

乳癌

本資訊主要介紹乳癌及其治療方法。

若您對此資訊有任何疑問，請詢問您正在接受治療的醫院的醫生或護士。

您也可於每日上午 8 時至晚上 8 時，致電麥克米倫癌症援助機構（Macmillan Cancer Support）免費熱線：**0808 808 00 00**。我們有傳譯員，所以您可以使用您自己的母語與我們溝通。當您致電我們時，請以英文告訴我們您所需要的語言。

如果您想以其他語言進一步瞭解癌症，請瀏覽 macmillan.org.uk/translations

本資訊主要介紹：

- 乳房
- 乳癌
- 如何規劃治療
- 與您的癌症團隊交談
- 詢問有關您的治療
- 乳癌治療
- 治療可能產生的副作用
- 其他資訊
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- 麥克米倫（Macmillan）能夠如何幫助您
- 更多繁體中文資訊
- 參考文獻與致謝

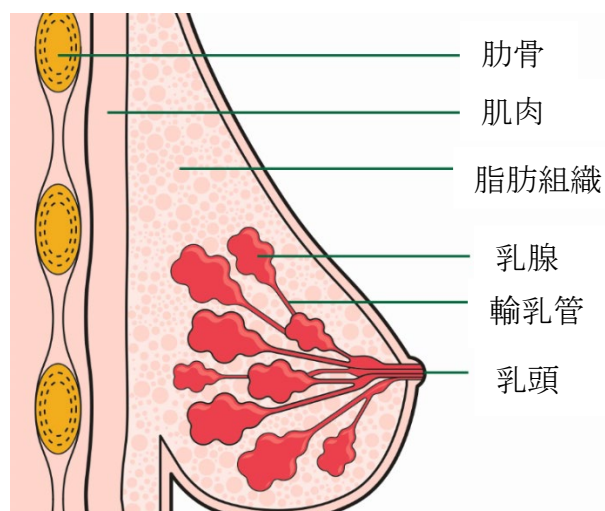
乳房

乳房由脂肪和纖維組織等構成，它們也有乳腺，這是製造母乳的地方。乳腺透過稱為乳腺管的細管與乳頭相連。男性的乳頭後方僅有少量的乳房組織。

腋下有乳房組織，還有淋巴結。淋巴結是淋巴系統中的腺體，淋巴系統是一個由遍佈全身的血管和腺體組成的網絡，有助於抵抗感染。胸骨附近以及鎖骨後方也有淋巴結。

乳房側視圖

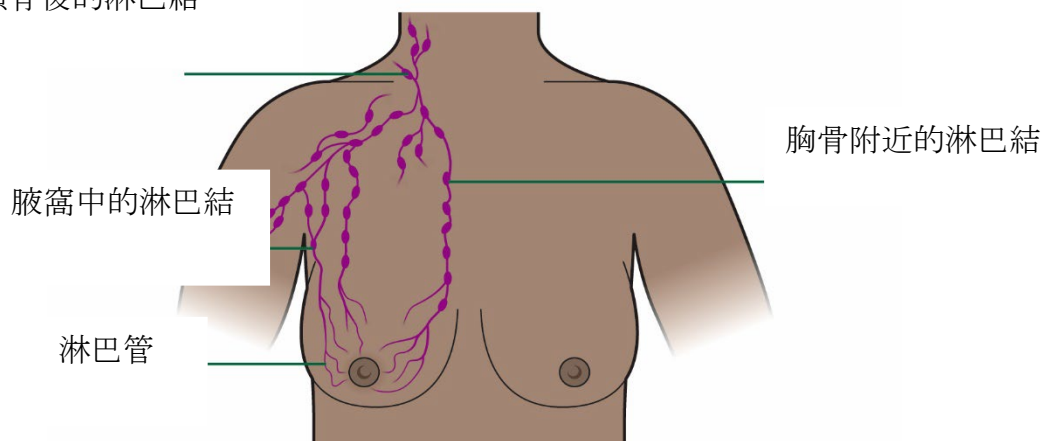
插圖為乳房的橫切面。它顯示了整個乳房的多個乳葉。這些乳腺葉的形狀就像一串串小葡萄，透過稱為乳腺導管的小管道與乳頭相連。乳腺小葉周圍是脂肪組織。乳房後面是一層肌肉，肌肉後面是一些肋骨。



乳腺附近的淋巴結

插圖顯示了一位女性的乳房、肩膀和上半身。淋巴結和血管位於胸部右側。淋巴結是豆狀的小點。淋巴結由淋巴管網絡連接起來。乳房頂部和乳房左側靠近胸部中間的位置有淋巴結。淋巴結還分佈在腋窩部位和胸部上半部分直至頸部。

