Deciding about your breast cancer treatment

Chemotherapy or no chemotherapy

A guide to help older women decide whether or not to have chemotherapy (with or without Herceptin®)

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Important Contact Details
(to be completed by site staff):

Specialist type	Name	Contact number
Breast Surgeon		
Breast Care Nurse		
Chemotherapy Oncologist		
Radiotherapy Oncologist		
Ward		
Clinic		

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 women aged 70 or over** who have a choice of whether to have chemotherapy or not after surgery to remove their breast cancer.

Contents

Welcome

This booklet has been written **for women aged 70 or over** to help them decide about breast cancer treatment options after surgery to remove their cancer. It has been written for women who are offered chemotherapy to treat their breast cancer. This booklet explains what chemotherapy is, what it involves and what the benefits and risks of chemotherapy may be. There is also a section to help women think through the decision of whether or not to have chemotherapy.

Your doctor and specialist nurse can help you go through this issue with you and answer any questions you may have. 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 is a common disease in older women. Around 30 in 100 of all breast cancers occur in women over the age of 70. For most older women, breast cancer is very treatable and is usually cured allowing most women to have a normal life following treatment.

Breast cancer is a very variable disease. Every cancer is different and every woman is different. Treatment can now be tailored to best meet the needs and wishes of each woman. The surgery you have had has removed the cancer from your breast and underarm area but breast cancer cells can sometimes escape into the blood stream and settle in other parts of the body. In years to come these cells may start to grow. When breast cancer spreads in the bloodstream in this way it is called secondary or metastatic breast cancer. Secondary or metastatic breast cancer is not curable. Treatment following surgery may help to kill these cancer cells and prevent the cancer coming back in the future.

The risk that cancer cells may spread varies between cancers. There are a number of things that suggest the cancer has a higher risk of spreading. These include:

• The cells may be growing quickly: this is called the ***grade*** of the cancer. High grade (grade 3) cancers grow quickly and have a higher risk of spreading. Low grade (grade 1) cancers have a lower risk of spreading.

• The cells may have already shown their tendency to spread by passing into the underarm glands. If cancer cells have spread into the underarm glands there is a higher risk of cancer cells passing into the blood stream. If cancer cells have not spread into the underarm glands there is a lower risk of the cancer spreading.

• The cancer may be large. Bigger cancers have a higher risk of spreading. Smaller cancers have a lower risk of spreading.

• The cancer may not respond to certain types of hormones. Cancers that do **not** respond to the female hormone oestrogen generally have a higher risk of spreading. Cancers which respond to oestrogen have a lower risk of spreading.

• The cancer cells may have a protein called "HER2" on them. If the cancer cells have this protein it is called a "HER2 positive" cancer. HER2 positive cancers have a higher risk of spreading, but they can be treated well using the drug Herceptin® (also called Trastuzumab). If the cancer cells do not have the HER2 protein, there is a lower risk of the cancer spreading and the cancer is not likely to respond to Herceptin®.

Your doctors will have tested your cancer for all of these things listed and can use this information to work out the risk of your cancer spreading into the blood stream in the future.

Your doctors and nurses can tell you which type of cancer you have and can write this in the table below along with the risk of your cancer coming back:

Cancer characteristic	Your cancer		
Size of cancer (mm)			
Spread to the underarm glands	**Yes**	**No**	
Grade (1, 2 or 3)	**1**	**2**	**3**
Oestrogen sensitive (responds to oestrogen)	**Yes**	**No**	
HER2 positive (can be treated by Herceptin®)	**Yes**	**No**	
Risk that the cancer will spread in the future (in the next 5 years)	**Low** Less than 10 in 100 women	**Medium** Between 10 and 30 in 100 women	**High** At least 30 in 100 women

