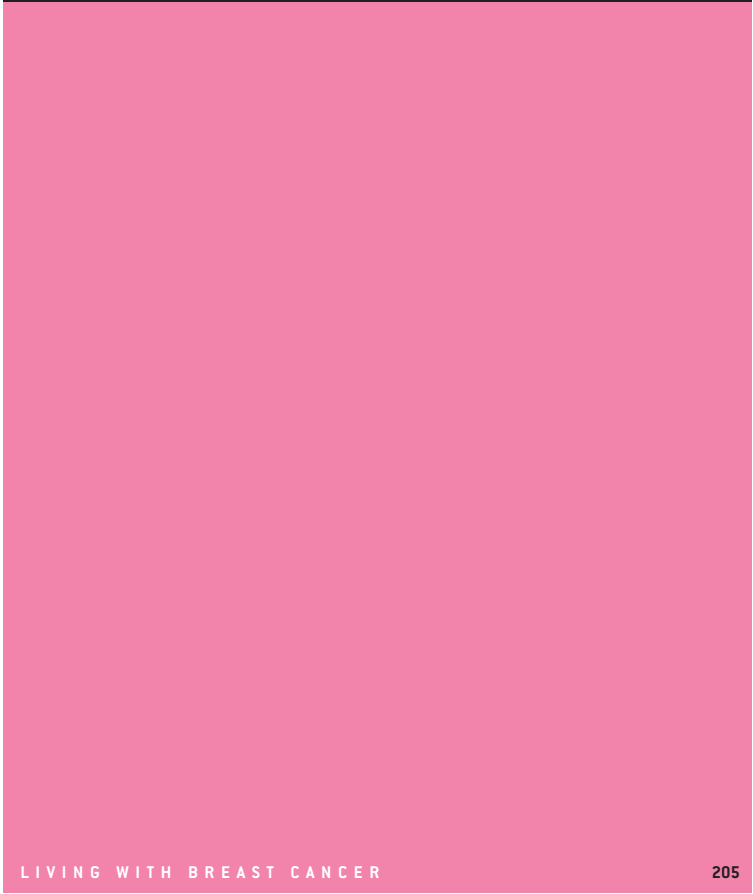
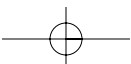
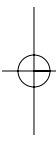
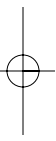




Living with Breast Cancer







Blood draw after mastectomy. 20 years post-radical mastectomy, can a patient have an intravenous (IV) injection or blood drawn from the side of the mastectomy?

The issue is not the mastectomy itself, but the lymph node dissection (LND). When lymph nodes are removed, there is the potential to decrease the body's ability to drain fluid from the arm, armpit and chest. For the vast majority of people, the remaining lymph nodes and veins can handle the removal of fluid without difficulty. However, for some people, the lymphatic system can become overloaded, which results in swelling.

Lymphedema (swelling caused by the back-up of lymph fluid) can occur anytime after LND. Therefore, anyone receiving a LND should understand and follow lymphedema precautions, which include avoiding any trauma to the arm. Trauma can include blood pressure being taken, IV injections, sunburn or cuts. ■

Lora Packel, MS, PT

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for some people, the lymphatic system can become overloaded



CA15-3. What is the significance of CA15-3 in the management of metastatic breast cancer?

CA15-3 is simply a chemical name for a particular cellular surface antigen. It is only important because it is shed into the bloodstream by cancer cells and is a convenient marker in tracking the progress of someone receiving treatment for metastatic cancer. The amount of CA15-3 in the blood should simply go down if the treatment is effective. We usually measure the value at 1-2 month intervals in someone on treatment for metastatic breast cancer. We also use a different marker that is similar to CA15-3 called CA27-29. ■

Kevin R Fox, MD

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amount of CA15-3 in the blood should simply go down if the treatment is effective



Dating after breast cancer. I am 28 years old, unmarried and going through breast cancer treatment. How will I ever be able to feel 'normal' enough to date again?

You have many things to cope with during treatment and it is only natural to be concerned about the future. Since everyone's 'normal' is a little different, it is really impossible to say when any one person undergoing cancer treatment is able to do certain things. Desire and ability to participate in certain activities during and after treatment for cancer really depend upon a number of personal and treatment-related factors. If you are experiencing anxiety, depression or just want to have someone to speak to about the many, sometimes overwhelming, concerns that arise during cancer treatment, ask the oncologist and advanced practice nurse caring for you to refer you to a counselor who specializes in working with cancer patients.

