Deciding about your breast cancer treatment

A guide to help older women
choose which treatment is best for them

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Surgery and hormone-blocking pills or hormone-blocking pills only

A guide to help older women choose which treatment is best for them

Contact details of my doctors and nurses:

If you would like a copy of this booklet in large print, please ask the person who gave it to you.

This booklet has been written for older women (70 years and over) with **early oestrogen receptor positive** breast cancer **who have a choice** between surgery and hormone-blocking pills or hormone-blocking pills only. It should be used alongside discussions with the breast care team.

Crystal Mark 21350
Clarity approved by Plain English Campaign

Contents

Welcome

This booklet has been written **for women aged 70 or over** who, in the opinion of their breast care team, **have a choice of breast cancer treatments**. It has been written to help them decide about breast cancer treatment options. It also includes information for women where only one treatment option is suitable. If this is the case, only parts of the booklet will be relevant. Your breast care team will explain this and tell you which sections are relevant to you.

There are two main ways to treat the type of breast cancer you have:

- **surgery (an operation) followed by hormone-blocking pills; or**
- **hormone-blocking pills on their own.**

Your doctor and specialist nurse can help you go through these two options and answer any questions you may have. This booklet will give you more information about the treatments that have been or may be discussed with you. If you want to, you can use this booklet to talk through your options with a family member, friend or carer as well as your doctors and nurses.

About breast cancer

Breast cancer in older women

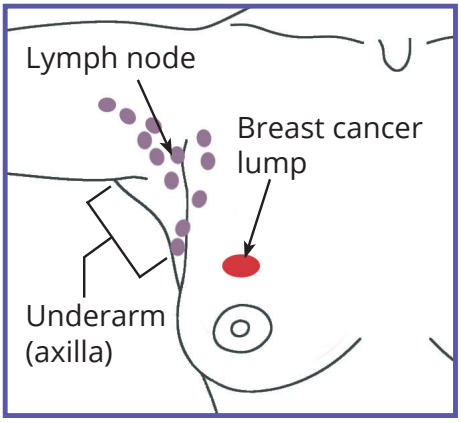
Breast cancer is a common disease in older women. Around 33 in 100 of all breast cancers occur in women aged 70 years and over. For most older women, breast cancer is very treatable and is usually cured.

Breast cancer occurs when the lining cells in the milk ducts start to grow more quickly than usual and in an abnormal way. The cells usually form a lump in the breast. The lump may be discovered by a woman when she looks at or feels her breasts, or by a mammogram (breast x-ray).

In most cases the cancer cells are only in the lump in the breast tissue. But for about 33 in 100 women, the cells may move along small channels in the breast tissue until they get to the lymph glands (also called lymph nodes) under the arm (this area is sometimes called the axilla). If there is cancer in these glands they may swell up. You will have a scan to check the glands under your arm. You may also have a biopsy of your glands to see if there is cancer in them. A biopsy involves removing a small piece of tissue with a needle after the skin has been frozen with an injection of local anaesthetic. If the cancer has got into the glands, it is often still curable. However, it may be a sign that the cancer has a higher risk of causing problems.

Lastly, for a small number of women, the cancer cells may get into the

Diagram showing a breast cancer lump and lymph glands (nodes) under the arm



Lymph glands are present all over the body and filter your tissue fluid. You may be more familiar with the lymph glands in your neck, which swell up when you have a sore throat. Similar glands are found under the arm and may swell up if you have an infection or a cancer in the breast. There are about 15 to 20 glands under the arm.

bloodstream. They may then settle in other parts of the body. This is called secondary cancer and once this has happened the cancer can be controlled (often for a long time) with a range of treatments, but is no longer curable.

Types of breast cancer

In most cases breast cancer is sensitive to the female hormone, oestrogen. This type of cancer grows in response to oestrogen. So, if oestrogen is blocked or reduced in a woman's body, the cancer cells start to die. The effect of oestrogen in a woman with breast cancer can be blocked with **hormone-blocking pills** such as letrozole, tamoxifen, anastrozole or exemestane. These pills are used to treat breast cancer. These pills are **not** chemotherapy.

These pills are taken once a day and are generally very safe.

Your cancer has been tested and **is** sensitive to oestrogen. So your cancer can be treated by surgery and hormone-blocking pills **or** hormone-blocking pills on their own. These treatments may not be suitable for all women, so your doctors and nurses will discuss with you, which may be suitable for you.

You can find out more about breast cancer from your doctors and nurses. There is also general information about breast cancer available from some of the support charities listed on page 25.

