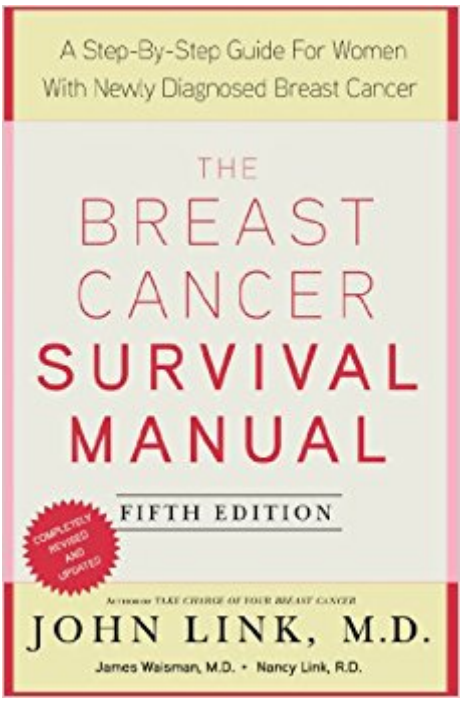
The Breast Cancer Survival Manual, Fifth Edition: A Step-by-Step Guide For Women With Newly Diagnosed Breast Cancer



Synopsis

The updated edition of the essential resource for the 250,000 women diagnosed with breast cancer each yearBreast cancer is the leading cause of death in women from thirty-five to fifty-four years of age, and few things are as terrifying and confusing as a diagnosis of this disease. The fifth edition of The Breast Cancer Survival Manual is a concise, information-packed guide that is newly revised to contain all of the latest findings to help the woman facing treatment feel informed and empowered. John Link, M.D., a pioneer developer of Breastlink Medical Group in Southern California includes the most current medical advice on â ¢ Tamoxifen, Herceptin, and other chemotherapy options â ¢ The growing importance of HER2 oncogene testing â ¢ Clinical research trials under way that could broaden treatment options â ¢ The role of preventive drugs and prophylactic mastectomy for those with high genetic risk â ¢ Sentinel lymph node sampling, a method of local control soon to become standard Of course, all of the basic information included in the previous editionsâ •the nature and biology of breast cancer, choosing a treatment team, managing side effects, and optimizing medicationâ •are here as well, making this the best book of its kind on the market.

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Customer Reviews

Dr. John Link is recognized as one of the world's leading breast cancer specialists, and is the pioneer developer of Breastlink Medical Group in Southern California.

1Â Breast Cancer Basicscanâ ¢cer noun \â ™kan(t)-sr\ : a malignant tumor of potentially unlimited growth that expands locally by invasion and systemically by metastasisBefore beginning our

discussion about cancer of the breast, I want to give you some very basic information about cancer in general and how its unique characteristics compare to a normal cell.Normal body cells can:â ¢ Reproduce themselves EXACTLYâ ¢ Stop reproducing at the right momentâ ¢ Stick together in the correct placeâ ¢ Self-destruct if a mistake occurs or they are damagedâ ¢ Mature and become specializedâ ¢ Die (they are programmed to do so), and when appropriate they are renewed by like cellsCancer cells are different from normal cells in the following ways:â ¢ Cancer cells donâ ™t stop reproducingâ ¢ Cancer cells donâ ™t obey signals from other cellsâ ¢ Cancer cells donâ ™t stick together; they can break off and float awayâ ¢ Cancer cells stay immature and donâ ™t specialize, so they become more and more primitive, and they reproduce quickly and haphazardlyâ ¢ Cancers cells lose their programmed death pathwayIn this chapter we are going to explore the nature of breast cancer. It is a mystery to us why the female breast is vulnerable to developing cancer. It may have something to do with monthly cycling of glandular cells, yet more than half of breast cancers develop in older women after the breast glands have come to rest. We know that cancer tends to occur in organs with cells that are constantly cycling through cell renewal. The replacement of a cell requires the production of a new set of genes, and this process can lead to mistakes (mutations) that the cell is unable to repair. The mistakes can then be repeated, causing a cell to grow according to a new blueprint in a process that is out of control, and this process results in cancer.First, letâ ™s examine the anatomy of the female breast (Figure 1.1). The female breast is composed of milk-producing lobules connected to milk ducts that carry milk from the lobule to the nipple. There are at least twelve or more of these separate branching ductal-lobular units that occupy the four quadrants of the breast. Supporting and surrounding the glandular units are fibrous tissue, fat cells, blood vessels, and the lymphatic system that drains from the breast to the lymph nodes. We believe that the majority of breast cancers are due to a genetic mistake within the cells lining the lobules or ducts. There is evidence that genetic mistakes are common, and the majority are harmless. Cells actually have the ability to self-repair these genetic mistakes so that they do not go on to become cancer.A cancer is born when a mistake occurs at a critical point in the cellâ ™s genetic blueprint, or DNA, and it goes unrepaired. This genetic mistake affects the behavior and characteristics of the affected cell and the new cells that are produced. When a cell becomes genetically unstable, it has gone bad. These unstable cells continue to divide, passing along the damaged or mutant genetic message to the next generation of cells.Figure 1.1Breast ducts and lobulesAs the new cluster of cancer cells emerges from a milk duct or lobule in the breast, it can remain within the duct system (in situ), or it can invade the basement membrane and spread into the fat and supporting tissue (invasive or infiltrating). (See Figure 1.2.) This ability to grow and invade is

