

# RADIATION ONCOLOGY CENTRE OF JAMAICA

## INFORMATION BEAM

Bulletin 3, October 2009



### BREAST CANCER (ROCJ CASE STUDY)

Mrs. Veronica Sterling\* first noticed an inward right breast nipple 2 years prior to her diagnosis for breast cancer. She did a mammogram that revealed a speculated area in the upper inner quadrant of the right breast. She then underwent an ultrasound guided needle biopsy, which confirmed invasive cancer.

Mrs. Sterling was advised of the need for further surgery specifically the need to remove the breast. She was no stranger to surgery, having undergone appendectomy years ago. She subsequently underwent a

modified radical mastectomy a few weeks later. When tissue from her mastectomy was analyzed in the laboratory, residual invasive ductal cancer was found.

Her surgeon at this point recommended additional treatment in the form of chemotherapy and radiotherapy. She however, decided to get a second opinion in the United States of America. Her oncologist in the United States also recommended chemotherapy and radiation.

She did her entire chemotherapy course abroad. It was fairly

aggressive chemotherapy causing her to lose all her hair, but she tolerated it well.

She returned to Jamaica and to the Radiation Oncology Centre of Jamaica for radiation. She was advised of the probability of certain side effects such as skin reaction, tiredness and discomfort on swallowing. She was simulated and her treatment planned and then she completed a 5 week course of radiation.

She tolerated radiation well although she did experience sore throat and fatigue.

She was seen for follow-up 2 months ago and was doing quiet well with no evidence of recurrence of cancer.

*\*Name changed to protect identity.*

### YOUR ROCJ Treatment Team



The group of health professionals on the ROCJ Treatment Team has been increasing over the years. Here's the entire group of staff members now at the Centre.

*Back Row left –right:*

Miss Ingrid James, Secretary

Mrs. Tanya Veitch, Radiation Therapist

Mrs. Judith Whyte, Radiation Therapist

Mrs. Maxine Shariff, Radiotherapy Assistant

*Front Row left– right*

Mr. Muthu Kumaran, Radiation Therapist

Mrs. Clodia Carrington, Chief Radiation Therapist

Dr. Dingle Spence, Radiation Oncologist

Dr. Collie Miller, Medical Physicist & Managing Director

Dr Venslow Greaves, Radiation Oncologist

Dr. Joy Calender, Nutritionist

Mrs. June Hayden, Registered Nurse



### FREQUENTLY ASKED QUESTIONS ON BREAST CANCER

#### **Who is at risk from breast cancer?**

The risk of breast cancer increases, as a woman gets older. 90% of breast cancers are due to genetic abnormalities that happen as a result of the aging process and life in general. Only 5-10% of cancers are inherited from your mother or father.

Men may also develop breast cancer as they get older.

#### **When is radiation therapy recommended for treating breast cancer?**

Today there is an overwhelming menu of treatment choices that fight the complex mix of cells in each individual cancer. They include surgery, hormonal therapy, chemotherapy and radiation therapy or radiotherapy.

After surgery post operative changes in the chest wall tissues prevent chemotherapy drugs from penetrating into the tissues in sufficient concentrations to kill cancer cells. Radiotherapy is therefore sometimes beneficial and recommended to prevent local recurrence of breast cancer.

Radiotherapy usually takes place after the breast tissue has had adequate time to heal after surgery.

Radiation therapy is also recommended to shrink tumours in patients with advanced breast cancer.

#### **How do you ensure the adequate exposure of breast tissue during treatment?**

During treatment the patient lies on a breast board which enables adequate exposure of the breast and a wing board is also used which supports the arms making it more comfortable for the patient.

#### **How long does the radiation treatment last?**

Depending on the location and stage of the cancer, the patient may be scheduled for 5-7 weeks of radiation therapy. The patient receives daily treatment for five days a week. Each session generally takes between 15-20 minutes from the time the patient enters the treatment room, until the end of treatment.

It is very important that the patient does not miss any of the treatment in order to benefit fully from radiation therapy.

#### **How should patients care for the skin during treatment?**

Very often the area of the skin being treated will react to the radiation with itching, burning, soreness and possible peeling.

Avoid soap and perfume on the area; Pat your skin dry rather than rubbing with a towel and avoid tight fitting clothes that will rub on the treated skin.

### BREAST CANCER MYTHS

There are several myths surrounding the development of Breast Cancer. Here are the facts.

**Myth: Only Women with a Family History of Breast Cancer are at Risk.**

**Fact:** A family history of breast cancer means that a woman is at higher than average risk of developing breast cancer. However, more than 80% of women diagnosed with breast cancer have no family history of the disease.

**Myth: Older Women are Less Likely to Get Breast Cancer Than Younger Women.**

**Fact:** As a woman's age increases, her risk of getting breast cancer also increases. To help detect breast cancer early, women forty years of age and older should get regular mammograms in addition to a yearly clinical examination. Women between the ages of 20 and 40 should also practice monthly breast self-exams and receive physician-performed clinical breast exams at least every three years.

**Myth: Small-Breasted Women Can not Get Breast Cancer**

**Fact:** The amount of breast tissue a woman has does not affect her risk of developing breast cancer. Breast size is certainly not a significant risk factor for breast cancer.

**Myth: Using antiperspirants causes breast cancer.**

**Fact:** Not true. There is no evidence that the active ingredient in antiperspirants, or reducing perspiration from the underarm area, influences breast cancer risk. The supposed link between breast cancer and antiperspirants is based on misinformation about anatomy and a misunderstanding of breast cancer.