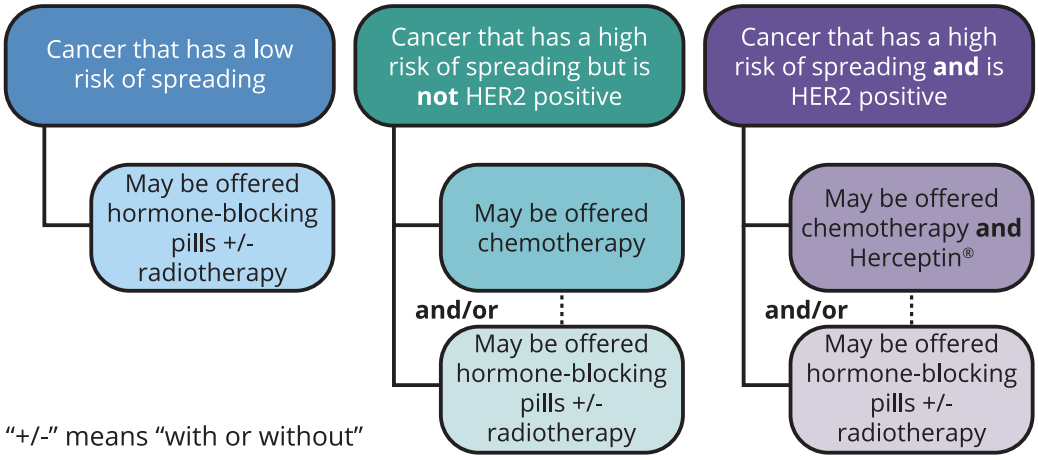
If you wish, your doctors can print out a full calculation of these risks specifically for your cancer, which may help you to decide about the advantages and disadvantages of chemotherapy for you, (the Age Gap Risk Calculator).

You may also have had additional tests carried out on your breast cancer, such as an Oncotype DX® Test, to help provide additional information about the potential benefits of chemotherapy. This test looks at a wider range of markers than those mentioned above to give a more accurate estimate of cancer recurrence risk in certain types of breast cancer. It cannot be used for everyone. Your doctors and nurses can give you more information about what an Oncotype DX® Test is and whether it is likely to be helpful for you.

Choice of breast cancer treatment after surgery

What are the options for treatment after surgery to remove the breast cancer?

Women with cancer that has a higher risk of spreading in the future may be offered chemotherapy to help to protect them from this. The drug Herceptin® may be offered to women whose breast cancer cells have the protein HER2 (women with "HER2 positive" breast cancer) but is only given after or alongside chemotherapy. Some women will be offered radiotherapy and/or hormone-blocking pills after their chemotherapy. Some women who do not have chemotherapy may be offered radiotherapy and/or hormone-blocking pills. Women who have a cancer which has a low risk of spreading are not usually offered chemotherapy.



"+/-" means "with or without"

Do I have a choice?

Your doctor may have mentioned chemotherapy to you before you had your operation but no firm treatment decision could be made until all of the tests had been carried out on your cancer.

For some older women, their doctors may feel it is clear that chemotherapy is best for them. For others, their doctors may feel that chemotherapy could give too many side effects or be poorly tolerated due to their general health.

There are also women where it is not clear whether or not chemotherapy is best: there are some advantages to chemotherapy for them but there are also some disadvantages for them. Women in this group have a choice about whether to have chemotherapy or not. They can make a choice (with their doctors and nurses) about what is best for them, based on how they feel about the advantages and disadvantages of chemotherapy. In some cases (but not all) an Oncotype DX® test may help give more information as well.

Your doctors and nurses have considered whether or not chemotherapy may be best for you and will tell you this. They will also tell you if you have a choice about whether or not you have chemotherapy. You and your doctors and nurses can discuss the options available and make a decision together about what is best, based on what matters most to you and whether they think chemotherapy is suitable for you. **The final decision to have or not have chemotherapy is yours.**

How can I decide?

