

Breast Cancer SURGERY

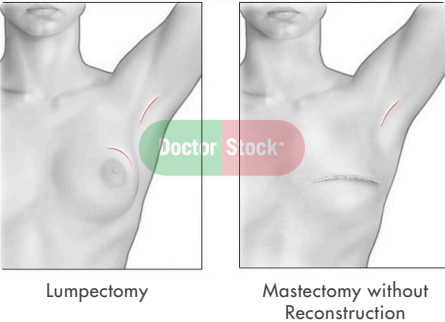
Most women with breast cancer have some type of surgery to remove one or more breast tumors. Options include “lumpectomy” where only the tumor is cut out of the breast and “mastectomy” where removal of all of the breast tissue is accomplished. In most cases, mastectomy may be performed leaving the skin of the breast intact and in many cases the nipple/areola may be preserved as well. Reconstructive surgery can refill the remaining skin envelope and to restore breast shape. Surgery may also be used to remove lymph nodes under the arm that may have been invaded by breast cancer cells. In Louisiana, in advance of obtaining your consent to breast cancer surgery, every hospital and physician must provide you with written information about breast reconstruction surgery and where you can access reconstructive surgery, even it means transferring your care to another facility which has the expertise to perform these surgeries.

Clinical TRIALS

Clinical trials are carefully controlled research studies that are done with patients who volunteer for them so doctors can learn better ways to treat cancer. There are requirements you must meet to take part in any clinical trial. The clinical trial must be explained to you fully and you must agree with the conditions. Discuss your eligibility for clinical trials with your doctor. You can learn more about clinical trials supported by the National Cancer Institute at www.cancer.gov and those supported by other organizations at www.clinicaltrials.gov.

LUMPECTOMY or MASTECTOMY?

Many women with early-stage cancers can choose between lumpectomy and mastectomy. The main advantage of a lumpectomy is that it allows a woman to keep most of her breast; however, you usually need to have radiation therapy after lumpectomy surgery. A small number of women having a lumpectomy may not need radiation. Advantages of mastectomy may include avoidance of radiation treatments since more of the potentially diseased tissue is removed during the surgery, although a small percentage of women who have a mastectomy will still need radiation therapy to the breast area. If you decide to have a mastectomy, ask your surgeon about reconstructive options, which may be performed simultaneously for better cosmetic results when combined with preservation of the outer breast skin and nipple area when indicated. Some women choose to have preventive mastectomy when there is concern for future cancer occurrence in the remaining breast. Those with genetic risk (“BRCA test”) may choose to have both breasts removed before cancer occurs.



Other Breast Cancer Treatment ALTERNATIVES

For more details on the latest treatment options, including some that may not be addressed in this document, and services available to you, please contact the following organizations:

- AMERICAN CANCER SOCIETY**
800-ACS-2345 | www.cancer.org
- BREASTCANCER.ORG**
www.breastcancer.org
- AMERICAN SOCIETY OF PLASTIC SURGEONS**
800-514-5058 | www.plasticsurgery.org
- CAGNO BREASTORATION FUND**
800-624-2039 | www.cagno.org | www.breastoration.org
- LOUISIANA DEPARTMENT OF INSURANCE**
225-342-5900 | ldi.la.gov
- NATIONAL CANCER INSTITUTE**
800-4-CANCER | www.cancer.gov/clinicaltrials
- SUSAN G. KOMEN FOR THE CURE**
877-465-6636 | www.komen.org

Required patient notice: Every hospital licensed by the Louisiana Department of Health and every Louisiana physician who provides mastectomy surgery, lymph node dissection, or a lumpectomy, and in advance of performing or obtaining consent to these surgical procedures, shall provide written information to a patient concerning breast reconstruction options, the availability of insurance coverage for reconstructive surgery, and access to reconstructive surgery providers at other institutions. (La. R.S. 40:1103.5). This brochure was developed by the Cancer and Lung Trust Fund Board and the Louisiana Department of Health and Hospitals and is distributed by the Louisiana State Board of Medical Examiners (LSBME). **Treating physicians and surgeons are required to inform any patient diagnosed with breast cancer of all of their treatment options prior to beginning any treatment verbally and in writing by providing a copy of this Breast Cancer Treatment Alternatives Brochure to the patient and indicating in the patient’s chart the date and time of compliance.** Failure to do so shall be considered unprofessional conduct and cause for the LSBME to take appropriate actions which may lead to license suspension, revocation or restriction. (La. R.S. 1103.4; La. R.S. 37:1285).

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INTRODUCTORY GUIDE TO BREAST CANCER TREATMENT OPTIONS



Louisiana State Board
of Medical Examiners



Prepared by the Louisiana Department of Health in consultation with the Louisiana Cancer & Lung Trust Fund Board pursuant to La. R.S. 40:1103.I, et seq.

