

Breast Cancer Navigation Flowchart

Understanding Your Pathology Report And Treatment Options



ABOUT SHARSHERET

Sharsheret supports young Jewish women and families facing breast cancer at every stage—before, during, and after diagnosis.

We help women and families connect to our community in the way that feels most comfortable, taking into consideration their stage of life, diagnosis, or treatment, as well as their connection to Judaism. We also provide educational resources, offer specialized support to those facing ovarian cancer or at high risk of developing cancer, and create programs for women and families to improve their quality of life.

We understand that young Jewish women have unique concerns when it comes to breast and ovarian cancer, and we are the only organization that specializes in serving them.

Learn more about our services and programs or make a donation at www.sharsheret.org.

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The information contained in this publication is intended to provide general information about breast cancer and breast health and should not be construed as an endorsement or recommendation of any medical or treatment intervention. All medical information should be discussed with a health care professional.

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SHARSHERET[®]
Your Jewish Community Facing Breast Cancer

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Hereditary Risk

Concerned About Hereditary Breast Cancer and Ovarian Cancer?

One in 40 Ashkenazi (Central and Eastern European) Jews carries a BRCA gene mutation, nearly **10 times the rate** of the general population, making Jewish families significantly more susceptible to hereditary breast cancer and ovarian cancer. Sharsheret's genetics program addresses your personal issues and concerns.

What You Can Do:

- Know your family history.
- Call Sharsheret's genetic counselor for a free confidential discussion about:
 - Family history.
 - The genetic counseling and testing process.
 - Medical and psychosocial implications of testing for BRCA gene mutations.
 - Communicating with family members about risk.
- Order Sharsheret's educational booklet, "Your Jewish Genes: Hereditary Breast Cancer and Ovarian Cancer."
- Access Sharsheret's educational symposia transcripts at www.sharsheret.org.
- Get connected to a Sharsheret peer supporter by calling 866.474.2774.

Follow-Up Care and Survivorship:

- Ask each member of your medical team to specify the recommended follow-up screenings. Create a calendar for the upcoming year.
- Schedule timely follow-up appointments and screenings.
- Maintain good nutrition and exercise regularly.
- Call Sharsheret to order your free survivorship kit, including information on creating a care plan, nutrition, genetics, bone health, and psychosocial support.

Pathology Report

Tumor Size

Tumor size is measured in centimeters.

Status of Margins

The edges of the tissue surrounding the tumor are tested.

- Negative margins indicate normal surrounding tissue.
- Positive margins suggest the possibility of more tumor cells and may require further surgery (re-excision) to obtain clear (negative) margins.

Lymph Nodes

Lymph node involvement determines the ability of tumor cells to move out of breast tissue into the lymphatic system.

- Negative — no evidence of cancer cells in lymph nodes.
- Positive — cancer cells detected in lymph nodes.

Hormone and Protein Receptors

The presence of these receptors indicates that hormones or proteins may contribute to the growth and stimulation of cancer cells and will help determine the course of treatment.

- Estrogen Receptors (ER)
- Progesterone Receptors (PR)
- HER2/neu Protein Receptors

IHC (immunohistochemistry) and FISH (fluorescence in situ hybridization) Tests

IHC tests for the presence of HER2/neu protein. FISH measures the amount of HER2/neu in tumor cells. Risk of recurrence is related to IHC and FISH, tumor size, lymph node involvement, ER/PR status, and age/menopausal status.

IHC test results:

- 0-1: Negative, FISH is not necessary.
- 2: Indeterminate, FISH is necessary to clarify HER2/neu status.
- 3+: Positive, FISH may be necessary.

Genomic Analysis

Tests to predict recurrence risk and whether the tumor will do well with hormonal therapy or chemotherapy, such as:

- MammaPrint* (70 Gene Assay)
- Oncotype DX Assay* (21 Gene Assay)
- Prosigna (50 Gene Assay)

*brand names

Treatment team may consist of:

- You
- Surgeon
- Medical Oncologist
- Radiation Oncologist
- Gynecological Oncologist
- Fertility Specialist
- Plastic Surgeon
- Genetic Counselor
- Mental Health Professional
- Nutritionist

Information Management Tips

- Portfolio: Keep copies of all of your records, films, and test results in a portfolio.
- Keep a running log or cancer management app with questions for doctors, name, dosage, and frequency of medications, tracking side effects and symptoms, information from doctors' visits, insurance claims, payments, and contact information.
- Notekeeper: Bring a family member or friend to appointments, or record on your phone.

Diagnosis

Many factors affect breast cancer treatment plans, including staging, age of onset, prior cancer history, family history, and outcome of genetic testing. The biology of the tumor, specifically hormone and protein receptor status, is the most critical factor when determining treatment options. Your treatment will be tailored to your specific case and should be discussed with your medical team.

Non-Invasive

Lobular carcinoma in situ (LCIS) indicates non-cancerous abnormal cell growth that may be associated with a risk of developing invasive breast cancer. Ductal carcinoma in situ (DCIS) are abnormal breast cells that are contained in the duct and have not spread into the normal surrounding breast tissue.

Stage I Invasive Breast Cancer

Tumor cells are confined to the breast and there is no lymph node involvement.

Stage II Invasive Breast Cancer

Tumor cells are present in the breast and some of the surrounding lymph nodes.

Stage III Invasive Breast Cancer

Tumor cells are usually present in the breast and lymph nodes. Larger tumors can involve the chest wall.

Inflammatory Breast Cancer

The breast appears red and swollen and feels warm to the touch. Occasionally, a lump may also be found in the breast.

Stage IV Advanced (Metastatic) Breast Cancer

Breast cancer tumor cells have spread beyond the breast and lymph nodes to other parts of the body.

Surgical and Treatment Options

Below are some of the available breast cancer surgical and treatment options. Depending on your specific case, clinical trials may also be appropriate. Speak with your health care provider to decide which options are best for you.

Fertility Preservation

Your fertility may be affected by surgery and treatment. Speak with your health care professional about fertility preservation options available to you before beginning treatment.

Surgery

- Lumpectomy (breast conserving surgery)
- Unilateral mastectomy
- Bilateral mastectomy
- Prophylactic unilateral or bilateral mastectomy
- Lymph node dissection
- Sentinel lymph node dissection

- Prophylactic hysterectomy
- Prophylactic oophorectomy (ovary removal)
- Skin-sparing mastectomy
- Nipple-sparing mastectomy

Reconstructive Surgery

- Saline implants
- Silicon implants
- AlloDerm*
- TRAM flap
- Free flap
- Latissimus flap
- DIEP flap
- PAP flap
- Nipple reconstruction
- Nipple and areola tattooing

Treatment

- Chemotherapy
- Radiation therapy
- Targeted biologic therapy
 - Herceptin* (Trastuzumab)
 - Tykerb* (Lapatinib)
 - Perjeta* (Pertuzumab)
- Hormonal therapy
 - SERM (Selective Estrogen Receptor Modulators)
 - Nolvadex* (Tamoxifen)
 - Evista* (Raloxifene)
 - ERD (Estrogen Receptor Downregulators)
 - Faslodex* (Fulvestrant)

- Aromatase Inhibitors
 - Aromasin* (Exemestane)
 - Femara* (Letrozole)
 - Arimidex* (Anastrozole)
- Ovarian Suppression
 - Zoladex* (Goserelin Acetate)
 - Lupron* (Leuprolide)

*brand names