鎖骨後的淋巴結



乳癌

人體組織和器官由微小的細胞組成。乳癌是指乳房中的細胞不受控制地生長，形成腫塊，稱為腫瘤。

癌症最先開始生長的地方就是原發性癌症。原發性癌症以其開始生長的部位命名，例如乳癌。

有時，乳癌細胞會透過血液和淋巴系統擴散到身體的其他部位。這就是繼發性乳癌。

乳癌有幾種不同的類型，但它們的治療方式類似。乳癌主要影響女性。男性亦有可能會患上，但機率非常小。

乳癌不具有傳染性，不會傳染給他人。

乳癌的分期和分級

- 癌症的分期是指腫瘤的大小，以及是否已經擴散。
- 癌症的分級代表癌腫瘤的生長速度。

受體

一些乳癌細胞有受體。這些受體可讓荷爾蒙或蛋白質影響細胞。它們能使癌細胞生長。

- **荷爾蒙** — 一些乳癌具有雌激素荷爾蒙受體，這種情況被稱為雌激素受體陽性（ER 陽性）乳癌。稱為激素療法的治療方案對 ER 陽性乳癌非常有效。乳癌也可能有荷爾蒙黃體酮的受體。
- **蛋白質** -- 有些乳癌細胞表面含有過多的 HER2 蛋白質。這種情況被稱為 HER2 陽性乳癌。醫生可能會為您提供稱為標靶療法的治療。

三陰性乳癌

不具有荷爾蒙或蛋白質受體的乳癌被稱為三陰性乳癌。

每 5 例乳癌中就有 1 例（20%）是三陰性乳癌。該情況在年輕女性中更為常見。您的醫生或護士可以告訴您相關的詳情。

如何規劃治療

您的醫療團隊將開會，為您規劃最好的治療方法。您的醫生或護士會就這方面與您交談：

- 癌症的分期和分級
- 腫瘤是否具有荷爾蒙或蛋白質受體
- 您的整體健康狀況
- 治療方法和可能的副作用
- 您對可選治療方法的看法。

與您的醫療團隊交談

請務必與醫生討論任何治療方法。在與您交談後，醫生通常會要求您在一份表格上簽字，以表明您瞭解治療的意義並同意接受治療。這稱為給予知情同意。只有同意後，才會對您進行治療。

最好由會講中文和英語的人陪同。或者由醫院為您安排口譯員，若需要口譯員，請告知您的護士。

詢問有關您的治療

- 我的診斷是甚麼意思？
- 甚麼是癌症的分期和分級？
- 我的治療將是甚麼？
- 每次治療會帶來哪些益處、風險及副作用？
- 治療是否會影響我的日常生活？
- 我可以與誰談論我的感受？

我們有更多關於被診斷患有癌症後的繁體中文資訊。

乳癌治療

乳癌的治療方法包括：

- 手術
- 藥物（化療、荷爾蒙治療、標靶治療）
- 放射治療。

很多人都會進行不止一種的治療方式，如手術後進行放療，您還可能在手術前後接受化療或標靶治療等治療。

如果您患有三陰性乳癌，您可能會接受稱為免疫療法的治療。免疫療法是幫助免疫系統治療癌症的藥物。

手術

手術切除癌腫瘤是治療乳癌的常見方法。醫生將切除腫瘤及其周圍的一些健康組織。您將接受的手術治療取決於腫瘤的大小、在乳房中所在的位置以及您的選擇。

醫生可能會與您討論通過手術切除：

- 切除癌細胞及其周圍的健康乳房組織（廣泛局部切除術）
- 整個乳房（乳房切除術）。

有些人還會在手術期間接受乳房重建整形手術（乳房重建術），也有人選擇以後再這樣做。您可以向醫生討論不同的治療方法。

若您沒有進行重建整形手術，您的護士可以給您一個人造乳房（義肢）放進您的胸罩中。義肢有不同的尺寸和膚色。

檢查淋巴結

在手術中，醫生通常會去除一些淋巴結，這些淋巴結將從腫瘤一側的腋下部位取出。對淋巴結進行檢查，以確定其中是否有癌細胞。這將有助於醫生決定您是否需要接受更多治療。醫生或護士將解釋如何切除淋巴結。

如果有任何淋巴結含有癌細胞，您可能接受手術切除剩餘的淋巴結。也可以對淋巴結進行放射治療，而不是手術。

關於手術計劃以及手術後會出現的情況，我們有更多以繁體中文編寫的資訊。

放射治療

放療是指使用高能量的 X 射線摧毀癌細胞的療法。它也會損害正常細胞，但它們通常會在治療完成後恢復。

一旦手術後傷口癒合，通常便會開始進行放療，放射治療可以降低癌症復發的風險。在進行廣泛的局部切除手術後，通常會對剩餘的乳房組織進行放療。有時，您可能會在切除整個乳房後接受放射治療。針對乳癌的放射治療通常每天進行一次，持續 5 天。有時會持續 15 天。

您亦可能需要接受對腋窩下方進行放療，以治療任何剩餘的淋巴結。

關於放療的進行方式，以及它的一些副作用，我們有更多以繁體中文編寫的資訊。

化療

化療是指使用抗癌藥物破壞癌細胞。通常會將藥物注射到靜脈中或者服用藥片。化療有助於降低乳癌復發的風險。

若存在以下情況，您的醫生可能會建議您進行化療：

- 腫瘤很大
- 癌症已經擴散到淋巴結
- 癌症的分級較高
- 您患有三陰性乳癌
- 您患有 HER2 陽性乳癌。

有些人亦會在手術前進行化療，以縮小腫瘤的大小。這可能意味著需要進行較小規模的手術。

化療藥物可能會引發令您不適的副作用，而不同藥物會引發不同的副作用，包括：

- 增加您受感染的可能性
- 感覺疲憊
- 感覺噁心或想吐
- 腹瀉 -- 糞便（便便）排出量比平時多，或糞便稀薄或呈水樣
- 便秘 -- 不能像平常一樣頻繁排便（大便）
- 口腔潰瘍
- 脫髮。