a characteristic of cancer, and it can spread locally, within the breast, or spread into lymph and blood vessels.The resulting group of cancerous cells (clone) can have most of the same characteristics as the normal breast duct cell (i.e., hormone receptors) and grow slowly but steadily. On the other hand, the mutation(s) can lead to a clone that is highly malignant, with the resulting cells having no resemblance to the normal breast cells. We are beginning to understand that not all breast cancers are alike; they behave differently depending on the type of mutation and the resulting proteins or lack of proteins that direct the cellâ ™s behavior.Figure 1.2In situ and invasive ductal cancerWe now have the ability to analyze genetic material within cancer cells and map the unique patterns. From this research a new method of classifying breast cancer has emerged (see the discussion in chapter 3).Breast cancers can remain contained within the duct system (in situ) for months or even years. Some cancers may require an additional mistake (mutation) to invade into the surrounding tissue. Other cancers probably immediately invade the surrounding tissue with the initial mutation. Cancers that remain in the duct system are called ductal carcinoma in situ (DCIS). (We discuss these preinvasive cancers in chapter 5.) If we can discover a DCIS before it invades the surrounding tissue, there is no risk of its spreading to the body, and the cancer is highly curable with local treatment measures.The rate of growth of a cancer varies considerably and is very dependent on the mutation that has occurred. Some breast cancers retain the ability to be influenced by hormones (estrogen), and the presence or lack of estrogen will influence their growth.The genetic blueprint (DNA) within a cancer cell is unstable, and with continued growth further mutations occur. Some of these mutations are so unstable that they become lethal to the cell population itself, thus ending the cancer growth. We tend to think of cancers as â œstrongâ • rogue cells. In reality many cancer cells, especially the most malignant, are fragile and just hanging on. Current treatments are able to take advantage of this fragile state, and in the future treatments will target this vulnerability.As stated earlier, the rate of growth of breast cancer cells varies considerably. The slower growing cancers of the Luminal A type (see chapter 3) take six or more months to double in size (Figure 1.3), while the triple-negative (basal cell) cancers can double in size in just one to two months. The ability to spread into the lymph system and bloodstream depends on the underlying DNA mutation and the size of the cancer. Most cancers cannot spread into lymph and blood vessels (metastasis) until they exceed about 1 centimeter (10 mm) in size (Figure 1.4). We believe that over time slower-growing cancers can further mutate and increase their growth rate, potential to spread, and degree of malignancy.Figure 1.3Growth of cancer cells over timeFigure 1.4Tumor growth over time of a luminal breast cancerOnce a cancer has become invasive, there is risk of its spreading into the lymphatic system and the bloodstream. We are not