A counselor will help you assess your situation and determine what is best for you regarding dating and other social activities. ■

Linda Jacobs, PhD, CRNP, AOCN, BC

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A counselor will help you assess your situation and determine what is best for you



Frequency of mammograms after breast cancer. I am 39 years old and had breast cancer 2 years ago, cancer is common on both sides of my family and I found a lump in my other breast 9 months ago. A mammogram done at that time showed no cancer. How often do I need to have a mammogram?

A small percentage of patients, especially younger ones, develop breast cancer detected by physical examination alone with negative mammogram findings. If you have a suspicious mass on physical examination that warrants a biopsy, a negative mammogram should not stop such a biopsy. Other imaging studies, such as ultrasound or magnetic resonance image (MRI), might be useful to clarify the situation, especially for the younger patient.

If you remain concerned, you should seek medical attention from a physician (or physicians) experienced in breast diseases. Some possibilities include a surgeon (with an interest in breast diseases), and many university-affiliated hospitals have breast centers. Another possibility includes cancer centers designated by the National Cancer Institute (NCI).

In the absence of clinical symptoms, yearly mammograms are the generally accepted standard after breast cancer treatment. ■

Lawrence J Solin, MD, FACP



small percentage of patients, especially younger ones, develop breast cancer detected by physical examination alone



Lymphedema and air travel. Does a long (20 hours) plane trip increase the chances of a lymphedema after a mastectomy and sentinel node biopsy (seven lymph nodes removed)? Should any precautions be taken?

There is scant literature to determine the actual risk of developing lymphedema during extended air travel. It may be of benefit to meet with a lymphedema specialist to discuss a compression sleeve because your travel time is more than 20 hours.

Other recommendations to follow during air travel:

- use light suitcases with wheels;
- use your unaffected arm to carry luggage;
- wear comfortable clothing and shoes;
- get up frequently during the flight;
- perform simple arm and leg exercises during the flight;
- avoid salty airplane food – order special items or carry low-salt snacks.

When you reach your destination:

- use sunblock to avoid sunburn;
- use citronella candles to help avoid insect bites;
- wear foot covering on the beach. ■

Lora Packel, MS, PT

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meet with a lymphedema specialist to discuss a compression sleeve



Mammogram guidelines for women with prior radiation. I received mantle radiation for Hodgkin's disease at the age of 26 years. Does radiation to the chest lead to an increased risk of breast cancer in patients treated under the age of 30 years? What are the practice guidelines as to when female patients treated with mantle radiation should begin mammography screening?

For women who have not had radiation exposure, the American Cancer Society recommends a screening mammogram every year starting at 40 years of age. Between the ages of 20 and 39 years, women should have a clinical breast examination by a health professional every 3 years. After age 40 years, women should have a breast examination by a health professional every year. Women of age 20 years or older should perform breast self-examination (BSE) every month as well.

Radiation is a known risk factor for secondary breast cancer after treatment for Hodgkin's disease. The estimated actuarial incidence approaches 35% by 40 years of age. The risk in these patients seems to rise at around 10 years after they have received their radiation treatments. Age at irradiation is strongly associated with risk – the younger the age, the higher the risk. The risk of breast cancer also increases significantly with radiation dose and time since treatment.

The high risk of breast cancer in women exposed to radiation at a young age raises important issues regarding screening programs. The process of diagnosing the breast cancers in two Hodgkin's disease series illustrated



risk of breast cancer also increases significantly with radiation dose and time since treatment

that routine mammography alone has only limited value in this young patient group. There is no general guideline at present. Some doctors recommend screening mammography 5–10 years after radiation. Some have recommended breast magnetic resonance imaging (MRI) in addition to mammography. BSE is at least as important as other screening tests. If you notice any change, such as the development of a lump or swelling, skin irritation or dimpling, nipple pain or retraction, redness or scaliness of the nipple or breast skin, or an abnormal discharge, you should see your health care provider as soon as possible for evaluation. ■

Li Liu, MD



Physical limitations after breast reconstruction.

What exercises are beneficial after breast reconstruction because of cancer?

