

BREAST CANCER MYTHS

A BCRC-WA Fact Sheet

AS BREAST CANCER IS THE COMMONEST CANCER WHICH AFFECTS WOMEN, AND AS IT IS AN ILLNESS WHICH RECEIVES A GREAT DEAL OF ATTENTION IN THE MEDIA, IT IS NOT SURPRISING THAT THERE ARE MANY MISCONCEPTIONS ABOUT THIS DISEASE AND ITS TREATMENT.

The following information has been written by Medical Oncologist and BCRC-WA Vice Chair, Professor Arlene Chan and specialists in BCRC-WA – including breast surgeons and radiation oncologist – in direct response to misconceptions heard from their patients, together with issues raised by and comments from several patients with metastatic breast cancer. This fact sheet will aim to dispel the “fact versus fiction” statements regarding breast cancer and its treatment side effects.

Many breast cancer organisations have issued “fact versus fiction” statements regarding breast cancer (National Breast Cancer Foundation, Breast Screen WA, American Cancer Society and others) and we would encourage you to review these websites.

TREATMENT MYTHS

1 - All breast cancer patients have the same type of treatment.

There are many different types and degrees of aggression of breast cancer, which are generally distinguished by pathology testing of tissue following surgery. In addition, the diagnosis can occur at different stages (i.e. how large the breast cancer is and much it has spread into nearby or distant tissues).



These factors lead to a wide range of different treatment recommendations. Treatment plans for complex cancers are usually made by the treating team, following multidisciplinary review, to ensure the best co-ordinated treatment program for each patient. Different patients respond differently to treatments, and the sequence and type of treatment should always be tailored to the individual. One person's treatment plan and experience is very unlikely to be the same as that of a friend, relative or colleague.

2 - You can't go on public transport or eat take-away food while on chemotherapy because of suppressed immunity.

Chemotherapy for breast cancer does not usually suppress the immune system as much as some of the treatments for other cancers. However, there are usually short periods (measured in days) during each course of chemotherapy when some patients have a slightly higher risk of developing an infection than normal. Depending on the type of chemotherapy you are receiving, and whether there are other medical conditions that you may also suffer from, the risk of infection is very variable.

Common sense will usually guide you as to what situations you should avoid during your chemotherapy treatment. For instance, it is advisable not to sit next to someone who is obviously coughing and unwell, or be in close contact with children who are suffering from a diarrheal illness. You do not need to keep yourself isolated from society. Severe dietary restrictions are also unnecessary.

3 - Needles and blood pressure testing on an arm without lymph nodes cause lymphoedema.

There has been no proven research that demonstrates that lymphoedema is caused by either of these two manoeuvres. A recent study of 632 patients with a total of 3,041 arm measurements showed no increased risk of lymphedema with blood draws, injections or blood pressure readings. If necessary, you can use your arm without lymph nodes for these purposes, but it is reasonable to avoid this by using the other arm where this is possible. The important aspect to minimise the risk of lymphoedema is to reduce the risk of infections in the arm from which the lymph glands have been removed.



4 - Rest is best.

This is an old adage if anyone is seriously ill. While there are times when rest does help the body to recuperate after critical periods of illness, the treatment for breast cancer is over a long period, and moderate exercise is actually more beneficial. Exercise can offset fatigue.

Strangely, when you are very fatigued and least feel like exercise, a walk can make you feel better. Exercise is also important to maintain good health during treatment and to prevent weight gain. Weight gain is best avoided as there is good scientific evidence that excessive weight can increase the risk of breast cancer recurrence. So again, avoiding excessive inactivity is an important step to avoid gaining weight.

5 - You will feel better as soon as the treatment is finished.

Breast cancer treatment side effects can take some time to resolve completely. The good news is that symptoms such as nausea, vomiting, bowel disturbances, risk of infection and altered taste sensation usually disappear within a few weeks of the last chemotherapy treatment. Hair re-growth usually takes 2 to 4 months to reach the length that a woman may be happy with. Fatigue, in particular, can last for some time, depending on the person. Most people gradually regain the strength and fitness they need to return to their previous lifestyle, so don't be concerned if it doesn't happen quickly. Patients need to be patient! Also, if treatment has rendered a woman post-menopausal, time is usually needed for the woman to adjust to the menopause symptoms of hot flushes/sweats, achy joints and frequent fatigue.

