HEALTH BASICS

Breast cancer: treatment

Breast cancer treatment combines therapies chosen for the cancer's stage, biology, and your needs.

WHAT IT IS
A care plan using local and whole-body treatments

WHERE IT COMES UP
After breast cancer diagnosis, staging, surgery, or recurrence

WHY IT MATTERS
Removing, controlling, or reducing the return of cancer

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
Breast surgeon, medical oncologist, radiation oncologist, or specialist nurse

HOW IT IS CHECKED
Examination, imaging, blood tests, and pathology when appropriate

Overview

Breast cancer treatment is the plan of care used after breast cancer is diagnosed. It is not itself a disease or diagnosis.

The plan is based on where the cancer is, whether it has spread, and features found when a tissue sample is examined. Your general health, menopause status, priorities, and previous treatments also matter.

Treatment may aim to remove the cancer and lower the chance that it returns. If breast cancer has spread to distant organs, treatment usually focuses on controlling it, relieving problems, and helping you live well for as long as possible.

A treatment plan may include:

Palliative care means care for pain, nausea, tiredness, anxiety, and other concerns. It can be provided alongside cancer treatment at any stage. It does not mean that treatment has stopped.

- Surgery
- Radiation therapy, also called radiotherapy

- Hormone therapy, also called endocrine therapy
- Chemotherapy
- Targeted therapy
- Immunotherapy
- Medicines that protect bones or treat treatment-related effects
- Supportive and palliative care

How it works

Tests on a biopsy or surgical specimen help classify the cancer. Pathology is the laboratory examination of cells and tissue. It can show the cancer's type and grade, which describes how abnormal and fast-growing the cells appear.

The tissue is usually checked for hormone receptors and HER2. Hormone receptor-positive cancer uses signals from oestrogen or progesterone to grow. HER2-positive cancer has unusually high levels of a growth-related protein called HER2. These findings can identify treatments that are more likely to help.

Imaging and examination help determine the stage. Stage describes the cancer's size, nearby lymph-node involvement, and whether it has spread elsewhere. A sentinel lymph-node biopsy may check the first lymph nodes that drain the breast.

Surgery treats the breast and sometimes nearby lymph nodes. Breast-conserving surgery removes the cancer with a rim of surrounding tissue. Mastectomy removes the breast. Reconstruction may be done during the same operation or later, but it is optional.

Radiation therapy uses focused high-energy beams to damage cancer cells in a defined area. It is commonly considered after breast-conserving surgery and in some situations after mastectomy. The area treated and schedule are planned for the individual.

Whole-body, or systemic, treatments travel through the bloodstream. Chemotherapy damages rapidly dividing cells. Hormone therapy blocks hormones or lowers their effect on hormone receptor-positive cancer. Targeted drugs act on particular features, such as HER2 or certain inherited or acquired gene changes. Immunotherapy helps the immune system recognise and attack some cancers.

Treatment given before surgery is called neoadjuvant treatment. It may shrink a tumour, make surgery easier, or show how the cancer responds. Treatment given after surgery is called adjuvant treatment. Its purpose is to destroy cancer cells that may remain but are too small to detect.

For some early cancers, a genomic test may examine activity in a group of genes within the tumour. In selected situations, this can help estimate whether chemotherapy is likely to add benefit. A genomic tumour test is different from an inherited genetic test performed on blood or saliva.

Why it matters for your health

No single treatment plan is right for everyone with breast cancer. Two cancers of the same size may need different treatment because their hormone receptors, HER2 status, lymph-node findings, or gene changes differ.

Treatment decisions balance expected benefit against possible harm. More treatment is not automatically better. For example, a test may show that a particular medicine is unlikely to help, allowing it to be left out.

Your preferences are part of the decision. You may want to discuss breast appearance, reconstruction, recovery time, fertility, menopause, work, caring responsibilities, sexual health, and the effects of long-term tablets.

Some decisions need to be made promptly, but there is often time to understand the options. Asking for a second opinion is reasonable, especially when there is more than one suitable approach or when the cancer is uncommon.