您的醫生可以向您解釋您可能出現的副作用，以及控制方法。大部份的副作用都可以用藥物來控制。化療結束後大部份的副作用便會消失。

關於化療的進行方式，以及它的一些副作用，我們有更多以繁體中文編寫的資訊。

荷爾蒙療法

若您患有雌激素受體陽性（ER 陽性）癌症，您通常會需要接受荷爾蒙治療。在治療乳腺癌時，荷爾蒙治療可降低雌激素水平或阻止其附著在癌細胞上。通常在手術或化療後會開始荷爾蒙治療，且治療需持續數年時間。

荷爾蒙治療有助於降低乳癌復發的風險。它亦有助於減低另一側乳房患上生乳癌的風險。有時在手術前會使用荷爾蒙治療藥物來縮小腫瘤大小，從而避免乳房切除術。您可能會服用不同的藥物，如它莫西芬（tamoxifen）、來曲唑（letrozole）或阿那曲唑（anastrozole）。您所服用的藥物取決於：

- 您是否已更年期
- 癌症復發的風險
- 副作用可能對您的影響。

荷爾蒙治療的副作用包括：

- 潮熱和盜汗
- 關節疼痛
- 性欲下降。

使卵巢停止工作

更年期是指女性的身體停止分泌荷爾蒙，月經停止（每月從子宮排出血液和組織）。

若您尚未絕經，使卵巢停止工作是降低雌激素水平的另一種方法。卵巢是製造雌激素的器官。有兩種治療方法可以做到這一點：

- 卵巢抑制，使卵巢停止產生雌激素，這將會導致暫時性絕經
- 卵巢切除，將卵巢切除，這將會導致永久性絕經。

您通常需要接受荷爾蒙治療以及上述兩種治療方法中的一種。

若您需要接受這兩種治療方法之一來使卵巢停止工作，您的醫生會為您提供更多資訊，並回答您可能有的任何疑問。

若您擔心自己的生育能力，請在治療開始之前向您的醫生諮詢。

標靶治療

若癌症屬於 HER2 陽性，您的醫生會為您開曲妥珠單抗處方。這屬於標靶治療藥物之一。這些都是攻擊癌細胞的藥物。曲妥珠單抗可阻止 HER2 蛋白質令癌細胞生長。您通常需要每三週接受一次曲妥珠單抗，並持續一年。它可能與化療聯合使用，也可能單獨使用。曲妥珠單抗可以在手術和放療之前或者之後使用。

您可能會在使用曲妥珠單抗的同時使用另一種名為培妥珠單抗（Perjeta®）的標靶治療藥物和化療。

有時還可接受其他類型的標靶治療。

副作用通常較輕。取決於您服用的不同藥物，副作用也可能不同。常見的副作用包括：

- 頭痛
- 體溫過高（發燒）和寒顫
- 感覺不適。

曲妥珠單抗和培妥珠單抗有時會影響心臟。治療之前及治療期間，您將需要接受心臟檢查。

雙膦酸鹽

雙膦酸鹽是可能會用於早期乳癌的藥物，它可以：

- 有助於保護您的骨骼不受治療的影響
- 減低乳癌復發的風險。

某些荷爾蒙治療和化療藥物會導致更年期提前。更年期提前會增加骨質疏鬆（骨質疏鬆症）的風險。若您有骨質疏鬆的風險，或者您已患骨質疏鬆，您的醫生可能會開雙膦酸鹽。

若您患有早期乳癌，雙膦酸鹽有時可以減低癌症擴散到骨骼的風險。您需要接受 3 至 5 年的雙膦酸鹽治療。若您的癌症復發風險較高，通常會採取這種治療方法。您的醫生或護士可以為您提供更多資訊。

治療可能產生的副作用

我們會用您的語言為您提供更多有關化療、放射治療和手術常見副作用的資訊。

以下是您在乳癌治療期間和之後可能會有一些其他副作用。

乳房的變化

乳房在手術治療和放療後可能會發生一些變化，包括：

- 乳房的外觀和感覺
- 乳房和手臂下方疼痛
- 接受治療的身體一側手臂和肩膀的移動幅度。

手術後會有一道疤痕，這通常會隨著時間的過去而變得不那麼明顯。伸展和按摩該處可以令情況得以改善。

放療後，您乳房的皮膚可能會變得顏色更深及更敏感。最重要是要覆蓋患處，並使用防曬系數（SPF -- 這是防曬產品的保護級別）較高的防曬霜。最好使用至少 SPF 30 的防曬霜。請向您的護士或醫生查詢更多建議。

如果發現乳房的外觀或手感發生變化，最好請醫生或專科護士進行檢查。

淋巴水腫

淋巴水腫是由於體內積水而引起的水腫。有些人在乳癌手術後可能會出現這樣的情況。並最有可能影響手臂。透過運動、特殊繃帶和按摩可以減輕腫脹。如果手臂或手部腫脹，請告訴護士。淋巴水腫治療得越早，就越容易控制。