sure what mechanism a cancer cell uses to invade vessels, but it is thought that the process requires DNA programming or mutation. Women often ask if a needle biopsy can disrupt cells and cause them to spread into the lymph nodes. I think this can occur, and in some cases we do see isolated tumor cells shortly after biopsy in the first lymph node that drains the breast. But we also know these women have the same outcome as women without the presence of isolated tumor cells in their lymph nodes. Evidence suggests that the spread to the lymph by the trauma of the biopsy is not associated with true cancer cell metastasis and does not lead to a decrease in cure rates.The needle-directed biopsy of a cancer is the standard for diagnosis of breast cancer. From this small core of tissue, about the size of a pencil lead, the type of breast cancer can be determined, allowing the treatment team to plan therapy most appropriate for the patient. (We discuss the analysis of tumor tissue more completely in chapter 4.)In the past we placed huge importance in staging a cancer on analysis of the draining lymph nodes, looking for spread of tumor cells and extent of the spread. Figure 1.5 demonstrates the distribution of lymph nodes draining the breast. Until a few years ago surgeons would remove a majority of the lymph nodes at the time of the breast cancer surgery. Spread to lymph nodes is an important factor to determine your prognosis (probable course or outcome of the disease), but it is no longer necessary to do extensive lymph node surgery. There is increased risk of lymphedema (arm swelling) that does not justify the information gained through removal of the majority of nodes. Instead, by removing the sentinel node (the first draining lymph node; see chapter 6), we can obtain the needed information without the risks of more extensive surgery. If there is extensive lymph node involvement at the time of diagnosis, the involved lymph nodes are usually treated with systemic therapy, followed by radiation and in some cases surgery.Figure 1.5Distribution of axillary lymph nodesHistorically, lymph node involvement was the strongest predictor of risk of spread into the bloodstream. This is changing. Using a number of tests that can be performed on the needle biopsy, we have greatly improved our ability to assess the risk of cancer spread. (This topic is discussed further in chapters 4 and 6.)It is important to treat cancer in the lymph nodes draining from the breast. By using sentinel lymph node sampling, ultrasound, and other imaging techniques such as MRI and PET scans, we can plan approaches that use combined therapies for those women whose cancer has spread to the lymph nodes. For the majority of women with no lymph node involvement or microscopic involvement, we can avoid extensive and potentially damaging lymph node surgery. A number of clinical trials have demonstrated that full lymph node removal does not improve survival rates.The most serious and dangerous event is when cells invade into the blood vessels and metastasize into the body. We call this occurrence systemic spread. Current te... --This text refers to an out of print or unavailable

edition of this title.

When you or a loved one is diagnosed, THAT is the book to have at your side. In this battle, you must be your own advocate. You need a calm and clear idea of what resources are available, what questions to ask, clear understanding of what your status and results mean, and a path to help guide you through the battle. They say that you are not alone, but you are the one that must travel this journey. No one, even a sister survivor, knows what your journey is. Do not be afraid to speak up for yourself with loved ones, care givers, and medical professionals. You are in a battle for your life. Get the information you need to make your choices.This book should be issued by your health care professional the day you are diagnosed.

This is a book nobody WANTS to have to read, but it presents much of the information we need to know, when dealing with a new diagnosis of this beastie. I found the section on interpreting the pathology report especially helpful, but all of it is helpful in understanding the terminology and techniques that doctors will use in talking about breast cancer, and written in an easy-for-a-layperson-to-understand style.While specific treatments may change, requiring frequent updates of the book and reference to other materials, it’s still an invaluable resource for an overview.

This book is great! When I discovered I had a second and different kind of Breast Cancer called Triple Negative I went looking for information. I didn’t want to be a clueless patient like I had been the first time. I wanted to be armed with the facts when I met with my Oncologist so I could be a part of the decision making. I feel I got the treatments I required because of what I learned by reading Dr. Links book.

Very helpful book. After recently been diagnosed with breast cancer, I had a lot of questions. This book takes you step by step through your cancer journey, explaining things easily. I highly recommend for anyone newly diagnosed.

