back. However, studies have not proven that pregnancy increases the risk of the cancer coming back after successful treatment.

Some women might not be able to **breastfeed** after breast cancer treatment, depending on the treatment they received and other factors. But for those who are able to, breastfeeding after treatment is not proven to increase the risk of breast cancer recurrence. Breastfeeding (especially for a year or more) is linked to a lower risk of breast cancer, although there is less research about whether it can help lower the risk of breast cancer recurring after treatment.

Breast cancer survivors who want to become pregnant are sometimes advised to wait at least **two years after treatment** before trying. The best length of time to wait is not clear, but two years



is thought to be enough time to find any early return of the cancer, which could affect your decision to become pregnant.

For women with hormone receptor-positive breast cancer, adjuvant hormone therapy is typically recommended for five to 10 years after the initial treatment. Women who want to have children during this time are often advised to take hormone therapy for at least two years before stopping it and then waiting a few months before trying to become pregnant. Hormone therapy can then start again after the baby is born.

The advice about waiting two years is not based on data from any clinical trials. Some breast cancers can come back after the two-year mark, so every case is different. Your decision should take into account many things, including your age, desire for more pregnancies, type of breast cancer, and the risk of the cancer coming back early.

If you are still getting any type of treatment for breast cancer, including chemotherapy, hormonal therapy, targeted therapy, or immunotherapy, talk to your doctor before trying to become pregnant. Many of these drugs might affect a growing fetus, so it is safer to wait until treatment is complete before getting pregnant.

It's also important to remember that stopping treatment early can increase the risk of the cancer growing or coming back.

Having **a history of breast cancer** seems to be linked to an increased risk of some possible complications of pregnancy, including preterm delivery, having a low-birth-weight baby, and the need for a Caesarean section (C-section).

However, research has not found that a woman's past breast cancer has any direct effect on her baby. There is no increased rate of

birth defects or other long-term health concerns in children born to women who have had breast cancer.

If you have had breast surgery and/or radiation, you might have problems breastfeeding from the affected breast. This might include reduced milk production in that breast as well as structural changes that can make breastfeeding painful, or make it harder for the baby to latch onto the breast. Still, many women are able to breastfeed, especially using the unaffected breast if only one breast had cancer.

If you are still taking any medicines to treat your breast cancer (such as hormonal therapy), it's very important to talk with your doctor before trying to breastfeed. Some drugs can enter the breast milk and affect the baby.

If you have or have had breast cancer and are thinking about having children, talk with your doctor. Ask how the cancer and its treatment might affect your chances for pregnancy, as well as if being pregnant could affect your risk of the cancer coming back. In many cases, counseling can help you sort through the choices that come with surviving breast cancer and planning a pregnancy.

'Miracles happen every day'

At 26, newly married, I was a Stage 3 breast cancer patient. It was an aggressive form and had spread to my lymph nodes. I underwent a modified radical mastectomy, endured six months of chemotherapy, 33 sessions of radiation, and five years of hormonal therapy. I developed a complication from treatment that cost me one of my ovaries. If there was still a chance of me ever having a child, it was slim to nil. Yet six years after my cancer diagnosis and just after I had completed my final treatment, I received the biggest, happiest surprise of all. An ultrasound showed I was pregnant with not just one child, but two. With a single breast, a single ovary, and the odds stacked heavily against me, twin miracles arrived safely. Then at the age of 43, I gave birth to another child. The kids are living proof that miracles can and do happen every day. Recognizing and embracing these miracles allow us to celebrate life no matter how difficult our cancer journey is, or has been.



– COC, survivor since 1999

G. Your *'new normal'*

You've been seeing your cancer care team quite often; now, suddenly, you don't have to visit for many months at a time. When treatment is done, some people feel like they're no longer fighting the cancer. Worries can set in. You might feel alone and lost without the support of your cancer care team. These people may have become an important part of your life. Not seeing them might make you anxious and sad.

You may also find that going back to your role in the family is not as easy as you thought it would be. Things that you did before your cancer are now being done by others. Maybe they're not willing to give your tasks back to you. Or maybe you disagree with how others have done things, but are afraid to say anything.

For some people, emotions that were put aside during cancer treatment come flooding back all at once, and they feel overwhelmed with sadness, anger, or fear. Some of it may be the lingering side effects of treatment, but some of it feels as if your body and spirit are tired and need a long rest. It's been a long time since you could just relax.

All of these feelings make sense. You've just been through a difficult time. You've had to make some major life decisions. Your body has been assaulted by cancer and its treatment. Your outlook and your whole way of life have changed, at least for a time.

Facing these feelings and learning how to deal with them is important. Don't expect everything to go back to the way they were before you were diagnosed. Give yourself, your family, and those around you time—you'll get through this. Just like it took time to adjust to cancer, you can adjust to life with or after cancer.

In recent years, much attention has been paid to the importance of having a positive attitude. Some people go so far as to suggest that such an attitude will stop the cancer from growing or keep it from coming back. Do not, however, just allow misguided attempts to encourage positive thinking place this burden on you.

You might be better able to manage your life and cancer history when you're able to look at things in a positive light, but that's not always possible. It's good to work toward having a positive attitude, which can help you feel better about life now. Just remember that you don't have to act

“positive” all the time. Don’t beat yourself up or let others make you feel guilty when you’re sad, angry, anxious, or distressed.

Cancer is not caused by a person’s negative attitude, nor is it made worse by a person’s thoughts. Don’t let the positive attitude myths stop you from telling your loved ones or your cancer care team how you feel.

You may notice that you’re paying a lot of attention to aches and pains in your body. You may feel like a “sitting duck.” The doctor says you have no signs of cancer now, but can you be sure? You may be wondering, will it come back? What are the chances it will come back? How will I know if it has come back? What will I do if it comes back? When will it come back?

The fear grips you, and you have trouble sleeping, being close with your partner, and even making simple decisions. You are not alone.

As time goes by, many people say that their fear of cancer recurrence decreases, and they find themselves thinking less and less about cancer. But even years after treatment, certain events may stir up this worry again. These can range from follow-up visits or medical tests, anniversary events (like the date you were diagnosed, had surgery, or ended treatment), birthdays, and the illness of a family member, to learning that someone you know has cancer or a recurrence, having symptoms like the ones you had when you first found you had cancer, new symptoms you don’t understand, or even the death of someone who had cancer.