6 - I burn easily in the sun so I will get a radiation burn.

All people react to radiation treatment differently and there are many factors that determine how troublesome the skin reaction will be. These are often technical factors. Skin that has been damaged by the sun over many years does react differently to skin that hasn't been exposed to the sun. Good skin care is important to minimise whatever reaction you will get, and protecting the treated area from sunburn during treatment is important. Your radiation nurse or team members will advise the best skin care for you. Some patients may finish treatment with minimal skin reactions even if they burn easily in the sun.

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7 - You can't use soap during radiation treatment.

This myth dates back many years to when soaps were very harsh on the skin. For the majority of patients using a mild soap will not be a problem, and your radiation nurse will be in the best position to advise you on your most appropriate skin care. Remember, this advice applies to the area being treated and it's not necessary to follow the instructions for your entire body.

BEAUTY MYTHS

1 - Chemotherapy always makes your hair fall out.

Chemotherapy is a broad term that covers a wide selection of drugs – frequently used in combination of 2 or 3 drugs, and occasionally as a single drug. Not all the drugs have the side effect of hair loss (alopecia) and some alopecia is so mild that the hair just becomes thinner. Other drugs will produce complete alopecia and some, but not all, of the drugs used for early breast cancer are in this category.

When hair loss occurs, there is progressive, rapid loss of hair in patches. Many women will choose to shave their head at this time, but that is a personal choice. It is common for women to retain some strands of hair in patches, so do not be surprised if you don't have a completely "shiny bald" scalp.

2 - You shouldn't colour your hair after chemotherapy.

This is an unfounded myth and can be ignored. Chemotherapy often makes your hair regrow more grey temporarily, although for others it may become darker. Hair regrowth can be quite slow but you can have hair colour whenever you feel your hair is long enough. You may wish to seek out organic hair colours available on the market, and some hairdressers stock these.

3 - Only the hair on your head falls out with chemotherapy.

Different drug combinations affect the hair follicles differently. Some result in very little hair loss, while others result in hair loss that successively includes small facial hairs, eyebrows, eyelashes and occasionally even some pubic hair.

4 - Black nail polish will protect your nails from being damaged by chemotherapy.

This has not been proven in scientifically conducted research, it appears to be a fad that comes and goes. There is no harm in black nail polish, however, if you like it.

Sometimes it is a good idea to remove any nail polish for your oncology appointments, as this allows your doctor to examine your nails for any changes or signs of infection.

5 - You can't have massages because it spreads the cancer.

This was advice given to many physiotherapists during their training some years ago. It is incorrect. Massage is now used as a complementary treatment for many cancer patients, and is safe.

DIET MYTHS

1 - You can cure breast cancer with diet alone.

There is a lot of press about various foods or diets for cancer patients, particularly foods that are high in antioxidants. While these can help to make you as healthy as possible, and better health is certainly an asset for a body fighting disease, diet alone has never been shown to cure cancer. The relationships between breast cancer and both alcohol and excess weight are NOT myths. A healthy, low fat diet, with lots of fruit and vegetables and rich in anti-oxidants, is proven to be beneficial and helps you to be as healthy as you can be, although it is not a cure in itself.

2 - Eating sugar will “feed” your cancer.

This statement is incorrect as all cells – whether cancer or normal cells – need sugar to survive. Cancer cells do not preferentially feed off sugar you have in your diet. Remember, as a general rule, anything you eat has to be absorbed, “handled” by the liver, and then circulated around the body in the blood stream. There is no mechanism by which anything you eat is specifically directed to cancer cells and leads to its growth and spread.

If there is insufficient glucose (the end product of sugar breakdown) in your body, the body responds by “breaking down” cellular nutrients to produce glucose, as every cell requires glucose to survive and function whether it is a cancer cell or a normal cell.

