WITH LOVE AND SUPPORT



A GUIDE FOR LATINAS WITH METASTATIC BREAST CANCER AND THEIR LOVED ONES



RESOURCES

SHARE/LatinaSHARE 844-275-7427 https://www.sharecancersupport.org

American Cancer Society National Cancer Institute

800-227-2345 800-422-6237

http://www.cancer.org https://www.cancer.gov

Cancer and Careers Patient Advocate Foundation

646-929-8032 (800) 532-5274

https://www.cancerandcareers.org http://www.patientadvocate.org

Metastatic Breast Cancer Network Susan G. Komen Foundation

888-500-0370 877-465-6636

http://www.mbcn.org http://ww5.komen.org

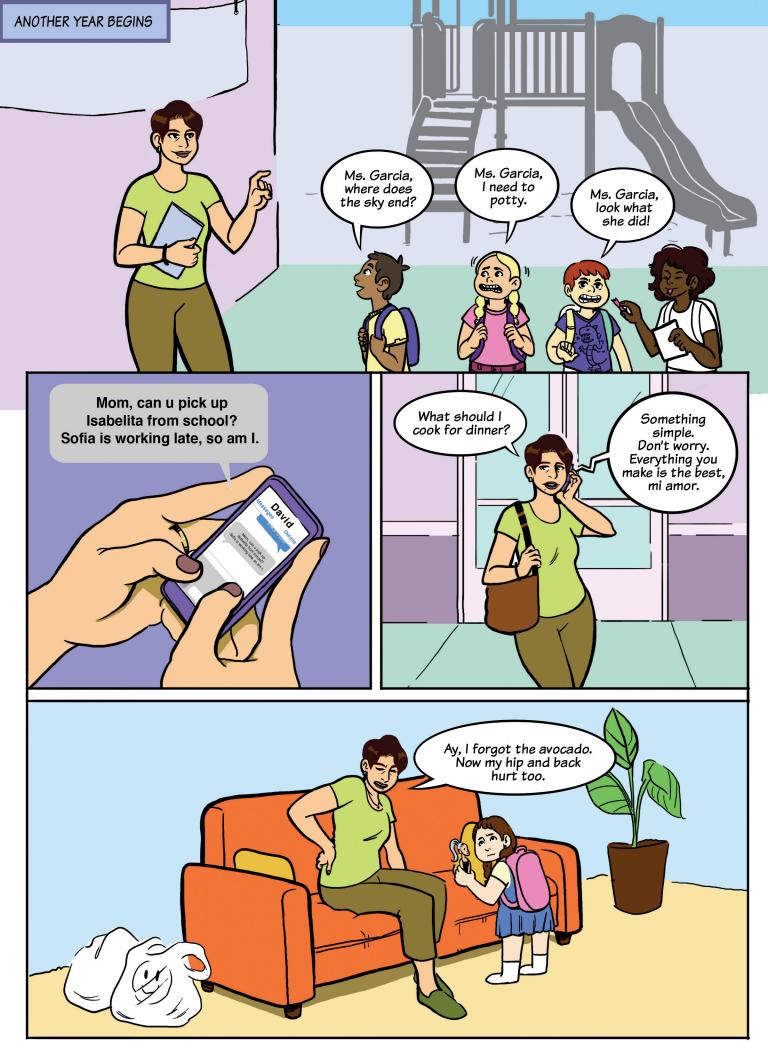
THINGS TO DISCUSS WITH YOUR DOCTOR

Metastatic Site:
 Size:

2. Subtype: ER PR HER2 TRIPLE NEG OTHER

- 3. Test and scan schedule:
- 4. Treatment options:
- 5. Clinical Trial Information:
- 6. Expected Patient Decision Date:
- 7. Possible Treatment Side Effects:
- 8. Quality of Life (QOL) Concerns:
 - A. Palliative Care (Symptom Management, Complementary Medicine)
 - B. Support Group Information (availability)
 - C. Future Goals (ie; Life Events, Family, Work, Directives, Activities)

Note: Working with your doctor is important throughout your treatment journey. It is important to discuss how you feel and any side effects that you experience because there may be tips to help manage some of them.