Here are some ideas that have helped others deal with uncertainty and fear and feel more hopeful:

- **Be informed.** Learn what you can do for your health now and about the services available to you. This can give you a greater sense of control.
- Be aware that **you don't have control** over cancer recurrence. It helps to accept this rather than fight it.
- **Be aware of your fears, but don't judge them.** Practice letting them go. It's normal for these thoughts to enter your mind, but you don't have to keep them there. Some people picture them floating away, or being vaporized. Others turn them over to a higher power to handle. However you do it, letting them go can free you from wasting time and energy on needless worry.
- **Express your feelings of fear or uncertainty** to a trusted friend or counselor. Being open and dealing with emotions help many people feel less worried. Thinking and talking about your feelings can be hard. But if you find cancer is taking over your life, it helps to find a way to express your feelings.
- **Be in the present moment** rather than thinking of an uncertain future or a difficult past. If you can find a way to feel peaceful inside, even for a few minutes a day, you can start to recall that peace when other things are happening.
- Use your energy to **focus on wellness** and what you can do now to stay as healthy as possible. Try to make healthy diet changes (see "The healthy lifestyle," page 61).
- Find ways to **relax**.
- Be as **physically active** as you can.
- **Control what you can.** Some people say that putting their lives back in order makes them feel less fearful. Being involved in your health care, getting back to your normal life, and making changes in your lifestyle are among the things you can control. Even setting a daily schedule can give you more power. And while no one can control every thought, some say they've resolved not to dwell on the fearful ones.

Support groups

Emotional support can be a powerful tool for both cancer survivors and their families. Talking with others who are in similar situations can help ease loneliness. You can also get useful ideas from others that might help you.

There are many kinds of support programs, including individual or group counseling and support groups.

Support in any form allows you to express your feelings and develop coping skills. Studies have found that people who join support groups have an improved quality of life, and have better sleep and appetite.

Some groups are formal and focus on learning about cancer or dealing with feelings. Others are informal and social. Some groups are made up only of people with cancer or only caregivers, while some include spouses, family members, or friends. Other groups focus on certain types of cancer or stages of disease. The length of time groups meet can range from a set number of weeks to an ongoing program. Some programs have closed membership and others are open to new, drop-in members.

It's very important that you get information about any support group you are considering. Ask the group leader or facilitator what types of patients are in the group, and if anyone in the group is dealing with survival after cancer. Online support groups may be another option for support.



Counseling

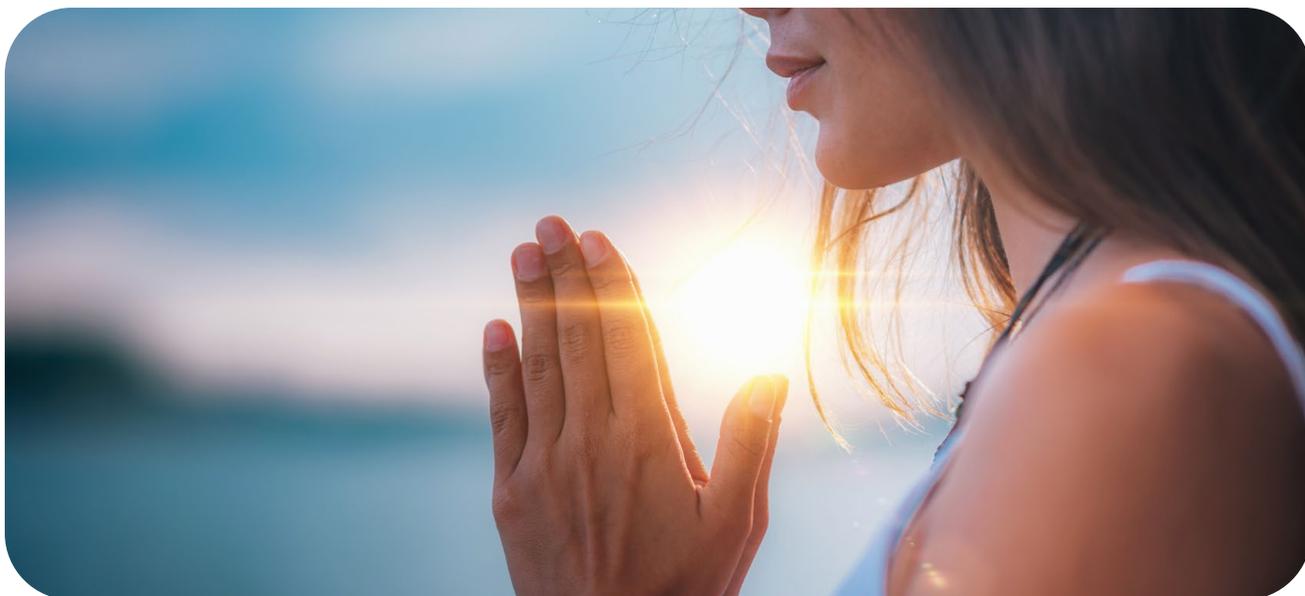
Some people feel better having a person-to-person connection with a counselor who can give one-on-one attention and encouragement. Your cancer care team may be able to recommend a counselor who works with cancer survivors.



Spirituality and religion

Religion can be a great source of strength for some people. Some find new faith during a cancer experience. Others find that cancer informs their existing faith, or their faith provides newfound strength. Still others find themselves questioning their faith. If you are a religious person, a minister, rabbi, other leader of your faith, or trained pastoral counselor can help you identify your spiritual needs and find spiritual support. Some members of the clergy are specially trained to help minister to people with cancer and their families.

Spirituality is important to many people, even those who don't practice a formal religion. Many people are comforted by recognizing that they're part of something greater than themselves, which helps them find meaning in life. Spiritual practices can help foster connection to others, to the present moment, and to the sacred or significant. Meditation, practicing gratitude, helping others, and spending time in nature are just a few of the many ways that people address spiritual needs.



Volunteerism (Paying it forward)

Many survivors find meaning in helping others going through an experience similar to what they went through. Volunteering, whether on your own or through a support group, can help you look outward and give you a wider perspective on life. Having gone through the rigors of treatment, you have a lot to share. A simple home visit, accompanying someone for laboratory tests or to shop for a wig or prosthesis, driving someone to chemotherapy—knowing you are making a difference, no matter how small, in the cancer journey of another can give you a sense of purpose and fulfillment.



Back to the workplace

Cancer survivors returning to work or to the workforce after their treatment may be exposed to discrimination. When returning to work, survivors sometimes feel they get passed up for promotion or for more challenging job prospects because their bosses do not want to stress them out with added responsibilities. When looking for work, survivors often feel they are not hired due to their medical history, which may increase health insurance costs for employers. Such perceived or experienced exclusion or rejection may have adverse effects on the survivor, such as a negative self-image and depression (see “Mental health,” page 56).

If you perceive or experience discrimination in the workplace, you may try to talk to your boss or to the human resources officer of your company to express your concerns. Communication is the first step toward resolving such issues.

For those applying for jobs, it is difficult to hide one’s personal medical history. It is best to seek out equal opportunity employers who do not discriminate based on race, color, religion, sex, national origin, age, disability, or genetic information. Such employers usually declare such policies in their websites and official communications.



'It's important to stay detached'



I was working as a tutor when I was diagnosed with breast cancer in 2002. Throughout my treatment, I kept working. A friend asked me for my resumé, which she submitted to a school looking for teachers. I did not reveal in the resumé that I was a cancer survivor. However, I knew that if I got accepted, there would be a physical examination, a basic preemployment requirement. But I was not worried at all, because I was not ashamed to disclose I was missing a breast. When applying for a job, it's important to stay detached. It is not worth the stress to insist that you qualify for a particular position. I got hired as a regular teacher in a convent-run private school. I stayed in the school for 10 years. I resigned when I migrated to the US, but my years as a teacher remain among my most treasured.