Women with breast reconstruction may have some physical limitations depending on the type and extent of their surgery. It is important for any patient to discuss their physical limitations with their plastic surgeon before starting an exercise program. Exercise can harm the reconstruction site if begun too early and too aggressively.

Women who undergo a transverse rectus abdominus myocutaneous (TRAM) reconstruction are often limited for the first 3 months after surgery. I recommend that patients see a physical therapist who specializes in women's health and oncology rehabilitation to prescribe a safe program appropriate to the patient's stage of recovery.

It is also important to consider the stage of the person's disease, whether it has spread to bone and what treatments are being given at the time. Chemotherapy and radiation therapy influence the type of exercise a patient can safely tolerate and should be prescribed by a health care professional who understands their relationship to exercise tolerance. ■

Lora Packel, MS, PT

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Chemotherapy and radiation therapy influence the type of exercise a patient can safely tolerate



*Previous breast cancer and second-hand smoke.
Is a breast cancer survivor who has not smoked at higher
risk of dying from second-hand smoking?*

Women who already have had one breast cancer are at higher-than-average risk of developing a second, new breast cancer. This is different from a recurrence of the first cancer. In addition, some studies have demonstrated positive associations between environmental tobacco smoke (ETS) exposure and breast cancer incidence or death. If a woman has a breast cancer and is exposed to ETS, the probability of developing a second, new breast cancer could be even higher, although to my knowledge this has not been shown by research.

Passive exposure to ETS is an established risk factor for adult lung cancer, acute respiratory disorders (particularly in children), reduced pulmonary function, increased risk of lower respiratory infections (e.g., pneumonia and bronchitis), and, probably, ischemic heart disease. If you have had radiation treatment for your breast cancer, the probability of developing these problems is higher than that for someone who has not had radiation treatment.

If you are living with a smoker you should discuss the above, and perhaps ask him or her to see a doctor and/or participate in smoking cessation programs. ■

Li Liu, MD

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some studies have demonstrated positive associations between environmental tobacco smoke (ETS) exposure and breast cancer incidence or death



Prophylactic compression garments following lymph node dissection (LND) during air travel. After a mastectomy and lymph nodes removed because of Paget's disease is an arm bandage required to prevent swelling during air travel?

There has been a longstanding controversy regarding the use of prophylactic compression garments following LND during air travel. The Casley-Smiths reported that 6% of lymphedema patients initially develop swelling during or following air travel. This has supported the practice of wearing compression Class I garments on limbs at risk during extended airplane flights.

The physiological rationale for this practice is the increased movement of fluid across blood capillary walls when tissue pressure decreases. Pressure exerted by the body's tissues opposes the leakage of fluid from blood vessels. This pressure is important to maintain a balance between the leakage and removal of fluid. If too much leakage occurs, chronic swelling can develop. When we are aloft in an airplane the cabin is pressurized. Cabin pressures are significantly lower than the atmospheric pressures we normally experience. When atmospheric pressure drops, so does our tissue pressure – they are directly related. As tissue pressure is reduced, there is greater movement of fluid from blood vessels into tissue. Consequently, fluid may build up to the point that it exceeds the transport capacity of the lymphatic system. Most people develop some degree of swelling if they fly for a long enough period. For example, we generally have difficulty putting on our shoes once we've landed on the other side of the Atlantic.

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patients who have had an isolated episode of swelling should wear a sleeve regardless of the length of the flight

Our feet have swollen. People with compromised lymphatic systems will have greater difficulty removing the extra fluid and remain swollen for longer periods of time. If they fail to receive appropriate treatment, they may remain permanently swollen. Only the territory drained by the resected or irradiated lymph nodes is at risk. For example, a woman who has undergone dissection of the lymph node in her armpit will only be at risk for swelling in her breast, arm, and upper trunk (on the side of the surgery). The rest of her lymphatic system is intact and should be able to drain fluid adequately from all other body parts.

There is some concern that wearing sleeves may interfere with the function of a lymphatic system that has been injured but is handling the fluid load adequately. In certain patients a few lymph vessels may be sufficient to drain the lymph produced in an arm or leg. Some patients actually swell when they put on a compression garment. It seems that the added compression interferes with the transport capacity of the lymphatics and tips the system into overload. For this reason, patients who do not have lymphedema but wish to wear a sleeve should only use compression Class I garments. Stronger compression will do more harm than good.

