Chapter 11

Caring of Breast Cancer Patient

Anggorowati Anggorowati

Additional information is available at the end of the chapter

http://dx.doi.org/10.5772/intechopen.75993

Abstract

Breast cancer is one of the biggest causes of mortality in some countries. Various conditions contribute to the incidence of breast cancer in either unmarried or married women. Caring in women with breast cancer is the key to successful treatment of breast cancer. The conditions patient when is diagnosed breast cancer, undergoing therapy, and after treatment are different, so caring on breast cancer can be divided into caring at the time of diagnosis, caring during therapy, and caring in follow-up therapy. The results obtained from caring of breast cancer increase survival of breast cancer patients.

Keywords: caring in diagnosis, caring in therapy, caring in follow-up therapy, survival cancer, breast cancer

1. Introduction

Women have risk developing breast cancer in non-breastfeeding women or infertile conditions. The risk of breast cancer was higher among women who currently or recently used contemporary hormonal contraceptives than among who had never used hormonal contraceptives [1].

At the time when women began to feel the complaint with her breasts, few women hasten to check themselves completely. The condition of the emergence of symptoms is the right time for handling so that the rate of recovery is high. Some women are open to complain and hasten for therapy. Stigma is present in women when breast cancer is present in them. This is a management bottleneck in the days before being diagnosed with breast cancer. Attendance of others such as family and healthcare workers who pay attention, fast management, and plenary caring are needed during this period.

Most women diagnosed with breast cancer are already in a late condition where the breasts have given an unpleasant condition, foul smell, and excessive fluid. The existence of women in the family as wives, mothers, and caregivers of families becomes disrupted, and some women undergo self-care.

Caring in women with breast cancer requires a variety of understanding of the development, roles and functions of women with breast cancer, and psycho-spiritual and psychosocial needs. The context of understanding conditions under conditions of diagnosis, therapy, and follow-up after therapy is a caring breast cancer approach.

2. Caring for patient in breast cancer diagnosis

The diagnosis of breast cancer is identified in someone who has breast cancer risk. Most women included in the risk group pay more attention to any changes in their breasts. The following groups are at risk of developing breast cancer [2]:

a. Personal history of breast cancer. Women who had breast cancer in the past have a higher risk of developing breast cancer again. Breast cancer can develop in the same breast as the first cancer or in the other breast.

b. Family history of breast and other cancers. The greatest risk in family history of breast cancer is from mother, sister, or daughter who had breast cancer, especially if they were diagnosed before menopause.

c. Certain genetic conditions. The following rare inherited genetic conditions are linked with a higher risk for breast cancer:

1. Li-Fraumeni syndrome increases the risk of developing certain types of cancer, including breast cancer, osteosarcoma, soft tissue sarcoma, and leukemia. Most people with Li-Fraumeni syndrome have inherited a mutation in the TP53 gene, which is normally a tumor suppressor gene.
2. Ataxia telangiectasia (AT) is caused by a mutation of the ATM gene. This gene is responsible for repairing damaged DNA. Certain families with a high rate of breast cancer have mutations of this gene.
3. Cowden syndrome is caused by a mutation in the PTEN gene, which is normally a tumor suppressor gene. People with this condition are more likely to develop breast cancer, gastrointestinal cancers, and thyroid cancer.
4. Peutz-Jeghers syndrome may be related to a mutation of the STK11 (also known as LKB1) gene. This gene appears to normally function as a tumor suppressor gene. Peutz-Jeghers syndrome increases the risk of developing gastrointestinal, breast, ovarian, and testicular cancers.

d. Dense breast. Dense breasts have more connective tissue, glands, and milk ducts than fatty tissue. Breast density is an inherited trait. Some studies show that women with dense breast tissue in 75% or more of their breasts are 4–6 times more likely to develop breast

cancer than women with little or no dense breast tissue. Breast density can only be seen on a mammogram, but dense breasts also make a mammogram harder to read. On a mammogram, fatty tissue looks dark, while dense tissue looks white, like tumors, so it can hide a tumor.

e. Reproductive history. Estrogen is the main hormone associated with breast cancer. Estrogen affects the growth of breast cells. Experts believe that it plays an important role in the growth of breast cancer cells as well. The type of exposure and how long cells are exposed to estrogen affect the chances that breast cancer will develop. Menopause at a younger age decreases the length of time the breast tissue is exposed to estrogen and other hormones. Women who experience early menarche, late menopause, and late pregnancy at risk of breast cancer. Early menopause is linked with a lower risk of breast cancer. Pregnancy interrupts the exposure of breast cells to circulating estrogen. It also lowers the total number of menstrual cycles a woman has in her lifetime. Women who have their first full-term pregnancy after the age of 30 have a slightly higher risk of breast cancer than women who have at least one full-term pregnancy at an earlier age.