You can make the decision by yourself or you can talk about it with family and friends. You can talk to your GP about it if you want to. You do not have to decide today, you may want to go home and think about the options. **You will be able to discuss your treatment**

options again with your doctor or nurse at your next clinic appointment and you are welcome to bring a family member or friend with you. If you don't want to make a decision, you can ask your doctor to recommend a treatment or your specialist nurse can arrange to see you again and help you decide. If you prefer your doctors to make the decision for you, based on their expertise and what is important to you, please let them know this. You don't need to rush to make a decision. It is important that you feel comfortable with the decision you make.

The next sections of this booklet go through the advantages and disadvantages of chemotherapy to help you decide what is best for you.

Options at a glance

Here are questions women aged 70 years and over with breast cancer like yours and with a choice of whether or not to have chemotherapy often ask about the treatment options, along with the answer to each question.

	Chemotherapy	No chemotherapy
What does the treatment involve?	Attending hospital every few weeks for chemotherapy, (usually as a drip into a vein) over a 12 to 24 week period. You will have blood tests before each treatment. You may be offered Herceptin® for a year with your chemotherapy. You may also be offered radiotherapy or hormone-blocking pills.	You will not have chemotherapy treatment. You may be offered radiotherapy or hormone-blocking pills.
How does the treatment work?	Chemotherapy (and Herceptin®) work by targeting cancer cells and killing them.	Does not apply.
Is there a difference between the options in how long I will live?	Yes. Chemotherapy increases the chances of long term cure for breast cancer in some (not most) women. About 1 to 20 in 100 women will live longer after chemotherapy depending on the type of breast cancer.	Yes. There is a lower chance of long term cure if you do not have chemotherapy. However for some women the benefit of chemotherapy is small and they may decide it is not worth it.
What are the chances of the breast cancer coming back?	Chemotherapy with or without Herceptin® reduces the chance of the cancer coming back both in the breast area and in other parts of the body (secondary breast cancer).	The chance of the cancer coming back is higher if you do not have chemotherapy than when you do have chemotherapy. However for some women the benefit of chemotherapy is small and they may decide it is not worth it.

	Chemotherapy	No chemotherapy
What are the side effects of the treatment?	The severity and type of side effects depend on the type of chemotherapy you have. Some women are more affected than others. Common side effects include tiredness, hair thinning or hair loss, nausea and an increased risk of infection.	Does not apply.
Can I carry on with my normal activities?	Yes. However you may feel tired and need more rest. Where possible you should avoid contact with people with obvious infections such as coughs and colds as you may be at an increased risk of catching them.	Yes.
Will I have to go for hospital check-ups?	When your treatment has finished, you will either have check-ups every year or so, or will have been given directions of whom to contact if you are worried about anything. You may be offered a mammogram every year for five years.	When your treatment has finished, you will either have check-ups every year or so, or will have been given directions of whom to contact if you are worried about anything. You may be offered a mammogram every year for five years.

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

About chemotherapy

You may know people who have had breast cancer or you may have had cancer yourself. Experiences of cancer and its treatment, can be quite different for different people. Your cancer type and your general health may be different from the people you know who have had cancer. Chemotherapy has changed a lot over the last decades. There are now newer types of chemotherapy used to treat breast cancer which target the cancer cells more accurately, making them much more effective. There are also more treatments available to reduce the side-effects of chemotherapy.

This section of the booklet explains chemotherapy in detail to help you decide whether this is the right treatment for you.

What is chemotherapy?

Chemotherapy is treatment with drugs (medicines) which help to kill cancer cells. There are different types of chemotherapy as different drugs are used. These drugs work in a number of different ways but all are toxic to cells that are growing and dividing quickly. They attack the processes that make cells grow and divide. Cancer cells are usually growing much more quickly than normal cells in the body and so the chemotherapy drugs have more effect on them than on normal cells. However, some normal cells are affected by chemotherapy and this is why chemotherapy can have side effects.

How is chemotherapy given?