Still,
September is
the worst time
to be out, and
we're helping
David with the
baby starting
kindergarten.

What would you tell me if I came to you with something wrong in my body?









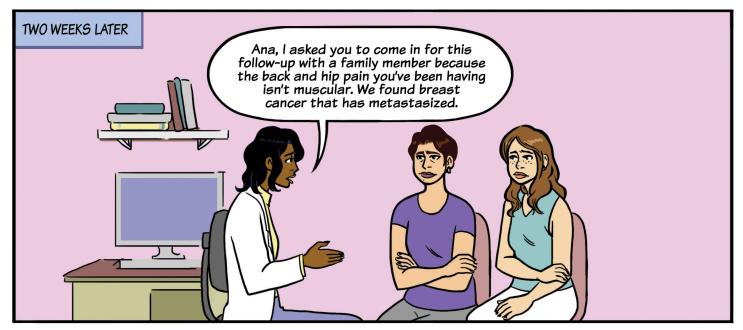














What?! How? I completed chemo.
I took all my medications. I take care of myself now more than ever. Now you're telling me I have breast cancer again?



Even though the cancer cells spread to your bones, we still treat them as breast cancer.

Under a microscope, the cells look like breast cancer cells and respond best to breast cancer treatments. Since you were previously diagnosed with breast cancer, it's most likely some of those cancer cells survived the hormonal therapy and chemotherapy.







What if I receive chemo again? Won't it go away?

Having metastatic breast cancer means you probably will be in treatment for the rest of your life, but not necessarily on chemotherapy.



The rest of my life? How long do I have?



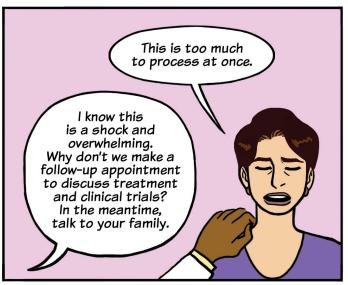
Metastatic breast cancer is not curable, only treatable.
Treatments are available, but we can't promise how long they will work.

Treatment means we try to shrink or weaken the cancer, stop it from spreading further, and try to manage your symptoms and side effects.



Treatment options can include different standardized treatments and clinical trials. If one stops working we decide together on the next treatment, but first I want a biopsy of your hip.

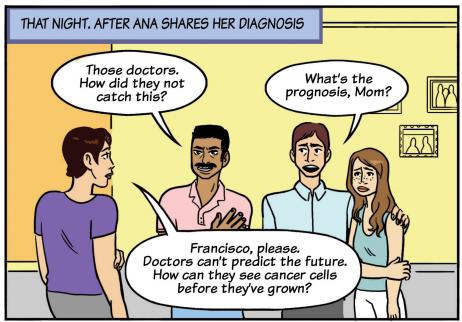






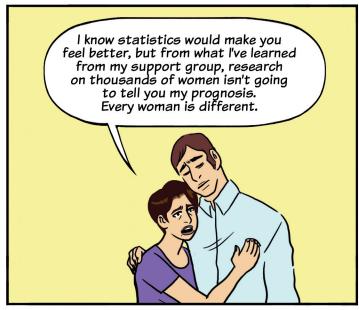
Doña Ana's right.
This is too much.
What can I possibly say?
There's nothing I can do to
help. And we've been adding
Isabelita to her load.
I feel terrible.



