Modified from Marisa C. Weiss, M.D., www.breastcancer.org

Dennis R. Holmes, M.D., F.A.C.S. Breast Surgeon 213-742-6400

www.drholmesmd.com

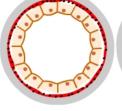
# **Breast Anatomy**

Cross-sections of breast ducts:

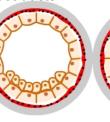
TAN: nipples and breast ducts from which cancer arises

**GREEN:** lymph nodes and lymph vessels draining water from breast

**YELLOW:** fat and connective tissue



Normal duct Ductal



Atypical hyperplasia hyperplasia



**Ductal Carcinoma** In situ (DCIS)



Invasive or Infiltrating **Ductal or Lobular Carcinoma** 

1 2		4	5 5		7	 8	 9	10	11	12
Centimeters	T	ſ	T	Ť	7	T	Ť	- -	-1-	- [

# **Your Diagnosis**

•	Clinical Stage (Before Surgery): 0 1 2 3 4  Cancer Type:   Invasive (infiltrating) Ductal Carcinoma   Invasive (Infiltrating) Lobular Carcinoma   Ductal Carcinoma in Situ (Non-invasive, DCIS)   Other:  Size Estimate (cm):  Number of Sites:	<ul> <li>Pathological Stage (After Surgery): 0 1 2 3 4</li> <li>Cancer Type:         <ul> <li>Invasive (Infiltrating) Ductal Carcinoma</li> <li>Invasive (Infiltrating) Lobular Carcinoma</li> <li>Ductal Carcinoma in Situ (Non-invasive, DCIS)</li> <li>Other:</li> </ul> </li> <li>Final Size (cm):         <ul> <li>Grade (Aggressiveness):</li></ul></li></ul>
•	Estrogen Receptor:  Positive Negative%  Progesterone Receptor:  Positive Negative%	<ul> <li>HER2/neu: 1+ 2+ 3+         <ul> <li>□ Positive (Amplified)</li> <li>□ Negative (Not Amplified)</li> </ul> </li> <li>Ki-67:%</li> </ul>

# THE FULL LIFE VIEW **The Big Picture** 1 Year

In general, breast cancer treatment is 1 Year Investment...in a long life to come

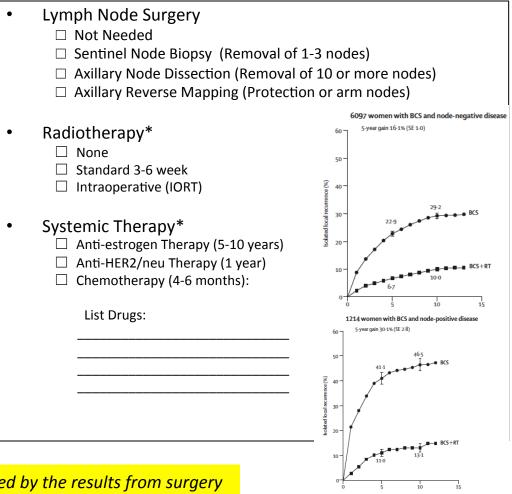
Current Age

# **The Coming Year...**

<b>~</b>	Month	1	2	3	4	5	6	7	8	9	11	11	12	
	Staging Work-up:  □ Breast MRI □ CT Chest/Abdomen □ PET/CT □ Bone Scan													
	Breast Surgery													
	Breast Reconstruction													
	Chemotherapy													
	Chemotherapy Infusion Port													
	Anti-HER2/neu Therapy													
	Anti-Estrogen Therapy													5-10yrs
	Radiotherapy													V
	Genetic Testing													
	Fertility Preservation													

#### **Your Personal Treatment Options**

<ul> <li>Breast Surgery         □Lumpectomy (Partial Mastectomy)         (requires radiotherapy)</li> </ul>
☐ Mastectomy ☐ Total/Simple ☐ Nipple Sparing ☐ Skin Sparing ☐ Unilateral (one breast) ☐ Bilateral (both breasts) ☐ Prophylactic ☐ Left ☐ Right ☐ Both
☐ Reconstruction ☐ Tissue Expander → Implant ☐ Immediate Implant ☐ Tissue Flap ☐ TRAM (tummy) Flap ☐ Latissimus (back) Flap ☐ Other:



\* Influenced by the results from surgery

For more details about surgical procedures, visit: www.drholmesmd.com

# **Your Treatment Team**

	Provider	Institution	Phone Number
Breast Surgeon			
Surgery Scheduler			
Medical Oncologist			
Radiation Oncologist			
Plastic Surgeon	A		
Mental Health/Social Worker			
Nurse/Practitioner		A	
Primary Care Physician		7 7	
OB-GYN			
Patient Navigator		A	
Fertility Specialist			
			1 1

## **And Many Years to Come...**



#### **MAINTAIN HEALTHY RITUALS and ROUTINES**



**LIMIT ALCOHOL** 

No more than 1 drink per day



**HEALTHY DIET** 

Five Servings of Fruits and Veggies Daily



**HEALTHY WEIGHT** 

Exercise ≥30 minutes/day, 5 days a week



# Follow-up Care & Surveillance

Follow-Up Care	Frequency	Provider
Physical Exam (Surgeon)	Every 6 months	
Physical Exam (Medical Oncologist)	Every 6 months	
Mammogram of Treated Breast*	Every 6 months X 3 years, then yearly	
Mammogram Opposite Breast*	Yearly	
Breast MRI**	Every 3 years	
Bone Density***	Every 3 years	
Pelvic Examination***	Yearly	
Colonoscopy****	Every 10 years starting at age 50	

\*Not necessary after mastectomy

\*\*Yearly if Dense Breasts

\*\*\*If Postmenopausal

\*\*\*\*Every 3-5 years if polyps found