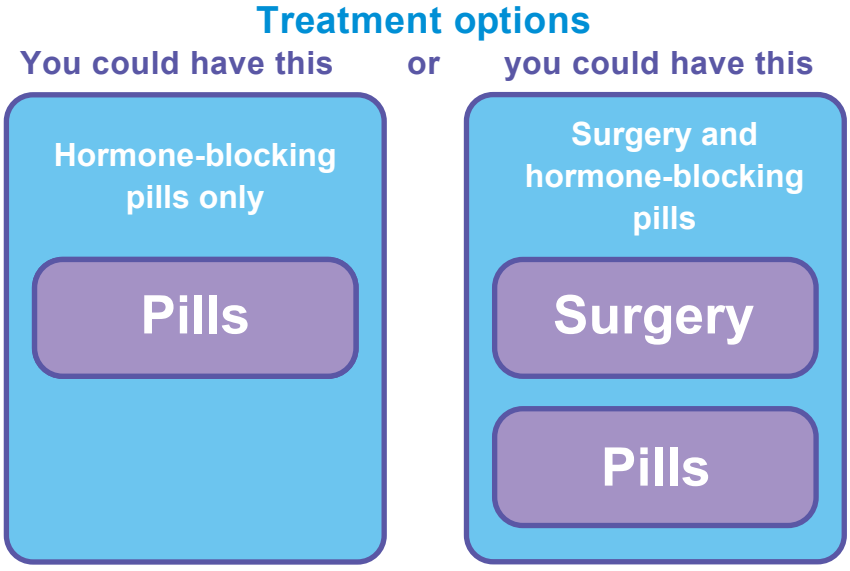
Your experiences of cancer and cancer treatment

You may know people who have had breast cancer, or you may have had cancer yourself. Experiences of cancer can be quite different for different people. The type of cancer as well as your general health may be different from those of other people you know who have had cancer, and the treatments may have improved since then. This information booklet has been written to give you the most up-to-date information about your breast cancer.

Choice of breast cancer treatment

What can be done to treat my breast cancer?

Because of the type of breast cancer you have, there are two treatment options. One option is to take hormone-blocking pills on their own. The other option is to have surgery (an operation) to remove your breast cancer and then take hormone-blocking pills after the operation. The type and strength of the hormone-blocking pills is the same for both options.



Do I have a choice?

For some older women, their doctors may feel it is clear that surgery followed by hormone-blocking pills is best. For others, the doctors may feel hormone-blocking pills on their own are best, because the risks of surgery are high due to other serious illnesses the woman has or because the woman is generally not very fit.

There are also women where it is not clear whether surgery and hormone-blocking pills or hormone-blocking pills only is best. This is

because, although the treatments have different advantages and disadvantages, there is generally no great difference in how long women will live with either treatment. This group can make a choice (with their doctors and nurses) about which treatment is best for them, based on how they feel about the advantages and disadvantages of the different treatments.

Your doctors and nurses have considered which options may be best for you and will advise you about the different treatments. They will tell you if they think one treatment may be better for you. They will also tell you if you have a choice between treatments. You and your doctors and nurses can make a decision together about which treatment is best, based on what matters most to you and which treatments they think are suitable for you.

Some women are concerned that they are too old to have an operation. If you have been offered this option, the doctors and nurses are likely to think you are fit enough to safely have an operation, if you want one (but you may need to have some general health tests to confirm this). This means you can have a say in which treatment is best for you. There is no right or wrong choice. It depends on what is most important to you.

How can I decide?

You can make the decision by yourself or you can talk about it with others if you want to. **You can discuss your treatment options again with your doctor or nurse at the breast clinic, either by phoning them to arrange an appointment or at your next appointment**. If you don't want to make a decision, you can talk about how you feel about each option with your doctor and ask them to recommend a treatment or your specialist nurse can arrange to see you and help you decide. Usually there is no rush to start treatment and you may have one or two weeks to think things over.

The next sections of this booklet go through each option in detail to help you decide which is right for you.

Options at a glance

Use this grid to help you and your healthcare professional decide the right treatment for you.

Here are questions women aged 70 years and over with breast cancer like yours and with a choice of these two treatments often ask about the treatment options, along with the answer to each question.

	Hormone-blocking pills	Surgery and hormone-blocking pills
What does the treatment involve?	Taking a pill every day as long as the pills keep working. The hormone-blocking pill is not a type of chemotherapy.	An operation to remove the cancer is usually done under general anaesthetic (while you sleep). Some or all of the glands under your arm may be removed and tested at the same time. Some women go home the same day. A few stay in hospital for up to four days. You will also be given pills to take for at least five years.
How does the treatment work?	The pills block a hormone called oestrogen, to shrink or stop the cancer growing.	By removing part of the breast (often called a lumpectomy) or all of the breast (called a mastectomy).
Is there a difference between the treatments in how long I will live or if the cancer will spread to other parts of the body?	In the first few years there is no difference in how long women live between treatments but, after 10 years, women who have surgery have a better life expectancy and a slightly lower risk that cancer will have spread	In the first few years there is no difference in how long women live between treatments but, after 10 years, women who have surgery have a better life expectancy and a slightly lower risk that cancer will have spread'
What are the chances of the breast cancer coming back?	There is a risk that the cancer will start to grow again in the breast in about 30 to 50 in 100 women (30 to 50%) in three to five years. If this happens you may be given different pills or have an operation.	There is a risk that the cancer will come back again in the breast or mastectomy scar in up to 5 in 100 women (5%) in three to five years. If this happens you may be given different pills or have an operation.