Chemotherapy is usually given in a specialist chemotherapy day unit at the hospital. You probably won't have to stay in hospital for more than a few hours. During this time you will have a drip put in your arm and medicines given into your veins through this drip. (Sometimes to prevent having to have the arm veins injected at every treatment a special drip tube can be put in at the start of treatment which can be left in place for several months). The medicines will usually include

one or more chemotherapy drugs and some other medicines to help reduce any side effects. Once the medicines have been given, the drip is removed and you can go home. You will be given a supply of tablets to take home, which will include more medicines to help with the side effects of chemotherapy, like anti-sickness tablets.

Most women will be able to live at home during and after treatment. The hospital may be able to provide you with transport to and from home if you need it. If you are a carer you may need to make arrangements for the person you care for. In certain situations, replacement or respite (temporary) care can be arranged while you're having treatment so you can look after your own health and wellbeing. Your local authority or breast care team can provide more information about local support.

Chemotherapy doses are given 1 to 3 weeks apart, and depending on your treatment plan, you may receive treatment for approximately 12 to 24 weeks. Before each dose (or cycle) of treatment you will have a blood test to check how well you are tolerating the treatment. If your blood tests show that your body has not recovered fully since your last dose, your next dose may be reduced or delayed.

What are the benefits of chemotherapy?

Chemotherapy may help to protect you from the cancer coming back in the future. If the cancer comes back it may be life threatening. The risk of the cancer coming back varies with the type of cancer you have. In general, chemotherapy reduces the risk of death from breast cancer by between 1 and 20 fewer women in 100 (between 1 and 20%), depending on the kind of breast cancer. As the risk of the cancer coming back varies, so the benefit of chemotherapy varies. If a woman has a high risk cancer, the protection she gets from chemotherapy will be greater than the protection a woman with a low risk cancer would get. For example for a woman with a high risk cancer the chance of cure may be 50 in 100 (50%) following surgery, but with the addition of chemotherapy this might increase to 60 in 100 (60%) women. Whereas for a woman with a low risk cancer the chance of cure may be 95 in 100 (95%) women, but with the addition of chemotherapy it might increase to 96 in 100 (96%); so the actual number of women's lives saved is much smaller.

What are the side effects of chemotherapy?

The type and number of side effects of chemotherapy differ depending on the type of chemotherapy drug and how your body reacts to it. The normal cells that are growing and dividing most rapidly in your body are the ones most affected by chemotherapy, like those in the stomach and gut lining, the hair roots and the immune system. This is why some types of chemotherapy may cause nausea or hair loss and some may weaken the immune system, making you more likely to get infections. **It is important to remember that you may not suffer from all of these side effects.** If you decide to have chemotherapy, you will be given further information about the specific drugs you will be receiving and what side effects they usually have. If you do suffer from any of the side effects, most of them can be treated or the chemotherapy dose can be reduced or you can stop chemotherapy if you want to.

The most common side effects are listed in the table below along

with how often they occur in women over 70 and what can be done to treat them. Each of these side effects are then described in more detail.

Side effect	How many women having chemotherapy suffer this	Treatment for side effect
Tiredness	About 25 in 100 women will get mild tiredness which doesn't impact on them. A further 25 in a 100 women will have tiredness that reduces their activity slightly. Very few women (less than 5 in 100) are affected more than this and need help at home because of their tiredness.	Rest when needed. Pace yourself in your daily activities. You may need a little help with some of your chores in some cases.
Nausea and vomiting	Mild nausea is common and nearly 50 in 100 women will experience this on some days. More serious sickness is less common and only 5 to 10 in 100 women will be affected.	Anti-sickness medicines will be given routinely with your chemotherapy and more can be given if needed. If you have more severe sickness you may have to spend a few days in hospital.
Hair thinning / hair loss	The number of women having hair thinning or loss varies by the type of chemotherapy drug given.	This may be reduced by using a cold cap. You can also hide it with wigs, head scarves or a shorter hair-cut.
Infections due to reduced immunity	0 to 20 in 100 women will have a reduced white cell count that results in an infection.	You can have medicines to strengthen the immune system and/or antibiotics. Longer rest may be advised before your next treatment and/or your dose of treatment may be reduced the next time.