The current recommendation of the Lymphedema Service at the Abramson Cancer Center of the University of Pennsylvania for patients who are at risk but have *no* history of swelling is to wear a compression Class I sleeve for flights longer than 3 hours. All patients who have had an isolated episode of swelling should wear a sleeve regardless of the length of the flight. All patients with chronic lymphedema should wear a sleeve or apply compressive bandaging during *all* air travel. The sleeve should be put on before the airplane cabin is pressurized. This can be done at the airport gate or on the plane prior to take off. The sleeve or stocking should be worn for a brief period, 1–2 hours, after landing. A trained professional must fit compression sleeves. Your hospital may have a physical or occupational therapist able to fit compression garments. Alternatively, many providers of surgical supply or durable medical equipment employ trained fitters. It is important to contact your insurance company first, since they may have contracted with a particular provider. ■

Andrea Cheville, MD



Rash on the breast after cancer treatment. What is likely to cause a very painful, sore rash in the same area as radiation for breast cancer 6 years previously, along with a high fever, flu-like symptoms, and fatigue (which return every 2 months after antibiotics)?

The symptoms described may be from an infection of the breast. The cause of a breast infection many years after breast cancer treatment is not known. Infection of the breast is unusual, but well described, and usually responds fairly rapidly to antibiotics. If the rash does not resolve rapidly, other causes need to be considered (e.g., inflammatory breast cancer, radiation recall, rash secondary to non-cancer causes). If a course of antibiotics is not effective, reevaluation by your oncologist to exclude cancer etiology should be considered. ■

Lawrence J Solin, MD, FACP

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If a course of antibiotics is not effective, reevaluation by your oncologist to exclude cancer etiology should be considered



Risk to pregnancy after a diagnosis of breast cancer. Is it a risk to become pregnant when diagnosed with metastatic breast cancer that has been stable for 2 years? Is the breast cancer likely to 'flare up' through the increase in estrogen?

It is presumed that estrogen-sensitive breast cancers are sensitive to all forms of estrogen, with few exceptions. No form of estrogen is safer than another. As there can be large increases in estrogen secretion with pregnancy, I personally think it is pretty risky. ■

Kevin R Fox, MD

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estrogen-sensitive breast cancers are sensitive to all forms of estrogen



Secondary leukemia after breast cancer treatment. Is there any relationship between chemotherapy for breast cancer about 10 years prior to acute myeloma leukemia (AML)?

Unfortunately, therapy that we use for the treatment of breast cancer as well as other cancers has been associated with the later development of leukemia, or cancer of the bone marrow. Although one can never be absolutely certain that the leukemia is caused by the breast cancer treatment, some things are suggestive. Certain types of chemotherapy cause leukemia to occur anywhere from 18 months to 3 years after the treatment, and others do not cause leukemia until after 5–7 years. Sometimes changes in the DNA or chromosomes in the leukemia cells suggest the leukemia came from the prior therapy. This information might help your doctors decide what therapies to use to treat you, but they are generally guided by other factors, such as your age, what your other chemotherapy was, your general health, and so on. ■

Selina M Luger, MD

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changes in the DNA or chromosomes in the leukemia cells [can] suggest the leukemia came from the prior therapy

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Signs of breast cancer recurrence. I was diagnosed with inflammatory breast cancer and had a radical mastectomy. I am now free of cancer, but what changes in my body should I be looking for in case of recurrence

Patients concerned about recurrence should report, in my opinion, any symptom that has no obvious explanation and lasts for more than a week. For example, if a patient drops a tire iron on their foot and their foot hurts, it need not be reported. If the patient has a week of back pain, and does not know where it came from, it should be reported. Routine X-rays and scans, other than annual mammograms, are not recommended. ■

Kevin R Fox, MD

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Patients concerned about recurrence should report ... any symptom that has no obvious explanation and lasts for more than a week.



Weight gain after breast cancer treatment. I was diagnosed with breast cancer a year ago, underwent an axillary dissection along with a lumpectomy and had aggressive chemotherapy for 9 months. I have been on tamoxifen for about 3 months and have gained about 65 pounds since I started the chemotherapy. I have increased weight from a size 8 to a size 16. I have had blood work done and do not have cancer, diabetes, or lyme disease, and I do not overeat. My doctor, oncologist and surgeon do not know why the weight gain has occurred and all say I am healthy. What is causing so much weight gain and what can I do to prevent it and lose it?

