

Persistent and Late Effects of Breast Cancer and Breast Cancer Treatment



PMH

You may have already experienced side effects from cancer and its treatment. Fortunately, most side effects are short-lived and go away soon after treatment is finished. However, some side effects may linger on for a long time after treatment or may happen after a long time has passed since treatment was completed. These side effects can be grouped as two types:

- **Persistent Effects:** Side effects that linger on for months and sometimes for years
- **Late Effects:** Side effects that happen long after the treatment for breast cancer is over

Eating healthy food, keeping a healthy weight, quitting smoking and being more physically active may lessen many of the physical, emotional and social effects of cancer treatment. This hand-out lists the most common late and persistent physical effects of breast cancer and its treatment and gives you resources you can use to learn more about them.

Remember: Not everyone experiences these persistent and late side effects.

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Created: 07/2011

Form: D-5717



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Lymphedema

Lymphedema is a swelling of the hand, arm, breast or chest on the affected side of the body caused by a build-up of lymph fluid. It can happen after the removal of lymph nodes as a part of breast cancer treatment.

Who is at Risk? Women who had lymph nodes removed as part of their breast cancer surgery and/or received radiation therapy.

Risk Level: Most often, lymphedema happens within 2 years of treatment, but it can also happen many years later. Your risk for developing this condition is life-long.

Information Sources:

- Read: “Lymphedema Awareness Information” (in this information package).
- Attend: “Lymphedema Awareness” session. *See Patient Education Calendar.*
- Tell your doctor if you develop a swelling on the side of the body where your cancer was. If you are diagnosed with lymphedema your doctor will refer you to the Princess Margaret Hospital Lymphedema Clinic to learn how to manage this condition.

Bone loss or osteoporosis

Who is at Risk? Premenopausal women who received adjuvant chemotherapy or had surgery to remove their ovaries, and post menopausal women receiving Aromatase Inhibitors such as Arimidex® (Anastrozole), Femara® (Letrozole), or Aromasin® (Exemestane).

Risk Level: Depends on many factors, including age.

Information sources:

- Read: “Bone Loss and Breast Cancer Treatment for Women: Are You at Risk?” pamphlet (available in the Patient & Family Library on the main floor).
- Ask your doctor if you need to have Bone Mineral Density (BMD) test done.

Early menopause and related infertility

Who is at Risk? Pre-menopausal women who received adjuvant chemotherapy or had surgery to remove their ovaries.

Risk Level: The risk depends on chemotherapy dose and length of treatment, and on age.

Information Sources:

- Ask your oncology nurse or oncologist for help and information.

Symptoms of low estrogen (e.g., hot flashes, sweats, vaginal irritation and/or discharge)

Who is at Risk? Premenopausal women who received chemotherapy or endocrine (hormone-blocking) therapy.

Risk Level: More than half of women taking endocrine therapy report symptoms of low estrogen. Most women who report this side effect have mild symptoms.

Information Sources:

- Ask your oncology nurse or oncologist for help and information.

Weight gain

Who is at Risk? Women who had chemotherapy, and are going through menopause, and whose eating habits and level of physical activity changed during cancer treatment.

Risk Level: About half of women report weight gain of 6 to 11 pounds; less than one quarter report weight gain of 22 to 44 pounds.

Information Sources:

- Read: “Healthy Eating after a diagnosis of Breast Cancer” pamphlet (in this binder).
- Attend: “Healthy Eating during Breast Cancer Treatment” or “Eating Well after Breast Cancer Treatment”. *See Patient Education Calendar*. Ask a dietitian at one of these sessions if you would benefit from an individual consultation.
- Find out more about the Taking Charge program. Call the Cancer Survivorship Program (416-946-4501, ext. 2363) for more information.
- Ask your healthcare team what your healthy weight should be.

Functional difficulties using the arm on the affected side

Who is at Risk? Women who had surgery, and/or radiation treatment.

Risk Level: One-third of the patients who had a mastectomy experience difficulty using their arm(s) for everyday activities due to pain and stiffness.

Information Sources:

- Read: “Your Functional Rehabilitation After Breast Surgery” pamphlet for exercises you can do (available in the Patient & Family Library on the main floor).
- Watch: “Functional Rehabilitation after Breast Surgery” DVD for exercises you can do. Copies available in the Patient & Family Library.
- Ask your oncologist or nurse if you need to be referred to the PMH Function & Mobility clinic for rehabilitation.

Cardiovascular Disease

Who is at Risk? Women receiving specific therapies such as anthracycline chemotherapy, or trastuzumab (Herceptin®), and pre-menopausal women whose ovaries were affected following chemotherapy.

Risk Level: Congestive heart failure develops in 0.5 to 1 percent of women, and there is an increased risk of hardening of arteries (atherosclerosis).

Information sources:

- Ask your oncology nurse or oncologist for information and help.

Cancer Related Fatigue (tiredness that does not go away with rest or sleep)

Who is at Risk? Women with breast cancer.

Risk Level: One-third of cancer survivors continue to experience fatigue for 1 to 5 years after their diagnosis. A small group of cancer survivors have severe and persistent fatigue.

Information Sources:

- Read a pamphlet on “Cancer-Related Fatigue” (available in the Patient & Family Library on the main floor). Also see pages 82-83 of this binder.
- Attend: “Managing Your Cancer Related Fatigue”. *See Patient Education Calendar.*
- Ask the clinician at the “Cancer-Related Fatigue” session if you would benefit from a referral to the PMH Fatigue Clinic.

Distress

Who is at risk? All women with a history of breast cancer.

Risk Level: About one-third of women undergoing treatment for breast cancer experience distress. Distress declines over time.

Information Sources:

- Talk to any member of your health care team if you are experiencing persistent feelings of sadness or anxiety. You may be referred to the PMH Psychosocial Oncology Program for help.

Cognitive Difficulties (attention and memory difficulties)

Who is at Risk? Women who received adjuvant chemotherapy.

Risk Level: The risk of developing problems with memory and attention varies, but up to one-third of women experience difficulty months after chemotherapy is completed.

Information Sources:

- Attend: “What You Can Do About ‘Brain Fog’” *See Patient Education Calendar.*
- Call the Cancer Survivorship Program (416-946-4501, ext. 2363) to book an appointment with a Neuropsychologist.

For class times and locations, the PMH Patient Education Calendar can be found at the PMH Patient & Family Library on the main floor or online at www.survivorship.ca.