f. Exposure to ionizing radiation. Woman who have received radiation therapy to the chest, neck, and armpit area have a higher risk of developing breast cancer.

g. Hormone replacement therapy. Woman who is taking hormone replacement therapy for a long time increases the risk of breast cancer.

h. Oral contraception. Oral contraceptives that contain both estrogen and progesterone can slightly increase the risk for breast cancer, especially among women who have used oral contraceptives for 10 or more years. The higher risk disappears after the woman stops taking oral contraceptives. However, current and recent (less than 10 years since last use) users have a slightly greater risk than women who have never used oral contraceptives.

i. Atypical hyperplasia. Atypical hyperplasia is a noncancerous (benign) condition where there are a greater number of abnormal (atypical) cells in the breast tissue. Atypical hyperplasia increases a woman's risk of developing breast cancer.

j. Alcohol. Drinking alcohol increases a woman's risk for breast cancer. Even low levels of alcohol consumption (just over 1 drink per day) can increase a woman's risk. The risk increases with the amount of alcohol consumed. One possible reason for the link between alcohol and breast cancer is that alcohol is thought to cause higher levels of estrogen. Alcohol may also lower levels of some essential nutrients that protect against cell damage, such as folate (a type of vitamin B), vitamin A, and vitamin C.

k. Being obese. Obesity increases the risk for breast cancer in postmenopausal women. Studies show that women who have never taken hormone replacement therapy and who have a body mass index (BMI) of 31.1 or higher have a 2.5 times greater risk of developing breast cancer than those with a BMI of 22.6 or lower. Ovarian hormones, estrogens in particular, play an important role in breast cancer. Many of the risk factors for breast cancer are believed to result from the overall dose of estrogen the breast tissue receives over time. The ovaries make most of the body's estrogen, but after menopause fat tissue produces

a small amount of estrogen. Having more fat tissue can increase estrogen levels and so increase the chance that breast cancer will develop.

l. Physical inactivity. Physical inactivity increases the risk of breast cancer in both premenopausal and postmenopausal women.

m. High socioeconomic status. Breast cancer risk is slightly higher for women with higher incomes. This may be because of lifestyle factors that are linked to breast cancer, such as having children later in life or having fewer children.

n. Tall adult height. Women who have a slightly higher risk of developing breast cancer after menopause. It is thought that energy intake and diet early in life, which affect adult height, are the factors that increase the risk, rather than just being tall.

During breast cancer diagnosis, patients follow a series of tests. Examinations performed on breast cancer patients include [3]:

1. Physical exam. A physical exam allows your doctor to look for any signs of breast cancer.

2. Clinical breast exam.

3. Diagnostic mammography. Diagnostic mammography is an x-ray that uses small doses of radiation to make an image of the breast. It is used to follow up on abnormal results of a screening mammography or a clinical breast exam. Mammography can also be used to find an abnormal area during a biopsy.

4. Biopsy. A biopsy is the only definite way to diagnose breast cancer. During a biopsy, the doctor removes tissues or cells from the body so they can be tested in a lab. A report from the pathologist will confirm whether or not cancer cells are found in the sample.

5. Hormone receptor status testing. Estrogen and progesterone are hormones that can stimulate the growth of breast cancer cells. Hormone receptor status testing looks for estrogen receptors (ERs) and progesterone receptors (PRs) in the breast cancer cells.

6. HER2 status testing. HER2 status testing is done to find out if breast cancer cells are making more HER2 protein than normal (called overexpression).

7. Tumor marker test. Tumor markers are substances found in the blood, tissues, or fluids removed from the body.

8. X-ray. An X-ray uses small doses of radiation to make an image of parts of the body on film. It is used to find out if breast cancer has spread to the lungs.

9. Bone scan. Bone scan is used to find out if breast cancer has spread to the bones (called bone metastasis).

Most of the patients and their families face some degree of depression, anxiety, and fear when cancer becomes a part of their lives. Breast cancer patients may experience anxiety at different situations as while undergoing a screening test, waiting for the results, receiving a diagnosis, undergoing treatment, or anticipating a recurrence of their cancer. The anxiety associated

with cancer may increase feelings of pain, interfere their ability to sleep, cause nausea and vomiting, and interfere with their quality of life. And the severe anxiety may even shorten the patient's life [4].