We are still trying to pinpoint the cause for the weight gain that often occurs in women who have received chemotherapy. Research has found that overeating is not a cause, but lack of activity may be a factor. Loss of muscle and an increase in body fat may contribute to weight gain by lowering the metabolism.

You should see a registered dietitian to have your diet and nutrition status assessed. The dietitian will review your medical history, medications, and food intake to determine if other factors may be contributing to the weight gain. You may be unknowingly consuming more calories than you are burning. The dietitian will also instruct you on a diet that will encourage weight loss. Exercise, especially strength training which develops muscle, is critical in this effort. However, have a physical therapist review any exercise regimen if you have had surgery for the breast cancer. ■

Katrina Claghorn, MS, RD



lack of activity may be a factor



Blood pressures, intravenous (IV) injections, and fingersticks after mastectomy. Can blood pressures, finger sticks, or blood draws be used (after a set period for healing) on the arm of a patient who has had a mastectomy?

Many women have their axillary (armpit) lymph nodes removed when having a mastectomy. Lymph nodes help drain fluid and other cells out of the arm. When a patient has lymph nodes removed, they have fewer 'drainage pipes' or pathways for fluid to move out of the arm. This may result in a back up of fluid, which is called lymphedema. Edema means swelling and lymph is the fluid drained through the lymph nodes.

We ask that patients avoid blood pressures, IV injections and fingersticks for blood sugar on the side of their surgery for their lifetime. This is to reduce the risk of injury or inflammation to that arm. The body's natural response to injury is to send fluid and infection-fighting cells to the area. This results in more fluid in an arm that has fewer 'drainage pipes,' and may result in swelling.

There may be times where an IV injection is needed in the arm. There is no evidence to state that this will cause lymphedema, but we counsel patients to avoid it if at all possible. In an emergency the risks of lymphedema need to be weighed against the benefit of putting an IV injection in an 'at risk' arm.

Please refer to the other sections on OncoLink which discuss lymphedema in more detail. Also, the National Lymphedema Network has 18 steps to prevention that will detail the precautions we recommend. ■

Lora Packel, MS, PT

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avoid blood pressures, IV injections and fingersticks for blood sugar on the side of their surgery for their lifetime



Fertility after breast cancer treatment. At 29 years old I was diagnosed with hormone negative, Stage II breast cancer. I was treated with CEF (cyclophosphamide, epirubicin, and fluorouracil) chemotherapy and then radiation. I am now 32 and am considering pregnancy. Is there a test to show whether chemotherapy harmed the ovaries or hormone production? Does such harm cause birth defects or problems conceiving? My periods have been normal – does this mean that I should not be worried and that no precautions are necessary?

Numerous studies have shown no evidence that chemotherapy causes birth defects in children conceived after treatment has been completed. If your periods are regular and your oncologist has explained any risks from a cancer standpoint and has no objection for specific reasons, you should not have any problems with fertility and pregnancy.

However, my concern is the hereditary risk and you should be offered genetic testing in light of your age. You developed breast cancer at an early age and it is important you meet with a genetic counselor to help identify any genetic risks. ■

Linda Jacobs, PhD, CRNP, AOCN, BC

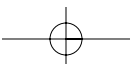
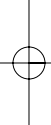
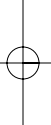
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no evidence that chemotherapy causes birth defects in children conceived after treatment has been completed



Resources

RESOURCES



GENERAL RESOURCES: INTERNET SITES

USA

American Cancer Society: Breast Cancer

The ACS website provides information for patients and health professionals on all types of cancer. Information is available on ACS programs throughout the country. Information is also available in Spanish.

URL: <http://www.cancer.org>

Breast Cancer Fund

Organization dedicated to eliminating deaths from breast cancer in our lifetime. And to making sure women with breast cancer have the best care and support available.

URL: <http://www.breastcancerfund.org>

Breast Cancer Information Guide

Informational resource that provides support services to those rendering care to people with breast diseases through educational programs, newsletters, a national directory and patient forums.

URL: www.breastcare.org

Breastcancer.org

Nonprofit organization dedicated to providing the most reliable, complete, and up-to-date information about breast cancer.

