



Types of Breast Cancer

There are two main types of breast cancer: invasive and non invasive.

Carcinoma in situ is the mildest non invasive form. Most women will be cured simply by surgery to remove the small tumor (lumpectomy) and getting radiation therapy. But they must be monitored for new tumors.

Invasive breast cancer is more serious. Doctors base treatment on several factors:

Tumor size. Small cancers have the best outlook.

Cell receptors. Cancer cells that bind to the female hormones estrogen (ER-positive cells) or progesterone (PR-positive cells) can respond well to hormone therapy and are easier to treat than cancers that lack hormone receptors. Cells that show high levels of protein called HER-2 may response to the drug Trastuzumab.

Lymph gland node spread. When breast cancer spreads, it reaches lymph glands in the armpit (axillary nodes) first. Doctors check for this by removing some glands to look for cancer. Whenever possible, they prefer to remove just a few key lymph glands (sentinel lymph node biopsy).

Distant spread. A cure is unlikely if breast cancer spreads to other organs, but treatment can still be very helpful.

Who is at Risk for Breast Cancer?

One of every eight American women will get breast cancer during the course of her lifetime. Some factors increase risk, including:

- Older age
- Family history
- Reproductive and hormonal factors, including menstrual periods that begin early or end late
- Not having children
- No breast-feeding
- Taking postmenopausal hormone replacement therapy
- Obesity
- Lack of exercise
- Drinking alcohol (even in moderate amounts)

Recommended guidelines:

For women ages 20 to 40:

- Monthly breast self-examination.
- Exam by a trained professional every year
- Base line mammogram at age 36

For women ages 40 and Over:

- Monthly breast self-examination
- Exam by a trained professional every year
- Mammogram every year after age 40

Recommendations are for women who do not have signs or symptoms of breast cancer. Those women who are at higher risk for breast cancer or who have breast abnormalities should ask their physician for specific guidelines.



SCHEDULING

HOURS
M-F 8am-5:30pm

PORTLAND AREA
503-223-3113

VANCOUVER DIRECT DIALING
360-693-3532

AFTER HOURS CONTACT
503-221-0161

THE PORTLAND CLINIC - DOWNTOWN
800 SW 13TH AVE
PORTLAND, OR 97205
PHONE | 503-221-0161
HOURS | M-F 8am-5pm

ADULT URGENT CARE - DOWNTOWN
HOURS | M-F 9am-6pm
16 years & older

THE PORTLAND CLINIC - COLUMBIA
5847 NE 122ND AVE
PORTLAND, OR 97230
PHONE | 503-256-3401
HOURS | M-F 7:30am-5pm

THE PORTLAND CLINIC - SOUTH
6640 SW REDWOOD LN
PORTLAND, OR 97224
PHONE | 503-620-7358
HOURS | M-F 8am-5pm

THE PORTLAND CLINIC - HILLSBORO
256 SE 2ND AVE
HILLSBORO, OR 97123
PHONE | 503-648-4171
HOURS | M-F 8am-5pm

THE PORTLAND CLINIC - TIGARD
9250 SW HALL BLVD
TIGARD, OR 97223
PHONE | 503-293-0161
HOURS | M-F 8am-5pm

URGENT CARE - TIGARD
HOURS | M-F 8am-8pm
SAT 9am-5pm

THE PORTLAND CLINIC - BEAVERTON
15950 SW MILLIKAN WAY
BEAVERTON, OR 97006
PHONE | 503-646-0161
HOURS | M-F 8am-5pm

THE PORTLAND CLINIC - EAST
541 NE 20TH AVE
STE 210
PORTLAND, OR 97232
PHONE: 503-233-6940
HOURS M-F 8AM-5PM

Breast Cancer

Patient Information





Facts about Breast Cancer

Breast cancer is the most common form of cancer among American women. More than 190,000 women are diagnosed with breast cancer each year. Three-fourths of the cases of breast cancer occur in women ages 50 and older, but it also affects younger women as well as about 1,400 men a year.