減少出現淋巴水腫的風險：

- 照管好皮膚。使用護膚霜，避免割傷或擦傷。
- 保持活躍和多運動。這可幫助淋巴液流動到身體的每一處。
- 保持健康的體重。

骨骼變化

有些激素療法可能會令骨頭變得薄弱。醫生可能會透過掃描（身體內部的圖像）來檢查您的骨骼。在此之後，您可能需要接受治療以保護您的骨骼。

注意力和記憶力問題

乳癌治療後，您可能會覺得難以集中注意力。這種副作用通常比較輕微，通常會在治療結束後一年內好轉。若您擔心這一點，您可以與您的醫生或護士交談。

體重增加

乳癌治療後，您的體重可能會增加。這可能是因為治療中所採用的荷爾蒙治療或類固醇有關。類固醇是一種可以幫助化療更好地發揮作用並控制副作用的藥物。有些治療可能會令更年期就此開始，這種情況也會導致體重增加。您的護士或醫生可以給您一些有關於健康飲食和運動的建議。

後期副作用

有時，人們會在乳癌治療結束數月或數年後出現副作用。這些被稱為後期副作用。

您的醫生可以告訴您，您的乳癌治療是否會引發後期副作用。醫生會告訴你如何幫助控制任何後期副作用。他們還可以告訴您應該注意哪些跡象和症狀，以及如果您有任何擔憂該怎麼辦。

其他資訊

避孕

在乳癌治療後的兩年內，您應該避免懷孕。醫生會建議您不要使用含有荷爾蒙的避孕藥物（防止懷孕的藥物或裝置）。包括藥丸和一些線圈。您可以使用不含荷爾蒙的避孕環以及避孕套或避孕帽等屏障避孕法。您的護士可以為您提供有關於此的建議。

如果您正在服用他莫昔芬，則絕對不能懷孕這是因為它可能會對發育中的嬰兒造成傷害。在停止服用任何藥物之前，請諮詢您的癌症醫生。

如果您在治療後正在接受荷爾蒙治療，並且想懷孕，請諮詢您的癌症醫生或護士。他們會和您一起討論您的選擇。

激素替代療法

荷爾蒙替代療法（Hormone replacement therapy, HRT）是一種在人體不能製造足夠荷爾蒙時替代荷爾蒙的治療方法。患上乳癌後，醫生不建議使用荷爾蒙替代療法。因為 HRT 含有的雌激素會幫助乳癌細胞生長。

但若您的更年期症狀很嚴重，而其他方法都無法緩解，您的醫生則可能會採用該療法。您的醫生會向您講解存在的風險。

跟進覆診

治療結束後，您需要進行定期檢查和乳房 X 光檢查，有時候，除了常規預約，您在感到擔憂時可以聯絡您的專家。乳癌護士會向您解釋跟進的治療。

您的感受

當您獲悉患上癌症時，您可能會感到不知所措，您可能出現很多不同的情緒。感受沒有對錯之分。而應對的方法亦有很多種，與親朋好友交談可能會有所幫助。或者向您的醫生或護士尋求協助。

獲得合適的護理和援助

如果您患有癌症並且不會說英語，您可能會擔心會影響您的癌症治療和護理。但是您的醫療團隊應該可以為您提供能滿足您需要的護理、援助和資訊。

我們知道，有時尋找合適的援助可能會面對額外的困難。例如，如果您有工作或家庭，可能很難抽出時間到醫院出席預約覆診。您可能還會擔心金錢和交通費。所有這些事情都會讓人感到壓力和難以應對。

我們還向癌症患者提供麥克米倫 (Macmillan) 資助金。這是一次性的款項，可用於支付醫院停車費、交通費、托兒或暖氣費等費用。

我們的免費支持熱線 **0808 808 00 00** 可以用您的語言就您的情況提供建議。您可以與護士、經濟援助顧問、福利權益顧問和工作援助顧問交談。

麥克米倫 (Macmillan) 能夠如何幫助您

在麥克米倫 (Macmillan)，我們知道癌症確診後會如何影響您的各方面生活，我們隨時為您提供援助。

麥克米倫 (Macmillan) 援助熱線。

我們有傳譯員，所以您可以使用您的母語與我們溝通。您只需用英語告訴我們您希望使用哪種語言即可。我們可以幫助您解決醫療問題，為您提供有關經濟援助的資訊，

或者在您想要與人交談的時候聆聽您的意見。熱線服務時間為每星期七天，每日上午 8 時至晚上 8 時。您可致電 **0808 808 00 00** 聯絡我們。

麥克米倫 (Macmillan) 網站

我們的網站有很多關於癌症的英文資訊。該網站還有更多以其他語言編寫的資訊：
[macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

我們亦可以為您安排翻譯。請發電子郵件至：
cancerinformationteam@macmillan.org.uk，告訴我們您需要的資訊。

資訊中心

我們的資訊和援助中心設在醫院、圖書館和流動中心。您可以前往任何一個中心，獲取您需要的資訊並與工作人員面對面交談。您可以瀏覽

[macmillan.org.uk/informationcentres](https://www.macmillan.org.uk/informationcentres) 查找離您最近的中心或致電 **0808 808 00 00** 聯絡我們。