– Ana, survivor since 2002



IV. Quality of Life:

Palliative Care



Take the best care of yourself, whatever stage you may be

Palliative care used to be associated primarily with advanced or terminal breast cancer—the compassionate aim of “making a patient comfortable” in her last days—but the idea has now expanded to cover all stages of the breast cancer survivorship journey. Dr. Mae Corvera, Medical Coordinator for Supportive and Integrative Care at the Department of Occupational and Family Medicine at the Asian Hospital and Medical Center, where she practices Palliative Medicine, defines cancer survivorship as “patient-centered care in a collaboration among the cancer care team, specialists, and support services, family and community, to address the specific needs of the survivor throughout his or her life span.”

In line with this, she offers the definition of palliative care shared by the World Health Organization (WHO) in 2021: ***“Palliative care is the prevention and relief of suffering of adult and pediatric patients and their families facing the problems associated with a life-threatening illness. These problems include physical, psychological, social, and spiritual suffering of patients, and psychological, social, and spiritual suffering of family members.”***

The field of palliative medicine may have evolved over the years, but, as Dr. Corvera explains, “The need to alleviate suffering is universal and does not require much explanation. It is experienced by all individuals, families, communities, governments, notwithstanding culture, religion, or financial standing.” Palliative care is meant to transform suffering through compassionate intervention, with the patient’s comfort, dignity, and hope as the desired outcomes.

It is also not limited to patients who can no longer be cured, but, as stated by the WHO, should be available to all patients with life-threatening diseases, and a palliative care plan should be established early in the illness, particularly for cancer patients. The plan prioritizes quality of life, from the moment of a cancer diagnosis and onwards, during medical and surgical treatment plan, to beyond, no matter what state the patient finds herself in after the experience—including an end-of-life situation.

It is because of this constant need, Dr. Corvera states, that a multidisciplinary approach is essential for patient care. Thus, you, as a patient, must ideally have some kind of multidisciplinary team of nurses, doctors, social workers, counselors, spiritual leaders, family and friends, and



others who must communicate and coordinate on how to care for you. This team effort is even officially mandated in the Philippines' Cancer Law of 2019, Republic Act 11215 (RA11215), also known as the "National Integrated Cancer Control Act," where multidisciplinary patient care is defined as "an integrated approach in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individualized treatment plan for each patient." That is because how you feel—not just physically—must be monitored, and other treatment modes such as counseling, psychotherapy, cognitive behavioral therapy, and the intervention of other specialists made available.

Ideally, of course, you must have this entire village of supporters behind you, but the reality is different; people are busy, and there are considerations of cost, logistics, and more. Thus, it is helpful to understand what exactly patients have been observed to need most at different stages of the process, explains Dr. Corvera.

Upon diagnosis with breast cancer, you will need **emotional and decision-making support**. You must be monitored for levels of anxiety and distress, so while it is helpful to focus and not to panic—as survivors like to say, breast cancer is no longer an automatic death sentence—it will not help you to pretend to not need help. Involve as many people as you comfortably can in your plan for support. Can an officemate handle some work responsibilities? Can a sister, son, or daughter take over your household chores? Can they or your husband or partner, for example, take care of young children's needs if there are any?

Since diagnosis is when an initial attempt to determine the stage of cancer is made, here are

some priorities. From Stage 1 to Stage 4, there will be a need to assess how you are coping with the diagnosis, and counseling focusing on **acceptance, fears, and action** for Stage 1, and dealing with **emotional and physical distress** for Stage 2.

Dr. Corvera is a believer in **cognitive behavioral therapy (CBT)**, a mode of psychological treatment based on some basic principles, according to the American Psychological Association (APA): the fact that psychological problems are based, in part, on unhelpful ways of thinking or learned patterns of unhelpful behavior, and that such problems can be “relieved” through learning better ways of coping. Among others, you should learn to assess how the way you think might not be helping you; how you can understand motivations behind behavior (“Will I get more pity/attention if I cry and act helpless all the time?”) and “reevaluate them in light of reality”; and learn healthier problem-solving skills, among others.

Stage 3 and Stage 4, meanwhile, will include all of the above, plus **advanced care planning**. In short, in this case, being ready for other scenarios will be much better than just waiting and seeing. If treatment includes surgery and then chemotherapy, you would benefit from **“pre-habilitation,”** which could include physical therapy, and nutritional and psychological strengthening for the long haul, as well as constant evaluation for distress or anxiety. You must be informed of possible treatment side effects, and what you can do to minimize them.

‘I had a team behind me’

I treated my cancer treatment like a battle, and I had an entire team behind me. Aside from my surgeon and oncologist, who became my friends, I went to an acupuncturist to manage side effects like fatigue, stress, and low blood count. I went to a spiritual director, a nun I had known for years, to talk about how I felt and how I should pray. My family had no experience with cancer, so they were paralyzed with fear at first, but they also got moving, buying me healthy food, taking responsibilities away from me so I could rest. I also took control by drinking vegetable and coconut juice during chemo, doing yoga, and meditating. I kept my dog close, as emotional support, and she had to be very clean! My friends took turns calling me every night to check on me. After cancer treatment ended, psychotherapy rounded out my healing. I like to think this was fundamentally my battle, but it helped that when I reached for a hand, there were many waiting for me.

- Yael, survivor since 2013



After treatment comes the **“rehabilitation”** part, where everything you may need to heal physically (exercise, a nutrition plan), psychologically (counseling, psychiatric consultation), and spiritually (a retreat) must be part of your continued survivorship program. Family support is critical at this point. This survivorship program continues for the long term, with you receiving constant support, and always being diligent with follow-up tests and treatments.

A. No need to suffer: ***Pain management***

The experience varies among individuals, but cancer pain is real, and can certainly affect your physical, emotional, or psychological state. The Philippine Cancer Society (PCS) website (<http://www.philcancer.org.ph/cancer-pain-control/>) explains that pain is often associated with advanced stages of cancer, but may be an issue during different stages, such as during diagnostic procedures, such as a biopsy; surgery; lymphedema; as side effects of chemotherapy or radiation; when a growing tumor puts pressure on muscles or nerves; limited mobility; and infections. The website debunks some common myths about pain:

- A patient can become **addicted** to pain medication: Pain relief is a medical (and legal) reason to take opioid analgesics, and addiction is almost never an issue. With your doctor’s supervision, the correct kind and amount of pain medication will be made available.
- Analgesics have **side effects**: Some side effects can be drowsiness, constipation, nausea, and vomiting, but not everyone experiences these. Side effects can also be treated.
- **Pain cannot be avoided**, so a patient should live with it and not complain: Not true. You can go through your entire cancer journey experiencing minimal pain. It is not a sign of weakness to ask for and receive pain treatment. As Dr. Corvera says, “Pain consumes you and your energy, and you should focus that energy instead on fighting the illness.” It also helps treatment when you can tell your doctors what you are feeling; complaining about pain does not make you a “bad” or difficult patient, while being *“matiisin”* (enduring the pain) is not good at this point.