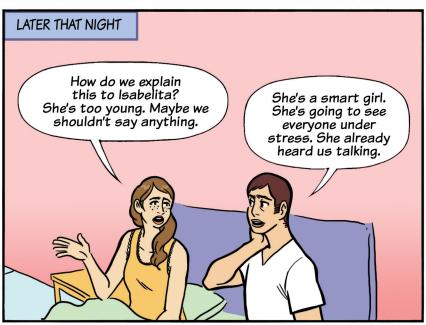








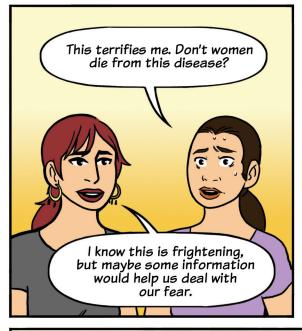


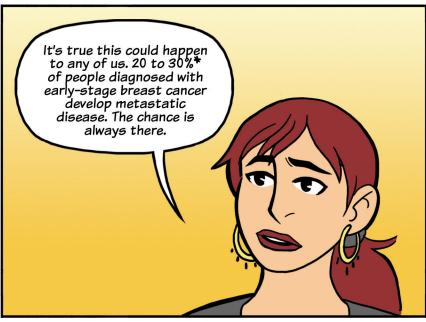


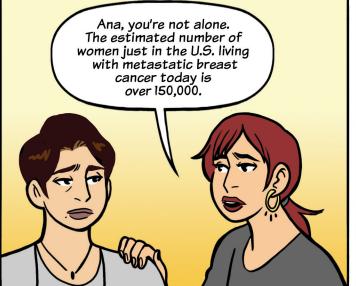






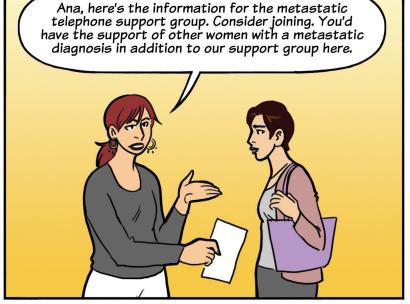




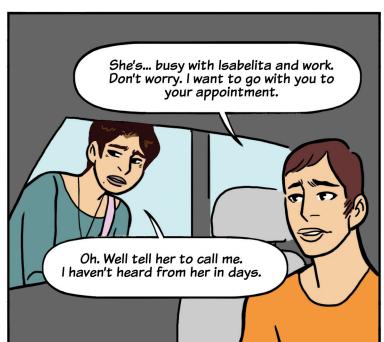












AFTER ANA'S HIP BIOPSY

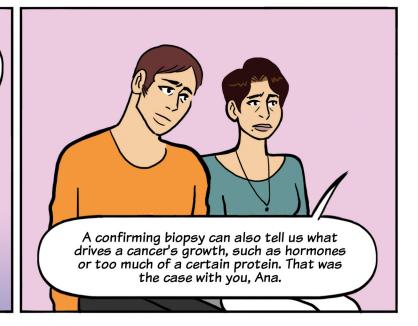
Doctor, my mom has had many tests. My dad is upset, saying that she's being experimented on. I'm pretty educated, but even for me, these terms are like a foreign language.



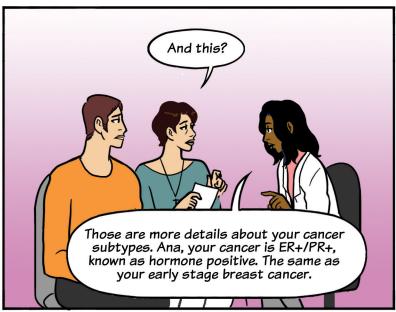
That's your mother's pathology report from the hip biopsy which confirms her diagnosis and helps us figure out how to move forward.

As you know, a biopsy tests a sample of tissue. A **confirming biopsy** of the metastatic site determines the cancer's subtype. Knowing the subtype helps decide on the right treatment.





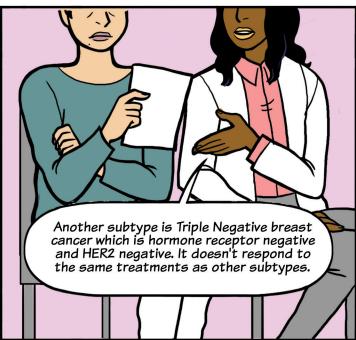




Another subtype is HER2+. Typically, HER2 receptors help control how a healthy breast cell grows, divides, and repairs itself but in this subtype it's not functioning properly.

Sometimes the pathology can be both hormone positive and HER 2+.