The good news is that breast cancer is increasingly being detected earlier while the tumor is very small and limited to the breast. Currently, two-thirds of newly diagnosed breast cancers show no signs that the cancer has spread beyond the breast.



Early Diagnosis

The most important thing a woman can do is to get examined and catch the breast cancer early - when the chances of curing it are high. Several methods can help like regular breast exams and annual screening mammography.

Breast exams - Performed by a doctor or nurse practitioner during each complete check-up. Every woman should also be alert for worrisome lumps, changes in the skin over the breast, discharge from the nipple, or enlarging lymph glands. All women should practice breast awareness and report any lumps or other abnormalities to their doctors.

Mammograms - Talk to your doctor about when to first get a mammogram and how often to get tested.

A mammogram is a special breast x-ray test in which each breast is examined separately by gently compressing it between two flat plates while the pictures are taken. Only very low doses of radiation are used. They can be uncomfortable, but mammograms are a woman's most important protection against cancer method for screening and early detection of breast cancer.

After a mammogram, radiologists study the images to find calcium deposits or other abnormalities. If problems are detected, a woman will be called back for additional screening or a biopsy. It is important to have these tests, but not to panic, since the results often don't show cancer. Other imaging techniques, such as ultrasounds and MRIs, can also help.

Genetic Tests - Cannot detect cancer, but they can find two genes (called BRCA and BRCA2) that greatly increase the risk of breast and ovarian cancer. These genes are rare in the general population, but women with strong family histories of breast cancer should discuss testing and counseling with their doctor.

Breast Biopsies - May be recommended because of an abnormal mammogram or because of an abnormal exam, even if the mammogram looks okay. Biopsies are usually done under local anesthesia on an outpatient basis.

Treatments

Treating breast cancer is complex and often requires a combination of targeted therapies for best outcome. The best results come from expert evaluation of each patient's medical situation and personal preferences. There are different types of treatment for patients with breast cancer. The doctor will plan treatment to fit each patient's situation including: surgery, radiation therapy, chemotherapy. Here's a quick look at some options:

Surgery - In the past, the main treatment for breast cancer was radical mastectomy - surgical removal of the whole breast along with nearby muscles and lymph glands. Surgery is an essential part of treating breast cancer. Surgical treatment options include: lumpectomy, mastectomy, and lymph node surgery. Although some women still benefit from mastectomy, which is the removal of the entire breast, most prefer breast conservation therapy, which removes the tumor but not most of the normal breast tissue. Reconstructive surgery is also available.

Radiation therapy - Used as part of breast-conservation therapy, radiation therapy may also be used after mastectomy or to treat axillary node involvement.

Chemotherapy - For women with advanced breast cancer (stage III and IV), chemotherapy is needed. But since some women with early disease (stage I and II) may have microscopic spread, chemotherapy may be recommended, especially if the original cancer is ER- and PR-negative.

Hormone therapy - Hormone therapy is a cancer treatment that removes hormones or blocks their action and stops cancer cells from growing. Drugs like Tamoxifen or one of the aromatase inhibitors (for post-menopausal women) protect breast cells from estrogen. This reduces the risk of recurrent cancer in women with ER- and PR-positive tumors.

Preventive Care - You don't have to be an expert to take action against breast cancer. In fact, simple things can help the most: lead a healthy lifestyle, get regular breast exams, and practice breast awareness. Above all, get your mammograms.

For More Information

National Cancer Institute

www.nci.nih.gov
1-800-CANCER
1-800-422-6237

American Cancer Society

www.cancer.org
1-800-ACS-2345
1-800-227-2345

Susan G. Komen Breast Cancer Foundation

www.komen.org
1-877 GO KOMEN
1-877-465-6636

Sources include:

Harvard Medical School, nci.nih.gov, cancer.org



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We specialize in you.