CancerCare

National nonprofit organization with the mission to provide free professional help to people with all cancers through counseling, education, information, and referral and direct financial assistance.

URL: <http://www.cancercare.org/>

Living Beyond Breast Cancer

Nonprofit educational organization committed to empowering all women affected by breast cancer to live as long as possible with the best quality of life.

URL: <http://www.lbbc.org/>

Mothers Supporting Daughters with Breast Cancer (MSDBC)

National nonprofit organization founded in March 1995. The free support services provided by this organization are designed to give emotional support to mothers who have daughters battling breast cancer.

URL: <http://www.mothersdaughters.org/>

National Breast Cancer Coalition

The NBCC is a grassroots effort in the fight against breast cancer. In 1991, the Coalition was formed with one mission, to eradicate breast cancer through action and advocacy.

URL: <http://www.natlbcc.org/>

National Lymphedema Network

Provides information on the prevention and management of lymphedema and supports research into the causes and possible alternative treatments for this condition.

URL: <http://www.lymphnet.org/>

Susan G Komen Breast Cancer Foundation

Nonprofit organization with a network of volunteers working through local affiliates and Race for the Cure events to advance research, education, screening, and treatment.

URL: <http://www.komen.org>

Y-ME National Breast Cancer Organization

Provides support and information to anyone who has been touched by breast cancer.

URL: <http://www.y-me.org/>

Young Survival Coalition

National nonprofit coalition that focuses on the unique issues and challenges faced by women 40 years of age and younger diagnosed with breast cancer.

URL: <http://www.youngsurvival.org/>

National Cancer Institute

Includes ongoing research being conducted by the NCI and cancer trials information.

URL: <http://www.cancer.gov/>

FORCE: Facing Our Risk of Cancer Empowered

A site offering support for the at-risk population.

URL: <http://www.facingourrisk.org/>

Fertile Hope

National nonprofit organization dedicated to providing reproductive information, support and hope to cancer patients whose medical treatments present the risk of infertility.

URL: <http://www.fertilehope.org/>

Ulman Cancer Fund for Young Adults

Founded to provide support programs, education, and resources, free of charge, to benefit young adults, their families and friends, who are affected by cancer, and to promote awareness and prevention of cancer.

URL: <http://www.ulmanfund.org/>

Mamm Magazine

Consumer magazine dedicated to women with breast and reproductive cancers.

URL: <http://www.mamm.com/>

Vital Options/The Group Room

Nonprofit organization using communications technology, a weekly live radio show called The Group Room, to reach those touched by cancer.

URL: <http://www.vitaloptions.org/>

Susan Love, MD – The Website for Women

Nonprofit organization dedicated to the eradication of breast cancer through innovation and the generation of education, research and advocacy.

URL: <http://www.susanlovemd.org/>

Celebrating Life Foundation

The purpose of this organization is to promote knowledge and awareness of breast cancer risk and prevention in the African American community and for women of color.

URL: <http://www.celebratinglife.org>

The Big Bam!

The Big Bam! is dedicated to raising breast cancer awareness and funding for community-based programs that provide information, treatment, and screening to underserved and uninsured women. Many of the women we serve have experienced barriers (based on age, social class, or the ability to pay) that prevent the timely detection and successful treatment of breast cancer. The Big Bam! provides free self-examination cards, and hosts free mammogram screenings nationwide.

URL: <http://www.bigbam.org>

American Society of Breast Surgeons

This organization was formed to encourage the study of breast surgery, to promote research and the development of advanced surgical techniques to improve standards of practices for breast surgery in the USA, and to serve as a forum for the exchange of ideas.

URL: <http://www.breastsurgeons.org>

The Wellness Community

TWC is a national nonprofit organization that provides support, education, and hope to people with cancer and their loved ones. Through participation in professionally led support groups, educational workshops, and mind-body classes that utilize the Patient Active Concept, people affected by cancer learn vital skills that enable them to regain control, reduce isolation, and restore hope regardless of the stage of disease.

URL: <http://www.thewellnesscommunity.org/>

National Coalition for Cancer Survivorship

NCCS is a survivor-led advocacy organization that works exclusively on behalf of this country's more than 9 million cancer survivors and the millions more touched by the disease. Founded in 1986, NCCS continues to lead the cancer survivorship movement. By educating all those affected by cancer and speaking out on issues related to quality cancer care, NCCS is empowering every survivor.