Will anything else happen at the start of treatment?	You will have check-ups (your doctor will tell you how often these will be) to make sure the cancer is not growing.	If part of your breast is removed, you will usually have radiotherapy (x-ray treatment) at hospital visits for three to six weeks. If the whole of your breast is removed you will not usually have radiotherapy.
Can I carry on with my normal activities?	Yes.	Recovery times vary. Most women take four to six weeks to get back to normal activities. Some take up to two months.
Will I have to go for hospital check-ups?	When the cancer has started to shrink, you will have regular check-ups (your doctor will tell you how often these will be). Your GP may do the check-ups.	You will usually have at least one check-up with your surgeon after your surgery. You will also be offered mammograms (how often depends on your local hospital).
What are the risks or side effects of the treatment?	Common side effects include tiredness, hot flushes and aching joints, often in the hands and feet. Different hormone-blocking pills have different side effects, so you can discuss this with your doctors and nurses.	The surgery is relatively safe and not usually very painful. A few women have problems with bleeding or infection. Swelling of the arm (lymphoedema) happens in 2 to 15 in 100 women (2 to 15%) depending on whether some or all of the underarm glands are removed. The pills also have side effects.

Surgery and hormone-blocking pills

This treatment option involves an operation to remove the cancer. After the operation you will take a hormone-blocking pill every day for at least five years.

Modern surgery and anaesthesia for breast cancer is very safe, and operations for breast cancer are not associated with a risk of death or major problems.

Will I have to go to sleep if I have surgery?

Some women may be concerned that they are too old to have an operation or an anaesthetic. If your doctors and nurses have discussed an operation with you, they are likely to think you are fit enough to safely have an operation, but you may need to have some general health tests first to confirm this. Surgery is usually done under a general anaesthetic (you will be asleep for the operation). But if really necessary, for example because there would be an increased risk from a general anaesthetic due to other health problems, it can also be done under a local anaesthetic (you will be awake during the surgery and will be given a numbing injection so you don't feel anything). Your surgeon will advise what is best for you.

What are the different types of surgery?

There are several possible options for surgery and your surgeon or specialist nurse will have talked to you about which they would recommend, or whether you have a choice about the type of surgery you have. The section below gives you some information about some of the types of surgery they may have talked to you about. Please ignore the options that are not suitable for you.

Lump removal
(lumpectomy, or wide local excision)

If you have a small lump in the breast the surgeon can make a cut to remove the lump, with a little normal tissue around it to make sure all of the cancer is removed. This type of surgery is usually done under general anaesthetic, but may sometimes be done under local anaesthetic if really necessary (for example because there would be an increased risk from a general anaesthetic due to other health problems). You will have a small scar and possibly a small dent in the breast afterwards. You may also have a small scar in your armpit where some or all of the glands have been removed. The surgery wounds may be sore for a couple of weeks. Checks are done on the tissue that has been removed to make sure there is no cancer left behind. If they are not certain it has all gone, the doctors will recommend another operation to take a little more tissue. This happens in about 20 in 100 women.

