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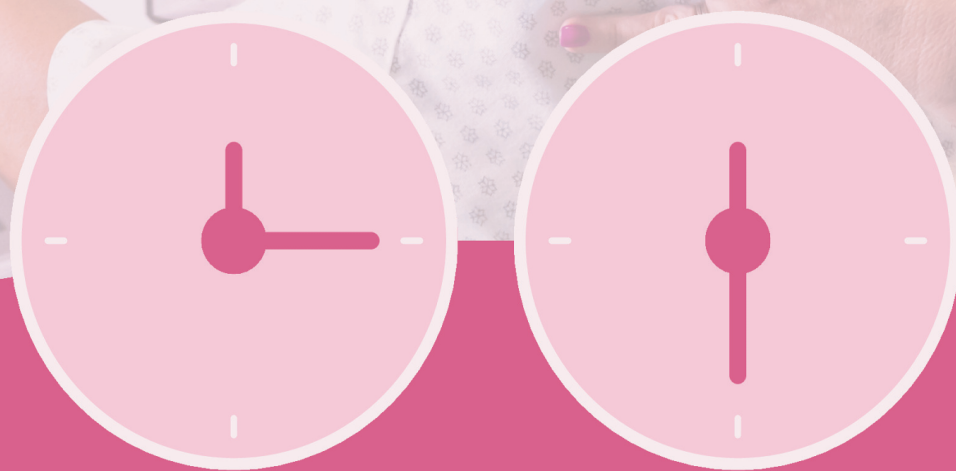
Did You KNOW?

Breast cancer incidence rates vary by age and location. BreastCancer.org reports that breast cancer incidence rates in the United States began decreasing in 2000 after increasing for the previous two decades. Some researchers believe the decrease was partially due to the reduced use of hormone replacement therapy (HRT). Even if breast cancer incidence rates in the U.S. are down overall, researchers at Washington University School of Medicine in St. Louis have found diagnoses of breast cancer have increased steadily in women under age 50 over the past two decades. **For most**

women, regular breast cancer screening does not begin until at least age 40, so younger women diagnosed with breast cancer tend to have

later-stage tumors and a more advanced disease. Similar findings have been noticed in Canada. An Ottawa-based study published in the **Canadian Association of Radiologists Journal** found that rates of breast cancer in women as young as their twenties have been increasing. The research team behind the study discovered a 45 percent increase in cases over the past 35 years. Many women have no identifiable risk factors prior to diagnosis, so what is fueling the increase remains a mystery.

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3 strategies that can lower breast cancer

Breast cancer affects millions of individuals each year. The World Cancer Research Fund International reports that breast cancer is the most commonly diagnosed cancer in women across the globe, affecting roughly 2.3 million women each year.

Despite the global prevalence of breast cancer, various organizations report high five-year survival rates, particularly among women whose cancers are detected in the earliest stages of the disease. In fact, a 2023 study published in the journal *BMJ* found that the risk for dying from breast cancer in the five years after an early-stage diagnosis fell to 5 percent in recent years, a notable improvement from the 14 percent risk of death that was reported in the 1990s.

Increased survival rates for breast cancer are welcome news for women and their families. The higher survival rates are a byproduct of the tireless efforts of cancer researchers, who also have discovered links between the disease and certain lifestyle factors. Though there's no way to eliminate one's risk for breast cancer entirely, the American Cancer Society notes certain variables are within women's control. With that in mind, women can consider these three strategies that can lead to improved overall health and might help women lower their risk for breast cancer as well.

1. Reach and maintain a healthy weight. The benefits of maintaining a healthy weight include a lower risk for heart disease and stroke, and women should know that weight and breast cancer risk are linked as well. According to the ACS, increased body weight and weight gain as an adult are linked to a higher risk of developing breast cancer. That's particularly so among post-menopausal women. A 2023 study published in the journal *BMC Women's Health* found that the chances of developing breast cancer increase among post-menopausal women who are obese.

2. Avoid a sedentary lifestyle. Exercise is one of the ways to achieve and maintain a healthy weight, so it makes sense that being physically active can reduce breast cancer risk. The National Cancer Institute reports that a 2016 meta-analysis of 38 cohort studies found that the most physically active women had