URL: <http://www.canceradvocacy.org/>

Association of Cancer Online Resources

ACOR offers access to mailing lists and web-based resources that provide support, information, and community to everyone affected by cancer and those who care for them.

URL: <http://www.acor.org/>

Breast Cancer Answers Project

To improve access to breast cancer clinical trials and patient support.

URL: <http://www.canceranswers.org>

Imaginis

Imaginis.com is a comprehensive resource for breast cancer and women's health topics. The website contains thousands of physician-edited information items, and is updated and edited daily.

URL: <http://www.imaginis.com>

Gillette Women's Cancer Connection

This website is designed to help men, women and their families learn more about cancer and to help them on their cancer journey.

URL: <http://www.gillettecancerconnect.org>

Cinta Latina Research

Investigates new emerging health issues and the priorities that affect breast cancer research.

URL: <http://www.cintalatina.org>

National Alliance of Breast Cancer Organizations

This network of breast cancer organizations provides information, assistance and referrals to anyone about breast cancer, and acts as a voice for the interests and concerns of survivors and women at risk.

URL: <http://www.nabco.org>

Men against Breast Cancer

This nonprofit organization is designed to provide education and empowerment to men to enable them to be effective caregivers when breast cancer strikes a female loved one. Another target is to mobilize men to be active participants in the fight erase breast cancer as a life-threatening disease.

URL: <http://www.menagainstbreastcancer.org>

Nueva Vida – Network for Latinas with Cancer

The mission of this organization is to inform, support, and empower Latinas whose lives are affected by cancer. They also advocate for and facilitate the timely access to state-of-the-art cancer care, including screenings, diagnosis treatment, and care for all Latinas.

URL: <http://www.nueva-vida.org>

Look Good ... Feel Better

A free national public service program dedicated to teaching cancer patient's beauty techniques to help restore their appearance and self-image during cancer treatment. Through Look Good ... Feel Better sessions, women learn how to cope with the appearance-related side effects of cancer treatment.

URL: <http://www.lookgoodfeelbetter.org>

Women's Cancer Network

This site is run by physicians dedicated to preventing, detecting, and conquering cancer in women.

URL: <http://www.wcn.org>

UK

Breast Cancer Care

Breast Cancer Care is the UK's leading provider of information, practical assistance, and emotional support for anyone affected by breast cancer. Every year they reach over 1 000 000 people with breast cancer or breast health concerns. All their services are free.

URL: <http://www.breastcancercare.org.uk>

Breakthrough Breast Cancer

Charity dedicated to funding research, promoting awareness, and campaigning to improve breast cancer services.

URL: <http://www.breakthroughbreastcancer.org.uk>

Breast Care Campaign

Provides information about general breast health, but are not a breast cancer organization. They have a telephone information service and provide free leaflets on breast pain, breast lumps, and nipple disorders.

URL: <http://www.breastcare.org.uk>

Cancer Research UK

The world's leading charity dedicated to research on the causes, treatment, and prevention of cancer.

URL: <http://www.cancerresearchuk.org>

CancerBACUP

Europe's leading cancer information service with over 4500 pages of up-to-date cancer information, practical advice, and support for cancer patients, their families and carers.

URL: <http://www.cancerbacup.org.uk>

Macmillan Cancer Relief

UK charity that works to improve the quality of life for people who live with cancer. Macmillan offers life support by providing the expert care and practical support that makes a real difference to people who live with cancer.