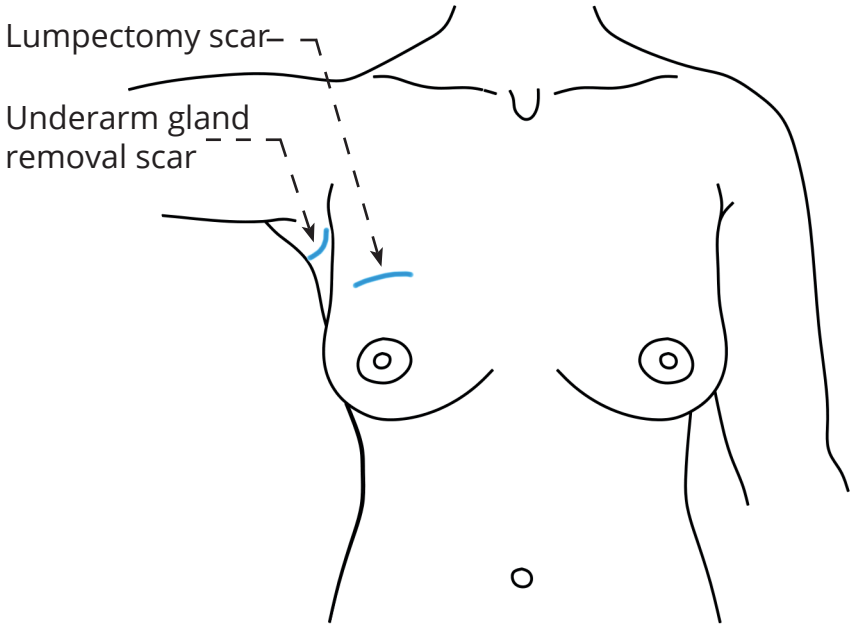


Diagram showing a lumpectomy scar and an underarm gland removal scar

Mastectomy

A mastectomy operation is one where the surgeon removes the whole breast. This is suitable for women who have larger cancers relative to the size of their breast or who have more than one cancer in the breast. The surgery may involve an overnight stay in hospital and in most cases will need a general anaesthetic. The surgery wound may be sore for several weeks. After surgery you can have a 'false breast' (a breast prosthesis) to put in your bra to recreate the breast shape.

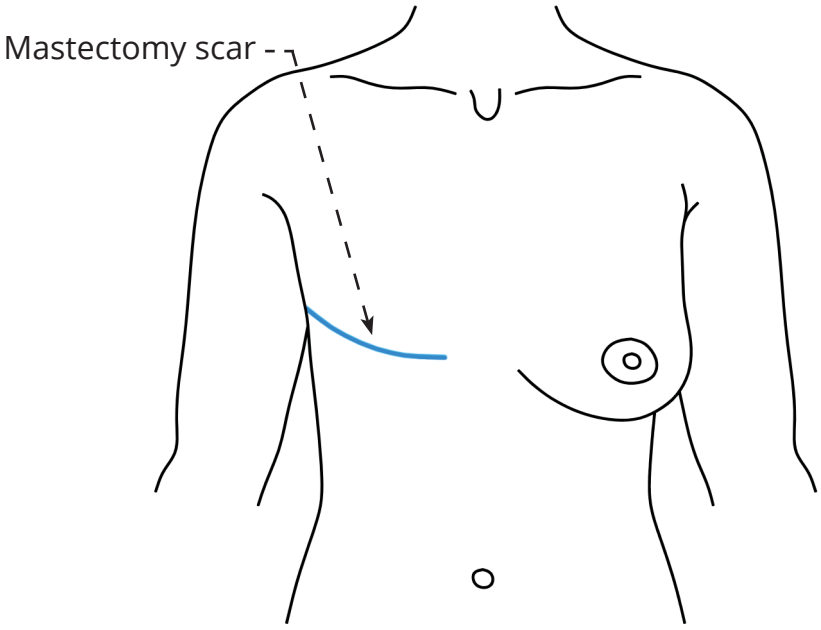


Diagram showing a mastectomy scar

Underarm gland removal

You may **also** have some or all of the glands underneath the arm taken away. How many glands you have removed does **not** depend on the type of surgery (lump removal or whole-breast removal) you have to remove the breast cancer. Most people have between 15 and 20 glands under their arm. If there is no evidence that the

glands have cancer in them you may have a small operation called a sentinel lymph node biopsy. This is where the surgeon just takes one to three glands away through a small cut under the arm. The glands are tested to see if cancer is present. If there is no cancer in them the rest of the glands are left alone. If there is cancer in the first few glands the other glands will sometimes (but not always) be removed in a separate operation at a later date.

Removal of a few glands (sentinel lymph node biopsy) is very minor and safe surgery. It is done at the same time as the surgery on your breast. This is either done through the same cut or through a small cut in the underarm area. Swelling of the arm (lymphoedema) can happen in about 2 in 100 women who have this surgery.

Having all of the underarm glands removed is a slightly bigger operation. The scar from this surgery may be more sore afterwards, and your shoulder can get stiff afterwards, so it is important to do the exercises you are given by your breast care team. Swelling of the arm (lymphoedema) affects up to 15 in 100 women who have all the glands removed from under the arm.

Swelling of the arm usually starts many months or years after surgery, sometimes following a minor injury or infection in the arm. It can be treated and controlled in a number of ways (including massage and special compression sleeves). Usually, women notice the swelling because the arm feels heavier, or rings and sleeves seem tighter.

Following surgery, most women do very well and have no major problems. Some women may have a small drain near the wound to draw off fluid for a few days. It is quite common for a little fluid to build up underneath the surgery wound. The wound may swell a little and sometimes feel tight. If this happens you should call your breast care team and they will arrange for you to have the wound checked at the hospital. The breast care team may suggest drawing off the fluid with a small needle if the swelling is uncomfortable.

How long will I stay in hospital after surgery?