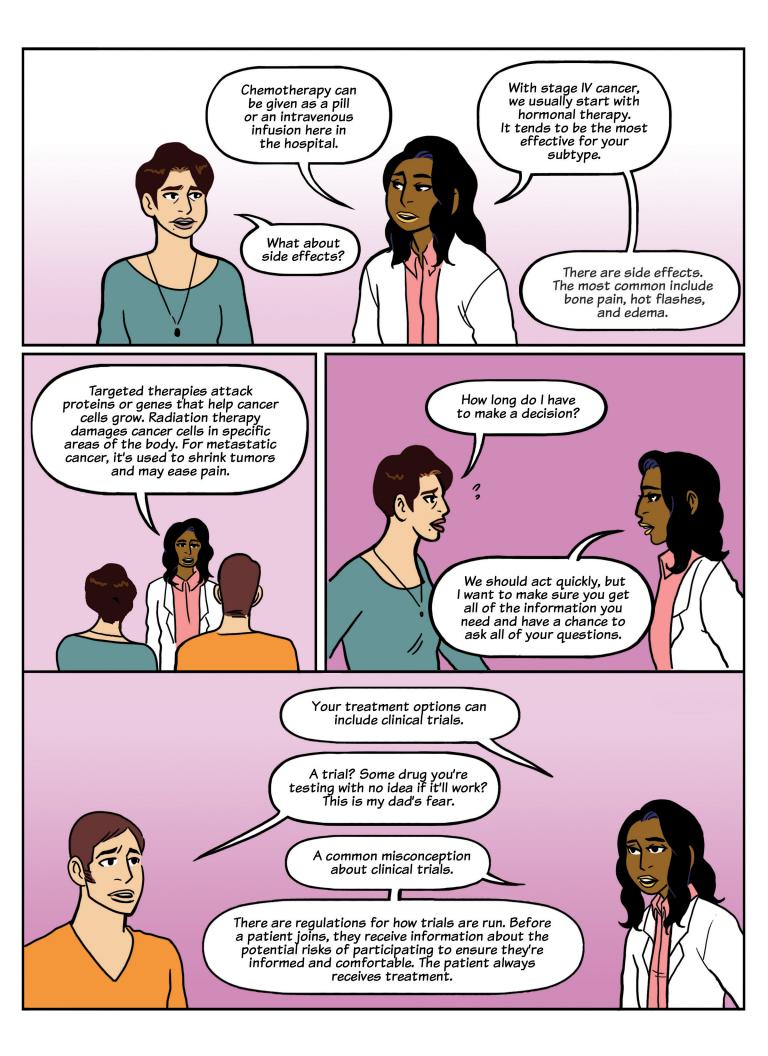


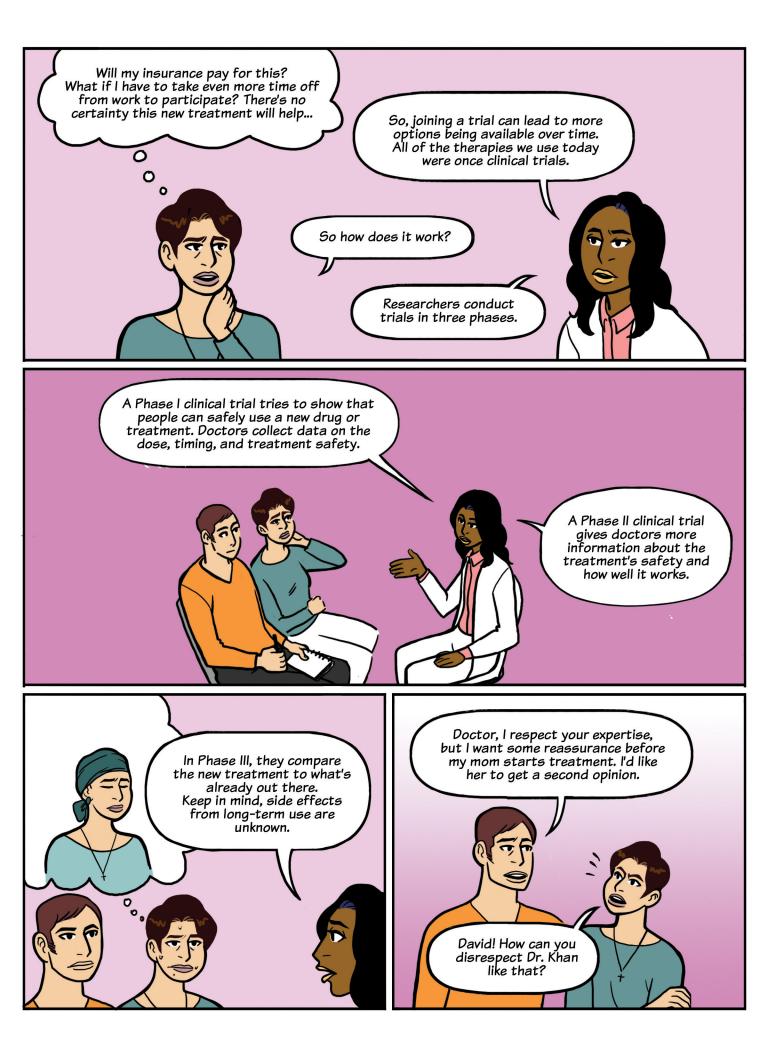
So what are my treatment options? Which one do you recommend for me?



