

U N D E R S T A N D I N G B R E A S T C A N C E R



There are many different kinds of breast cancer. Treatment is determined by the type and how far the disease has progressed.

Treatment options for breast cancer vary greatly, depending upon the nature of the cancer. The employee will go through several distinct phases in understanding her condition and making decisions related to treatment. (Although both women and men can develop breast cancer, this book refers to a female employee in illustrative examples.)

Phase 1: Diagnosis

A woman's first encounter with the possibility of breast cancer occurs when she (or her doctor) finds a suspicious lump in her breast, or when a routine mammogram (x-ray) shows an abnormality in the breast tissue. In most cases, she will have further testing to determine whether the lump or irregularity is indeed breast cancer. (Most breast lumps are not cancerous, and many mammographic irregularities prove to be harmless variations in normal breast tissue.) Often the woman will have a biopsy—the removal of some or all of the questionable tissue—and the tissue will be sent to a pathologist for diagnosis.

The diagnostic period is a difficult time. There is a suspicion of cancer, but the woman and her doctor await hard evidence—and it may take days or even weeks to finalize the diagnosis. Often the woman will share her concerns with only one or two close friends, hoping to shield her family, friends and co-workers from what she hopes is a false alarm.

Phase 2: Education and Treatment Selection

If cancer has been diagnosed, the woman must learn more about the disease in order to make an informed treatment decision. During this information gathering period, which may take several weeks, the employee will consult with specialists, obtain second opinions and learn more about her treatment options. Although conventional wisdom dictates that a diagnosis of breast cancer requires immediate action, by the time cancer has been detected, it has usually been in the body for 8-10 years. Because a few more weeks may not have a significant impact on the outcome, most doctors will counsel a patient to take time to determine the treatment option that is best for her.

Simply put, cancer is uncontrolled cell growth. Unlike normal cells, which follow a specified life cycle and only grow to address an injury, cancer cells multiply in an uncontrolled fashion, eventually outgrowing their original site and spreading to other body sites.

There are many different kinds of breast cancer. After the type of cancer has been determined, doctors assign the cancer a stage rating, based upon the size of the original tumor and whether it has traveled to the lymph glands, to other organs or through the blood stream. Cancer deemed as Stage 0 is noninvasive, which means that the cancer has not grown beyond its original site. It is sometimes referred to as precancerous, or in situ. Stage IV is the other end of the spectrum indicating the cancer has spread to other areas of the body. Treatment is determined by the type and how far the disease has progressed.



A common side effect of chemotherapy — hair loss — can be significantly traumatic, as it provides a very public announcement of the individual's condition.

A woman's treatment options will vary depending upon the type and stage of her breast cancer. The objective of her treatment is always twofold: eliminate the cancer and prevent it from spreading or recurring. During this decision time, many women may take only close family and friends into their confidence until they have decided upon a plan of action. Others may broach the situation with their immediate superiors but request that their condition be kept confidential—which the employer is required to do by law.

The following are the most common treatment options which an employee diagnosed with breast cancer will consider:

Surgical Treatment: There are two distinct types of surgical treatment: mastectomy and lumpectomy. With a mastectomy, the affected breast and often some lymph nodes are removed. A lumpectomy is the removal of only the breast lump and some surrounding normal tissue. A lumpectomy also may include lymph node removal.

A woman may choose to have her breast surgically recreated using implants and/or tissue transferred from another part of her body. This reconstructive surgery is a complicated process that may involve several procedures over a period of one to four months. While this prolongs the recovery time, it also helps many women adjust psychologically to the physical changes.

Radiation Treatment: Radiation is often used after surgery to ensure that all cancerous cells in the breast area are destroyed.

Chemotherapy/Systemic Treatment: While surgery and radiation treatments target cancer at the site, chemotherapy and hormonal therapy treat the entire body. Both are used independently or in conjunction with other treatments to destroy the cancer cells, while simultaneously eliminating stray cancer cells that may have traveled through the bloodstream or lymph system to other sites, such as the liver or bones.

Phase 3: Treatment

Once an employee has decided upon a treatment plan, she and her supervisor need to determine how her treatment will affect the workplace and begin setting up appropriate accommodations. Depending upon the treatment option selected, an employee may need medical leave or a modified work schedule. Following is a summary of what the most common treatment options generally entail for both the employee and the employer:

Surgical Treatment: A mastectomy without reconstructive surgery typically requires a one- to four-day hospital stay for the patient, followed by a one- to three-week recovery period. If a woman also chooses to have reconstruction, the recovery from her surgery may be prolonged. A side effect of surgery may be muscle and nerve damage.