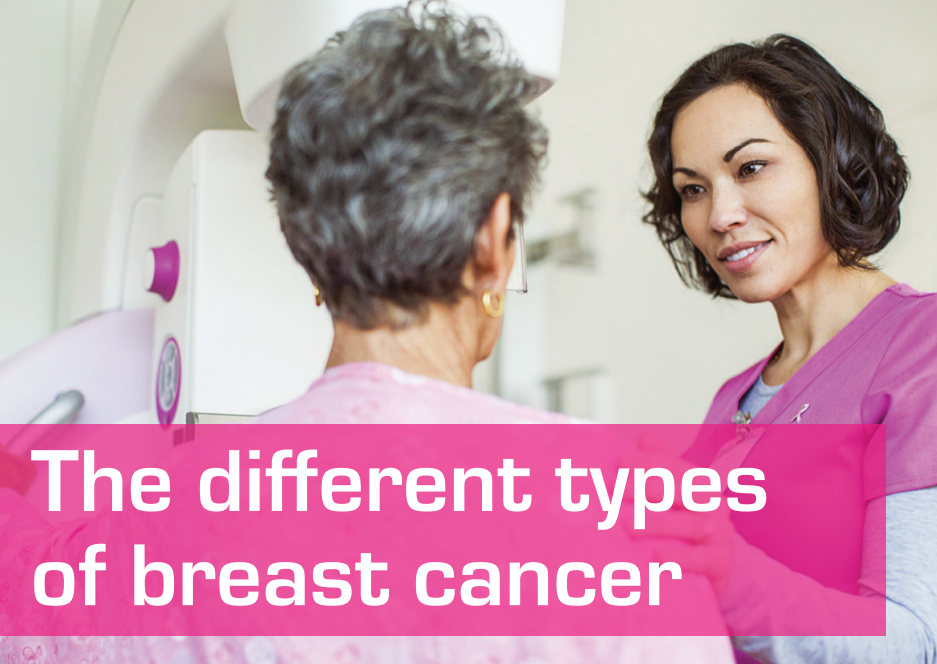


Maintaining a commitment to a physically active lifestyle throughout life can help women lower their risk for breast cancer.

between a 12 and 21 percent lower risk for breast cancer than women who were the least physically active. The NCI also notes that additional studies have found that women who become more physically active after menopause also have a lower risk for breast cancer than those who do not.

3. Limit or eliminate alcohol consumption. The ACS urges women who drink to consume no more than one alcoholic drink per day, noting that consumption of even small amounts of alcohol have been linked to an increased risk for breast cancer. Officials with the MD Anderson Cancer Center note that the link between alcohol consumption and breast cancer risk is low. However, the MDACC notes that alcohol can contribute to unwanted weight gain, thus increasing cancer risk. In addition, alcohol can increase levels of estrogen and other hormones associated with breast cancer.

It may be impossible to completely prevent breast cancer. However, women can embrace strategies that improve their overall health in ways that lower their risk for breast cancer.



The different types of breast cancer

The term “breast cancer” does not describe a single type of cancer, but rather several forms of a disease that can develop in areas of the breast. The American Cancer Society says breast cancer type is determined by the specific cells in the breast that become cancerous. There are many different types of breast cancer, and the medical community’s understanding of the disease is based on decades of research and millions of patients treated.

In 2001, Dr. Charles Perou first classified breast cancer into subtypes based on genomic patterns. The Breast Cancer Research Foundation says breast cancer is broadly divided into two types: non-invasive breast cancers and invasive breast cancers. Non-invasive breast cancers are called Stage 0 breast cancers or carcinomas in situ. These are thought to be the precursors to breast cancer, says the BCRF. While non-invasive breast cancers are not initially life-threatening, if left untreated, they can develop into invasive breast cancers, which can be fatal.

Here is a look at some of the different types of breast cancer.

- **Invasive ductal carcinoma:** This is the most common type of breast cancer, advises the National Breast Cancer Foundation, Inc.®. Invasive ductal carcinoma accounts for 70 to 80 percent of all breast cancer diagnoses in women and men. This cancer forms in the milk ducts and spreads beyond.

- **Invasive lobular carcinoma:** This is the second most common type of breast cancer, accounting for 10 to 15 percent of diagnoses, says the BCRF. Invasive lobular carcinoma originates in the milk-producing glands of the breast known as lobules. Tumors that form due to invasive lobular carcinoma more commonly grow in lines in the breast rather than in lumps, so they present differently on a mammogram.

- **Inflammatory breast cancer:** Inflammatory breast cancer is a rare, fast-growing type of breast cancer. The inflammatory name comes from the appearance of the skin of the breast. It looks red and inflamed, which is caused by breast cancer cells blocking lymph channels in the breast and skin, says Breast Cancer Now, a research

and support charity.

- **Triple-negative breast cancer:** The NBCF says a diagnosis of triple-negative breast cancer means the three most common types of receptors known to cause most breast cancer growths are not present in the cancer tumor. These receptors are estrogen, progesterone and the HER2/neu gene. Since the tumor cells lack necessary receptors, certain treatments like hormone therapy and drugs that target these receptors are ineffective. Chemotherapy is still an option.

- **Metastatic breast cancer:** This type of breast cancer is also known as Stage IV breast cancer. Metastatic breast cancer originates in an area of the breast, but spreads (metastasizes) to another part of the body, most commonly the bones, lungs, brain, or liver, indicates BreastCancer.org.

