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# Understanding Breast Cancer

JOY OGDEN



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# Understanding Breast Cancer

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# About the author

JOY OGDEN is an award-winning health journalist of nearly 20 years' standing, who has written for a range of professional health titles such as *Nursing Times*, *Nursing Standard*, *Health Service Journal* and *Therapy Weekly*. She has contributed to national newspapers such as *The Guardian*, *The Observer*, *The Independent* and magazines such as *Yours Health Plus*. She is managing editor of *Acupuncture in Medicine*. Joy has recently had treatment for breast cancer and draws on her own experiences of living with its effects and her re-acquaintance with the NHS as a patient.



# Acknowledgements

I would like to thank all the people who talked to me about their experiences of living with breast cancer. Their comments and contributions were generous, full of insight and extremely valuable – both for this book and for my own understanding, as someone who also lives with breast cancer.

I would like to thank my family and friends – and especially my two wonderful daughters, Louise Jones and Jane Ogden – for their unstinting and invaluable support and encouragement when I was coming to terms with my own diagnosis. Thanks to Jane also, as editor of this series, for her support in writing this book, and to Dr Polly James for her useful advice.



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# Introduction



As a health journalist I thought I knew a lot about cancer and my own chances of getting it. Looking around my long-lived, relatively cancer-free family I blithely assumed I was safe. It's true that my father died of lung cancer at the age of 59, but that was after a lifetime – starting at 13 – of chain-smoking. Oh, and his sister died of cancer, but she was also a very heavy smoker, so I never felt that counted either. I concentrated, instead, on the fact that all four of my grandparents lived well into their 80s or 90s, and that my mother is a miracle of fitness who survived a major car crash on a bridge holiday in France a couple of years ago at the age of 87 without a broken bone.

Well, I was wrong. I was sitting in the bath one Saturday night in March 2002 when I felt a shooting pain in my right breast. It felt – in retrospect at least – as though I was following a neon arrow pointing to The Lump. At first I thought I must be mistaken. But no, it did seem like a definite lump. That night I slept fitfully and every time I woke I reached again to feel for it, hoping that perhaps I had been mistaken. It was an agonising wait until Monday morning, when I went to the GP as an emergency appointment.

He was very kind. A bad sign, I thought. 'It doesn't feel like a bad lump,' he said. But nevertheless he said he would fax the consultant at the local hospital and I should get an appointment within two weeks. Two weeks. Two weeks sipping cold white wine by a pool in the south of France is no time at all. This was two weeks sitting in the dentist's chair with the drill whirring in my mouth. At the end of the first week I was an emotional wreck and rang the hospital to see when I could see the consultant. A pleasant-sounding receptionist assured me they had the letter and if it was considered urgent I would be seen as soon as possible. I just started quietly weeping, unable to control myself and unable to answer. I put the phone down. Half an hour later she rang and said they realised how distressed I was and

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the consultant would see me the following day. So that's how the long journey began. My cancer was malignant, but thankfully very small and there was no trace of it in the lymph nodes. I had a lumpectomy, followed by radiotherapy. The receptionist's kindness and understanding was typical of the treatment I received from everyone in the following weeks. I'm a seasoned complainer about poor service, but you won't hear me knock the NHS or the people who work in it.

I coped with my own diagnosis by reading everything I could find, trawling through the internet for information, and by talking to my family and friends. This book contains both facts and figures and the perspective of people who have experienced the different diagnoses and forms of treatment. This book aims to provide the sort of information and support that I was looking for. I hope that it will be a useful resource for others who have been diagnosed with breast cancer, as well as for their family and friends and for health professionals who come into contact with them.

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# What is breast cancer?

# 2



## Overview

This chapter will look first at cancers in general and then in more detail at breast cancer. To give a clearer understanding of the different types of breast cancer, there is a brief description of the structure of the breast. There are explanations of the different types of tumours – non-invasive and invasive – and of secondary breast cancer.

## What is cancer?

There is no one disease called ‘cancer’ which will one day be curable with a single remedy. It is a group of many different diseases that have some important things in common.

Cancers all develop as the result of cells which have run out of control and they all begin in the same way in the body’s basic building block of life – the cell. The body has billions of cells of many different types which are grouped together to form tissues and organs. Normal cells grow in a controlled way and are constantly dividing to repair damaged tissues, to replace old cells and for tissues to grow. This helps to keep our body healthy. But normal cells only divide or reproduce when there is a need. Cells in tissues such as the skin or blood, for instance, are constantly wearing out and being replaced. When we cut ourselves, the cells around the injury will reproduce in order to repair and replace the damaged tissue, but once they have repaired it and the wound is healed they stop dividing. Sometimes, however, the control system goes wrong: the ‘switch-off’ mechanism fails and the cells become abnormal. Instead of stopping, the abnormal cells just keep on multiplying and

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dividing until a lump forms. This lump of extra tissue is called a tumour. It is thought that most invasive breast cancers have been present from 6 to 10 years before they are picked up by a mammogram or felt as a lump.

### **Are all tumours cancerous?**

Not all tumours are cancerous, some are non-malignant or benign; that is, as it sounds, harmless – except when they grow in places where the pressure they exert causes a problem (for example large benign brain tumours). They are made up of cells that are quite like normal ones – and don't usually need to be treated. Benign tumours tend to grow very slowly, if at all, and don't spread beyond the tissue where they first started and into the rest of the body.

Malignant tumours, though, are made up of cancer cells that look abnormal and are not like the cells from which they developed. As a rule, the more abnormal (or anaplastic) the cells look, the more aggressively the cancer grows. Malignant tumours continue growing into surrounding areas and can spread to other parts of the body. It's this ability to damage and destroy surrounding tissues and to travel to other organs, where they grow as secondary (or metastatic) tumours, which makes cancerous cells so dangerous.

A malignant tumour which can invade and damage nearby tissues and organs is cancer. A benign tumour which will not spread to other parts of the body is not cancer.

### **What is meant by 'primary cancer'?**

The place where a cancer starts is called the 'primary cancer'. Tumours from cancers that have spread are called 'secondary cancers' (doctors call these 'metastases' and they say a cancer that has migrated from its original site has 'metastasised').

### **So what is breast cancer?**

Breast cancer, too, is not just one disease, but several. It can be found in a pre-cancerous state (which might go on to develop into invasive cancer if it is not treated), as a cancer which has not yet spread, or after it has spread to other organs. It can grow very fast or very slowly or somewhere in between. Breast lumps are common in women of all ages, but in younger women, particularly, they are usually non-malignant. Though it is rare, men can and do also get breast cancer.

Breasts are composed mainly of fat and breast tissue, together with nerves, veins, arteries and the connective tissue that helps to keep it all in place. The main