This will depend on the type of surgery, your general health and whether you have anyone at home who can help you. If you have had a lump removed you may be able to go home the same day as your operation. If you have had a mastectomy, you are more likely to stay in hospital for a few days.

How will I manage at home after the operation?

When you return home, you may need some help with shopping, household tasks, or personal care such as washing and dressing. You can find information about help after surgery from your doctors and nurses or from some of the organisations listed on page 25. Recovery time can vary. Most women will take about four to six weeks to get back to their normal activities, but for some it may take up to two months. It may take several months to feel like you have normal energy levels. How long you take to recover depends on the type of surgery you have and how fit you were beforehand.

Will I need to go for check-ups at the hospital?

This depends on your local hospital and your health. You may have a hospital check-up after one, three and five years, or be seen only if you have a problem. You may also have a mammogram every year for five years, but how often will depend on your local hospital. If you do not have a relative or friend who can help you with transport to these appointments, the hospital may arrange transport for you. For information about help with transport to your hospital appointments you can contact your hospital.

What are the side effects of surgery?

If you have surgery, you will have a scar. Your physical appearance will change after surgery. How much it changes will depend on how much of your breast is removed. If you have part of your breast removed, it will be a little smaller than before and you may have a dent (dimple) where the cancer was removed. If you have all of your

breast removed, you will be offered a false breast (a prosthesis) to put inside your bra to recreate the breast shape. For more information you can speak to your doctors and nurses.

Some women experience side effects from surgery. It is not always possible to know who will experience side effects until after surgery.

There is a small risk of bleeding and infection after surgery. This type of surgery is not usually very painful, but most women will have some discomfort for a few weeks after. Your doctors and nurses will give you painkillers if you need them, to help ease this. Occasionally, women get longer-term tenderness in the breast. If you have surgery to remove glands from under the arm, you may get an area of numbness under the arm. Your arm may swell after the glands are taken away from the underarm. The risk of this depends on whether a few or all the glands are removed. Having a general anaesthetic may make you feel drowsy for a few hours after surgery and slightly sick, but this usually passes quickly.

How will surgery affect my normal daily activities?

You may feel tired or have some discomfort for a few weeks after surgery. How long you take to recover depends on the type of surgery you have and how fit you were beforehand. You will also have to remember to take your hormone-blocking pill every day (for at least five years). If you have radiotherapy, you will need outpatient appointments every day (Monday to Friday) for three to six weeks. If you do not have a relative or friend who can help you with transport to these appointments the hospital may arrange transport for you.

A small number of women who have underarm gland surgery have a stiff shoulder or swelling of the arm in the longer term, which may affect their ability to carry on with some daily activities.

What treatment might I need after surgery?

- **Hormone-blocking pills**
- **Radiotherapy**

Hormone-blocking pills

Most women with hormone (oestrogen)-sensitive breast cancer are advised to take a hormone-blocking pill every day for at least five years after surgery. This is to treat any stray cancer cells which may be left in the breast or other parts of the body and so help improve the chance of cure. The pills don't often cause extra problems, but can cause side effects. A common side effect is hot flushes. There is more information about possible side effects on page 22. Your doctors and nurses can tell you more about how you will get your hormone-blocking pills.

Radiotherapy

Whether or not you have radiotherapy, will depend on the surgery you have and your cancer. Some women who have surgery for their breast cancer may be advised to have radiotherapy after the surgery (especially those who had just a lump removed, less often those who had a full mastectomy). But, not all women who have surgery will need radiotherapy. Your doctor will advise you about this.

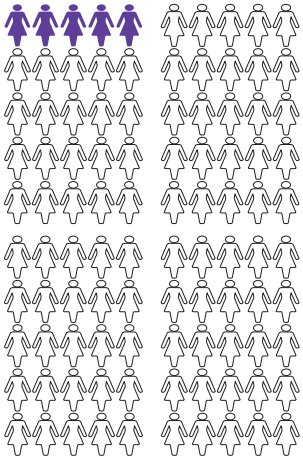
Radiotherapy is x-ray treatment to the scar or breast area. This helps to destroy any stray cancer cells in the breast. It is often given in short doses over several weeks. Most women need at least 5 to 15 doses. You cannot feel the radiotherapy treatment at all and each dose only takes a few minutes.

If you have radiotherapy treatment, you will need outpatient appointments every day (Monday to Friday). You will need to lie flat on a special couch in the radiotherapy department of the hospital as the radiotherapy dose is given from a special machine.

You can speak to your doctors and nurses for more information about radiotherapy.

What are the chances of the breast cancer coming back after surgery?

This depends on your age, the type of surgery, the type of cancer and whether or not you have radiotherapy. It is possible that the cancer may come back in the breast, the scar or elsewhere in the body. Your doctor will check this at your check-up appointments. The cancer can come back in the breast or scar area in up to 5 in 100 women in three to five years. This means that at least 95 in 100 women will not have a cancer come back in their breast or scar area in three to five years. If the cancer comes back in the breast or scar you may be offered further surgery or radiotherapy or a change of pills, depending on your level of fitness and what you would prefer.