Individuals hoping to learn more about breast cancer should be aware that there are various types of the disease. Which type an individual has is an important variable doctors consider as they plan a course of treatment.



Invasive ductal carcinoma accounts for **70 to 80 percent of all breast cancer diagnoses** in women and men.

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What the different stages of breast cancer signify

Stage II

A stage II breast cancer diagnosis indicates the tumor is at least 20 millimeters (about the size of a stage IA tumor) and potentially as large as 50 millimeters. The tumor also can be larger than 50 millimeters if no lymph nodes are affected (stage IIB). The ACS notes the size of the tumor may indicate if the cancer is stage IIA or stage II B. The MSKCC notes that a stage IIA diagnosis could indicate there is no tumor or there is a tumor up to 20 millimeters and the cancer has spread to the lymph nodes under the arm. A tumor determined to be between 20 and 50 millimeters that has not spread to the lymph nodes also indicates a stage IIA diagnosis. A stage IIB diagnosis indicates the tumor in the breast is between 20 and 50 millimeters and has spread to between one and three nearby lymph nodes. According to Cancer Research UK, the five-year survival rate for stage II breast cancer is around 90 percent.

Stage III

Stage III breast cancer is considered regional, which the ACS reports notes had a roughly 86 percent survival rate between 2013 and 2019. The MSKCC notes that a stage III diagnosis indicates the tumor is larger than 50 millimeters and has affected lymph nodes across a wider region than in less developed stages of the disease. Cancers that have reached stage III may be categorized as stage IIIA, stage IIIB or stage IIIC. The American College of Surgeons reports that stage IIIA indicates a tumor of any size that has spread to between four and nine lymph nodes or a tumor larger than five centimeters that has spread to between one and three lymph nodes. Stage IIIB indicates any size tumor and that the cancer has spread to the chest wall. A stage IIIC diagnosis indicates the tumor can be any size and has spread to 10 or more lymph nodes.

Stage IV

Stage IV is the most advanced form of breast cancer. If the cancer has reached stage IV, that indicates the tumor can be any size and has spread beyond the breast to other parts of the body, potentially including organs and tissues. The ACS reports that survival rate for this stage, which is considered distant, is 31 percent. However, the breast cancer advocacy organization Susan G. Komen notes that only around 6 percent of breast cancer diagnoses in women diagnosed for the first time have reached stage IV at the time of diagnosis.

Staging makes it easier to understand a breast cancer diagnosis. More information about breast cancer staging is available at [mskcc.org](https://www.mskcc.org) and [cancer.org](https://www.cancer.org).

Upon being diagnosed with breast cancer, women and their families are presented with a wealth of information regarding the disease. Some of that information is unique to each patient, but much of it is based on decades of research and millions of successful treatments.

The American Cancer Society reports that cancer staging is a process during which doctors will attempt to determine if a cancer has spread and, if so, how far. Breast cancer stages range from stage 0 to stage IV. Each stage signifies something different, and recognition of what each stage indicates can make it easier for women to understand their disease.

Stage 0

The Memorial Sloan Kettering Cancer Center notes that when a woman is diagnosed with stage 0 breast cancer, that means abnormal cells are present but have not spread to nearby tissue. The National Breast Cancer Foundation, Inc.[®] indicates stage 0 breast cancer is the earliest stage of the disease and is highly treatable when detected early. Indeed, the American Cancer Society reports a five-year survival rate of 99 percent among individuals diagnosed with stage 0 breast cancer.

Stage I

Stage I is still considered early stage breast cancer. The MSKCC notes a stage I diagnosis indicates tumor cells have spread to normal surrounding breast tissue but are still contained in a small area. Stage I breast cancer may be characterized as stage IA, which indicates a tumor is about as large as a grape and cancer has not spread to the lymph nodes, or stage IB, which indicates the tumor may be slightly smaller but is accompanied by small clusters of cancer cells in the lymph nodes or there is no tumor and only the small clusters in the lymph nodes. The ACS also reports a 99 percent five-year survival rate for patients diagnosed with stage I breast cancer.

Physical symptoms of breast cancer

The World Cancer Research Fund International reports that breast cancer is the second most common cancer across the globe, and the number one cancer in women. Nearly three million new cases of breast cancer in women are diagnosed across the globe each year.

Breast cancer poses a notable threat to women's health, but research and resulting advancements in treatment have made the disease more treatable than ever. Women also can play a part in ensuring better outcomes in relation to breast cancer by educating themselves about the disease, including its warning signs. The MD Anderson Cancer Center notes that most changes to the breast are a byproduct of hormonal cycles or conditions that are not as formidable as breast cancer. So women should not jump to any conclusions when spotting such changes. However, the MDACC recommends women visit their physicians if they notice any of the following signs and symptoms of breast cancer.