Because of the potential psychological impact of mastectomy, most women selecting this option will appreciate sensitivity and discretion from those whom they inform about their diagnosis and treatment plan.

Many patients will need physical therapy to regain complete use of the arm on the affected side. Additionally, a small percentage will experience a side effect of lymph gland removal called lymphedema, which is the temporary or permanent swelling of a limb due to ineffective draining of the lymph nodes.

A lumpectomy (sometimes called a partial mastectomy) is usually performed as outpatient surgery with a four- to seven-day recovery period. Most women can return to work after the recovery period but may need follow-up care as well as a lighter schedule for a few weeks. A potential side effect of a lumpectomy and lymph node dissection is nerve damage.

Radiation Treatment: After recovering from surgery, many mastectomy patients and most lumpectomy patients will receive a course of radiation. Radiation treatments are given once a day for several weeks. An employee receiving radiation may be able to continue working full-time, though the most common side effect of radiation is mild to severe fatigue. Other side effects of radiation include skin irritation and blistering.

Chemotherapy/Systemic Treatment: Many patients receive chemotherapy or hormone therapy in addition to surgery or a combination of surgery and radiation. With chemotherapy, anti-cancer drugs are generally given in two to three-week or one-month cycles, with one or two doses administered in each cycle. The full course of a chemotherapy treatment consists of a series of these cycles and can last from 12 weeks to one year.

The most common side effects of chemotherapy are nausea and vomiting, but modern anti-nausea drugs are extremely effective. An employee on chemotherapy may need additional time off during certain points of her treatment cycle; however, many patients continue to work throughout chemotherapy.

Another common side effect of chemotherapy—hair loss—can be significantly traumatic, as it provides a very public announcement of the individual's condition.

Hormone therapy, such as Tamoxifen and aromatase inhibitors suppress the hormone estrogen, which is thought to play a role in the growth of certain types of breast cancer. Tamoxifen may be given for up to five years.

One side effect of both chemotherapy and hormone therapy is that many premenopausal patients—regardless of age—will experience the sudden onset of menopause. This may cause additional stress for a woman already experiencing the loss of one or both breasts and her hair.

Many people find that their response to anti-cancer drugs—nausea, fatigue, and other symptoms—is most noticeable during one segment of the cycle and they may need greater accommodations during this time.

Once the employee begins treatment, others in the workplace are likely to be affected by her breast cancer and may indeed be aware of their co-worker's condition. If the employee continues to request absolute confidentiality, it is crucial to respect that right while simultaneously addressing the concerns—and anxieties—of other workers. *(For help in dealing with this situation, see the "Impact on Other Employees" section on page 33)*

If the employee continues to request absolute confidentiality, it is crucial to respect that right while simultaneously addressing the concerns — and anxieties — of other workers.

Phase 4: Recovery and Beyond

The treatment timelines indicated above are not hard and fast; they vary depending upon the individual and the situation. In addition, treatment regimens are rapidly evolving and treatment is becoming more individualized. However, most doctors can provide their patients with guidelines, such as how soon they can return to work, what limitations they may experience during the recovery period and what to expect after recovery. It is important to find flexible solutions that can accommodate these variations, such as:

- ◆ allowing the employee to return to work part-time and slowly progress to full-time,
- ◆ allowing the employee to telecommute from a home office, or
- ◆ allowing the employee to job-share with another employee during the recovery period.

Although the completion of treatment may seem to herald a successful end to the cancer crisis, it is important to be aware that for many individuals the battle will continue. Often, the shock of diagnosis, the intensity of gathering information on the disease and the demands of treatment effectively distract the employee from emotionally facing her concerns about cancer. Many individuals make it through the whirlwind of these phases successfully, only to become unexpectedly depressed once they are in recovery. This is not unusual and employees who display signs of post-recovery depression should be encouraged to seek therapy, take advantage of an employer-provided Employee Assistance Program (EAP) plan or join a cancer support group.

Additionally, while the successful culmination of treatment may mean the immediate problem has been dealt with, it is standard practice for anyone who has been diagnosed with cancer to follow a regimen of subsequent doctor visits. These visits are initially scheduled every three or six months, but as the patient goes longer and longer without a recurrence of cancer, the visits become less frequent. For some individuals, the first few follow-up visits are a difficult reminder of the past crisis.