The cancer can come back in the breast in up to 5 in 100 women in three to five years. In at least 95 in 100 women it will not.

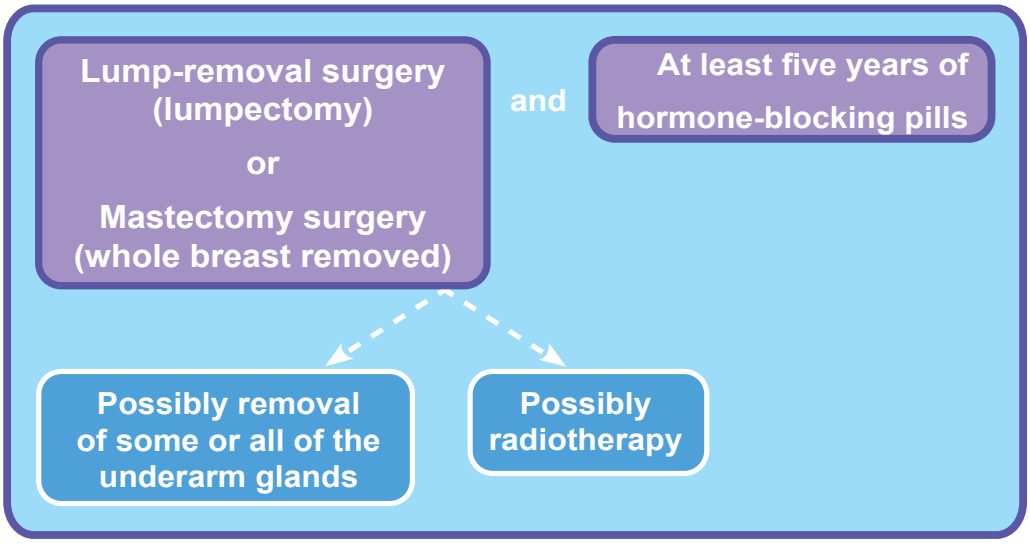
Cancer spreading to other parts of the body (like the bones or lungs) is called secondary or metastatic cancer and is **different** to the cancer just coming back in the breast or surgical scar. If the cancer comes back in the breast or surgical scar but has not spread to other parts of your body, there is generally no difference in how long you will live between the two treatments. If the cancer spreads to other parts of your body, regardless of whether you originally had surgery and hormone-blocking pills or hormone-blocking pills only, the cancer is no longer curable but may still be treated successfully for a number of years.

How might I feel about surgery and hormone-blocking pills?

You may feel fine about having surgery, or you may be concerned. This might be due to a number of different things such as wanting to get rid of the cancer, concerns about the operation and hospital stay, your age, how you will be after the operation, and whether you can rely on other people for practical help while you are recovering. If your doctors and nurses have discussed with you the option of having surgery, they are likely to think you are fit enough to safely have it, but you may need to have some general health tests to confirm this.

You may know of others who have had good experiences of surgery to remove cancer or those who have had bad experiences. It is important to remember that your case might be different from theirs. The type of cancer you have may be different. The type of treatment available to you may be different and your general health may be different.

So, the option of surgery and hormone-blocking pills may include the following.



Hormone-blocking pills only

This treatment option involves taking a hormone-blocking pill every day for the rest of your life.

Hormone-blocking pills stop the cancer growing or shrink the cancer in about 95 in 100 women. If the pills work well, you can avoid the need for surgery. Sometimes the pills work well for a few years, but then the cancer cells learn how to fight the pills and the cancer will start to grow again. If this happens you would need to either change to a different pill **or** have surgery **or** radiotherapy. Having pills before surgery is perfectly safe and would not make the operation less successful. In some cases having the pills for a period first can make the cancer smaller and easier to remove. However, if your general health gets worse during the time you take the hormone-blocking pills you may not be fit enough to have surgery at a later date. So you may only be able to change to a different hormone-blocking pill or have radiotherapy. While these options will continue to control the cancer they may be less effective than an operation at this stage.

You won't need to stay in hospital to have the pills. But, you will need to go to hospital for regular check-ups to make sure that the pills are working. The hormone-blocking pills are **not** chemotherapy. Your doctors and nurses can tell you more about how you will get your hormone-blocking pills.

Will the cancer be removed?

The cancer will not be surgically removed (but it may shrink), so you may still feel the lump in your breast. Although this may remind you of the fact that you have cancer, many women treated in this way say they feel reassured if they can feel the lump shrinking.

How long do I have to take the pills for?