Superb book for all breast cancer patients. Wish I had this book immediately following diagnosis. It will guide you to ask the right questions, lead you to informative websites and support groups, and help you understand your disease better than any doctor can explain in a 15 minute appointment. Dr. John Link is brilliant in his writing. Fortunately for me he has offices nearby and I was able to see

him for a second opinion. He spent forty minutes of his precious time explaining my diagnosis, treatments, and potential future for a cure. More information and hope than my current oncologist has ever given me. Every breast cancer patient should read this book.

Just as described. Delivered early. Thank you!!

Dr. Link has perhaps provided one of the most comprehensive resources, logically organized, and easy to understand/integrate into my treatment planning. He demonstrates a rare art of explaining very complex (and at times overwhelming)information in a very understandable format that provides the patient with useable information. As a recent Brest Cancer patient, it guided many of my decisions, provided real (rather than cliche) empowerment, and has helped my loved ones understand my treatment. One of the toughest challenges to me initially was to explain my cancer, prognosis, and treatment. While sincerely interested, few can assimilate and retain all the variables, so the ability to recommend or provide a copy has made that aspect much easier than fielding ongoing concern and questions. I feel like I have Dr. Link right there explaining my treatment. I use and refer to my book continually. Thank you Dr. Link!

When diagnosed with breast cancer, it is all a mystery - like landing on another planet with another language. Let this book be your translator. Dr. Link, Nancy Link, R.D.and Dr. Waisman translate the pathology report, staging, tumor size, chemo into easily understandable language in a page-turner of a book that answers questions and guides you through diagnosis - treatment - and recovery.The book is not bogged down in detail and complexity like many others. Buying this book was the best thing I did when I got diagnosed. It’s a comfort to have. I would have been lost without it.

Outsmart Cancer: The Proven Cure For Beating Cancer With Healthy Nutrition And Vitamin B17 (Cancer,Cancer Cure,Cancer Diet,Coping With Cancer,Cancer Books,Breast Cancer,Lung Cancer,Cancer Prevention) Cancer: Coping With Cancer: How To Cope When A Loved One Has Cancer Without Any Grieving (Cancer,Coping With Cancer,Cancer Books,Breast Cancer,Colon Cancer,Lung ... Cure,Prostate Cancer,Cancer Prevention) Alternative Cancer Therapies (Cancer,Cancer Cure,Cancer Diet,Coping With Cancer,Cancer Books,Breast Cancer,Lung Cancer,Cancer Prevention,Colon Cancer) (Alternative Medicine Book 1) Breast Cancer Prevention and Recovery: The Ultimate Guide to Healing, Recovery and Growth: prostate cancer, bone cancer, brain cancer, breast cancer, colorectal, ... cancer killers, cancer is not a disease,) Navigating Breast Cancer: Guide for the Newly Diagnosed Cancer: Taboo Cancer Cures 6 Impressive and Secret Cancer Cures that Most People do not know about (Cancer, Cancer Cures, Yoga, Cancer Treatments, Cancer Medicine, Cancer Patient Book 1) Restorative Yoga For Breast Cancer Recovery: Gentle Flowing Yoga For Breast Health, Breast Cancer Related Fatigue & Lymphedema Management Survival: Survival Guide: Survival Skills, Survival Tools, & Survival Tactics. Emergency Prepping, & Surving A Disaster! (First Aid, Survival Skills, Emergency ... Medicine, Bushcraft, Home Defense Book 1) The Cancer Cure Diet: The Complete Cookbook of 20 Cancer Diet Recipes That Work And Why (Cancer Cure, Cancer Nutrition and Healing, Cancer Prevention, ... Cancer Diet Guide, Cancer Recipe Books) Winning The Cancer Battle: Nutritional Help for Breast Cancer, Prostate Cancer, Intestinal Cancer, Vaginal Cancer, and Various Other Cancers Multiple Sclerosis: A Guide for the Newly Diagnosed: Fourth Edition Autism with HEART: A Guide for Parents with Newly Diagnosed Kids The First Year: Cirrhosis: An Essential Guide for the Newly Diagnosed The First Year: Celiac Disease and Living Gluten-Free: An Essential Guide for the Newly Diagnosed The First Year: Crohn’s Disease and Ulcerative Colitis: An Essential Guide for the Newly Diagnosed