The most common treatments are hormonal therapy, other targeted therapies, chemotherapy, radiation, clinical trials, and sometimes surgery.

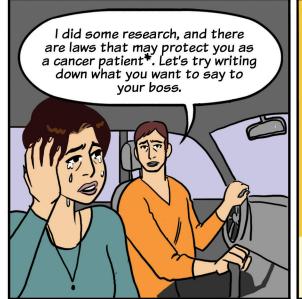


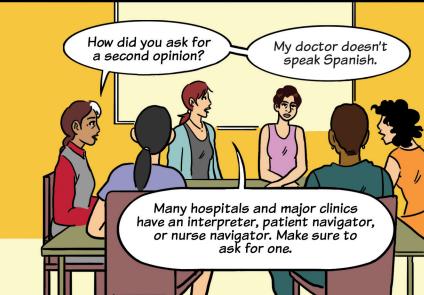




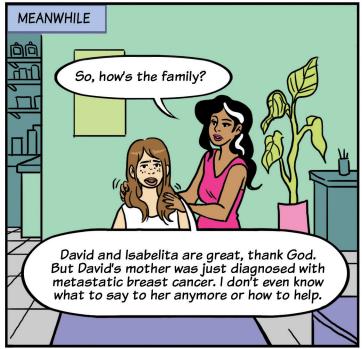


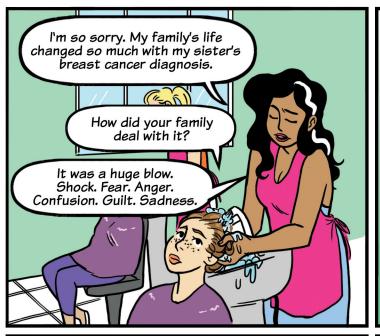












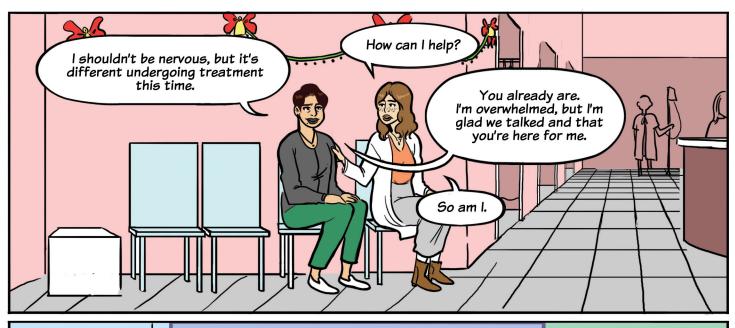


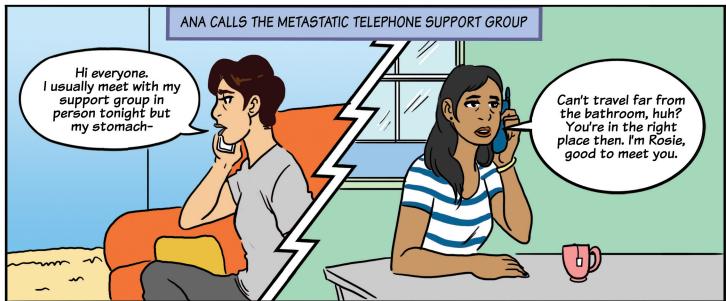