本地支援團體

您可以在支援團體中與其他受癌症影響的人交流。您可以瀏覽

[macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups) 查找離您最近的援助團體或致電 **0808 808 00 00** 聯絡我們。

麥克米倫 (Macmillan) 網上社群

您亦可以瀏覽 [macmillan.org.uk/community](https://www.macmillan.org.uk/community) 與其他受癌症影響的人士交流。不論是白天還是夜晚，您都可以隨時使用該服務。您可以分享您的經驗、提出問題，或者只是閱讀其他人的帖子。

更多繁體中文資訊

我們提供更多有關下列主題的繁體中文資訊：

應對癌症

- 癌症與新冠病毒
- 英國的癌症護理
- 如果您患有癌症，可申請的福利
- 飲食問題與癌症
- 生命的終結
- 難民和尋求庇護人士的醫療保健
- 健康飲食
- 患癌時獲得費用幫助
- 若您被診斷患有癌症
- LGBTQ+ 人士與癌症

- 敗血症和癌症
- 癌症治療的副作用
- 疲倦（疲勞）與癌症

癌症類型

- 乳癌
- 子宮頸癌
- 大腸癌
- 肺癌
- 前列腺癌

治療

- 化療
- 放射治療
- 手術

若想查看相關資訊，請瀏覽 [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

參考文獻與致謝

本資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。由翻譯公司提供繁體中文的翻譯版本。

所包含的資訊都是根據我們網站上以英文提供的乳房內容。

本資訊已由相關專家審閱，並得到麥克米倫臨床專家中心成員的批准。

同時感謝審閱本資訊的癌症患者。

我們所有資訊的依據都是來自最佳的證據。欲瞭解我們所用資源的更多資訊，請透過 cancerinformationteam@macmillan.org.uk 聯絡我們。

內容審閱日期：2023 年預定下次審閱日期：2026 年

MAC15135_Traditional Chinese

我們盡一切努力確保我們提供的資訊是準確和最新的，但請不要依賴這些資訊來替代針對您的情況的專業建議。在法律允許的範圍內，Macmillan 不承擔與使用本出版物中的任何資訊或其中包含或提及的第三方資訊或網站相關的責任。

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Breast cancer

This information is about breast cancer and treatments for breast cancer.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

There is more cancer information in other languages at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

This information is about:

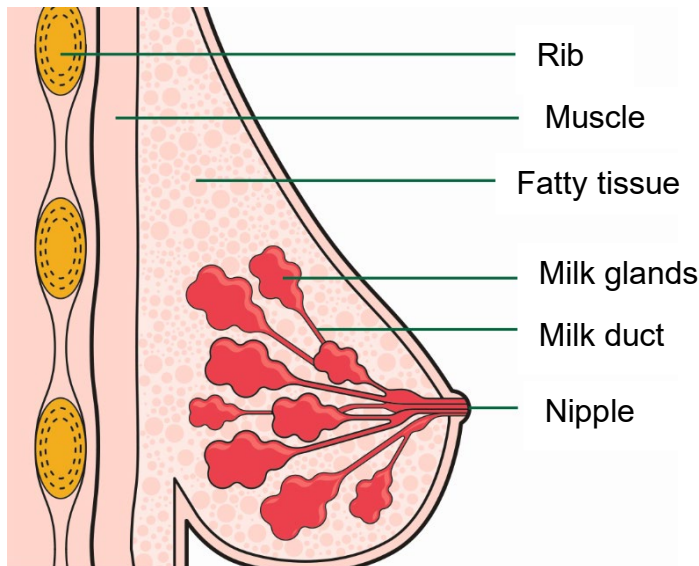
- The breasts
- Breast cancer
- How treatment is planned
- Talking to your cancer team
- Questions to ask about your treatment
- Treatments for breast cancer
- Possible side effects of your treatment
- Other information
- Follow up
- Getting the right care and support for you
- How Macmillan can help you
- More information in your language
- References and thanks

The breasts

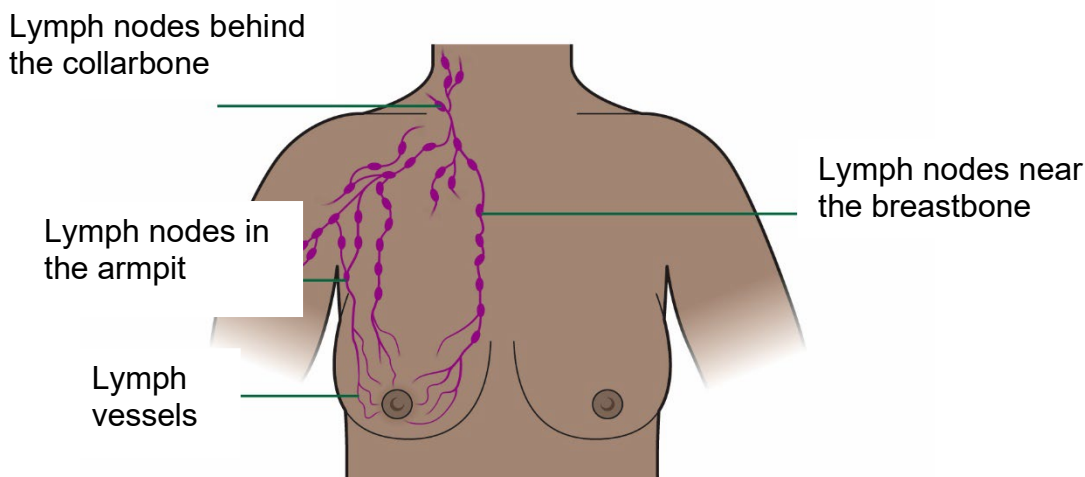
The breasts are made of fat and tissue. They also have milk glands, which are where breast milk is made. The milk glands are connected to the nipple by fine tubes called milk ducts. Men have a small amount of breast tissue behind the nipple.

