**What is breast cancer?**
Breast cancer begins when healthy breast cells change and grow out of control, usually forming a mass called a tumor. Breast cancer is the most common type of cancer diagnosed in women in the United States (excluding skin cancer).

**What are the parts of the breast?**
Most of the breast is fatty tissue. However, it also contains a network of lobes that are made up of tiny, tube-like structures called lobules that contain milk glands. Tiny ducts connect the glands, lobules, and lobes, and carry milk from the lobes to the nipple. Most breast cancers begin in the cells lining the milk ducts and are called ductal carcinomas. The second most common type starts in the lobules and is called lobular carcinoma.

**What does stage mean?**
The stage is a way of describing where the cancer is located, how much the cancer has grown, and if or where it has spread. There are 5 stages for breast cancer: stage 0 (zero), which is called noninvasive cancer or ductal carcinoma in situ (DCIS), and stages I through IV (1 through 4). Descriptions and illustrations of these stages are available at www.cancer.net/breast.

**How is breast cancer treated?**
The biology and behavior of a breast cancer affect the treatment plan, and every person’s cancer is different. Doctors consider many factors when recommending a treatment plan, including the cancer’s stage; the tumor’s human epidermal growth factor receptor 2 (HER2) status and the hormone receptor status, which includes estrogen receptors (ER) and progesterone receptors (PR); the presence of known mutations (changes) in breast cancer genes; and the woman’s age, general health, and whether she has experienced menopause. For earlier stages of cancer, surgery to remove the tumor and nearby lymph nodes usually is the first treatment. Additional treatment with chemotherapy, radiation therapy, hormonal therapy, or targeted therapy is usually given after surgery to lower the risk of the cancer returning. These treatments may also be given before surgery to shrink the size of the tumor. The treatment of cancer that has spread or come back after treatment depends on many factors. It can include the therapies listed above used in a different combination or at a different pace. When making treatment decisions, women may also consider a clinical trial; talk with your doctor about all treatment options. The side effects of breast cancer treatment can be reduced or managed with a variety of medications and the help of your health care team. This is called palliative care and is an important part of the overall treatment plan.

**How can I cope with breast cancer?**
Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.

*ASCO ANSWERS* is a collection of oncologist-approved patient education materials developed by the American Society of Clinical Oncology (ASCO) for people with cancer and their caregivers.
Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. Consider asking the following questions of your health care team:

- What type of breast cancer do I have?
- Can you explain my pathology report (laboratory test results) to me?
- What stage is the breast cancer? What does this mean?
- What is the ER/PR status of the tumor? The HER2 status? What does this mean?
- Would you explain my treatment options?
- What clinical trials are available for me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- Should treatment before surgery be considered?
- What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- Who will be part of my treatment team, and what does each member do?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Will this treatment affect my ability to become pregnant or have children? What can be done to preserve my fertility?
- What long-term side effects are associated with my cancer treatment?
- If I’m worried about managing the costs of cancer care, who can help me?
- Where can I find emotional support for me and my family?
- Whom should I call with questions or problems?
- Is there anything else I should be asking?

Find more questions to ask the health care team at www.cancer.net/breast and www.cancer.net/metastaticbreast. For a digital list of questions, download Cancer.Net’s free mobile app at www.cancer.net/app.

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Terms to know

Benign:
A growth that is not cancerous

Biopsy:
Removal of a small tissue sample that is examined under a microscope to check for cancer cells

Chemotherapy:
The use of drugs to destroy cancer cells

DCIS:
Ductal carcinoma in situ; cancer that has not spread past the ducts and is not invasive

Lymph node:
A tiny, bean-shaped organ that fights infection

Lumpectomy:
The surgical removal of the tumor and an area of healthy tissue around the tumor

Malignant:
A cancerous growth or mass

Mastectomy:
Surgical removal of the entire breast

Metastasis:
The spread of cancer to another part of the body, usually to another organ

Oncologist:
A doctor who specializes in treating cancer

Radiation therapy:
The use of high-energy x-rays to destroy cancer cells

Tumor:
An abnormal growth of body tissue