- **Lump:** The MDACC notes that a lump in the breast or armpit is the most common symptom of breast cancer. Echoing assertions made by the MDACC, the American Cancer Society notes that most breast lumps are not cancerous. The ACS indicates a lump that is a painless, hard mass with irregular edges is more likely to be cancer, though cancerous lumps also can be soft, round, tender, or even painful. The lack of uniformity regarding cancerous lumps is one reason why it pays for women to be extra cautious and immediately report any abnormalities in the shape and feel of their breasts to their physicians.

- **Swelling:** The ACS notes that some women with breast cancer will experience swelling of all or part of a breast even if they do not feel a lump.

- **Dimpling:** The MDACC reports that women with breast cancer may notice dimpling or puckering on the breast. According to the ACS, the dimpling can sometimes make the breast look like an orange peel.

- **Nipple retraction:** The National Cancer Institute notes that nipple retraction occurs when a nipple turns inward into the breast or lies flat against the breast. Though nipple retraction can be a sign of breast cancer, the NCI notes that's not necessarily the case for all women. Some women experience nipple retraction due to aging, breastfeeding, injury, infection, surgery, or certain conditions of the breast.

- **Changes to the skin around the breast:**

The ACS notes some women with breast cancer experience redness on the skin around the breast or on the nipple. Additional changes may include dry, flaking or thickened skin around the breast and nipple.

- **Discharge from the nipple:**

The Mayo Clinic notes that it's normal to experience discharge from the nipple while pregnant and during breastfeeding. However, fluid coming out

the nipple when a woman is not pregnant or breastfeeding could be a symptom of breast cancer.

- **Additional symptoms:** The MDACC notes scaliness on the nipple that sometimes extends to the areola is another warning sign of breast cancer. The ACS also reports that swollen lymph nodes under the arm or near the collar bone can indicate that breast cancer has spread even before the original tumor in the breast has been felt.

Breast cancer is a formidable yet treatable disease. Women who recognize any signs and symptoms associated with breast cancer are urged to contact their physicians immediately.



The benefits of breast cancer support groups



Millions of women across the globe are diagnosed with breast cancer each year. According to the World Cancer Research Fund International, breast cancer is the most commonly diagnosed cancer in women each year, with nearly three million new cases confirmed every 12 months.

Those figures are undoubtedly daunting, but they also tell a different story of perseverance and survival that can comfort women who have recently received a breast cancer diagnosis. According to the WCRF, in 2020 there were 7.8 million women worldwide who had lived for at least five years after their breast cancer diagnosis. Indeed, survival rates for breast cancer have improved dramatically in recent decades. Women often overcome the disease on account of their own personal resilience, but also by drawing on the experiences of others for inspiration and strength, namely through support groups. Women recently diagnosed with breast cancer may be surprised to learn just how beneficial support groups can be.

- **Support groups can help women overcome the mental challenges of a diagnosis.**

A 2019 study published in the journal *Frontiers in Psychology* examined the effectiveness of support groups for women with breast cancer and their caregivers. The study found that participation in a support group can help to reduce feelings of

depression, anxiety and more while also making women more capable of adapting to their situation.

- **Support group participation during treatment can have a lasting effect.** A longitudinal study published in the journal *Psychooncology* in 2014 found that social support of breast cancer patients was positively predictive of better physical and mental health-related quality of life at three-year follow-up appointments for breast cancer patients. That means the benefits of joining a breast cancer support group are not only evident during treatment, but endure long after treatment as well.

- **Support groups can be informative on multiple levels.**

Breastcancer.org notes that participation in a support group can teach women diagnosed with the disease how to become better advocates for themselves. That's a notable benefit, as women confronting the mental health side effects of cancer treatment, including depression and anxiety, may feel as though they lack agency. In addition, by listening to others in a support group, women can identify new resources for understanding their disease and treatment plan.

Support groups can be invaluable for women diagnosed with breast cancer. Women can speak with their cancer care team to learn about local support groups.

Schedule your
mammogram
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October is Breast Cancer Awareness Month, and there's no better time to schedule your mammogram. One in eight women will someday experience breast cancer. That's why preventive screening is a vital part of a healthy life. If you are 40 or older, a 3D mammogram can detect breast cancer early, when treatment is most effective.

Ask your provider if it's time for your mammogram – so you can live your healthiest life, this October and all year round.

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Noteworthy statistics underscore the prevalence of breast cancer

Breast cancer affects millions of women and their family and friends every year. Each of those women has their own unique experience upon receiving a breast cancer diagnosis, and those journeys hopefully end with successful treatment. Because each woman's breast cancer journey is unique, data regarding the disease only tells part of the story. But recognition of key breast cancer statistics is still important, as data can compel support for women fighting the disease and underscore how important it is for young women to prioritize breast health.