There is breast tissue in the armpits, and also lymph nodes. The lymph nodes are glands that are part of the lymphatic system, a network of vessels and glands throughout the body that helps to fight infection. There are also lymph nodes near the breastbone and behind the collarbones.

Side view of the breast



The lymph nodes near the breasts



Breast cancer

Body tissue and organs are made up of tiny cells. Breast cancer happens when cells in the breast grow in an uncontrolled way and form a lump called a tumour.

The place where the cancer first begins to grow is the primary cancer. The primary cancer is named after the place in the body where it started, for example breast cancer.

Sometimes, breast cancer cells spread to other parts of the body through the blood and lymphatic system. This is called secondary breast cancer.

There are different types of breast cancer, but they are treated in similar ways. Breast cancer mainly affects women. Men can also have it, but this is rare.

Breast cancer is not infectious and cannot be passed on to other people.

Stages and grades of breast cancer

- The stage of a cancer means how big it is and if it has spread.
- The grade of a cancer means how quickly the cancer may grow.

Receptors

Some breast cancer cells have receptors. These allow hormones or proteins to affect the cell. They can make the cancer grow.

- **Hormones** – Some breast cancers have receptors for the hormone oestrogen. These are called oestrogen-receptor positive (ER positive) breast cancers. Treatments called hormonal therapies work well for ER positive breast cancer. Breast cancers may also have receptors for the hormone progesterone.
- **Proteins** – Some breast cancers have too much of the protein HER2 on the surface of the cells. They are called HER2 positive breast cancers. Your doctor may give you treatment called targeted therapies.

Triple negative breast cancer

Breast cancer that does not have receptors for hormones or proteins is called triple negative breast cancer.

1 in 5 breast cancers (20%) are triple negative breast cancer. It is more common in younger women. Your doctor or nurse can tell you more about this.

How treatment is planned

Your healthcare team will meet to plan the best treatment for you. Your doctor or nurse will then talk to you about:

- the stage and grade of the cancer
- if the cancer has hormone or protein receptors
- your general health
- the treatments and possible side effects
- what you think about the available treatments.

Talking to your healthcare team

It is important to talk about any treatment with your doctor. After talking with you, your doctor will usually ask you to sign a form to show that you understand what the treatment means and that you agree to having it. This is called giving your consent. You will not be given treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both your language and English. Or your hospital can arrange an interpreter for you. Let your nurse know if you need one.

Questions to ask about your treatment

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What will my treatment be?
- What are the benefits, risks and side effects of each treatment?
- Will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

We have more information in your language about being diagnosed with cancer.

Treatments for breast cancer

Treatments for breast cancer include:

- an operation (surgery)
- drugs (chemotherapy, hormonal therapy, targeted therapy)
- radiotherapy.

Many people have more than one type of treatment, such as an operation and then radiotherapy. You may also have treatments such as chemotherapy or targeted therapy before or after an operation.

If you have triple negative breast cancer you may be offered treatment called immunotherapy. Immunotherapy treatments are drugs that help the immune system to treat cancer.

An operation

An operation to remove the cancer is a common treatment for breast cancer. The doctor removes the cancer and some healthy tissue around it. The operation you have depends on the size of the cancer, where it is in the breast and what you prefer.

The doctor may talk to you about having an operation to remove:

- the cancer and some healthy breast tissue around it (wide local excision)
- the whole breast (mastectomy).

Some people also have surgery to make a new breast shape (breast reconstruction) during the operation. Others choose to have this done at a later time. You can speak to your doctor about the different ways of doing this.

If you do not have reconstruction, your nurse can give you an artificial breast (prosthesis) to put inside your bra. The prosthesis comes in different sizes and skin tones.

Checking the lymph nodes

During the operation, the doctor will usually remove some lymph nodes. They remove them from under your arm on the side of the cancer. The lymph nodes are checked to see if they have cancer in them. It helps the doctor decide if you need more treatment. The doctor or nurse will explain how the lymph nodes are removed.

If any of the lymph nodes contain cancer, you may be offered an operation to remove the remaining lymph nodes. Or you may be offered radiotherapy to the lymph nodes instead of surgery.

We have more information in your language about how surgery is planned and what to expect after the operation.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy the cancer cells. It can damage normal cells too, but these usually repair when treatment ends.