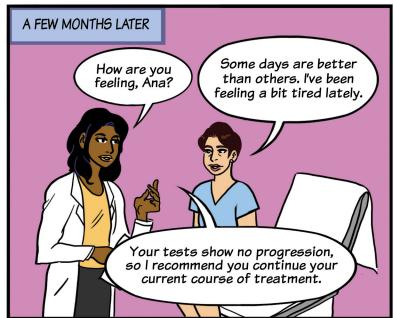


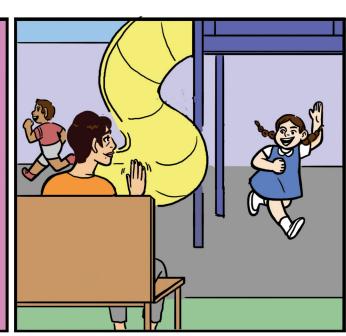




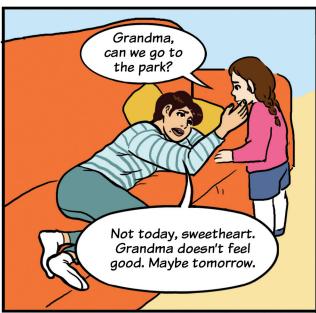


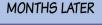








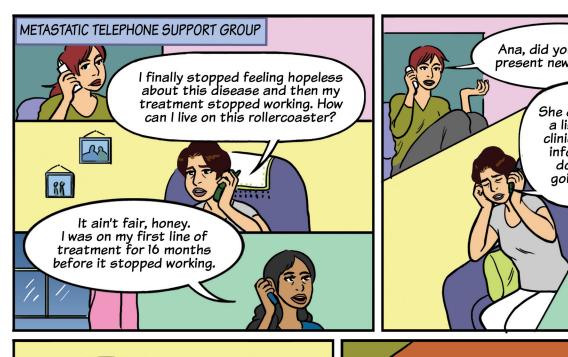




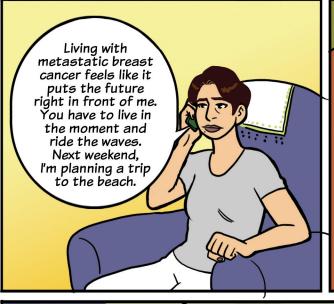
Ana, I just received results from the last tests. The cancer is showing signs of progression. I'm afraid your treatment has stopped working.