ABOUT Breast Cancer

Breast cancer is a malignancy that starts from cells of the breast and may grow to invade surrounding tissues or spread to other areas of the body. It is the most common cancer in women in the United States and in Louisiana. The emotional impact following a diagnosis of breast cancer can be overwhelming but thanks to advancements in early detection, and improvements in the treatment and reconstructive options, millions of women are surviving breast cancer today and leading healthy and fulfilling lives.



Breast Cancer STATISTICS

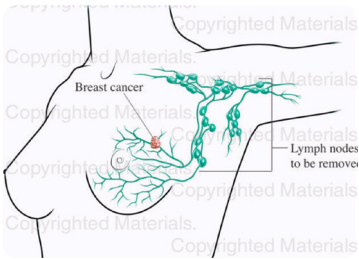
The chance of a woman having invasive breast cancer some time during her life is a little less than 1 in 8. Your personal risk may be higher or lower depending on a number of factors including family history and lifestyle choices such as smoking and hormone medication usage. Genetic testing (“BRCA test”) may be recommended in some cases by your provider to give a clearer picture of your individual risk and to determine the best course of treatment.

Breast Cancer TREATMENTS

Breast cancer treatments are varied and may include surgery, chemotherapy, radiation therapy and hormone therapy. Treatments, and their combinations, are different depending on your diagnosis. You should work with your team of doctors to decide which treatment is right for you. In some cases there are multiple options available to choose from so ask questions. Keep copies of your medical records and do not be afraid to seek a second opinion.

LYMPH NODE Removal

To determine if the breast cancer has spread to axillary (underarm) lymph nodes, one or more of them may be removed and looked at under a microscope. In some cases this is an important part of cancer staging and for planning treatment. When the lymph nodes contain cancer cells, there is a higher chance that cancer cells have also spread to other parts of the body. Pain, arm swelling and limited range of motion are potential side effects of lymph node removal but these risks are lessened with “sentinel lymph node sampling” compared to full “lymph node dissection.”



RADIATION Therapy

Radiation therapy uses high-energy radiation to kill cancer cells or keep them from growing. “External beam” therapy is given with a machine that sends radiation toward the cancer. Radiation treatments are given daily in an out patient treatment center for 5-7 weeks. Early side effects can include skin irritation or blistering, as well as fatigue and swelling. Longer term side effects in the treatment area can include decreased breast size or alteration of shape, scarring in the lung, heart disease, increased swelling (“lymphedema”) in the arm, and, in rare cases, formation of a separate soft tissue malignancy called angiosarcoma. Long term changes in skin texture may affect the outcome of a later breast reconstruction surgery. These risks should be discussed with your doctor before deciding on a treatment regimen that may be more likely to include radiation.

CHEMOTHERAPY

Chemotherapy (often called “chemo”) is treatment with cancer-killing drugs that are either injected into a vein or given by mouth. You may require surgical placement of a “port” to make administration of the medications easier and safer. The drugs travel through the bloodstream to reach cancer cells in most parts of the body. Chemo is given in cycles in an outpatient treatment center with each period of treatment followed by a recovery period. Treatment usually lasts for several months. The side effects of chemotherapy depend on the type of drugs, the amount taken and the length of treatment. Some of the most common side effects during treatment include: hair loss, mouth sores, loss of appetite, nausea and vomiting, increased risk of infections, easy bruising or bleeding and fatigue. These side effects are usually short-term and go away after treatment is finished. Your care team will closely monitor you during treatment and there are a number of medical options to reduce the overall impact of these side effects.



TARGETED Therapy

Targeted cancer therapies are treatments that target specific characteristics of breast cancer cells, such as a protein that allows the cancer cells to grow in a rapid or abnormal way. This type of therapy is generally less likely than chemotherapy to harm normal, healthy cells. Some targeted therapies are antibodies that work like those naturally made by your immune system. Pregnant women should not get targeted therapies.

HORMONE Therapy

Hormone therapy is a set of drug treatments that target breast cancers that are sensitive to certain body chemicals. The most common forms of hormone therapy for breast cancer work either by blocking estrogen from attaching to cancer cells or by decreasing your body’s production of estrogen. While undergoing hormone therapies for breast cancer, you may experience hot flashes, vaginal discharge, dryness and irritation, irregular periods, decreased sex drive, mood changes or an increased risk of bone thinning (osteoporosis). If you experience these side effects, discuss options for treatment with your care team.