As long as the cancer does not grow, you will keep taking the pills for the rest of your life. If the cancer shows any sign of growing, the pills may be changed to one of the other hormone-blocking pills that you have not had before or you may be offered a different treatment (usually an operation but sometimes radiotherapy depending on your level of fitness and what you would prefer). It is very unlikely that you will be offered chemotherapy.

What are the chances of the pills working?

In about 95 in 100 women the cancer will either stop growing or shrink (and sometimes disappear) over the first six months of taking the pills. However, in about 5 in 100 women the cancer does not respond and in this case you would need an operation to remove the cancer.

Will I need to go for check-ups at the hospital?

You will need to have regular check-ups at the hospital every few months (about every three to six months, but your doctor will tell you how often) to see if the pills are working. This is done by measuring the size of the cancer, often just by feeling how big it is, sometimes with a measurer (which is a bit like a ruler), or sometimes using an ultrasound scan. Sometimes your GP will do the check-ups. If you do not have a relative or friend who can help you with transport to these check-ups, you can contact your hospital for further information about transport to your hospital appointments.

What are the side effects of the pills?

As with all pills, there may be side effects which differ depending on the pills you are given. The most common side effects are hot flushes, which can happen in up to 40 in 100 women but seem to be relatively mild for most older women. The pills can also cause joint pains (often in the hands or feet) or thinning of the bones but these effects are usually mild. You may be offered bone-density scans to check whether your bones are thinning Some women will be offered pills to help strengthen the bones. You may also feel more tired (up to 17 in 100 women feel like this) and your hair may get thinner. It is not always possible to know who will have side effects until after the treatment has started. If you do feel that the pills cause you side effects, discuss this with your breast care team as they may be able to help.

What effect may other medication have on the hormone-blocking pills?

The hormone-blocking pills do not usually cause problems with other medication you may be taking already, but the doctor will check this before prescribing the pills for you.

How will the pills affect my normal daily activities?

You should be able to carry on with your usual day-to-day activities because you won't have to go into hospital and have an operation. You will have to remember to take your hormone-blocking pill every day.

What are the chances of the breast cancer starting to grow again?

If the hormone-blocking pills **do** work over the first few months, your doctors and nurses will continue to see you at check-up appointments to assess whether the cancer has started to grow again. After three years, about 30 in 100 women will find that the cancer starts to grow again and this rises to 50 in 100 women at five years. This means that the pills will continue to work for at least half of the women treated with pills for five years.

The cancer will start to grow in the breast again in up to 50 in 100 women after three to five years. In at least 50 in 100 women it will not.

What happens if the cancer starts growing again?

If the cancer starts to grow again, you will be offered different treatment. This could be a different type of hormone-blocking pill, surgery or radiotherapy (x-ray treatment). However, the different type of hormone-blocking pills may also stop working after a time and you may not be able to have surgery in the future if your general health has got worse.

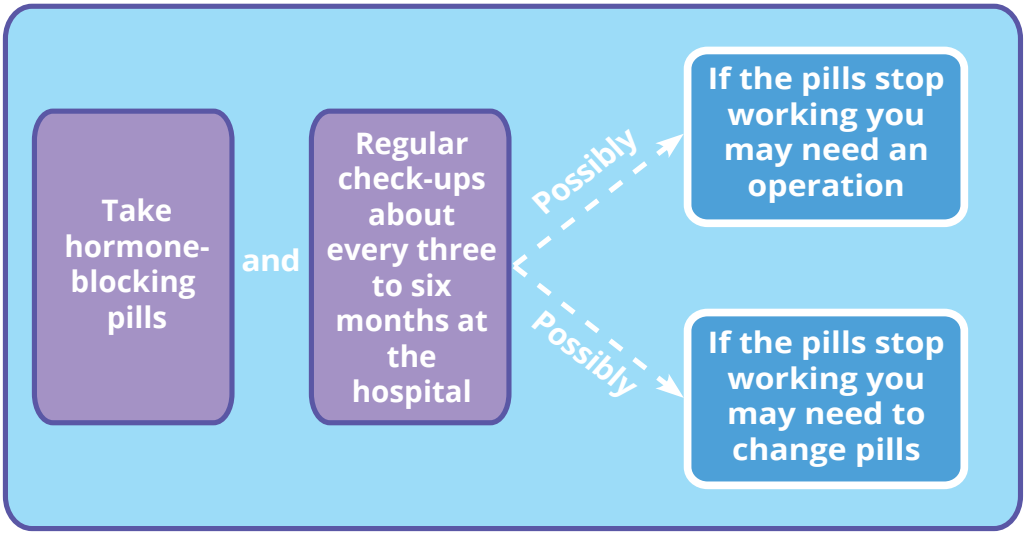
Cancer spreading to other parts of the body (like the bones or lungs) is called secondary or metastatic cancer and is **different** to the

cancer starting to grow again in the breast. If the cancer starts to grow again in the breast but has not spread to other parts of your body, there is generally no difference in how long you will live between the two treatments. If the cancer spreads to other parts of your body, regardless of whether you originally had surgery and hormone-blocking pills or hormone-blocking pills only, the cancer is no longer curable but may still be treated successfully for a number of years.