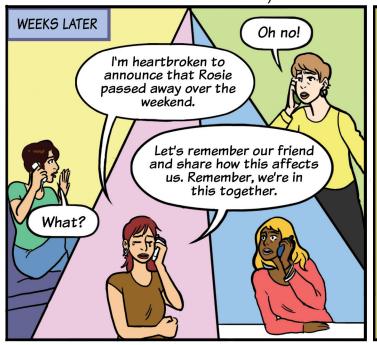




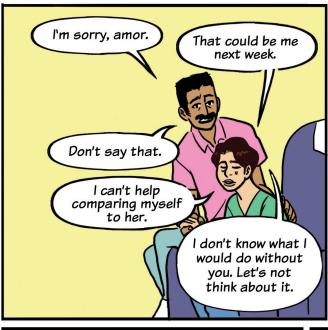




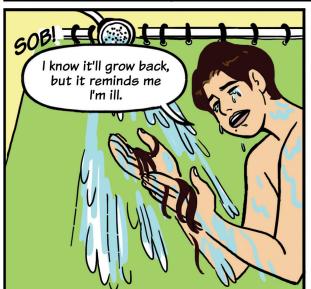




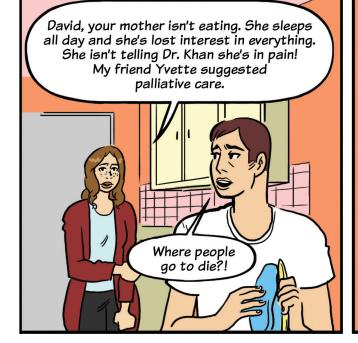


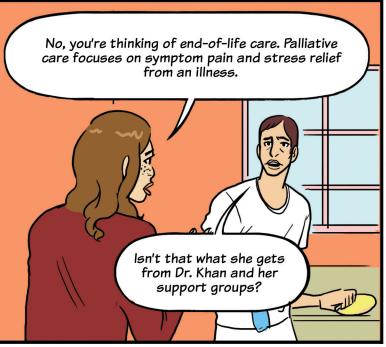




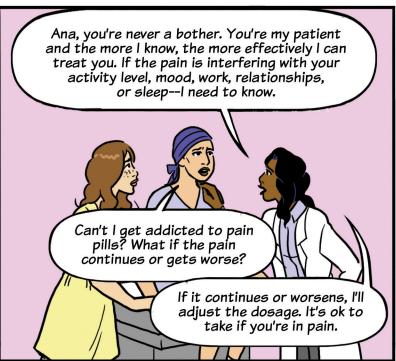




















GLOSSARY

Alternative or Complementary Therapies: therapies such as acupuncture, reflexology, aromatherapy, reiki massage, meditation, and homeopathic remedies found to be beneficial by some patients with chronic disease, but have not been fully evaluated.

Biopsy: surgical procedure in which a small piece of tissue is removed from a patient.

CT Scan (Computed Tomography Scan): digitized, detailed, spatially accurate, serial, three-dimensional body images, created by a narrow beam of X-rays.

Chemotherapy: treatment that attacks all cells indiscriminately in the hope of reducing the growth of rapidly dividing cancer cells. Available intravenously or via pill form, this treatment can be prescribed alone or in combination with other treatment.

Clinical Trial: research study using consenting human participants that tests the effectiveness and safety of a treatment.

Diagnosis: process of determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data.

First Line Treatment: the initial, preferred, or best treatment for a disease.

Hormone Therapy: prevents cancer cells from receiving estrogen, thus halting their growth. This is usually the first treatment option for hormone receptor-positive patients.

Hospice or End-of-Life care: a program that provides palliative care and attends to the emotional and spiritual needs of terminally ill patients at an inpatient facility or at the patient's home.

Informed Consent: a patient's consent to a medical or surgical procedure or participation in a clinical trial after being properly advised of the facts and risks involved.

Metastatic Breast Cancer (also called Stage IV or Advanced Breast Cancer): breast cancer that has spread to other organs in the body (usually the bones, lungs, liver or brain). Despite spreading to another part of the body, it is considered and treated as breast cancer.

PET Scan: a computerized diagnostic technique that uses radioactive substances to examine structures of the body.

Palliative Care: an approach to health care that is concerned primarily with attending to physical and emotional comfort rather than a cure.

Pathology Report: a document that contains the diagnosis determined by examining cells and tissues under a microscope.

Prognosis: a forecast of the probable course and/or outcome of a disease.

Progression: the process of spreading or becoming more severe.

Quality of Life: a person's well-being, which may include physical, emotional, and social dimensions, as well as stress level, sexual function, and self-perceived health status.

Radiation Therapy or Radiotherapy: targets the tumor to kill the cancer cells and can provide relief from the pain associated with the cancer.

Second Opinion: a patient privilege of requesting an examination and evaluation of a health condition by a second physician to verify, revise, or challenge the diagnosis and proposed treatment by a first physician.

Subtype: the smaller groups that a type of cancer can be divided into, based on characteristics of the cancer cells.

Targeted Therapy: Medications that help stop cancer from growing and spreading by targeting specific genes or proteins.

Tumor Marker: substances found at higher than normal levels in the blood, urine, or body tissue that can indicate cancer.





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