A 2017 study from the American Cancer Society found that roughly **42 percent of cancer diagnoses and 45 percent of cancer deaths in the United States are linked to controllable risk factors for the disease.**

Breast cancer is no exception in that regard, as the Breast Cancer Coalition Foundation points to studies that have shown as many as 50 to 70 percent of breast cancers can be prevented if women adopt lifestyle changes early enough.

Breast cancer poses a greater threat to women's lives in countries with a low Human Development Index (HDI), which is a metric used by the United Nations Development Programme to gauge a country's average achievement in areas such as healthy life and standard of living.

WHO data indicates one in 12 women will be diagnosed with breast cancer in their lifetime and one in 71 women will die of the disease in countries with a high HDI. In countries with a low HDI, where access to medical care is more limited, one in 27 will be diagnosed with breast cancer and one in 48 will die from it.

Five-year survival rates indicate that treatment is most effective when breast cancer is caught in its earliest stages. **Data from the ACS indicates a 99 percent five-year survival rate for cancer discovered before it has spread beyond the place it started.** When the cancer is considered regional, which the National Cancer Institute defines as cancer that has spread to nearby lymph nodes, tissues or organs, the five-year survival rate is 86 percent. The five-year survival rate for distant cancer, which indicates it has spread to distant parts of the body, is 30 percent.

Survival rates differ considerably between Black women and White women diagnosed with breast cancer.

According to the ACS, the five-year survival rate for Black women between 2012-2018 was 83 percent compared to 92 percent for White women during that same period.

The ACS estimates that approximately **30 percent of postmenopausal breast cancer diagnoses are linked to modifiable risk factors** such as diet and physical activity levels.

The World Health Organization reports **2.3 million women across the globe were diagnosed with breast cancer in 2022.**

WHO data also indicates 670,000 women lost their lives to the disease in 2022.

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Effects on the Immune System



Breast cancer treatments are designed to target and destroy cancer cells, but they can also have significant effects on the body's immune system.

Understanding these effects is crucial for managing side effects and maintaining overall health during and after treatment. Here's a closer look at how common breast cancer treatments interact with the immune system.

Chemotherapy

Chemotherapy is one of the most widely used treatments for breast cancer. It targets rapidly dividing cells, a hallmark of cancer cells. However, chemotherapy does not discriminate between cancer cells and other rapidly dividing cells, such as those in the bone marrow, which produce white blood cells crucial for immune function.

Chemotherapy can significantly reduce the number of white blood cells, particularly neutrophils, leading to a condition called neutropenia. This makes patients more susceptible to infections. The body's reduced ability to fight infections can result in prolonged fatigue and general weakness.

Patients should practice good hygiene, avoid large crowds and steer clear of sick individuals. In some cases, doctors may prescribe growth factors to stimulate white blood cell production or antibiotics to prevent infections.

Radiation Therapy

Radiation therapy uses high-energy rays to target and kill cancer cells. While it is localized to the breast area, it can still affect the immune system, particularly if lymph nodes are included in the treatment field.

Radiation can damage healthy cells in the treated area, leading to localized immunosuppression. Damage to the lymphatic system can lead to lymphedema, a condition characterized by swelling due to

lymph fluid buildup, which can compromise local immune function.

Patients should take extra care of the skin in the treated area to prevent infections. Regular exercise, compression garments and manual lymphatic drainage can help manage lymphedema.

Hormone Therapy

Hormone therapies, such as tamoxifen or aromatase inhibitors, are used to treat hormone receptor-positive breast cancer by blocking the effects of estrogen.

Hormone therapies generally have a less direct effect on the immune system compared to chemotherapy or radiation. However, they can still affect overall health and well-being, indirectly influencing immune function.

Some studies suggest that hormone therapy can slightly increase the risk of certain infections.

Regular check-ups can help monitor any side effects and manage them promptly. Maintaining a healthy diet, regular exercise and adequate sleep can support overall immune function.

Targeted Therapy and Immunotherapy

Targeted therapies, such as HER2 inhibitors, and immunotherapies, like checkpoint inhibitors, represent advanced treatment options that work by specifically targeting cancer cells or boosting the immune system to fight cancer.

Immunotherapies can enhance the immune system's ability to recognize and destroy cancer cells. These therapies can sometimes lead to immune-related adverse effects, such as inflammation of healthy tissues.

Patients receiving these therapies require close monitoring for immune-related side effects. Early intervention for side effects, such as using corticosteroids for inflammation, can mitigate complications.

Understanding Pathology Reports

Receiving a breast cancer diagnosis is a challenging and emotional experience, and interpreting the pathology report can be daunting.

This critical document contains detailed information about the cancer, which guides treatment decisions.

Key Components

Patient information: This section includes your name, date of birth and medical record number to ensure the report is correctly matched to you.