Follow-up after treatment may include appointments, breast imaging when appropriate, and help with lasting effects. Routine scans or blood tests are not useful in every situation, so the follow-up plan should be based on your diagnosis, treatment, and current concerns.

What can go wrong

Cancer treatments can affect healthy tissue as well as cancer cells. The possible problems differ between treatments, and not everyone develops them.

Surgery can be followed by bleeding, infection, fluid collection, pain, stiffness, altered sensation, or delayed wound healing. Removing or treating lymph nodes can contribute to lymphoedema, which is persistent swelling caused by a build-up of lymph fluid.

Radiation therapy can cause skin soreness, tiredness, and changes in breast tissue. Less commonly, nearby lung or heart tissue may be affected.

Chemotherapy can cause nausea, mouth problems, hair loss, tiredness, infection risk, nerve damage called peripheral neuropathy, or changes in blood-cell counts. Some medicines can

affect the heart or fertility.

Hormone therapy may cause hot flushes, joint discomfort, vaginal or sexual changes, and bone thinning. The effects differ according to the medicine and whether ovarian function is suppressed.

Targeted therapies and immunotherapies have their own risks. Depending on the drug, these may include heart problems, diarrhoea, skin problems, lung inflammation, or immune-system attacks on healthy organs.

Treatment may also affect mood, sleep, relationships, body image, finances, and the ability to work. These concerns are valid reasons to ask for support.

Contact your cancer team promptly about a fever during chemotherapy, a worsening wound, new one-sided arm or leg swelling, increasing shortness of breath, persistent vomiting, or a new treatment effect that is becoming difficult to manage. These concerns are not usually part of routine follow-up.

Seek emergency care for severe breathing difficulty, chest pain, sudden weakness or confusion, uncontrolled bleeding, or signs of a severe allergic reaction such as swelling of the face or throat. Follow any emergency instructions provided by your treatment centre.

What you can do

Keep a copy of your pathology report and treatment summary. Useful details include the cancer type, stage, grade, hormone-receptor results, HER2 result, operations, radiation area, and medicines received.

Before agreeing to treatment, consider asking:

Tell the team about all prescription medicines, over-the-counter products, vitamins, and supplements. Some can interfere with cancer medicines or increase side effects. Do not stop a prescribed cancer treatment without discussing it with the team.

Keep a brief record of side effects, including when they started and how they affect eating, sleep, movement, or daily activities. Many effects can be treated or reduced, and reporting them early may help.

There is no home test that can choose a breast cancer treatment. Treatment selection requires pathology and clinical assessment.

- What is the goal of this treatment?
- How much benefit is it expected to add?

- What are the alternatives, including not having this treatment?
- Which effects need an urgent call?
- Could treatment affect fertility, menopause, bones, heart health, or pregnancy plans?
- Are inherited genetic testing or tumour genomic testing relevant?
- Is a clinical trial suitable?
- Who should you contact outside normal hours?

Common questions

Will everyone need chemotherapy?

No. Whether chemotherapy is useful is influenced by the cancer's stage, hormone receptors, HER2 status, grade, lymph-node findings, and sometimes a genomic test. Other treatments may provide more benefit for some cancers.

Is mastectomy always safer than breast-conserving surgery?

Not necessarily. For suitable early cancers, breast-conserving surgery followed by radiation can offer effective cancer control. The choice also depends on tumour size and location, breast size, genetic risk, previous radiation, and personal preference.

Why might treatment start before surgery?

Treatment before surgery may shrink the cancer, increase surgical options, and show whether the cancer responds. The response can also guide treatment after surgery.

Does breast reconstruction affect cancer treatment?

Reconstruction does not treat the cancer. Its timing and type may affect recovery and planning for radiation. A breast and reconstructive surgery team can explain the options, including choosing no reconstruction.

What happens if breast cancer has spread?

When cancer has spread to distant parts of the body, systemic medicines are usually central to treatment. Radiation or surgery may sometimes help with a specific area. The plan may change over time according to response, side effects, and your goals.

Can treatment cause early menopause or infertility?

Some treatments can reduce or stop ovarian function, temporarily or permanently. If future pregnancy matters to you, ask about fertility preservation before treatment starts whenever possible.

Sources

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