- **My doctor doesn't think I need pain medication:** The PCS website emphasizes, "It is the patient's right to receive assistance in pain management." If your doctor or nurse cannot manage your pain, you can ask for help elsewhere.
- Pain means my cancer is **getting worse:** Not necessarily. Pain may come at any time during treatment, even in early stages and when the prognosis is good.

Fortunately, notes Dr. Corvera, pain management in the Philippines has improved because of better access to medication and the opioids that people used to be so afraid of. There is even a Pain Society of the Philippines (PSP) that works closely with other similar organizations, and they mark "Pain Awareness Month" every September.

B. Extra help:

Complementary therapies

Many cancer patients are willing to try alternative or complementary treatments to help on their cancer journey, and such therapies have indeed made the experience less harrowing. General experience has shown that such therapies, though not necessarily able to banish the cancer itself, can address side effects and contribute to a more stable, relaxed state of mind to help battle the disease. Thus, if you can control your anxiety, fatigue, nausea, pain, sleeping problems, and stress, according to a Mayo Clinic article on these alternative treatments (<https://www.mayoclinic.org/tests-procedures/cancer-treatment/in-depth/cancer-treatment/art-20047246>), you will certainly be in better condition to fight cancer.



“Alternative” refers to procedures not usually available from hospitals and health care providers, but because of their benefits, they have been included in treatment protocols by more progressive doctors, in an approach the Mayo Clinic calls “integrative medicine.”



Some of these treatments include **gentle massage** for relaxation and pain relief, and music therapy for anxiety, nausea, and stress. Aromatherapy, the inhalation or application of essential oils, is excellent for nausea and relaxation; lavender is a very good relaxant and sleep aid, and citrus and eucalyptus work very well for nausea.



Meditation involves deep concentration and clearing your mind, or focusing on positive thoughts while remaining silent and still, preferably while alone. Some forms of meditation are actually prayer, and do much to calm frayed nerves and help you stay positive.



Acupuncture is a form of traditional Chinese medicine where a trained practitioner or doctor inserts small, sterilized needles into your skin at specific points that correspond to organs or systems. Acupuncture has actually been proven to help relieve the nausea caused by chemotherapy, and to address pain.



Mild **exercise** is recommended to keep a patient strong and to improve circulation. If you are strong enough, taking a walk is a good idea. **Yoga**, an ancient Indian system involving certain poses or *asana* and deep, constant breathing, is great for stabilizing the mind while building muscle strength and encouraging circulation; just be sure to consult a certified teacher who can guide you on what poses you can and cannot do. Forceful use of your arms, for example, may not be encouraged if you have recently had surgery in your breasts.

C. Comfort zone: **Hospice care**

In cases where a patient’s disease is advanced and cure is no longer possible, comfort becomes the only and overarching goal. While still considered palliative care, hospice care is an approach to care, says Dr. Corvera, that can be applied to the home, the hospital setting, or a hospice facility meant to ensure the quality of a patient’s remaining time. This involves round-the-clock care, usually by a nurse or trained caregiver.

So far, the options available in the Philippines are private facilities, with expenses coming out of a patient's pocket, and nongovernment organizations that do hospice work as a religious ministry or advocacy. Most big hospitals and cancer centers do offer hospice care today, however, where patients coming out of the ICU with a bad prognosis can proceed if they would rather stay in the hospital. The Department of Health (DOH) already has a program for training government hospitals and enabling them to offer hospice care or training for family members, and the Philippine Health Insurance Corporation (PhilHealth) has been mandated to come up with guidelines so that such care is covered by insurance.

"By then, usually, however, hospice care comes when patient is no longer competent to discuss and plan, as it is not well-known as an option," says Dr. Corvera. "The big challenge is that families often put off talking about it, so there is much delay and indecision. But we encourage patients to think about it. We are advocating for a patient to be active, and to be empowered to make advance directives. Recently, because of COVID-19, we have also seen the benefit of being brave enough to have these conversations."

In short, palliative care doctors want you to **plan ahead** for your terminal illness, especially when there are complications and difficulties, while you still can, even if it is a difficult path to take. That includes instructions on **who will care for you, how far treatment should go** when you can no longer choose for yourself (ask your doctor about a **"Do Not Resuscitate"** or DNR option), and who should make the decisions about caring for you until the end of your life. Ideally, you should be aware of how your hospice care will proceed, which would make everything so much easier for your family and friends.

The Philippine Society of Hospice and Palliative Medicine (PSHPM), of which Dr. Corvera is a founding board member, has a website that includes a listing of specialists on hospice and palliative care all over the country, and the institutions they are associated with. (<https://www.pshpm.org/fellows>) She is also a founder of the Ruth Foundation for Palliative and Hospice Care, formed in 2012 to provide community-based service for the homebound elderly as well as the gravely ill. The Ruth Foundation runs a program called PalCollab (Palliative Collaboration), which includes a referral system for patients, a directory of institutions, a resource base, and a community that can provide encouragement and inspiration. You can inquire by filling up a form on their website (<https://www.ruth.ph/>), or call their hotline at tel. no. (0917) 112-0024.



PSHPM also worked with the DOH and other organizations to create modules for the training of community-based carers, such as barangay health care workers, nurses, and midwives working in the barangay health centers and rural health units—which means that support for hospice care may already be available in lower-income communities around the country. There’s no harm in asking your barangay health providers.

Which brings us to the loved ones taking care of you—your direct caregiver, who is certainly included in the palliative care approach. Doctors are trained to attend to a patient’s needs, but seeing a patient’s suffering up close is never easy. Problems like burnout (physical, emotional, mental weariness) and compassion fatigue (the same weariness that results from constant giving and self-sacrifice) are real. “Filipinos do not normally nurture themselves due to certain inherent values like hard work and sacrifice, while also factoring in financial priorities and limitations,” says Dr. Corvera. Thus, your close caregiver might be taking care of you at the expense of his or her own health, which can result in depression and unhealthy coping strategies like substance abuse. This awareness has put some focus on caregivers. As a patient, you can remind your caregivers to take care of themselves, too, by eating healthy, getting enough sleep, and having a life outside your care. Enlist a reliever to take over once in a while, especially if your main caregiver is not a professional, like a daughter or other relative.

D. Preparing for **end of life**

Doctors today want every cancer patient to have a survivorship plan to follow for the rest of her life—commonly beneficial strategies to prevent recurrence, including a generally healthy diet, or follow-up consultations and tests with your primary doctor.

So what happens when the plan doesn't work?