Side effect	How many women having chemotherapy suffer this	Treatment for side effect
Diarrhoea	Some women (between 0 and 40 in 100 women) will have some degree of loose motions but in most cases this is mild and temporary.	You can take medicines to settle the bowels. Changing your diet to smaller meals that are easy to digest and taking plenty of clear fluids will also help.
Blood clots in the veins (Thrombosis)	This is rare. Less than 1 in 100 women get blood clots in the veins.	You can take blood thinning medicines if you develop a blood clot.
Admission to hospital	About 23 in 100 women get admitted to hospital. They usually stay for a couple of days.	Treatment depends on the problem causing admission.
Death as a result of chemotherapy	This is very rare. Less than 1 in 250 women.	

Reference sources: EBCTCG 2012, Muss et al, 2009, Sail et al, 2012, Adjogatse et al, 2014.

Tiredness

Tiredness is a common side effect of chemotherapy but some people are only mildly affected and others affected a lot more. Many women are able to do most of their normal activities and continuing to do the things they usually do and enjoy helps them to feel more 'normal'. Others may need to rest more than usual. If you do feel tired, it is important to rest and accept any offers of help from friends and family. You may also find that you are slightly more forgetful when you're having chemotherapy and this may be related to the tiredness. Sometimes the tiredness is due to anaemia (thinning of the blood). Anaemia is always monitored and can be corrected with a blood transfusion. The tiredness from chemotherapy usually reduces and eventually stops once you have finished treatment.

Nausea and vomiting

Whether this happens or not depends on the type of chemotherapy drug given. Some people are more likely to have nausea and vomiting than others. It may happen just after chemotherapy has been given and last for a few hours, or it could last for a few days. There are lots of very effective medicines that can control nausea and vomiting, so it is important to let your doctor or nurse know if you feel sick, so that they can treat it for you. It is important to drink plenty of fluids in small amounts (little and often) and if you can't keep anything down, you should seek help from your chemotherapy team or your GP.

Hair thinning and hair loss

Most of the chemotherapy drugs used to treat breast cancer cause hair loss, but not all types of chemotherapy do.

If you lose your hair it will start to thin and come out more when you brush it each day. For a small number of women it can come out quite quickly, but this is rare. You may also lose your eyebrows and eyelashes. Hair loss is always temporary, it grows back once your chemotherapy treatment ends. New hair may grow back more curly than before.

For some types of chemotherapy, hair loss can be reduced or prevented by wearing a special 'cold cap' to cool the scalp during chemotherapy. This reduces the effect of chemotherapy on the hair roots (follicles). Your doctors and nurses can give you more information about the cold cap.

There are lots of ways to help with hair loss. Having a short hair style may make hair thinning less noticeable and you could also wear hats or head scarves. Wigs can be provided by the NHS. Your chemotherapy team will be able to help with this. You can use make up to help disguise the loss of your eyebrows and eye lashes.

Reduced immunity and a risk of infection

Chemotherapy may reduce the number of white blood cells in your blood stream. These cells help to fight infection. After most types of chemotherapy, your levels of white blood cells start to fall in the first few days after treatment and are at their lowest between 7 and 10 days after a dose of chemotherapy (if you are receiving chemotherapy every 3 weeks). They then start to recover and are usually back to normal in time for your next dose. In most cases, this is not something you are aware of and it doesn't affect you at all. However, when levels are at their lowest, you may be at risk of infections such as coughs, colds and water (urine) infections. You should try to avoid contact with people who have coughs and colds and crowded places or public transport during this period. Try to avoid getting cuts and grazes and have them properly cleaned and dressed if you do. You may be advised to have the flu jab a couple of weeks before your chemotherapy starts to help reduce your risk of getting flu during treatment.