Interviewing some breast cancer patients reported that their anxiety is characterized by a number of typical symptoms and signs such as shivering or tremor. They find that their feelings of anxiety increase or decrease at different times. They may become more anxious as cancer spreads or treatment becomes more intense. The level of anxiety experienced by one person may differ from the level of anxiety experienced by another. Anxiety in breast cancer patients is associated with death anxiety, fear of death as a result of their symptoms [4].

Caseness in depression significantly increased in the first year of breast cancer diagnosis from baseline (18.5%) to 4 months (21.5%) but decreased to 15.3% at 12 months [5, 6]. This is in accordance with other studies that majority of women newly diagnosed with early breast cancer reported clinical or severe depressive symptoms. The patients presented a controlled emotional coping style. Anger suppression might play a unique role in depressive symptoms among women newly diagnosed with breast cancer [7]. Anxiety is a more significant psychological state that contributed to the feeling of distress in breast cancer than depression [8]. So on the stage diagnosis, the health team should be concern about management of anxiety.

Education in depressed breast cancer patients is adjusted for depression and patient characteristics. Psychoeducation in groups is an intervention given to overcome depression [9]. The role and function of the patient in the family, the pattern of family-patient interaction, the cultural structure in the community, and the religious value of the patient affect the acceptance of breast cancer patients. The severity of depression cannot be separated from the type of cancer suffered. Patients with no history of cancer in the family experienced more severe depression than had a family history of cancer [10]. The severity of the patient's breast cancer level is related to the depressed level of the patient.

The most common types of breast cancer diagnoses are inflammatory breast cancer, Paget disease of the nipple, and triple-negative breast cancer [11–14]. Explanations of each type of breast cancer are as follows:

2.1. Inflammatory breast cancer

Inflammatory breast cancer develops when cancer cells block the lymph vessel; the breast becomes red and swollen. Inflammatory breast cancer develops more often in younger women and women of African ancestry. Inflammatory breast cancer is rare and aggressive, which means that it grows and spreads quickly. In most cases, inflammatory breast cancer has already spread to the lymph nodes or other organs when it is diagnosed. The most common symptom of inflammatory breast cancer is a change to the color of the skin on at least one-third of the breast. The skin becomes very red or purplish in color. Other symptoms of inflammatory breast cancer include:

1. A swollen breast
2. Dimpled or pitted kin that looks like an orange peel (called peau d'orange)

3. Thickened skin or breast tissue
4. A breast that feels warm to the touch
5. An increase in the size of the breast
6. Changes to the nipple such as a nipple that suddenly starts to point inward (called an inverted nipple)
7. Tenderness or pain in the breast
8. Itching or burning
9. A lump in the armpit (called the axilla) or near the collarbone

The symptoms of inflammatory breast cancer are very similar to the symptoms of infection in the breast tissue (mastitis), which is more common in breastfeeding women.

2.2. Paget disease of the breast

Paget disease of the breast is a rare type of breast cancer. It develops as a rash or other skin changes on the nipple, usually on only one breast. This is more common in women over the age of 50. Most women with Paget disease also have invasive ductal carcinoma or ductal carcinoma in situ (DCIS). The cancer can then spread to the dark-colored skin around the nipple (called the areola).

Paget disease of the breast usually causes changes to the nipple, including:

1. Crusting, scaling, or flaking
2. Redness of the nipple and areola
3. Burning or itching
4. Bleeding or discharge
5. The nipple turning inward, or becoming inverted
6. The nipple becoming flat a lump in the breast, often near or under the nipple

2.3. Triple-negative breast cancer

Many breast cancer cells have receptors for estrogen or progesterone. They may also have receptors for a protein called HER2 (also called ERBB2). Triple-negative breast cancer means that the cancer cells do not have any of these receptors. Because it does not have any of these receptors, triple-negative breast cancer is considered a separate type of breast cancer with its own treatment options. Most triple-negative breast cancers are invasive ductal carcinoma. Ductal carcinoma in situ (DCIS) may also be triple negative.

Basal-like breast cancer is similar to triple-negative breast cancer because the cancer cells often do not have receptors for estrogen, progesterone, and HER2. But basal-like breast cancer cells

have changes in the proteins that triple-negative breast cancers usually do not have. Most basal-like breast cancers are invasive ductal carcinomas.

It is important to note that not all triple-negative breast cancers are basal-like and not all basal-like breast cancers are triple negative. They are two similar, but distinct, subtypes of breast cancer. Scientists have not yet developed one internationally accepted definition of a basal-like breast cancer. But they know that it is different from other types of breast cancer.

