



MYTHS IN BREAST CANCER SURGERY

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MYTHS

- Surgery opens up cancer to air and makes it spread
- **No.** You're feeling just fine, and then something suspicious is discovered in your breast. Surgery is performed and the diagnosis comes back: cancer. If later tests show cancer elsewhere, you may immediately think that it was the surgery that released the cancer cells to the air, letting them jump all over the body. If there is cancer in other parts of your body after surgery, it is because: the cancer had already spread to other parts of the body before surgery
- a new cancer has developed.
- there were cancer cells left behind after surgery
- cancer cells slipped into a blood vessel while the surgeon was removing the tumor
- Adjuvant therapy, such as radiation, chemotherapy, targeted therapy, or hormonal therapy, can help to eliminate any cancer cells left in the body after surgery.

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- **Mastectomy is safer than lumpectomy with radiation therapy.**

Not necessarily true. For people who have one site of breast cancer with a tumor less than four centimeters that is removed with clear margins, lumpectomy with radiation is likely to be equally as effective as mastectomy.

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- **If you have a strong history of breast cancer in your family, lumpectomy plus radiation is not for you.**

No. Having breast cancer in your family does not mean that your cancer is automatically more threatening than anyone else's. It doesn't mean that breast-conserving therapy is not an option for you. You and your doctor will weigh several factors in deciding which type of surgery is right for you, based on your disease stage, the cancer's "personality," and how aggressive you want to be to prevent a recurrence or a new cancer from ever starting in that breast.

- **If your lymph nodes are removed, your arm will be swollen for the rest of your life.**

No. Lymph node surgery can lead to uncomfortable side effects, including lingering discomfort, numbness, and swelling called lymphedema. Usually, this happens in only 5-10% of cases. The risk of lymphedema can approach the 25% level if you have a full axillary dissection, (levels I, II, and III of nodes removed) AND radiation was added to the lymph node areas after surgery, AND chemotherapy was also given. Proper use and care of the affected arm, as well as physical therapy, can help manage lymphedema and reduce its severity. Learn more about preventing and managing [lymphedema](#).

MYTH #1 - BREAST CANCER SURGERY AND BIOPSIES CAUSE CANCER TO SPREAD

- **What about surgery and other types of cancer?**
- For some cancers, such as uterine cancer, surgery may in some cases spread the cancer. For example, you may have seen recent news stories about specific surgical procedures that are sometimes used to perform hysterectomy and myomectomy (removal of growths from the uterus). Certain procedures used in uterine surgery have been found to spread undiagnosed cancer cells into the abdomen and pelvic area. If a woman has undiagnosed cancer of the uterus, those cancer cells can then spread and grow in other organs.¹ The U.S. Food and Drug Administration has issued a safety alert on the use of such procedures.
- The techniques used in breast surgery and breast biopsy are different from uterine cancer surgery. So, there is no risk of spreading breast cancer cells.

MYTH #2 – IF A TITANIUM CLIP IS LEFT IN MY BREAST AFTER A BIOPSY, IT CAN DAMAGE THE BREAST OR TRAVEL TO OTHER PARTS OF MY BODY

- Titanium guiding clips – also called markers – have been used since the late 1990s to mark the location of a suspicious area in the breast. Inserted during an image-guided needle biopsy, these small (2 to 3 mm) clips show up on X-rays and other images to help surgeons locate and remove breast tumors.
- During surgery to remove a breast tumor, the clip is also removed. If surgery is not needed, the clip is left in place. If the biopsy did not show breast cancer, you would not have surgery just to remove the clip.
- Clips do not damage the breast and are safe with only rare cases of allergic reactions.² Data show that clips stay close to their original location and do not travel beyond the breast.³
- The clips can also help with the follow up of benign breast conditions.

MYTH #3 – I DON'T HAVE TIME TO GET A SECOND OPINION BECAUSE I MUST BEGIN TREATMENT AS SOON AS POSSIBLE

- One of the most important things to do when considering breast cancer treatment options is to get a second opinion.
- Most breast cancers grow slowly enough that taking the time to meet with several doctors and consider the best approaches to treatment won't affect survival.
- The National Breast and Cervical Cancer Early Detection Program guidelines recommend starting treatment within 60 days of being diagnosed. While many women start treatment in about half this time, there doesn't seem to be any survival difference between people who begin treatment less than 30 days after diagnosis compared to those who begin 30 to 59 days after diagnosis.⁴
- Of course, it's important to not delay treatment for too long, especially with later-stage cancers.⁴ However, nearly everyone with breast cancer can take the time they need to consider their options without affecting survival, provided treatment is started within the 60-day recommended period.

MYTH #4 - EVERYONE DIAGNOSED WITH BREAST CANCER DIES FROM BREAST CANCER OR EVERYONE DIAGNOSED WITH BREAST CANCER SURVIVES

- It is a myth that everyone who gets breast cancer will die from breast cancer. With modern treatment, about 90 percent of women with early stage breast cancer now live five or more years after diagnosis.⁵ Each case is different though and average rates of survival vary greatly by cancer stage.
- While breast cancer survival rates have been a triumph of the past 20 years, they still show how serious breast cancer is today. Now there are about three million breast cancer survivors in the U.S. However, more than 40,000 women (and more than 400 men) still die from breast cancer each year.⁶
- So, it is a myth that everyone who gets breast cancer dies from breast cancer. And, it is also a myth that everyone who gets breast cancer survives. Many people will survive breast cancer but some, unfortunately, will not.

MYTH #5 – CHEMOTHERAPY AND RADIATION THERAPY ARE MORE HARMFUL THAN HELPFUL

- One of the important findings from the past decades of research on breast cancer is that treating cancers with chemotherapy and radiation therapy saves lives.
- This, of course, doesn't mean that these treatments do not have unpleasant and potentially serious side effects. However, the long-term benefits of properly treating breast cancer with chemotherapy and radiation therapy outweigh their potential harms.
- One analysis that combined the results from 60 randomized clinical trials found that chemotherapy extended survival for women of all ages and for a broad range of breast cancers. For example, the study found:⁷
- Five-year relative survival for women with localized breast cancer (cancer that has stayed within the breast) is nearly 99 percent. For women with regional disease (cancer that has spread to the lymph nodes), this number drops to 85 percent. For women with distant cancer (cancer that has spread to other organs), five-year relative survival is just 26 percent.⁷ If you look at longer time frames – say 10-year or 15-year survival – these numbers will be lower across the board.
- Radiation therapy has been found to cut the risk of dying from breast cancer by about 20 percent in women who had lumpectomy.⁸ Although there is a small risk of second cancers with breast radiation, the benefits of radiation therapy for most people will outweigh this risk.
- Exactly how a person's breast cancer is treated depends on many factors. Since chemotherapy and radiation therapy do have some important risks, they are not recommended in every case. Understanding the potential benefits and harms of any therapy is important to making an informed decision about the best way to treat breast cancer. Discussing your treatment options in detail with your doctor is vital.