URL: <http://www.macmillan.org.uk>

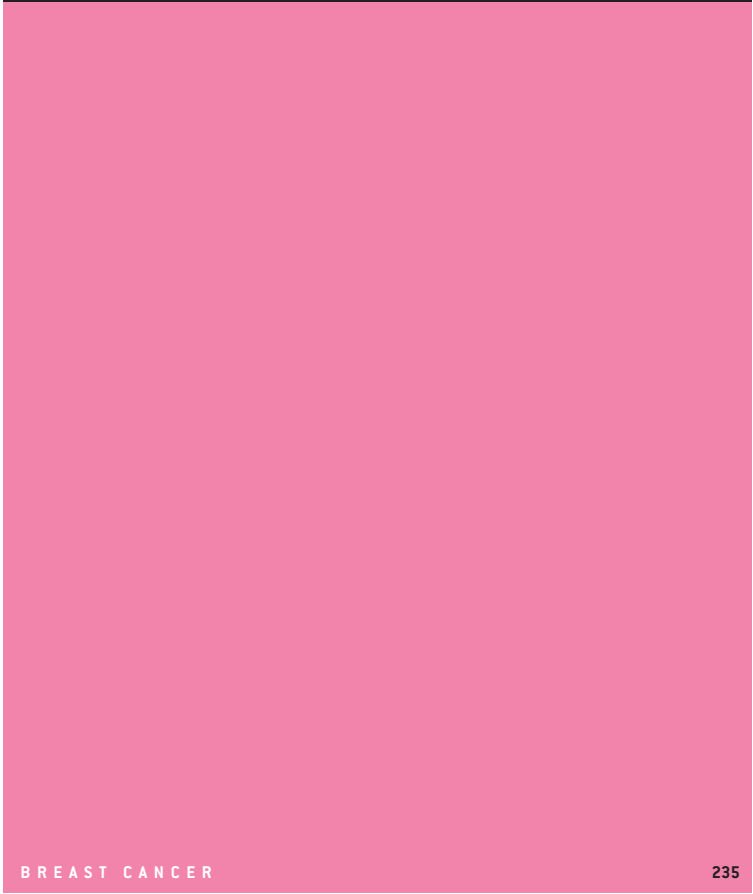
Marie Curie Cancer Care

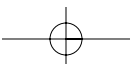
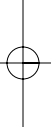
Employs nurses who care for around 50% of all cancer patients who die at home. The Marie Curie Research Institute employs scientists that are at the forefront of cancer research. They also have flexible education programs with distance learning, and are developing the use of information technology. They have a range of validated and accredited university courses, short courses, study days, and conferences to suit all needs.

URL: <http://www.mariecurie.org.uk>



Cancer Diary





PHYSICIAN/APPOINTMENT LIST

It is key for cancer patients to keep a record of all the physicians involved in their care. Since most patients are treated with more than one therapy for cancer, many physicians may be involved. Keeping an up-to-date list allows patients to reference their physicians quickly. It is also important that all the physicians know who else is involved in a patient's care. Notes about your condition can be sent to other physicians if you provide the names and addresses. This allows for care to flow smoothly, since all your physicians are informed regularly on your progress. Chart 1 can serve as an important guide. This list can be copied and handed to each of your physicians to place with your records. Most patients are overwhelmed by the number of appointments scheduled for their cancer care. Keeping an appointment note is an easy way to make sure that you do not miss any of your scheduled visits. Make sure to add your next visit to the appointment book before leaving your physician's office and use the Notes section to write down any important information discussed at the appointment or questions for your next visit.

CHART 1. PHYSICIANS AND APPOINTMENTS

Physician name	Address	Phone/fax numbers	Specialty	Next appointment	Notes	Date/time

PAST HOSPITALIZATIONS AND SURGERIES

Make a list of any hospital admissions and/or surgeries. Make sure the date, the reason for hospitalization or the type of surgery, the name of hospital, the physician, and any complications are included. Thinking about any hospitalizations or surgeries will help you and your physician to identify past medical issues. Use *Chart 5* to help sort out this important information. Do not forget to list the following procedures if they have been performed: tonsillectomy, gall bladder removal, appendectomy, and removal of skin cancers. These all count as surgery. Note any complications that you have experienced from the surgery.

CHART 5. PREVIOUS HOSPITALIZATIONS AND SURGERIES

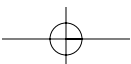
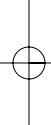
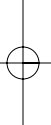
Date	Reason for hospitalization/ type of surgery	Name of hospital	Physician	Complications

FAMILY HISTORY OF CANCER

Your physician will ask you about any other family members who have developed cancer, as many cancers have genetic links. Take time to think about parents, grandparents, and siblings who may have had a diagnosis of cancer and use *Chart 7* to record the details. Also, note the approximate age at which these family members were diagnosed with cancer. This information may help your physician decide if genetic testing or counseling should be performed.

CHART 7. FAMILY HISTORY OF CANCER

Name of family member	Relationship	Type of cancer	Age of diagnosis





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