Specimen information: Details about the tissue sample, such as where it was taken from (e.g., biopsy, lumpectomy, mastectomy), the date it was collected, and the type of procedure performed.

Diagnosis: This is the most crucial part of the report, providing the specific type and characteristics of the breast cancer.

Detailed Analysis

The pathology report will specify the type of breast cancer. The most common types are:

- **Invasive ductal carcinoma (IDC):** Cancer that starts in the milk ducts and invades surrounding tissue.
- **Invasive lobular carcinoma (ILC):** Cancer that begins in the lobules (milk-producing glands) and spreads to nearby tissues.

Measured in centimeters, tumor size helps determine the stage of cancer. Generally, smaller tumors have a better prognosis. The tumor grade describes how much the cancer cells resemble normal cells under a microscope. The grade can be:

- **Grade 1 (low):** Cancer cells look somewhat like normal cells and tend to grow slowly.
- **Grade 2 (intermediate):** Cancer cells look more abnormal and grow moderately.
- **Grade 3 (high):** Cancer cells look very different from normal cells and tend to grow quickly.

Margins indicate whether cancer cells are present at the edges of the removed tissue.

- **Negative (clear) margins:** No cancer cells at the edges.
- **Positive margins:** Cancer cells are present at the edges, which might mean more surgery is needed.

Lymph node involvement indicates whether cancer has spread to the lymph nodes. Node-negative means no cancer in the lymph nodes. Node-positive indicates that cancer is present in the lymph nodes, indicating a higher likelihood that it has spread.

Tests to determine the presence of specific receptors on the cancer cells help discover the presence of estrogen receptors (ER), progesterone receptors (PR) and HER2 status. Positive ER and PR status means the cancer cells may receive signals from these hormones to grow, and hormone therapy may be effective. HER2-positive cancers have higher levels of a protein that promotes cell growth and may respond to targeted therapies like trastuzumab (Herceptin).

The Ki-67 marker indicates the proportion of cancer cells that

are actively dividing. Higher Ki-67 levels suggest more aggressive cancer.

Additional Information

Pathologist's comments are detailed observations and any additional findings the pathologist considers important. The summary and recommendations section may include suggestions for further testing or treatment options based on the findings.

What to Do Next

Your oncologist will explain the findings and how they affect your treatment plan. Don't hesitate to ask questions or request clarifications. If you're unsure about the report or recommended treatment, a second opinion can provide additional perspectives and reassurance.

Understanding your pathology report empowers you to make informed decisions about your treatment and care. By familiarizing yourself with its components and discussing the details with your healthcare team, you can navigate your diagnosis with greater confidence and clarity. Knowledge is power, and staying informed is a vital part of your journey.



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Managing Treatment Costs

Facing a breast cancer diagnosis is overwhelming both emotionally and financially. Managing the costs of treatment is a crucial aspect of care.

Breastcancer.org warns the costs of breast cancer go beyond paying for medical procedures and medication. Other expenses include the transportation to and from a treatment center, child care while you are having a treatment and specialized diets. Some people may also be facing loss of income from taking time off work.

Managing Health Insurance

Familiarize yourself with your health insurance policy. Know what is covered, including hospital stays, treatments, medications and diagnostic tests. Pay attention to co-pays, deductibles and out-of-pocket maximums. Using health care providers within your insurance network can significantly reduce costs. Verify that your oncologist, hospital and any specialists are in-network.

Some treatments require pre-authorization from your insurance company. Ensure your health care provider obtains this approval before proceeding with treatments to avoid unexpected bills.

“We give patients the diagnosis codes, the procedure codes, and encourage them strongly to call their insurance company to see if they need any pre-certifications and pre-authorizations and for information about co-pays and deductibles,” said Annette Hargadon, CRNP, breast surgery specialist at the Lankenau Medical

Center in Pennsylvania.

Maintain detailed records of all medical bills, insurance claims and correspondence. This can help track expenses and resolve disputes with insurance companies. Many hospitals and cancer treatment centers offer financial assistance programs.

These programs can help cover costs not paid by insurance, including co-pays and deductibles.

Managing Costs Without Insurance

If you lack insurance, investigate available coverage options. Medicaid provides health coverage for low-income individuals, and the criteria vary by state. The Affordable Care Act (ACA) marketplace offers plans that may be subsidized based on your income.

Numerous organizations provide financial aid to breast cancer patients. The American Cancer Society, Susan G. Komen Foundation, and CancerCare offer grants and assistance programs to help cover

treatment costs.

Many hospitals have financial aid programs for uninsured patients. These programs can reduce or even eliminate medical bills based on your financial situation. Participating in clinical trials can provide access to cutting-edge treatments at no cost. Clinical trials often cover the cost of medications and related health care expenses.