If you start to feel unwell, you should let your chemotherapy team or GP know immediately so they can treat you. They may give you antibiotics or a special medicine that helps speed up the recovery of your white blood cells.

Diarrhoea

Diarrhoea can be a side effect of chemotherapy. This is usually mild

and is temporary. You can take anti-diarrhoea tablets to help with this. Changing your diet to smaller meals that are easy to digest and taking plenty of clear fluids will also help.

Anaemia

Chemotherapy may reduce the number of red blood cells in your blood. These cells carry oxygen in your blood to all parts of your body and if levels fall you may get tired and out of breath more easily. You may also notice your skin is slightly pale. The level of red blood cells is monitored closely during chemotherapy and if it becomes low, you may be given a slightly lower dose of chemotherapy or given longer to recover between cycles to allow your body to make more red blood cells. Sometimes you may be given a blood transfusion.

Bleeding

Chemotherapy may reduce another type of blood cell called platelets. These cells help your blood to clot and if levels become low, you may be at risk of bleeding or bruising. You may notice that you bruise more easily if you have a knock and that your gums bleed a little when you brush your teeth.

The level of these cells will be monitored during treatment. It is rare for this to cause major problems and platelets usually correct themselves once treatment has finished.

Dental and mouth problems

Chemotherapy may cause you to temporarily have a sore or a dry mouth. This makes it more likely that you may get tooth problems and bleeding gums. Your taste may also be affected temporarily. Mild symptoms are experienced by up to half of all women having chemotherapy. Only a small number of women have severe problems.

If you do get dental or mouth problems you should clean your teeth after each meal with a **soft** tooth brush, use a gentle mouth wash and take regular sips of water to keep your mouth moist. Sometimes chewing sugar free gum may help.

About Herceptin®

What is Herceptin® treatment?

Herceptin® (which is also called trastuzumab) is a relatively new drug that targets breast cancers which have the HER2 protein on their surface (HER2 positive). We know that about 15 in 100 women with breast cancer will have a cancer of this type. It is more likely to spread into the blood stream than cancer without the HER2 protein, so there is a higher risk that it may come back after treatment. **If your cancer is HER2 positive, you may be offered Herceptin® treatment. Herceptin® is not usually given by itself but after or alongside your chemotherapy** as this gives the best protection from the cancer coming back.

Herceptin® is given as an injection into the veins or under the skin, once every 3 weeks, usually over one year (18 treatments) and therefore continues for longer than the course of chemotherapy.

The Herceptin® drug has been specially designed to target cells which carry the protein HER2. Because its action is very specific there is a lower risk that it will affect other cells in the body, so it is usually well-tolerated, with few side effects.

Your doctors and nurses can give you more information about what Herceptin® is and what it does.

What are the benefits of Herceptin®?

Herceptin® may help to provide protection against HER2 positive breast cancer. It only works if it is given with or following straight after chemotherapy, and increases the chances of long term cure by between 2 and 10 more women in 100 (2 to 10% more) on top of the benefit from chemotherapy. So if a woman has an 80 in 100 chance of being cured following surgery and chemotherapy, this may increase to 85 in 100 with Herceptin® treatment.

What are the side-effects of Herceptin®?

Flu-like symptoms

Herceptin® may cause flu-like symptoms like fever, chills and mild aches during treatment and for the first few hours after treatment. These symptoms are usually mild and can be helped by taking paracetamol.

Nausea

Mild nausea is another side effect and this may happen shortly after the injection and can last from a few hours to a few days. Your doctors and nurses can give you anti-sickness medicines to help with this.

Diarrhoea

Herceptin® may cause mild diarrhoea. You can usually control this by taking anti-diarrhoea tablets. Changing your diet to smaller meals that are easy to digest and taking plenty of clear fluids will also help.