Breast RECONSTRUCTION

The decision to have breast reconstruction surgery is extremely personal. You will have to decide if the benefits will achieve your goals and if the risks and potential complications are acceptable. The goal of reconstruction is to restore breast volume and shape after mastectomy and is performed by a qualified Plastic Surgeon as a part of your care team. Benefits can include restoration of body image and improved fit in ordinary clothing. Breast reconstruction often involves multiple procedures performed in stages. The breast may be reconstructed in the same surgery as the mastectomy (“immediate reconstruction”) or be delayed until a later date (“delayed reconstruction”). Advantages of immediate reconstruction include elimination of a secondary separate procedure and an opportunity to improve the cosmetic outcome by combining the reconstruction with skin sparing mastectomy techniques. Your surgeon may use an implant or tissue from another part of your body to fill out the size and shape required. Implant reconstruction relies on breast implants to help form a new breast mound. Autologous or “flap” reconstruction uses the patient’s own tissue transplanted from another part of the body to form a new breast. Your plastic surgeon and/or staff will explain in detail the risks associated with surgery. Flap surgery includes the risk of partial or complete loss of the flap and a scar in the donor site. The use of implants carries the risk of breast firmness (capsular contracture) and implant rupture requiring replacement. Mastectomy typically causes loss of sensation in the reconstruction site and may be present with either option. Each procedure has advantages and disadvantages that must be weighed by you and your physicians; however, the final decision should be yours based on your preference and understanding of the options. Your doctor must discuss reconstructive options with you before obtaining your consent to any breast cancer surgery, including the possibility of transferring your care to a

facility that has the expertise to perform breast reconstruction surgeries. It is best to talk about reconstructive options with your surgeon and schedule a consultation with a plastic surgeon experienced in breast reconstruction before your mastectomy. This lets the surgical team coordinate the treatment plan that is best for you in advance even if you decide to wait until later for reconstructive surgery options. (La. R.S. 40:1103.5).



BEFORE AND AFTER “DELAYED” BREAST RECONSTRUCTION WITH LIVING TISSUE “FLAP” RECONSTRUCTION.
Image © Center for Restorative Breast Surgery, LLC
www.BreastCenter.com



BEFORE AND AFTER DOUBLE NIPPLE SPARING MASTECTOMY AND “IMMEDIATE” LIVING TISSUE “DIEP FLAP” RECONSTRUCTION.
Image © Center for Restorative Breast Surgery, LLC
www.BreastCenter.com



BEFORE AND AFTER DOUBLE NIPPLE SPARING MASTECTOMY AND “IMMEDIATE” IMPLANT RECONSTRUCTION.
Image © Center for Restorative Breast Surgery, LLC
www.BreastCenter.com

PREVENTATIVE Cancer Screening

Although screening after a mastectomy or breast reconstruction generally isn’t recommended, there are no hard-and-fast rules. If your doctor does recommend screenings, ask which test is best for you: mammogram, MRI, ultrasound, or some combination of tests. Generally, it’s best to wait at least 6 months after reconstruction to start screenings. Also, be sure to let the imaging center know that you have breast implants and/or a flap reconstruction. If you have silicone implants, the FDA recommends that you receive MRI screening for silent rupture 3 years after receiving your implant and every 2 years after that. Louisiana law, effective January 1, 2019, requires health benefit plans to include coverage for preventative cancer screening, on no less than an annual basis, to an insured person who was previously diagnosed with breast cancer, completed treatment for breast cancer, underwent a bilateral mastectomy, and was subsequently determined to be clear of cancer. (Act 461 of 2018, La. R.S. 22:1077.1; La. R.S. 46:975.1).

INSURANCE Coverage

Under the Women’s Health and Cancer Rights Act of 1998 (WHCRA), group health plans, insurance companies and HMOs offering mastectomy coverage must also provide coverage for certain services relating to your mastectomy in a manner determined best between you and your attending physician. The coverage includes all stages of reconstruction of the breast on which the mastectomy was or is to be performed. Surgery of the other breast to produce symmetry (including lifting, reduction, or size increase if required) is included as are prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Louisiana has its own statutes which conform to federal law and clarify required coverage by health benefit plans. In Louisiana, “breast reconstruction” includes all stages of reconstruction of the breast on which a mastectomy has been performed and surgery on the other breast to produce a symmetrical appearance, including but not limited to liposuction performed for fat transfer to a reconstructed breast or to repair a donor site deformity, tattooing the areola of the breast, surgical adjustments of the non-mastectomized breast, unforeseen medical complications which may require additional reconstruction in the future, and prostheses or physical complications, including but not limited to lymphedema. These laws make it clear that decisions regarding breast reconstruction shall be made solely by the patient in consultation with attending physicians, that all stages of breast reconstruction are medically necessary and not cosmetic, and that insurers must provide notice in writing of insurance coverage for breast reconstruction to each insured person. (La. R.S. 22:1077; 22:1077.1)

Medicaid fee-for-service covers breast reconstruction post-mastectomy & reconstruction surgery of the contralateral unaffected breast to achieve symmetry for patients diagnosed with breast cancer. Medicaid fee-for-service will also cover additional services for reconstruction of the affected/diseased breast. www.lamedicaid.com. If you lose one or both breasts in a mastectomy, Original Medicare will generally cover breast implants. If you receive a surgically implanted breast prosthesis in an inpatient setting, Medicare Part A will generally cover it. If you receive breast reconstruction in an outpatient setting, Medicare Part B will generally cover it. www.medicare.gov.