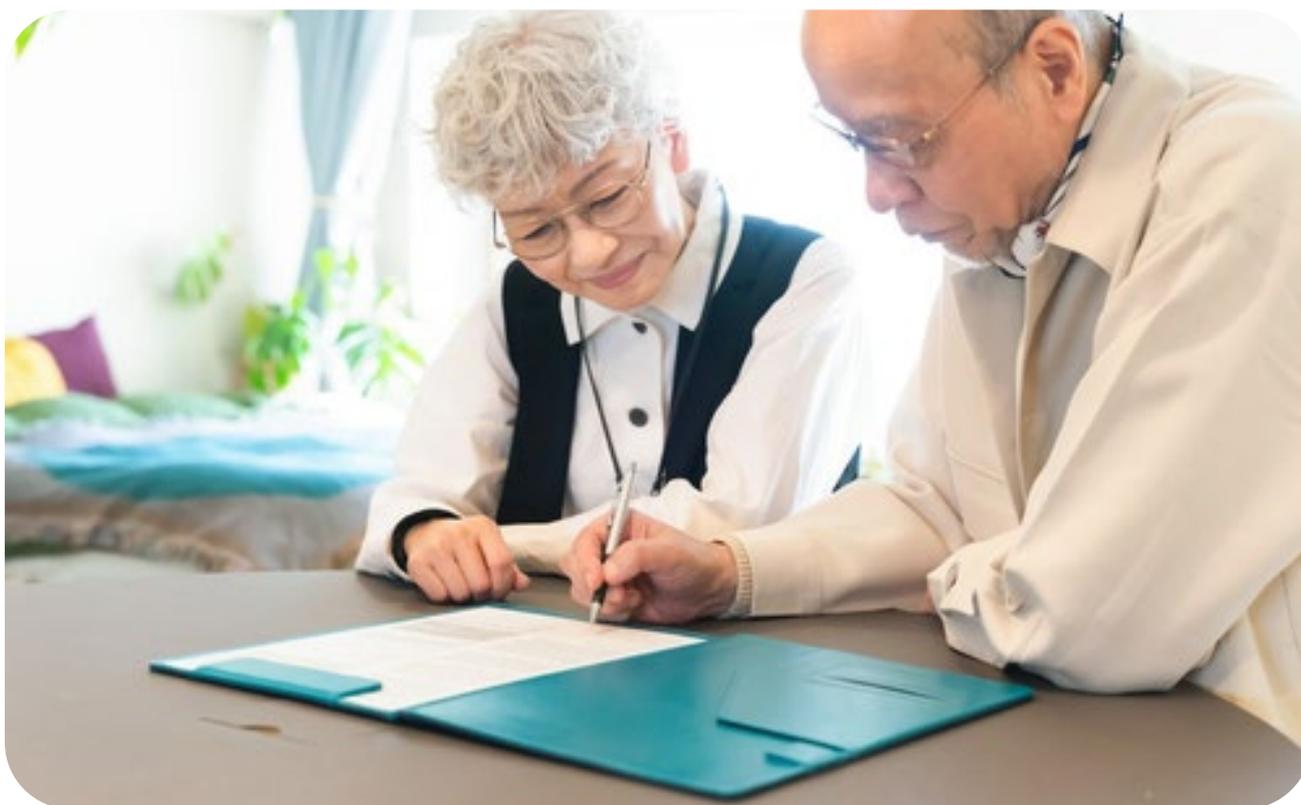
“End of life is the most distressing phase of all,” declares psycho-oncologist Dr. Maria Madeline Mallillin. This phase begins with being diagnosed with Stage 4 cancer, and runs until the terminal period. The reality of death can cause great distress, especially for single patients with no psychosocial support system like spouses or children, or for young patients with most of their life ahead of them, most especially young parents.

Although the experience varies with each individual, Dr. Mallillin says, “Those who are diagnosed in this phase who are older and have lived a good and productive life and have accepted their fate have less distress, and just want more comfort care. This is not to say that they don't feel anxious or depressed; they still do, but are more psychologically ready to face death.” Most patients in this stage want to put their affairs in order and make the most of their remaining time with their loved ones, especially if they have more time to prepare. The distress is greater with sudden diagnoses of advanced stage illness, as the patient must think about fixing things, deal with pain or discomfort, and confront any existential and spiritual issues.

Sadly, says Dr. Mallillin, those with dysfunctional families experience more emotional distress. Meanwhile, those who are more spiritual have a gentler transition into this stage. “This is because they have already come to terms with their humanity and are willing to let go. Though they may feel sad, with a lot of physical discomfort, most of them will go through the terminal phase in a way that is gentler and less distressing, for both themselves and their family.”

On the practical side, if you have property, this is the time to prepare any **legal documents** to ensure that what you own goes to the right people, and your loved ones can be provided for. Bank accounts can become joint accounts. Write down important information, contact numbers, point persons, and instructions.

Beyond that, realize that it is never too late to **rediscover your spirituality**, and a diagnosis with a terminal disease would be the time to find comfort in your religion or any practice that helps you see beyond this world, no matter what you believe in. **Prayer and meditation**, even with the aid of a spiritual director, can help you come to terms with reality and find peace. **Reconcile with and forgive people**, ask forgiveness, and speak to those you have not spoken to in recent years, especially family members, for whatever reason. When that is not possible, based on some mental health strategies, keeping a **journal** to write to these people can be therapeutic. (See “Keeping a journal,” page 96). Actual letters can also be written to your loved ones; young parents take videos of themselves for their children to see in the future. Make the most of whatever time you have left—you can fill it with more love than sadness and regret.



V. This Might Help: Other Issues



Some factors to consider on the journey, from the practical to the profound

A. Where's the money?

Funding sources and insurance

Cancer treatment can have a huge financial impact on a patient and her family. At the onset of diagnosis, talk to your doctors to find out the estimated expenses involved in your cancer treatment. This will give you a **ballpark figure** for how much you will need to spend.

The expenses to consider may include the following:

- **Doctors' fees** – Talk to your doctors about your financial situation if you need to.
- **Treatments**
 - Surgery – The surgeon's fee is separate from the hospital cost.
 - Chemotherapy – This is often priced per session, according to the cost of the medicine.
 - Radiation (if needed) – This is also paid for per session.
 - Other systemic treatment
 - Other medicines
- **Hospitalization** – If you will need to be hospitalized during any of the treatments
- **Transportation** – If you live far, you will need to know how much your transportation cost will be to and from the hospital where you will have your treatment.
- **Housing** – If your chosen hospital is not in your city, you will need to look for housing options closer to the hospital where you will have your treatment. If you have relatives near the hospital where you can stay, this will alleviate any financial, emotional, and mental burden on you and your family.

Ask your doctor if there are other miscellaneous expenses you will need to consider. If the cancer patient can continue to work, this is an advantage, as it can greatly contribute to the financial resources.

Medical insurance

Most companies provide health insurance coverage for their employees, and it would be good to inquire about your coverage with your company's human resources (HR) department. Find out what type of coverage you have and if it includes any of the expenses that you will incur for your cancer treatment. Note that many critical illnesses are covered by insurance. In some cases, even if the coverage is for confinement, some procedures—including chemotherapy—could be covered.