How might I feel about taking hormone-blocking pills?

You may feel that you would prefer to take the hormone-blocking pills on their own, to try to avoid having an operation. However, you may feel concerned that the hormone-blocking pills do not get rid of the cancer and you may still be able to feel the lump in your breast. You may feel fine about going for regular check-ups while you are taking the pills, or you may feel that this is inconvenient for you.

So, the option of hormone-blocking pills only may include the following.



How might I feel about having breast cancer?

You may have a number of different feelings about having breast cancer. Whatever you may be feeling, other women in a similar situation have probably felt the same, and there is support available if you need it. You can use this booklet to talk through your options with a family member, friend or carer, or your breast care team (especially your named doctor or nurse whose details are on the inside cover of this booklet).

There are many ways of coping with the feelings that cancer can cause. Some women find it helpful to talk with people who are close to them, others find comfort in their religion or faith if they have one.

There are a number of organisations who provide information and support. Here is a list of useful contacts.

Macmillan Cancer Support Phone: 0808 808 0000
Website: www.macmillan.org.uk

Cancer Research UK Phone: 0808 800 4040
Website: www.cancerresearchuk.org

Breast Cancer Now
Website: www.breastcancernow.org

Age UK Phone: 0800 169 6565
Website: www.ageuk.org.uk

The nurses in your breast care team at your hospital
(contact details are on the inside cover of this booklet)

My decision

Discussing my decision and going ahead with treatment

You can discuss your treatment options again with your doctor or nurse at the breast clinic either by phoning them to make an appointment or at your next appointment. You can talk about which treatment you feel is best for you and also discuss it with your family and friends. You can also ask any questions and discuss the treatments in more detail if you want to.

Can I change my mind?

It is fine to change your mind about your choice of treatment. But if you develop any new major health problems while taking the pills, you may not be well enough for surgery so you could only change to a different hormone-blocking pill or have radiotherapy.

Some women may want to start taking the hormone-blocking pills for a few months to give them time to think about whether they want surgery or not.

Can I stay well without treatment?

If left untreated, breast cancer will grow and may break through the skin and spread to other parts of the body. Treatment is strongly recommended and you can have a say in which treatment option is best for you.

How can I find out more about my options?

You can find out more about your options for treatment from your doctors and nurses in the breast care team (see the inside cover of this booklet for their details).

There are also details on page 25 of this booklet of charities who you can contact for more support and information.

You might find it helpful to write down any questions you have about your treatment options. You can then ask your doctors and nurses (named on the inside cover of this booklet) about them. Here is a space to note them down.

My questions

Weighing up my options

Here is a table to help you think about **what is important to you** about the treatment options. You can use the table to list the things that make you want to have one treatment or the other. You can also put stars (*) next to the things that are the most important to you.

Here is an **example.**

I think I would like **hormone-blocking pills only** because…	I think I would like **surgery and hormone-blocking pills** because...
I want to avoid having surgery ***	I want to avoid having regular hospital check-ups
I want to avoid hospital visits for radiotherapy for three to six weeks	I want to get rid of the cancer lump *

Your list

Here is a **blank table for you** to list the things that matter most to you. You may find it helpful to fill it in yourself, but **you do not have to fill it in**. You might like to fill it in with someone or you may prefer to continue to talk to your doctors and nurses about your treatment options.

I think I would like **hormone-blocking pills only** because….	I think I would like **surgery and hormone-blocking pills** because….

Deciding what I feel is the best choice for me

To help you decide, you may want to see how many reasons there are for each option in the table you filled in (hormone-blocking pills only or surgery and hormone-blocking pills). You might feel that the option with the most reasons is best for you.

Or

You may feel there is one most important reason that leads you to choose either surgery and hormone-blocking pills or hormone-blocking pills only. You may want to write down here what this most important reason is.

_____

_____

My choice

I feel the best treatment for me would be:

_____

Remember, you can discuss your treatment options again with your doctor or nurse at the breast clinic at your next appointment, or you can phone them to make an appointment.

What happens next?

Now that you have thought about what you feel is the best treatment choice for you, you can continue to discuss this with a member of the breast care team and they can answer any further questions you may have. They will make plans with you about what happens next. If you already have a treatment plan in place, you can still contact your breast care team to discuss your options and decision, but you may need to phone them to arrange this.

Evidence

This booklet has been developed by experts and patients.

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The diagrams on pages 3, 11, and 12 have been adapted from Cancer Research UK diagrams with their kind permission.

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