You often have radiotherapy after an operation once the wound has healed. Radiotherapy can reduce the risk of the cancer coming back. After a wide local excision, you usually have radiotherapy to the remaining breast tissue. Occasionally, you may have radiotherapy after having the whole breast removed. Radiotherapy for breast cancer is usually given every day for 5 days. Sometimes it is given over 15 days.

You may also have radiotherapy to the armpit to treat any remaining lymph nodes.

We have more information in your language about radiotherapy and some of the side effects you may have.

Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. The drugs are usually given into a vein or taken as a tablet. Having chemotherapy can help to reduce the risk of breast cancer coming back.

Your doctor may advise you to have chemotherapy if:

- the cancer is large
- the cancer has spread to the lymph nodes
- the cancer is a higher grade
- you have triple negative breast cancer
- you have HER2 positive breast cancer.

Some people may also have chemotherapy before surgery to shrink a cancer. This may mean a smaller operation is needed.

Chemotherapy drugs can cause side effects that make you feel unwell. Different drugs can cause different side effects, including:

- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- diarrhoea - passing more stool (poo) than usual, or loose or watery stool
- constipation – not able to pass stool (poo) as often as usual
- a sore mouth
- hair loss.

Your doctor can talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away when chemotherapy is over.

We have more information in your language about chemotherapy and some of the side effects you may have.

Hormonal therapy

If you have an oestrogen-receptor positive (ER positive) cancer you will usually have hormonal therapy. When used to treat breast cancer, hormonal therapies lower the level of oestrogen or stop it attaching to the cancer cells. You usually start hormonal therapy after surgery or chemotherapy and have it for a few years.

Hormonal therapy helps reduce the risk of the breast cancer coming back. It also helps reduce the risk of getting a new breast cancer in your other breast. Sometimes hormonal therapy drugs are given before surgery to shrink a cancer and avoid a mastectomy. You may have different drugs, such as tamoxifen, letrozole or anastrozole. The drugs you have depend on:

- whether you have been through the menopause
- the risk of the cancer coming back
- how the side effects are likely to affect you.

Side effects of hormonal therapy include:

- hot flushes and sweats
- joint pain
- low sex drive.

Stopping the ovaries from working

The menopause is when a woman's body stops producing hormones and her menstrual periods stop (monthly discharge of blood and tissue from the womb).

If you have not been through the menopause, stopping your ovaries from working is another way to lower your oestrogen levels. The ovaries are the organs where oestrogen is made. There are two treatments that can do this:

- ovarian suppression, which stops the ovaries making oestrogen and causes a temporary menopause
- ovarian ablation, which removes the ovaries and causes a permanent menopause.

You will usually have hormonal therapy with one of these treatments.

If you are offered either of these treatments to stop your ovaries working, your doctor will give you more information and answer any questions you may have.

If you are worried about your fertility, talk with your doctor before you start treatment.

Targeted therapy

If the cancer is HER2 positive, your doctor may give you trastuzumab. This belongs to a group of drugs called targeted therapies. These are drugs that attack cancer cells. Trastuzumab stops the HER2 protein from making the cancer cells grow. You usually have trastuzumab every three weeks for a year. It may be given with chemotherapy, or on its own. This can be before or after surgery and radiotherapy.

You may have trastuzumab with another targeted therapy drug called pertuzumab (Perjeta®) and chemotherapy.

There are also other types of targeted therapy that may sometimes be given.

The side effects are usually mild. They may be different depending on which drug you are taking. Common side effects include:

- a headache
- a high temperature (fever) and chills
- feeling sick.

Occasionally, trastuzumab and pertuzumab can affect the heart. You will have tests to check your heart before and during treatment.

Bisphosphonates

Bisphosphonates are drugs that may be used in early breast cancer to:

- help protect your bones from the effects of treatments
- reduce the risk of breast cancer coming back.

Some hormonal therapy and chemotherapy drugs can cause an early menopause. An early menopause increases the risk of bone thinning (osteoporosis). Your doctor may prescribe bisphosphonates if you are at risk of bone thinning, or if you already have thinning bones.

If you have early breast cancer, bisphosphonates can sometimes lower the risk of it spreading to the bone. You have bisphosphonates for 3 to 5 years. This treatment is usually given if you have a higher risk of the cancer coming back. Your doctor or nurse can give you more information.

Possible side effects of your treatment

We have more information in your language about common side effects of chemotherapy, radiotherapy, and surgery.

Here are some other side effects that you may have during and after breast cancer treatment.

Changes to the breast

Surgery and radiotherapy to the breast can cause changes, including:

- how the breast looks and feels
- pain in the breast and under the arm
- how much you can move the arm and shoulder on the treated side.

After an operation, there will be a scar. This will usually become less visible over time. Stretching and massaging the scar can improve this.

After radiotherapy, the skin of your breast may be darker and more sensitive. It is important to cover the area and use sunscreen with a high Sun Protection Factor (SPF) - this is the level of protection in sunscreen products. Sunscreen with at least SPF 30 is best. Ask your nurse or doctor for more advice.

If you notice changes to the appearance or feel of your breasts, it is best to have them checked by your doctor or specialist nurse.

Lymphoedema

Lymphoedema is swelling caused by fluid building up in the body. Some people may have this after an operation for breast cancer. It is most likely to affect an arm. The swelling can be reduced by exercise, special bandages, and massage. Tell your nurse if you have swelling in your arm or hand. The earlier lymphoedema is diagnosed, the easier it is to treat.