Women under the age of 40 and women of African or Asian ancestry have a higher risk of developing triple-negative breast cancer. Basal-like breast cancers are more likely to be found in younger women and in women of African ancestry.

Many triple-negative and basal-like breast cancers may be called interval cancers because they can develop between regularly scheduled screening mammography.

Most triple-negative and basal-like breast cancers are high-grade, or aggressive, tumors. This means that they tend to grow and spread quickly. Many are diagnosed at a later stage when the cancer has already spread (metastasized) to lymph nodes or other organs. These tumors tend to spread to the brain or lungs more often than breast cancers that are not triple negative. Most triple-negative breast cancers have a less favorable prognosis than other types of breast cancer.

Basal-like breast cancers spread differently than other types of breast cancer. They usually spread to the bloodstream, brain, and lungs. They do not spread to the lymph nodes or the bones as often as other types of breast cancer.

When the patient is diagnosed with breast cancer, a feeling of sadness and fear arises, sad because she did not think she will be diagnosed with breast cancer and will lose her breast due to surgery and patient's fear of illness and death [15].

Role changes begin to occur in women undergoing diagnosis. The role of mother who takes care of her children is time-consuming. Some patients still have children less than 2 years old, so there is a feeling of guilt for not being able to persecute. The role of wife in serving the husband is disturbed because of his physical condition. Women can still meet the sexual needs of couples but the frequency is reduced. This role change affects self-acceptance as a woman. The reaction of a patient diagnosed with breast cancer is to accept, deny, blame yourself, and withdraw [16].

Feeling sad about the diagnosis of cancer that the patient takes requires resistance from yourself so as not to get sucked in sorrow. Patients should have the power to deal with perceived problems. The speed of cancer treatment is proportional to the rate of cancer development itself; the sooner the patient decides to overcome her cancer, the closer she gets in handling it. Psychological support is needed for patients to gain confidence in themselves; the patient believes that the cancer she faces can heal. Family and people closest to her are part of a meaningful social support for patients. Various forms of psychological support, among others, are always present to accompany patients at the time of cancer management. Methods of psychological support, among others, are crisis interventions, psychological counseling, self-support groups, relaxation, and suggestive psychotherapy [17]. The presence of people who are meaningful for the life of the patient will give its own strength, increasing the efficacy

Care	Activities
Make time for self	Try to stay involved in activities and enjoy
	Ask family and friends to help
Care for the body	Eat healthy meals and snacks
	Try to get enough rest
	Continue having checkups
	Avoid using alcohol and cigarette
	Exercise for 15–30 min each day
Deal with uncertainty	Put some plans on hold
	Focus on things you can control
	Have more knowledge about what is happening
Talk to family and friends	Talking how you feel if feeling angry
	Try not to hold in all feelings
Organize your time	Prioritize your weekly tasks and activities
	Use personal planner
	Ask for help from family, friends, or support services
	Concentrate on one task a time
	Avoid multiple trips

Table 1. Activities to take care of themselves for breast cancer patients.

of patients to undergo therapy. Patients will follow various follow-up measures of various cancer intervention options. The nearest mentoring gives meaning to the patient so that the patient has hope for the success of the follow-up to be followed.

Patient should care for themselves to overcome breast cancer problems. **Table 1** shows some of the activities that breast cancer patients do to take care of themselves [18].

Caring shown in these conditions, such as empathy with women, do not blame that women who suffer from breast cancer because of the risks that exist in her. The presence of the nearest person as the person who gives attention to the woman reinforces her.

3. Caring for breast cancer patients during treatment

Breast cancer patients are given treatment, i.e., surgery, radiation, and chemotherapy depending on the stage of breast cancer. Each of these treatments has side effects. Effects after chemotherapy are neutropenia, anemia, nausea, vomiting, and neuropathy [19]. Interventions to increase food intake in breast cancer patient during treatment are cook extra food, make meals a time when patient can sit together and talk, and take extra care when preparing food. These differences include physical changes such as alopecia, depression, decreased body image, emotional changes, and impaired role function and social function [19].

Breast cancer patients who have chemotherapy will experience high distress 55.3%. Symptoms of stress include physical signs, such as trouble sleeping, constant headache,

high blood pressure, and other heart problems. Emotional signs may include feeling tired, unwell, and overly sensitive. Activities to reduce stress are exercise regularly, meditate to practice deep breathing, listen to music or read, talk to someone, ask others to help, try to rest and get enough sleep, eat nourishing food to give energy and keep well, and take time to care for self.