Obviously, the best time to get insurance for critical illness is before you are actually diagnosed. If you don't have any coverage, you may advise your children and siblings to save up for critical illness insurance—not to say that they will eventually have cancer, but it is always better to have a safety net, since those with a family history do have higher risk of getting diagnosed.

If your insurance plan, personal or company, has no critical illness coverage, most insurance companies waive premium payments during the period of treatment. You will have to fill out a form to advise them of your illness so that your policy does not lapse. Visit your provider's website or contact your financial adviser for the exact steps to gain this benefit.

Most employers in the Philippines provide workers with coverage through health maintenance organizations (HMOs). Depending on your rank or years with the company, your coverage will usually be limited to a particular amount (e.g., P100,000) per disease per year. Cancer treatment, especially in the advanced or late stages, will cost much more than that.

As an employee, you should have your social security contributions deducted from your salary. Inquire from your company HR department on how you can borrow against your contributions to help minimize the financial burden. If you are making PhilHealth contributions, these could be further added to the savings. Check in particular how PhilHealth can cover radiation therapy.

If you have family or friends that you can borrow from, start there. It is always better to ask first than go directly to a financial institution.

'Thank God for insurance!'



I'm a freelancer, so I did not have company insurance, but I was paying for my own confinement plan. When I received my cancer diagnosis, I was worried because my coverage was limited. Imagine my relief when my plan said that it would cover a few outpatient procedures—including intravenous chemotherapy! My 12 rounds of chemo cost around P400,000 in 2012, and I was reimbursed for almost all of it. Also, PhilHealth covered most of the cost of my radiation. Good thing I was up to date with my contributions. But my heart went out to some women I knew who had to line up for financial aid before every single chemo session.

– Ella, survivor since 2012

Financial aid

If you do not have health insurance, talk to your doctor about ways you can pay for your treatment. You may also inquire about financial aid from the different government institutions such as the following:

- Department of Health (DOH)
- Philippine Charity Sweepstakes Office (PCSO)
- Department of Social Welfare and Development (DSWD)
- Offices of some Senators and Congressmen providing financial help
- Other government institutions, such as the Social Security System (SSS) or PhilHealth
- Breast cancer foundations

Aside from battling cancer itself, many patients find themselves pushed to the brink of desperation by the resources needed to receive treatment. Very few people have health insurance, and even those who do will normally not have enough coverage to complete treatment.

The Philippines' Social Security System or SSS (<https://www.sss.gov.ph/>) classifies a mastectomy as a partial disability. You can claim for benefits by filling out a form downloadable from their website.

PhilHealth includes breast cancer as a catastrophic illness and provides specific and limited coverage for members through contracted healthcare providers. Note that to avail of PhilHealth

benefits, your procedure must be pre-approved. Ask the hospital or clinic if you can avail of your PhilHealth benefits through them. You need to fill out claim forms, which the hospital may provide, and they will deduct whatever PhilHealth agreed to pay from your bill.

Senior citizens (60 years and older) in the Philippines are lifetime PhilHealth members. They must present their senior citizen ID and PhilHealth number in order to benefit from any PhilHealth-covered procedures.

If you are not working and have no form of insurance, remember that services in public hospitals are free. Join the queue to consult a doctor and get the correct referral or recommendation on the next steps.

If you need to go to a government or private agency for financial assistance, these are the most common requirements you will have to submit:

- Medical or clinical abstract – from the hospital or your doctor
- Treatment protocol – from your doctor
- Laboratory orders or requests – from your doctor
- Prescription – from your doctor
- Quotation (prices of medicines in the prescription or treatment protocol)
– get this from a drugstore
- Copy of your ID
- Certificate of indigency – from your barangay, which may require that you be interviewed or visited by a social worker
- Personal letter of request – signed by you or your caregiver
- Email address and contact numbers – yours or your caregiver's
- Application form – different agencies have their respective standard forms



The kinds of assistance provided by various Philippine government and private institutions, as well as the requirements for different programs, change over time. The websites of the Philippine Cancer Society (<https://www.philcancer.org.ph/>) and the ICanServe Foundation (<https://www.icanservefoundation.org/>) are regularly updated to provide the latest available information from different agencies. Click on “Find Medical Assistance” or “Get Financial Assistance” to get the information that you need.

B. Breaking the news: ***Telling family and friends***

At home

Nobody is born prepared for a cancer diagnosis. The information often comes as a shock not just to the patient, but also to the entire family and community surrounding that patient. This makes each cancer journey different.

Once you find out you have cancer, it may take you some time to absorb, understand, and accept the fact. If you are married, you are obliged to tell your spouse, as he/she is your default or obligatory partner in the “battle” ahead. But should you tell your young children, your aging parents, your friends, your workmates—in other words, the larger community around you and your spouse? If you are single, will you go on the journey alone, or do you involve siblings, parents, and friends?

Having cancer impacts the whole family. It would be easier for you to discuss this with the whole family. Most of the time, the family will not know how to navigate around the emotions and behavior of a cancer patient, so it would be crucial that you initiate the discussion to assuage any fears, anxiety, or tension that may arise from such news. They will take the cue from you; if you are hysterical and devastated, they will also be in shock. If you stay calm and matter-of-fact, they can move, as well. Once the discussion is started, the entire family will know how to support you mentally and emotionally. Having your family’s support is a crucial step towards your healing journey.

Some cancer patients forego telling their parents, especially if their parents are old and/or sick, so as not to cause them any anxiety or pain. Some don't tell their children and send them off to relatives for the period of treatment so the kids don't see them bald, sick, or weak.

It is hard to focus on your own treatment when your heart is troubled by concern for those you love. There is no right or wrong when it comes to telling or not telling your loved ones. For many, the standard is putting themselves in their loved one's shoes. If I were in their shoes, would I want to know that my daughter/mother/sister/friend is sick? Or would I rather not know and let her be?

If your parents are sick, it may be a matter of timing the disclosure for when they are more relaxed. Make sure there is emergency medication available in case of an untoward reaction.

If your children are below five, they may be curious about your bald head, but will likely have no future memory of you losing your hair. For older children, you can tell them about your illness in general terms, comparing it to when they are sick and need to take medicine to get well. Remember that children are very resilient and can normally bounce back from their experience with your illness probably faster than you. If your children are young adults, then be honest with them.



For your own health and well-being, it may be good to share your journey with those you love, unless you honestly believe that doing so will do more harm than good.

At work

If you work, you would normally tell your boss first. It may also be necessary to advise the HR department, as you will be claiming some benefits through the company HMO, and they can be a big help in facilitating any claims. Outside of those, disclosing your situation to coworkers depends on your level of comfort with them. Some don't tell their workmates because they don't want to feel pitied. Others are embarrassed by their coworkers' attention, graciousness, and compassion.