To reduce the risk of lymphoedema:

- Look after your skin. Use a skin cream and avoid cuts or scratches.
- Keep active and exercise. This helps lymph fluid move around the body.
- Keep to a healthy weight.

Bone changes

Some hormonal therapies can thin the bones. Your doctor may use a scan (a picture of the inside of your body) to check your bones. After this, you may be given treatment to protect your bones.

Concentration and memory problems

After breast cancer treatment, you may find it harder to concentrate and remember things. This side effect is usually mild and often gets better within a year of finishing treatment. Talk to your doctor or nurse if you are worried about this.

Weight gain

After breast cancer treatment, you might gain weight. This may be because of treatments like hormonal therapy or steroids. Steroids are drugs that can help chemotherapy work better and control side effects. Some treatments can start the menopause which can also cause weight gain. Your nurse or doctor can give you advice about healthy eating and exercise.

Late side effects

Sometimes people get side effects from breast cancer treatment that occur months or years after their treatment has ended. These are called late side effects.

Your doctor can tell you if your treatment for breast cancer could lead to a late side effect. They can tell you how to help manage any late effects. They can also tell you what signs and symptoms to look for and what to do if you have any worries.

Other information

Contraception

You may be advised to avoid getting pregnant for 2 years after breast cancer treatment. Your doctor will advise you not to use contraception (drugs or devices that prevent pregnancy) that contains hormones. This includes the pill and some coils.

You can use coils that do not contain hormones, and barrier contraception such as condoms or the cap. Your nurse can give you advice about this.

If you are taking tamoxifen you must not get pregnant. This is because it may harm a developing baby. Talk to your cancer doctor before you stop taking any medicines.

If you are taking hormonal therapy after treatment and want to get pregnant, talk to your cancer doctor or nurse. They can talk through your options with you.

Hormone replacement therapy

Hormone replacement therapy (HRT) is treatment that replaces hormones when the body does not make enough. Doctors do not recommend HRT after having breast cancer. HRT contains oestrogen which could encourage breast cancer cells to grow.

But if you have severe symptoms of the menopause and nothing else has helped, your doctor may prescribe it. Your doctor will talk to you about the possible risks.

Follow up

After your treatment has finished, you may have regular check-ups and mammograms. Sometimes, instead of routine appointments, you will be asked to contact your specialist if there is anything you are worried about. Your breast cancer nurse will explain your follow up to you.

Your feelings

You may feel overwhelmed when you are told you have cancer. You may have many different emotions. There is no right or wrong way to feel. There are many ways to cope with this. Talking to a close friend or relative may help. Your doctor or nurse can help too.

Getting the right care and support for you

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may face extra challenges in getting the right support. For example, if you work or have a family it can be hard to find time to go to hospital appointments. You might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

We also offer Macmillan Grants to people with cancer. These are one-off payments that can be used for things like hospital parking, travel costs, childcare or heating bills.

Our free support line **0808 808 00 00** can offer advice, in your language, about your situation. You can speak to nurses, financial guides, welfare rights advisers and work support advisers.

How Macmillan can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Macmillan Support Line

We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can help with medical questions, give you information about financial support, or be there to listen if you need someone to talk to. The free, confidential phone line is open 7 days a week, 8am to 8pm. Call us on **0808 808 00 00**.

Macmillan website

Our website has lots of information in English about cancer. There is also more information in other languages at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

We can also arrange translations just for you. Email us at cancerinformationteam@macmillan.org.uk to tell us what you need.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. Find your nearest centre at [macmillan.org.uk/informationcentres](https://www.macmillan.org.uk/informationcentres) or call us on **0808 808 00 00**.

Local support groups

At a support group, you can talk to other people affected by cancer. Find out about support groups in your area at [macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups) or call us on **0808 808 00 00**.

Macmillan Online Community

You can also talk to other people affected by cancer online at [macmillan.org.uk/community](https://www.macmillan.org.uk/community). You can access it at any time of day or night. You can share your experiences, ask questions, or just read through people's posts.

More information in your language

We have information in your language about these topics:

Coping with cancer

- Cancer and coronavirus
- Cancer care in the UK
- Claiming benefits when you have cancer
- Eating problems and cancer
- End of life
- Healthcare for refugees and people seeking asylum
- Healthy eating
- Help with costs when you have cancer
- If you are diagnosed with cancer
- LGBTQ+ people and cancer

- Sepsis and cancer
- Side effects of cancer treatment
- Tiredness (fatigue) and cancer

Types of cancer

- Breast cancer
- Cervical cancer
- Large bowel cancer
- Lung cancer
- Prostate cancer

Treatments

- Chemotherapy
- Radiotherapy
- Surgery

To see this information, go to macmillan.org.uk/translations

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into this language by a translation company.

The information included is based on our breast content available in English on our website.

This information has been reviewed by relevant experts and approved by members of Macmillan's Centre of Clinical Expertise.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at cancerinformationteam@macmillan.org.uk

Content reviewed: 2023 Next planned review: 2026

MAC15135_Traditional Chinese

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Patient Information Forum