Heart problems

Herceptin® affects the heart in about 10 in 100 (older) women. For this reason you will be asked to have regular heart tests before and during your treatment. In most women this effect will be detected by routine heart tests, and women will not be aware of any symptoms. This problem is usually very minor, and goes away when the Herceptin® is stopped.

Rash

About 5 in 100 women will develop a rash on Herceptin® treatment. This is usually mild and goes away by itself.

You can find out more about Herceptin® and how it may affect you from your doctors and nurses. You may be given a separate booklet giving more details about Herceptin® if you are advised to have this treatment.

What other treatments might I need?

Regardless of whether or not you decide to have chemotherapy you may be advised to have other treatments. These may include hormone-blocking pills or radiotherapy. Your doctor will explain these in more detail and whether they are suitable or necessary for you.

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. The pills block the effect of oestrogen on the cancer cells to prevent the cancer coming back and help improve the chance of cure.

Radiotherapy

Some women who have surgery for their breast cancer may be advised to have radiotherapy after the surgery (especially those who had a lump removed rather than the whole breast removed). 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, which helps to destroy any stray breast-cancer cells in the chest wall, remaining breast tissue, or under the arm. It is given in short doses over several weeks. You cannot feel the radiotherapy treatment at all and each dose only takes a few minutes.

You will need to lie flat on a special couch under the radiotherapy machine in the radiotherapy department of the hospital.

If you have radiotherapy treatment, you will need outpatient appointments every day (Monday to Friday). Most women need at least 15 doses. The hospital may sometimes be able to provide you

with transport to and from home if you need it: ask your specialist if this is available at your hospital.

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

What are the chances of the breast cancer coming back?

This depends on your age, level of general fitness, the type of surgery, the type of cancer and whether or not you have chemotherapy, with or without Herceptin® or other treatments.

Your doctor will be able to show you a special print out of survival after treatment for breast cancer which has been calculated just for you. This is based on your own characteristics and those of your cancer. Ask your doctor or nurse to show this to you if you want to see it.

The amount that chemotherapy protects you against the cancer coming back depends on the risk of it spreading. If the cancer has a higher risk of spreading (for example it is not sensitive to oestrogen, there is under arm gland involvement, and it is Herceptin® sensitive), you get greater protection. Some women with low risk cancers get little or no benefit and are not advised to have this type of treatment.

In general, for women aged 70 to 79, chemotherapy increases the chances of being cured of breast cancer by between 1 and 20 more women in 100. There is also some evidence from research studies that chemotherapy can stop the cancer coming back in women over 80 but we do not have reliable evidence.

How might I feel about having breast cancer and about whether or not to have chemotherapy?

You may have a number of different feelings about having breast cancer and about whether or not to have chemotherapy. 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 may feel that would prefer to have chemotherapy. This might be for a number of reasons, for example, you may be concerned about the cancer coming back, or you may want to increase the length of your life. However you may prefer to not have chemotherapy. This may also be for a number of reasons, for example, you may be concerned about the side effects of chemotherapy, you may feel the length of your life may not change much, or because the treatment lasts a long time and you may want to get back to your daily routine.

You can use this booklet to talk through your options with a family member, friend or carer, or your doctors and nurses (especially those named on the inside cover of this booklet).

There are many ways of coping with feelings that cancer can cause. Some women find it helpful to talk with people who are close to them. Others turn to other cancer patients or support groups to help them cope, or find comfort in their religion or faith if they have one. Whatever you decide, don't compare yourself with others but go with what is right for you.

There are a number of organisations who provide support and information for women with breast cancer considering chemotherapy.