You are not obliged to tell your coworkers about your cancer diagnosis. However, you may need their help to continue working or to complete your projects. Being honest with them about how you are, how you feel, and what you need may allow them to provide you with the needed support.

You may feel overwhelmed with the need to provide updates to people to whom you have disclosed your condition. Don't fret about this. People who love you understand that you are focusing on getting well. If they reach out to you, they will not be offended if you tell them you will provide updates at a later time. Often, they will ask if you need anything and how they can help. They do not mean any harm; in fact, the assistance, the food, having someone take over certain responsibilities may be a big relief. You may also choose to assign the task of updating your bigger community to somebody else, like a sibling, or your best friend.



Some patients have actually created online communities or chat groups where they can provide updates to many followers at their convenient time. If you do this, just be strict with the membership, as you will be disclosing a lot of personal information which can be dangerous. You must trust everyone in such a community or chat group. You can use the same means to request for things you need or want. You will be surprised at how much help you can receive when you simply ask.

C. Write it down:

Keeping a journal

When a breast cancer patient feels like nobody understands what she is going through, some therapists recommend keeping a journal, not just as a useful record of helpful facts and details to remember (“Why am I HER2+ again?”), but as a way to express your thoughts and feelings, in order to understand them more clearly. It can also help you regain control of your emotions and improve your mental health. Think of it as an adult version of keeping a diary, like you may have done as a teenager. Today, though, while it might also be calming to write any thoughts in a pretty blank notebook for yourself, some patients have gone digital, typing out entries on their computer or phone.

Among the acknowledged **benefits** of journaling are the following:

- Helping you **manage negative feelings** like depression, grief, and anxiety
- Reducing your **stress**
- **Identifying** what’s really bothering you, what specific problems and worries
- **Seeing patterns** in what makes you sad and happy, and learning how to face them
- Setting **affirmations**, goals, and targets for yourself

Here’s how to get started on the habit, as shared by therapists and survivors who have tried it out for themselves:

- **Find a quiet, private, and comfortable place to write**—although you can also bring your journal anywhere, for when the mood catches you.
- **Make sure your writing tools**—pen, notebook, laptop, a cup of tea—are easily available, or you’ll get lazy.

- **Start thinking about things a few days before**—your situation, your fears, whatever is bothering you.
- **Right before you write, spend some quiet moments in meditation or even prayer.** A feeling of surrender will make it easier to let the words flow.
- **Date and situate every entry to give it a sense of structure and sincerity:** “24 July, Thursday evening, still feeling tired a day after chemo no. 3.” (An added incentive: rereading this in the future, remembering your journey, and patting yourself on the back for surviving!)
- **Try developing a habit of sticking to 20 minutes at a time.** In the beginning, this might feel like a long time, but you might be surprised at how the habit kicks in, and you will want to express yourself regularly.
- **Don't be conscious about grammar or writing style.** This is a very personal exercise, and your journal is for your eyes only.

The Center for Journal Therapy (<https://journaltherapy.com/>) offers guidelines on journaling or leading others to journal, and they suggest the acronym “WRITE.”



W – WHAT do I want to write about? What is happening now? What do I feel? What is at the top of my mind or inside my heart?

R – REFLECT. Answer the questions, and there are no wrong answers. “I feel scared.” “My heart is so heavy.” “Right now, I feel like my world is falling apart.”

I – INVESTIGATE. Go deeper. Keep writing and see what insights are uncovered by any words you write down. Constantly ask, “Why?”

T – TIME YOURSELF. Set a timer for 20 minutes.

E – END smart by reviewing what you wrote, and see if anything strikes you.

Your entry could take many forms. Some writers like to “sprint,” which means writing whatever comes to mind fast, with no structure. If you want to curse or draw images on the page, feel free to do so!



For some people who have difficulty getting started, making a list is useful. You can list down 10 things that make you anxious, five things you really want to know, or even 12 things you will do after you get well, for a positive spin.

How about a letter? You can write to the people you love. Many patients write “Dear God” letters to help them be honest. You can even write a letter to yourself, your body, or your cancer—this certainly helps put things in perspective.

As mentioned, a journal is a personal thing and is for your eyes only. If you would like to share parts of it with a therapist or counselor, however, it may help guide him or her in helping you process your feelings, as they will already be documented.



'Wrong bitch'

I kept a journal of my cancer journey on my laptop, which I always saw and added to because I never stopped working. It included all my test results, my constantly updated accounting of expenses and what insurance paid for, and soft copies of all the documents I needed. And yes, I wrote when I was frustrated, tired, or grateful for blessings. I named the folder 'Wrong bitch'—because cancer picked the wrong bitch to mess with.

- Alya, survivor since 2013



D. It could work:

Joining clinical trials

As defined by the ACS, clinical trials determine what drugs and procedures are effective in medicine and health care, and in addressing specific diseases like cancer. Clinical trials can answer some crucial questions:

- Does the new treatment work on people, and how well? Is it an improvement on current protocols? Does it have fewer side effects? Or can it work where other treatments don't?
- Is it safe? No treatment or procedure is completely without risk, but do the benefits outweigh these risks?
- Is this treatment better than or an improvement on current standard procedures?

Clinical trials usually have different phases, with each phase addressing specific issues and keeping participants as safe as possible. If you are interested in joining a clinical trial, you have to find out as much as you can about it beforehand. Take notes or bring a friend so details are clear, the ACS suggests, and feel free to get a second opinion from another cancer doctor. Some questions you can ask before participating are:

- Why is this study being done?
- Will my cancer doctor be involved? Who will be in charge of my care?
- Who do I call for problems, questions, or concerns?
- If I do not join this trial, what are my other options?
- What have been results on studies so far? Is there any material I can read?
- What kind of treatments will I have, how often, and how long will they take?
- Are there any known side effects from treatment?
- Will I be confined? For how long? Who will pay for it?
- Will I still be able to work or study?

Potential benefits of joining a clinical trial include access to new treatment not yet available, which might work better than your current treatment. Your cancer team can monitor you more closely, and in the long term, you may be helping advance cancer research and help others with the disease.

Potential risks include unknown side effects, the chance the treatment may not work on you, lack of control, more time with doctors and in the hospital, and possibly more expenses if the study sponsor, the organization conducting the testing, does not cover costs.

There is always the idea that possible benefits outweigh the risks, however, as people with cancer are open to such risks if their treatment to date has proven ineffective; they say they have nothing to lose. You must be clear on these risks, and willing to take them. According to ACS, "Studies have shown that people with cancer who felt well informed before they took part in a clinical trial had less regret after the study than those who felt unsure."

E. Will my daughters get cancer, too?

Some forms of breast cancer do run in families, although it is not inevitable that you will inherit this predisposition. If you are at risk, however, monitoring and screening are essential to catching the disease as early as possible.

"Your risk may be increased if your relative developed breast cancer at a young age or if the relative is very closely related, like a mother, sister, or daughter," writes Anisha Ninan, a family nurse practitioner working in the Breast Cancer Program of Johns Hopkins Hospital, on the Johns Hopkins website (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/breast-cancer/hereditary-breast-cancer>). "Having a family history of early onset breast cancer in close relatives may be a reason to look into genetic testing."