Some breast cancer treatments have side effects that affect the heart; the most common side effects are heart dysfunction, chest pain, and irregular heartbeat [20]. Heart dysfunction can occur during cancer treatment or any time up to 2 years after treatment is finished. The symptoms of heart dysfunction are difficulty keeping up level activity, a bloated feeling around the abdomen, feeling less hungry, swelling of ankles and feet, feeling dizzy when changing position, and shortness of breath, at rest or when active.

Patients need basic information about chemotherapy, side effects, and problem-solving skills during therapy. Fulfillment of chemotherapy information prevents depression and anxiety in breast cancer patients [21]. Patients undergoing radiotherapy experience various problems such as skin changes, burning scars, and edema. Patients who dissected experienced losing her breasts affected her body image. Changes in patients with radiotherapy and surgery lead to changes in self-image that affect the psychological health of the patient. After breast surgery studies show that mastectomy as surgical treatment for breast cancer may negatively affect a woman's body image and her self-image [22].

Breast cancer patients maintain a healthy life with various activities. **Table 2** describes healthy activity for the heart of breast cancer patient.

In fact, patients who receive both often have less severe symptoms, have better quality of life, and report they are more satisfied with treatment [23]. So, they needed symptom management, supportive care, or palliative care. Palliative care is given at every step of treatment process. In this part, the patients accept support from caregivers, family, and friends [24]. The other person such as volunteer, clergy, social group providing support for the patient's emotional and social needs, spiritual needs or concern and practical needs.

Healthy living	Activities
Be active	Try to stay active during cancer treatment; exercise or do physical activity each day
	Increasing physical activity after treatment can help: strengthen muscles, improve fitness level, lower blood pressure, and give more energy
Eat well	Eat a variety of foods from the four food groups each day
	Read food label to choose healthier foods
	Limit food and drinks that are high in calories, fat, sugar, and sodium
	Drink little or no alcohol
Do not smoke	Limited smoking or stop smoking

Table 2. Healthy living for breast cancer patients during treatment.

Palliative care starts at diagnosis and continues throughout all stages of the disease. The best palliative care occurs when patients and their families work together with the healthcare team [25].

Caring for this period can occur when there is good communication between patient, family, and health teams. Caring can be achieved if the patient can show some communication skills. For patient, tips to help promote good communication patient with healthcare team are:

a. Ask the doctor to explain the diagnosis, treatment plan, and prognosis.

b. Ask healthcare team to explain if you do not understand an explanation, description, or unfamiliar medical word.

c. Tell the doctors and nurses about any pain, discomfort, or other side effects.

d. Keep track of symptoms and side effects. Write down what they are, how often they occur, and how severe they are.

e. Do not be afraid to ask questions.

For the treatment of breast cancer, the physical symptoms of breast cancer patients affect the needs and fulfillment of the physical, psychological, social, and spiritual aspects [16]. The success of AI therapy depends on patients' ability to adhere to treatment recommendations [26].

The breast cancer patients need friends, which receive the shortcomings, and more attention. During therapy patients should have realistic expectations and interpersonal relationships, remain active in activities, support family and community, and improve their spirituality. The patient's condition enhances the survival abilities of patients undergoing therapy.

4. Caring for following treatment for breast cancer patients

Breast cancer patients who have recovered still have risk to relapse again. Study in the UK showed that after 5 years of adjuvant endocrine therapy, breast cancer recurrences continued to occur steadily throughout from 5 to 20 years [27]. After undergoing therapy, breast cancer patients follow a series of follow-ups. Some follow-ups are doctor visit, mammogram screening, pelvic exams, and bone density test. Completed of follow up assesment breast cancer patients on **Table 3**.

After breast surgery, physical changes can make some women less comfortable with their bodies. There may be a loss of sensation in the affected breast. Other treatments for breast cancer, such as chemotherapy, can change your hormone levels and affect sexual interest and/or response. Partner may worry about how to express love physically and emotionally after treatment, especially after surgery. But breast cancer can be a growth experience for couples—especially when partners take part in decision-making and go along to treatments [29, 30].