Tips for Lowering Medication Costs

Whenever possible, opt for generic medications instead of brand-name drugs. Generics are significantly cheaper and equally effective.

Many pharmaceutical companies offer prescription assistance programs for patients who cannot afford their medications. Programs like the Partnership for Prescription Assistance can help you find these resources.

Medication prices can vary widely between pharmacies. Use online tools like GoodRx to compare prices and find discounts. Doctors often have samples of medications. Ask your oncologist if they can provide samples to help reduce your costs.

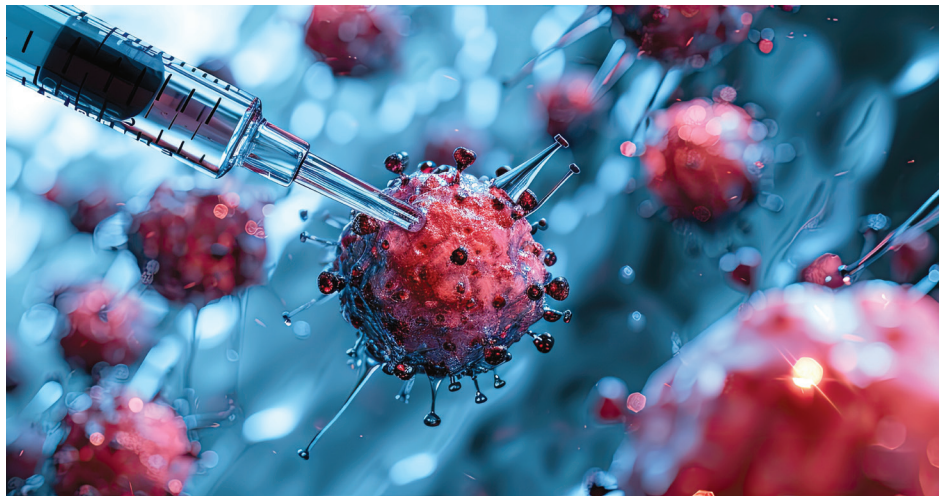
If you take a medication regularly, ask your doctor to prescribe a 90-day supply. Many pharmacies offer discounts for buying in bulk.

A Promising Frontier

Immunotherapy has emerged as a groundbreaking treatment for various types of cancer, including breast cancer.

Unlike traditional therapies such as chemotherapy and radiation, which directly target cancer cells, immunotherapy harnesses the body's immune system to recognize and fight cancer. This innovative approach offers new hope for patients, especially those with advanced or treatment-resistant forms of the disease.

The immune system is the body's natural defense mechanism, constantly patrolling for and eliminating foreign invaders like bacteria and viruses. Cancer cells, however, often develop ways to evade immune detection, allowing them to grow and spread unchecked. Immunotherapy enhances the immune system's ability to detect and destroy cancer cells. This can be achieved through various mechanisms, including immune checkpoint inhibitors, which block proteins that prevent immune cells from attacking cancer.



Type of breast cancer: Immunotherapy has shown particular promise in treating certain subtypes of breast cancer, such as triple-negative breast cancer. The type and stage of cancer play a crucial role in treatment decisions.

The patient's treatment history, including previous responses to other therapies, can influence the decision to use immunotherapy. It is often considered for patients who

have not responded to traditional treatments.

A patient's overall health and ability to tolerate potential side effects are important considerations. Immunotherapy can cause immune-related side effects that need to be managed carefully. Consulting with a health care provider is essential to make an informed decision about whether immunotherapy is the right course of treatment.

FDA-Approved Immunotherapy Drugs

The FDA has approved two notable immunotherapy drugs for the treatment of breast cancer: Jemperi (dostarlimab) and Keytruda (pembrolizumab).

Jemperi is an immune checkpoint inhibitor that targets the PD-1 receptor on immune cells. By blocking this receptor, Jemperi enhances the ability of the immune system to recognize and attack cancer cells. It is specifically approved for patients with mismatch repair-deficient (dMMR) or microsatellite instability-high (MSI-H) tumors, which are more likely to respond to immunotherapy. Specialized testing of the tumor tissue identifies these genetic markers.

Keytruda is another immune checkpoint inhibitor that targets the PD-1/PD-L1 pathway, preventing cancer cells from evading immune detection. Keytruda has shown effectiveness in treating triple-negative breast cancer (TNBC), a particularly aggressive form of the disease. It is approved for use in combination with chemotherapy for patients whose tumors express the PD-L1 protein, as determined by an FDA-approved test. Keytruda is also approved for high-risk early-stage TNBC in combination with chemotherapy as neoadjuvant treatment and then continued as a single agent as adjuvant treatment after surgery.

Determining Whether Immunotherapy Is Right for You

Determining whether immunotherapy is suitable for a breast cancer patient involves several factors:

Biomarker testing: The presence of specific biomarkers such as PD-L1 expression, dMMR, or MSI-H status can indicate a higher likelihood of response to immunotherapy. These biomarkers can be identified through tissue testing.