Here is a list of useful contacts:

Breast Cancer Care
Phone: 0808 800 6000
Website: www.breastcancercare.org.uk
Chemotherapy for Breast Cancer Trastuzumab (Herceptin®)

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

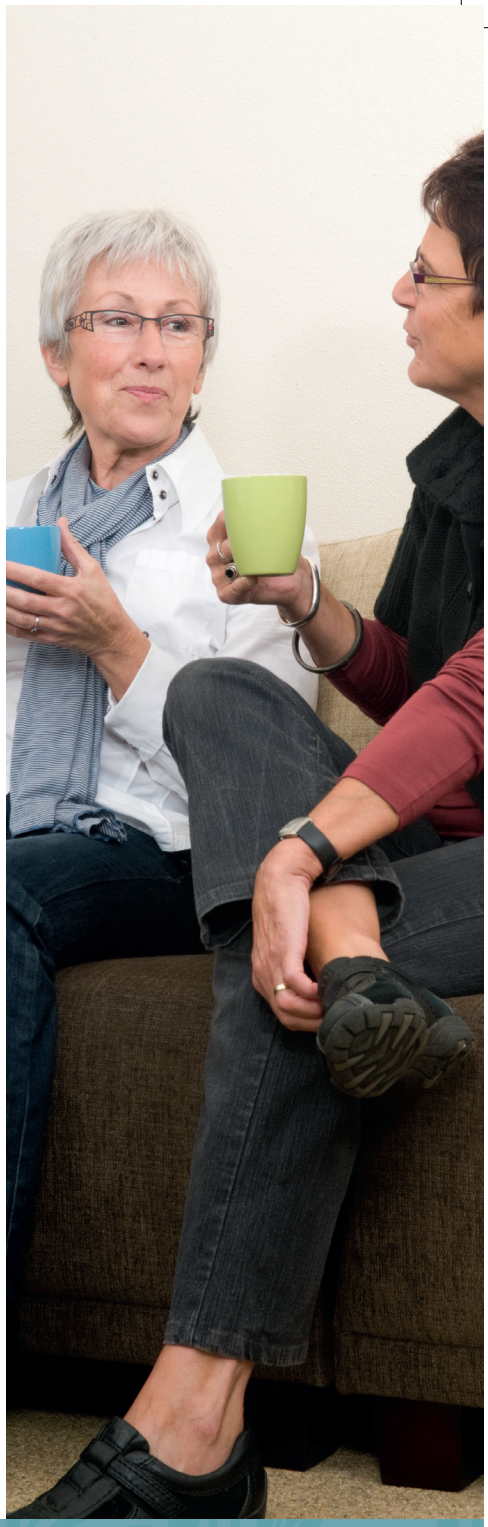
Cancer Research UK
Phone: 0808 800 4040
Website: www.cancerresearchuk.org

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)

Local support groups:



My decision

Discussing my decision and going ahead with treatment

You will be able to discuss your treatment options again with your doctor or nurse at the breast clinic at your next appointment. You can talk about whether or not you feel chemotherapy is best for you and also discuss this 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. If you are struggling with chemotherapy and wish to stop treatment you can simply let your doctors know and they will stop it. If you decide not to have chemotherapy initially, you can change your mind as long as this is within a few months of the surgery. If you wait longer the chemotherapy loses value and is not usually recommended.

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 23 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 whether or not to have chemotherapy. 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 whether or not to have chemotherapy. 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 prefer **to have chemotherapy** because...	I think I would prefer **not to have chemotherapy** because...
I do not want the cancer to come back*	I won't get much benefit from chemotherapy
I want to live as long as possible	I have concerns about the side effects and the impact on my health***

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 (family or friends) or you may prefer to continue to talk to your doctors and nurses about your treatment options.

I think I would prefer **to have chemotherapy** because...	I think I would prefer **not to have chemotherapy** 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 you to have or not have chemotherapy. 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 chemotherapy or no chemotherapy. 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 will be able to discuss your treatment options again with your doctor or nurse at the breast clinic at your next appointment.

What happens next?

Now that you have thought about what you feel is the best treatment choice for you, a member of the breast care team will continue to discuss this with you and answer any further questions you may have. They will make plans with you about what happens next.

Evidence

This booklet has been developed by experts and patients.

Evidence sources included the following.

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The views of patients have been widely consulted to ensure it contains relevant information in a format that is easy to read and understand.

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