The genetic test involves a simple blood test, but the results will certainly have long-term effects on you, your sisters, and even your children, Ninan writes, as there is a 50 percent chance that a genetic mutation will be passed on to one's children.

In general, gene testing might be a good idea for the following reasons:

- Someone in your family has tested positive for carrying a mutated gene
- You were diagnosed with breast cancer before age 50
- A man in your family has been diagnosed with breast cancer
- You were diagnosed with ovarian cancer
- There are multiple breast cancers on one side of your family
- You or a relative has had cancer diagnosed in both breasts

If testing confirms you are at risk, you could plan for evaluation and monitoring, a digital mammography, and regular clinical breast exams, and in some cases, hormonal therapy to prevent the development of breast cancer. You can consult a doctor for any of these procedures. Since women with BRCA1 or BRCA2 mutations face a significant risk of breast and ovarian cancer, some have opted for preventive (prophylactic) surgery, a mastectomy and breast reconstruction, when they are determined to be at very high risk for aggressive breast cancer. This is often recommended by age 40, notes the Johns Hopkins website. This is a highly personal decision, as some women also opt to have their ovaries removed, which will obviously mean not having children if done during the childbearing years. A gynecological oncologist can help you make any decisions, although such gene tests are not available in the Philippines right now.

In summary, according to the Memorial Sloan Kettering Cancer Center, women with a history of breast cancer, determined either through incidences in family members or through testing (see "Genetic and genomic testing," page 15), should have:

- A **clinical breast exam** every six months starting no later than 10 years before the age of the earliest diagnosis in the family (but not earlier than age 25 and not later than age 40); if your sister had breast cancer at 40, it is prudent to get screened at age 30
- An **annual mammogram** starting no later than 10 years before the age of the earliest diagnosis in the family (but not earlier than age 25 and not later than age 40)
- Supplemental **imaging** (for example, an ultrasound) for women with dense breast tissue
- Alternating **breast MRI and mammogram** every six months, as determined by your physician

If you were tested for gene mutations and tested positive, you can be more vigilant to screen for the disease. Other than your children, your parents, sisters, and brothers also have a 50 percent chance of having the same mutation—but it is not an automatic diagnosis for them.

The presence of such a mutation is a definite risk factor, however, that cannot be changed. Among other such factors that increase the likelihood of a cancer diagnosis, according to the CDC, are as follow:

- **Age**, as most cancers are diagnosed after age 50
- **Reproductive history**, specifically, menstruating before age 12 and menopause after age 55, which expose women to hormones longer
- **Breast density**, which often conceal tumors due to having more connective tissue than fatty tissue
- **Personal history of breast cancer**, as women who have had breast cancer are more likely to get it again
- **Family history of breast or ovarian cancer**, when a mother, sister, or daughter (first-degree relative) or multiple family members on either side of the family who have had breast or ovarian cancer
- Previous treatment with **radiation therapy** to the chest or breasts before age 30

'My daughter is alive and healthy'

I was diagnosed with Stage 3b breast cancer in 2009, when I found a lump in my armpit. When I heard the word "cancer" it felt like the sky had fallen on me. I was 33 years old. I got more stressed when my ob-gyne told me I was pregnant. How was I going to receive treatment? They removed my right breast first, but I could not decide if I was going to do chemo. I wondered, why did I have to decide between my health and my baby's? Then I was referred to an oncologist



who assured me we could do chemo after my first trimester. I started in March 2010, and got so worried when my hair fell out and my nails turned black. I felt so guilty because I felt like I put myself first. Because my husband was working abroad, I joined a support group that really helped me pray and achieve physical, emotional, psychological, and most especially spiritual healing. I gave birth to my baby, and God has been good, because my daughter is alive and is now in grade school. She's healthy, kind, and smart. Breast cancer is really not a death sentence.

– Georgina, survivor since 2009

F. Pregnant, with cancer

If you are pregnant and find a lump or notice any changes in your breasts, you must inform your doctor right away. According to the ACS, there are tests that can be done and options for **treating breast cancer if you are pregnant**. This condition is known as **gestational breast cancer** or **pregnancy-associated breast cancer (PABC)**.

US studies have determined that one in every 3,000 pregnant women is diagnosed with breast cancer, the most common type of cancer discovered during pregnancy, but this may not be a common statistic worldwide.

Because of obvious changes in the breasts, it becomes harder to detect a tumor when you are pregnant. Mammograms are often rescheduled for after childbirth, as pregnancy and breastfeeding can likewise affect breast tissue and make screening tests harder to read. This is why breast cancer is often at a later stage when it is found in pregnant women.

Detecting cancer

A breast ultrasound, a mammogram, and a biopsy are all possible during pregnancy.

A concern during such tests is the safety of the fetus, especially during the first trimester. It is generally safe to have a mammogram during pregnancy, as only a small amount of radiation is concentrated on the breasts. A lead shield can be placed over the lower part of the belly to block radiation during the procedure, but there is no absolute certainty of the effects of even such minimal exposure on an unborn baby.

An ultrasound test does not use radiation, and is often the preferred screening test. Other tests, such as **PET scans, bone scans**, and **computed tomography (CT) scans**, use more radiation.

Magnetic resonance imaging (MRI) does not use radiation, but requires a contrast material that is injected in the bloodstream, which can affect the placenta and the fetus. Thus, an MRI is not recommended during pregnancy.

During a breast biopsy, small pieces of breast tissue are taken from the suspected growth. A core needle biopsy, which uses a needle to extract such tissue, is an outpatient procedure. The local anesthesia used on the specific area of the breast is not harmful to the fetus. However, the general anesthesia required for a surgical biopsy, when the growth is removed through an incision in the breast, may pose a small risk to the fetus.

Treatment

A positive diagnosis for breast cancer will require other tests to find out the stage of the cancer. Again, shielding the belly can reduce risk to the fetus during a chest x-ray. Radiation oncologists can adjust the amount of radiation exposure for other imaging tests.

The mother cannot pass on breast cancer to her baby. In rare cases where the cancer invades the placenta, the sac which connects the mother and the fetus, the nutrition pathway may be affected.

The ACS reiterates that chemotherapy has proven to be safe for later pregnancies, but not during the first trimester. A woman could be in for some difficult decisions if it comes down to choosing between the health of the mother and the well-being of the baby. If a pregnant woman in her first trimester is diagnosed and needs chemotherapy right away, ending the pregnancy for medical reasons must be considered, and counselors and psychologists, aside from family and friends, may give much-needed support. Although ending a pregnancy is no longer routinely recommended when breast cancer is found, according to the ACS, "This option may be discussed when looking at all the treatment choices available, especially for metastatic (Stage 4) or aggressive cancers that may need treatment right away."



YOU CAN Do This

A Breast Cancer Patient's Manual



Published by the ICanServe Foundation

Manila, Philippines

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