The focus of your food intake is not specifically to cut out sugar, but to maintain a well-balanced diet which maintains your weight at what is ideal for your age and height, and to avoid becoming overweight.

INFORMATION MYTHS

3 - A breast cancer diagnosis means early death.

This is NOT the case with the majority of people diagnosed with breast cancer these days. Patients may undergo anything from 4 to 12 months of treatment for early breast cancer, and the majority are able to return to their normal lives without ever needing treatment again. Those with hormone positive breast cancers are usually recommended for a longer period of oral medication. The proportion of people who live longer or are cured is slowly increasing with progress made in breast cancer research.

4 - The children in your life don't know about the breast cancer if you don't tell them.

Most people with breast cancer have young children in their life - their own young children, nieces and nephews, grandchildren and the children of friends.

It is understandable to want to protect children from the potential fears that breast cancer poses.

However, children are like little sponges and soak up information around them. Tread carefully and ask them if they have any concerns.

There is no immediate need to tell them anything specific (all in good time, as necessary), but addressing any concerns from their perspective is important to their well-being.

REPRODUCTION MYTHS

5 - You cannot have a baby after chemotherapy treatment for breast cancer.

This is a common concern for younger women. Some women may go into menopause as a result of their chemotherapy, and if this happens then fertility treatment will be needed to assist in a pregnancy. However, should your regular menstrual periods remain unchanged or resume after a short period of “no periods”, it may well be possible to have children after chemotherapy if that is what you wish.

It is wise to discuss the risks and timing of your pregnancy with your treating medical oncologist. It is also important to discuss with your oncologist the likelihood of becoming infertile as a result of your treatment before you start any drug treatment, if the desire to have children after a breast cancer diagnosis is important to you.



CONCLUSION

Though we aim to cover many common misconceptions, we realise that we cannot cover every aspect. To help you in interpreting information that you may read on the Internet that we have not been able cover, I would encourage you to ask the following questions of the article. This a way for to discern whether the information is reliable or not.

1) *Who is the author of this article and what are their credentials?* Even if he or she is a medical doctor, ask the question, “Do they work in the area of breast cancer?”. If there is information to show that the author does take care of breast cancer patients or works in the field of breast research in the laboratory - what published papers do they have - as the standard of their research and academic credentials will be reflected in the number and quality of their published works.

2) *Which stage or type of breast cancer is the article referring to?* It is very important to separate the information written about early breast cancer patients from those relating to patients with secondary or metastatic disease.

3) *Do the recommendations being made by the article seem sensible to you.* This may seem like an obvious statement, but for example there was a trend to encourage cancer patients to drink their own urine! The argument was flawed and clearly there are issues of hygiene with this recommendation, but sadly some people followed this recommendation - to no good effect.

4) *Is the measure of “success” of the recommended treatment based on case reports - that is one or more individuals who were told they had “x” months to live and yet they survived into old age with the recommended treatment.*

Case reports are essentially an account or ‘story’ of individual people whereby the recommended treatment led to years of normal living whereby conventional treatment had failed.

The problem with this kind of “evidence” is that the case report is not in itself evidence. There are no details given.

5) *Evidence means:*

a. Was the diagnosis of incurable cancer made on the grounds of pathological examination of a specimen from the patient (i.e. removal of a sample of tissue and examination under a microscope by a specialist doctor who has expertise in this area)?

b. Was the patient taking some conventional treatment just prior to the recommended “natural” treatment and yet the success of the treatment was attributed to the recommended “natural” treatment?

c. Is the method by which the recommended treatment works provided to you? As there are some cancers that are known to regress on its own (not common in breast cancer but can occur, and more frequently occurs in cancer such as kidney cancers for example which can spontaneously disappear), can it be shown that it was the recommended treatment that actually led to the shrinkage of the cancer?

d. Any treatment which is said to be able to kill cancer cells, must have a “mechanism” (or an understandable explanation) by which the treatment works. If something is said to be able “kill cancer”

My colleagues and I at BCRC-WA hope you have found this fact sheet on Myths useful in dispelling misconceptions about breast cancer. We encourage you to always ask your treating doctor to clarify aspects about breast cancer and its treatment which are a concern to you.



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