

Breast Cancer

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Breast cancer has reached almost epidemic proportions in the Western world, with over 32,000 new cases occurring annually in the UK. It accounts for approximately 20% of all female cancers, both in incidence and fatalities. Men account for 1% of all cases of breast cancer.

Incidence increases with age, 50% of cases occurring between the ages of 50-64 and 30% over 70 years of age. Consequently, functional difficulties in everyday life are likely to be linked to problems seen in older people e.g. osteoarthritis, cardiac problems and those associated with old age.

Well established risk factors include:

- Increasing age
- Reproductive factors e.g. early age at menarche, late age at first birth (>30 years), late age at menopause and family history
- Previous history of breast cancer or benign breast disease
- ionising radiation.

Symptoms:

- Lump in breast (90%)
- Painful lump (20%)
- Nipple change (10%)
- Nipple discharge (3%)
- Skin contour change (5%).

Assessment and treatment:

- Clinical assessment, imaging and pathology
- Surgery to remove lump i.e. lumpectomy and wide local excision, mastectomy, axillary dissection (removal of some of lymph nodes under the arm)
- Radiotherapy, often in combination with surgery
- Chemotherapy, sometimes given before surgery to reduce the size of the tumour or during or after a course of radiotherapy or after surgery
- Hormone therapy
- Reconstructive surgery if appropriate to rebuild breast tissue.

Disease progression and prognosis

Prognosis is dependent on stage, size, grade of tumour and axillary node involvement. Survival rate after 5 years is approximately 70%. Metastatic spread may occur in bones, spine, ribs, pelvis, thigh, lung, soft tissue, liver or brain. Average survival after identification of metastases is 18-24 months.

Occupational therapy intervention for patients with breast cancer depends on the functional difficulties which are experienced. In the early stages of disease and its treatment this is likely to include:

- Relaxation and anxiety management
- Lifestyle and fatigue management
- Functional adaptation particularly for older patients who cannot lift their arm due to breast surgery so cannot manage activities of daily living
- Coping with altered body image.

Occupational therapy intervention with patients in advanced stages of the disease and its treatment depends on the site of metastases. Common sites for secondaries are lung, spine, ribs, bones and brain. It will incorporate interventions as listed above, plus:

- Management of breathlessness when there is lung involvement
- Wheelchair and pressure care assessment and prescription for patients with reduced energy and mobility
- Home assessments to ensure optimum safety and independence at home
- Equipment provision to cope with changed functional independence
- Liaison with community services

This information was compiled from:

Baum M, Schipper H (1998) *Breast Cancer*. Oxford: Health Press

Souhami R, Tobias J (1998) *Cancer and its management (3rd edn)*. Oxford: Blackwell Science

Tobias J, Eaton K (2001) *Living with cancer*. London: Bloomsbury

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- Awareness and management of lymphoedema, psychological distress, fatigue, altered body image and radiation-induced brachial plexopathy.

Current issues in breast cancer care

- DoH Improving Outcomes in Breast Cancer (1996)
- NICE Guidance on Cancer Services *"Improving Outcomes in Breast Cancer"* (2002)

Resources

Patient and carer information

- Breakthrough: www.breakthrough.org.uk
- RAGE (Radiotherapy Action Group Exposure)
- Women's Nationwide Cancer Control Campaign: www.wnccc.org.uk
- Breast Cancer Care: www.breastcancercare.org.uk
- Royal Marsden patient information series for breast cancer