From the review of research, Sisler showed that after breast cancer treatment, the survivorship care involves four main tasks: surveillance and screening, management of long-term effect, health promotion, and care condition. Surveillance for recurrence involves only annual

Maneuver	Recommendation
Do	
Primary care visit with history and physical examination	Every 3–6 months for years 1–3 after treatment, every 6–12 months for years 4 and 5, and then annually
	History to focus on symptoms of distant (bone, lung, liver, brain) and local recurrence
	Examination focuses on surgical scar, breasts, chest wall, regional nodes, arms for lymphedema, and common sites of distant spread
	Annual gynecologic examination for patients taking tamoxifen
Breast self-examination	Monthly breast self-examination is recommended in this higher-risk group
Mammography	Annually, starting 1 year after initial mammogram but at least 6 months after radiation therapy is complete, can be performed every 6 months in select cases, no routine imaging of a reconstructed breast is needed
Screen for other cancers	As for average-risk individuals, unless family suggests otherwise
Do not do	
Breast magnetic resonance imaging	Not recommended
Other tests:	Not recommended
Complete blood counts	
Liver function tests	
Routine imaging of the chest, abdomen, or bone	
Tumor markers	
Cardiac imaging	Not recommended after completion of anthracycline (epirubicin, doxorubicin) or trastuzumab therapy unless there are symptoms

Source: Sisler et al. [28].

Table 3. Surveillance and screening for asymptomatic breast cancer survivors.

mammography, and screening for other cancers should be done according to population guidelines Management of the long-term effects of cancer and its treatment addresses common issues of pain, fatigue, lymphedema, distress, and medication side effect. Health promotion emphasizes the benefits of active lifestyle change in cancer survivors, with an emphasis on physical activity [28]. Completed task after treatment breast cancer is shown in **Tables 3–5**.

Caring in breast cancer patients after treatment can be given by group like in Canada there is CanIMPACT (Canadian Team to Improve Community-Based Cancer Care along the Continuum) [31]. Similar teams from either the health team or from community groups are needed by breast cancer patients to survive.

Breast cancer patients are likely to heal. Once cured, there are those who can survive, but there is a relapse. Every woman is at risk of breast cancer. Prevention is done by breastfeeding before the age of 35 years [32].

Category	Recommendations
Cardiovascular health	Monitor lipid level and provide cardiovascular monitoring as indicated
	Educate patient about healthy lifestyle modification (balanced diet, exercise, smoking cessation), potential cardiac risk factors, and when to report relevant symptoms (shortness of breath or fatigue) to healthcare providers
Cognitive dysfunction	Ask about cognitive difficulties
	Assess reversible contributing factors of cognitive impairment and optimally treat when possible
	Refer for neurocognitive assessment and rehabilitation if there are signs of cognitive impairment
	Suggest self-management and coping strategies for cognitive dysfunction (relaxation, stress management, routine exercise)
Distress, depression, and anxiety	Assess for distress, depression, and anxiety
	Assess further if the patient is at higher risk of depression
	Offer counseling and pharmacotherapy or refer to mental health resource as indicated
Fatigue	Assess for fatigue, use severity rating scale, and treat causative factor
	Offer treatment or referral for factors affecting fatigue (mood disorder, sleep disturbance, pain, etc.)
	Encourage regular physical activity, refer for cognitive behavior therapy (CBT) if indicated
	When fatigue is present, provide education and general strategies to manage fatigue and evaluate
	Do not recommend methylphenidate or modafinil to manage fatigue, given insufficient evidence
	Preliminary evidence suggest that yoga is likely to improve fatigue
Referral for genetic counseling	Consider referral for genetic counseling if: • Breast cancer was diagnosed before age 50 years (especially <35 years) • Ovarian cancer at any age (epithelial) • Bilateral breast cancer in the same woman • Both breast and ovarian cancers in the same women or some family • Multiple breast cancers on the same side of the family (paternal or maternal) • Male breast cancer • Ashkenazi Jewish ethnicity
Osteoporosis	Dual-energy X-ray absorptiometry (DEXA) scan at baseline and then every 2 years if the patient is taking aromatase inhibitors or gonadotrophin-releasing hormone (GnRH) agonists
Pain and chemotherapy-induced peripheral neuropathy (CIPN)	Assess for pain and contributing factors with pain scale and history
	Offer interventions such as acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), physical activity, or acupuncture for pain
	Suggest physical activity for neuropathic pain
	Refer to appropriate specialist once the cause of pain has been determined (e.g., lymphedema specialist)
	Consider transcutaneous electrical nerve stimulation (TENS) for CIPN in survivors with contraindications to medication or for whom medication is ineffective
	Consider acupuncture as an adjunct option to treat patients with medication-resistant CIPN
Sexual health	Assess for signs and symptoms of sexual or intimacy problems
	Assess for reversible contributing factors to sexual problems and treat when appropriate
	Offer nonhormonal, water-based lubricants for vaginal dryness
	Refer for psychoeducational therapy and sexual or marital counseling when appropriate