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Walking Can Reduce Fatigue

Fatigue is a common and debilitating side effect of chemotherapy for breast cancer patients.

Recent findings presented at the American Society of Clinical Oncology (ASCO), however, reveal a promising strategy for mitigating this issue: Walking.

According to the study, women undergoing chemotherapy for early stage breast cancer who engaged in low to moderate-intensity walking experienced significantly less fatigue.

The study focused on women who walked at a low intensity (less than 2.5 mph) for 2.5 to 4 hours per week or at a moderate intensity (2.6–4.5 mph) for about 1 to 2.5 hours per week. Remarkably, these women were 43% more likely to report reduced fatigue compared to those who did not engage in regular walking.

The Challenge of Exercise During Chemotherapy

Exercise is widely recommended to help alleviate fatigue among cancer patients. The standard guidelines suggest 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity exercise per week. However, meeting these recommendations can be particularly challenging for individuals undergoing chemotherapy due to the physical and emotional toll of the treatment.

The study's findings demonstrate that even low-intensity exercise can make a substantial difference in managing fatigue. The women in the study did not need to engage in strenuous activities to experience benefits. Simply walking at a leisurely pace for a few hours a week was enough to improve their energy levels and overall

well-being.

For women receiving chemotherapy, these results provide a more attainable exercise goal. The prospect of engaging in vigorous physical activity can be daunting, but knowing that lower-intensity walking can also be effective might encourage more patients to incorporate this manageable form of exercise into their routines.

Tips for Incorporating Walking into Your Routine

Begin with short walks and gradually increase the duration as you feel more comfortable. Even 10 minutes a day can make a difference. Aim for a cumulative total of 2.5 to 4 hours of walking each week at a pace that feels comfortable to you. You don't need to reach this goal immediately; work up to it over time.

Having a friend or family member join you can make walking more enjoyable and provide additional motivation. Pay attention to how you feel during and after walking. If you experience any pain or excessive fatigue, reduce the intensity or duration of your walks. Consistency is key. Incorporate walking into your daily routine, whether it's a stroll around your neighborhood, a walk in the park or even laps around your house.

Mix up your walking routes to keep things interesting. Exploring new paths or parks can make your walks more enjoyable. Consult your health care providers before starting any new exercise regimen to ensure it is safe and appropriate for your individual circumstances.

Talking to your Oncologist

Facing a breast cancer diagnosis is overwhelming both for patients and providers. Researchers have recently found effective communication makes a difference in whether a breast cancer patient survives.

A recent survey conducted among nearly 1,000 members of the Breastcancer.org community highlights the significant effect of communication quality on whether a patient adheres to the cancer treatments. According to the survey results, patients who perceived their providers as poor communicators were less likely to follow through with their prescribed treatment plans.

These findings were presented by Dr. Fumiko Chino, a radiation oncologist at Memorial Sloan Kettering Cancer Center, during the 2024 American Society of Clinical Oncology (ASCO) meeting.

Survey Insights

The survey revealed clear, empathetic communication is a cornerstone of effective patient-provider relationships. Dr. Chino emphasized that when patients feel misunderstood or inadequately informed, their trust in the medical team diminishes, leading to reduced compliance with treatment protocols. This non-adherence can have severe consequences, potentially affecting the prognosis and overall survival rates of breast cancer patients.

Effective communication involves the transfer of information and the emotional support and understanding that patients need during their cancer journey.

Patients reported feeling more confident and committed to their treatment plans when their oncologists took the time to explain their diagnosis, treatment options, potential side effects and expected outcomes comprehensively.

Conversely, those who experienced rushed consultations or felt their concerns were dismissed were more likely to skip appointments, delay treatments or discontinue therapy altogether.

Tips for Improving Communication with Your Oncologist

Make a list of questions and concerns before your appointments. This ensures all pertinent topics are addressed, and it helps keep the conversation focused and efficient.

Sharing fears, symptoms and side effects honestly allows oncologists to provide the best possible care. It's essential to communicate openly about any difficulties in adhering to treatment plans.

Medical jargon can be confusing. Patients should feel empowered to ask their oncologists to explain complex terms or procedures in simpler language. Writing down important information or recording the conversation (with the oncologist's

permission) can help patients remember details and review them later.

Having a trusted friend or family member present can provide emotional support and help in understanding and recalling information discussed during the appointment. Patients should ensure they understand the next steps in their treatment plan before leaving the appointment. If instructions are unclear, they should ask for clarification.

Many health care providers offer online portals where patients can send messages, request prescription refills and access test results. These can be valuable tools for ongoing communication. Taking an active role in one's conversations with oncologists can significantly improve one's health care experience and outcomes.





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