Category	Recommendations
Premature menopause, menopausal symptoms	Offer selective norepinephrine reuptake inhibitors (SNRIs), selective serotonin reuptake inhibitors (SSRIs), or gabapentin and lifestyle modifications to help vasomotor symptoms of premature menopause
	Consider CBT or routine exercise for treatment
	Consider tailored patient education interventions and consultations when appropriate to decrease menopausal symptoms
Lymphedema	Counsel weight loss for overweight or obese patients to prevent or reduce lymphedema risk
	Educate survivors about lymphedema sign and symptoms and assess for lymphedema
	Refer if symptoms are suggestive of lymphedema
Infertility	Refer survivors of childbearing age experiencing infertility to reproductive endocrinology and infertility specialist promptly
Body image concerns	Assess for body image concerns
	Refer to psychosocial resources as indicated

Source: Sisler et al. [28].

Table 4. Assessment and management of long-term effects of breast cancer and its treatments.

Category	Recommendation
Weight management	Counsel patients to achieve and maintain a healthy weight
	Counsel patients who are overweight or obese to change dietary habits and increase physical activity to promote and maintain weight loss
Physical activity	Counsel patients to avoid inactivity and return to daily activities as soon as possible after diagnosis
	Aim for at least 150 min of moderate or 75 min of vigorous physical activity weekly
	Include strength training exercise at least 2 days/week
Nutrition	Counsel patients to have a dietary pattern high in vegetables, fruits, whole grains, and legumes; low in saturated fats; limited in processed and red meats
	Limit alcohol
	Counselor supplements only if deficiencies are demonstrated
Smoking cessation	Counsel patients to avoid smoking; offer or refer for cessation counseling and resources

Source: Sisler et al. [28].

Table 5. Health promotion for breast cancer survivors.

5. Conclusion

Breast cancer occurs in most women who get married late or are not breastfeeding. Acceptance of breast cancer diagnosis affects a person's ability to survive. Caring given since the diagnosis of breast cancer provides the strength for patients to survive.

Breast cancer patients need caring of their own body to keep their health. Patients undergoing therapy require the presence of family and friends to provide care for them. After successfully undergoing therapy, breast cancer patients should always live healthily and always do a series of checks regularly in order to prevent the risk of recurring illness.

Author details

Anggorowati Anggorowati

Address all correspondence to: anggorowati@fk.undip.ac.id

Nursing Department, Medical Faculty, Diponegoro University, Semarang, Indonesia

References

[1] Morch et al. Contemporary hormonal contraception and the risk of breast cancer. The New England Journal of Medicine. 2017;**377**:2228-2239

[2] Canadian Cancer Society. Risk of Breast Cancer. 2017. http://www.cancer.ca/en/cancer-information/cancer-type/breast/risk/?region=on

[3] Canadian Cancer Society. Diagnosis of Breast Cancer. 2017. http://www.cancer.ca/en/cancer-information/cancer-type/breast/diagnosis/?region=on

[4] Baqutayan SMS. The effect of anxiety on breast cancer patients. Indian Journal of Psychological Medicine. 2012;**34**(2):119-123

[5] Burgess C, Cornelius V, Love S, Graham J, Richards M, Ramirez A. Depression and anxiety in women with early breast cancer: five year observational cohort study. BMJ. 2005;**330**(7493):702. DOI: 10.1136/bmj.38343.670868.D3 [PMC free article]

[6] Saboonchi F, Petersson LM, Wennman-Larsen A, Alexanderson K, Brännström R, Vaez M. Changes in caseness of anxiety and depression in breast cancer patients during the first year following surgery: Patterns of transiency and severity of the distress response. European Journal of Oncology Nursing. 2014;**18**(6):598-604. DOI: 10.1016/j.ejon.2014.06.007

[7] Li L, Yang Y, He J, Yi J, Wang Y, Zhang J, et al. Emotional suppression and depressive symptoms in women newly diagnosed with early breast cancer. BMC Women's Health. 2015;**15**:91

[8] Guang Ng C, Mohamed S, Kaur K, Sulaiman AH, Zainal NZ, Taib NS, et al. Perceived distress and its association with depression and anxiety in breast cancer patients. Plos One. March 15, 2017. DOI: 10.1371/journal.pone.0172975

[9] Ram S, Narayanasamy R, Barua A. Effectiveness of group psycho-education on well-being and depression among breast cancer survivor of Malaka, Malaysia. Indian Journal of Palliative Care. 2013;**19**(1):34-39

[10] Dastan NB, Buzlu S. Depression and anxiety levels in early stage Turkish breast cancer patients and related factors. Asian Pacific Journal of Cancer Prevention. 2011;**12**(1):137-141

[11] American Cancer Society. Types of Breast Cancer. 2017. https://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/types-of-breast-cancer.html

[12] Canadian Cancer Society. Types of Breast Cancer. 2017. http://www.cbcf.org/central/aboutbreastcancermain/diagnosis/pages/breastcancertypes.aspx

[13] National Breast Cancer Foundation. Types of Brest Cancer. 2017. http://www.national-breastcancer.org/types-of-breast-cancer

[14] Breast Cancer Network Australia. Types of Breast Cancer. 2017. https://www.bcna.org.au/understanding-breast-cancer/types-of-breast-cancer

[15] Muhbes FJ. Fear of patient with breast cancer. American Journal of Scientific and Industrial Research. 2010;**1**(1):47-50

[16] Gandes A. A phenomenological study: Fulfillment of psychosocial needs of patients with breast cancer undergoing chemotherapy [thesis]. Diponegoro University; 2017

[17] Cieslak K. Professional psychological support and psychotherapy methods for oncology patients. Basic concepts and issues. Reports of Practical Oncology and Radiotherapy. 2013 May;**18**(3):121-126

[18] Goldman et al. Caring for Someone with Cancer. Sydney: Cancer Council Australia; 2011

[19] Barbour SY. Caring for the treatment-experienced breast cancer patient: The pharmacist's role. American Journal of Health-System Pharmacy. May 2008;**65**(10 Supplement 3): S16-S22. DOI: 10.2146/ajhp080090

[20] Belford L. Caring for your Heart during Breast Cancer Treatment. Toronto: University Health Network; 2016

[21] Komatsu H, Hayashi N, Suzuki K, Yagasaki K, Iioka Y, Neumann J, Ueno NT. Guided Self-Help for Prevention of Depression and Anxiety in Women with Breast Cancer. ISRN Nursing; Vol. 2012. 2012. pp. 9. Artical ID: 716367. http://doi.org/10.5402/2012/716367

[22] Kocan S, Gursoy A. Boy image of women with breast cancer after mastectomy: A qualitative research. Journal of Breast Health. 2016 Oct;**12**(4):145-150

[23] Shapiro SL, Lopez AM, Schwartz GE, Bootzin R, Figueredo AJ, Braden CJ, et al. Quality of life and breast cancer: Relationship to psychosocial variables. Journal of Clinical Psychology. 2001;**57**(4):501-519

[24] Heisey R, Carroll JC. Identification and management of women with a family history of breast cancer. Practical guide for clinicians. Canadian Family Physician. 2016;**62**:799-803 (Eng), e572-7 (Fr)

[25] Cancer Net Editorial Board. Caring for the symptoms of cancer and its treatment. https://www.cancer.net/navigating-cancer-care/how-cancer-treated/palliative-care/caring-symptoms-cancer-and-its-treatment, 10/2016

[26] Crew KD, Greenlee H, Capodice J, Raptis G, Brafman L, Fuentes D, et al. Prevalence of joint symptoms in postmenopausal women taking aromatase inhibitors for early-stage breast cancer. Journal of Clinical Oncology. 2007 Sep 1;**25**(25):3877-3883

[27] Pan H et al. 20-year risks of breast-cancer recurrence after stopping endocrine therapy at 5 years. New England Journal of Medicine. 2017;**377**:1836-1846. DOI: 10.1056?NEJMoa1701830

[28] Sisler J, Chaput G, Sussman J, Ozokwelu E. Follow-up after treatment for breast cancer: Practical guide to survivorship care for family physicians. Canadian Family Physician. 2016;**2016**(62):805-811

[29] Rojas MP, Telaro E, Russo A, Moschetti I, Coe L, Fossati R, et al. Follow-up strategies for women treated for early breast cancer. Cochrane Database of Systematic Reviews. 2005;**1**:CD001768

[30] Harris SR, Schmitz KH, Campbell KL, McNeely ML. Clinical practice guidelines for breast cancer rehabilitation: Syntheses of guideline recommendations and qualitative appraisals. Cancer. 2012;**23**:12-24

[31] Grunfiled E. It takes a team. CanIMPACT. Canadian team to improve community-based cancer care along the continuum. Canadian Family Physician. October 2016;**62**(10):781-782

[32] Anggorowati, Susilowati D, Zubaidah. Hormonal images nursing mothers breast cancer risk in Semarang. Bangladesh Journal of Medical Science. 2017;**3**:413-417