



## After Breast Cancer:

What you *need to know* about  
your gynecologic health



The truths about the  
links between ovarian  
and breast cancer.



# *Taking*

*Breast cancer* is

the most common cancer among women. Each year, more than 178,000 new cases are diagnosed. Finding out early that you have breast cancer will improve your chances for survival. Better treatments will also help you survive breast cancer. With survival comes the need to learn how to deal with menopause and aging. Doctors often give different advice to women with a past history of breast cancer. This is because you have different issues than other women.

*This* pamphlet will discuss some of the women's health issues that you

# care of you!

may have as a breast cancer survivor. It offers tips from cancer doctors who are experts in gynecologic – female reproductive – cancers.



These doctors first train as gynecologists. Then, they spend



years studying the science, diagnosis and treatment of gynecologic cancers.

Knowing about cancer and women's health is why these doctors are able to provide such important suggestions.



# care of you!

## Role of Family History

### Does my history of breast cancer place me at risk for any other female cancers?

As a breast cancer survivor you may be at an increased risk for other cancers as well. Some common risk factors include getting older, gaining weight as an adult, or inheriting errors in genes that may be passed along to a woman from her mother or father. Every gene has a unique code that tells how the gene will work. Sometimes, genes don't work right because of an error in the code of the gene. When this happens, it is called a mutation. A mutation often leads to a woman developing breast and/or ovarian cancer. You may be at higher risk of carrying a mutation if you have any of the following:

- A personal/family history of breast cancer before age 50
- A personal/family history breast of cancer on both sides of the family
- A personal/family history of having both breast and ovarian cancer

Only a few genes have been linked to breast cancer thus far. These genes account for only 5-10% of all breast cancer cases. BRCA1 and BRCA2 are the two most common genes. They are probably responsible for more than 90% of inherited breast cancer. BRCA mutations are more common among certain ethnic groups, such as Ashkenazi Jews. The reality is that 90% of women with breast cancer won't get it from their mother or father. Aside from being female, most women probably don't have known risk factors. You should discuss how to decrease your risk of breast cancer with your doctor. A good question to ask is what cancer-screening test is most appropriate for you.

## What is genetic testing, and how do I know if it is right for me?

Genetic testing is a multi-step process. It includes a detailed family history from both your mother's and your father's side. A genetic counselor will then help you decide if genetic testing is right for you. Genetic testing is not like a mammogram or Pap test, which are designed for every woman. It's for women who might be at high risk of carrying a mutation.

The Society of Gynecologic Oncologists (SGO) recommends that genetic predisposition testing be offered when:

- The person has a strong family history of cancer
- Cancer strikes at a young age
- The test is likely to show that the person has a specific mutation
- The person has met with a qualified genetic counselor and thinks it's important
- The results will change the approach a person takes to fighting cancer

BRCA gene testing is only available through a health care provider. It really starts with genetic counseling and a blood sample. The doctor reads the BRCA1 and BRCA2 gene codes to see if there are errors. If there is a mutation, other family members can be tested for that specific mutation. Ashkenazi Jews may be tested for three coding errors that occur often in that population. Genetic testing should not be the only course of action. It should be done along with genetic counseling by an expert who can evaluate cancer risk. Carrying a genetic mutation does not mean that you have or will develop cancer. It just increases your risk of developing breast and/or ovarian cancer. Knowing your genetic risk is important because it can mean that specific steps to screen or prevent ovarian cancer are appropriate for you.

## Will my breast cancer treatment have an effect on my transition through menopause?

You have the same risk as other women of the effects from menopause. After cancer treatment, you may go into treatment-induced menopause or natural menopause. Treatment for breast cancer can often interrupt your normal menstrual cycle. The length of the interruption can vary. It can be temporary or permanent, depending on your age and the type of treatment you receive. Tamoxifen and other hormone treatments for breast cancer therapy may increase hot flashes and vaginal dryness. It is important to discuss your menstrual pattern and symptoms with your doctor.

Heart disease and osteoporosis are important causes of non-cancer related illness and death for women. Estrogen replacement therapy may help fight heart disease. It also provides protection against bone fractures. However you are generally advised to avoid hormone replacement therapy. Some doctors believe it can place you at greater risk of another breast cancer.

You now have many more treatment choices for osteoporosis, heart disease and other symptoms of menopause. In addition to estrogen replacement, there are also non-hormonal options for osteoporosis and heart disease. The recommended calcium intake increases to 1500mg/day as we enter menopause. Calcium, vitamin D and weight-bearing exercise are all important ways to prevent osteoporosis. Important ways to reduce your risk are to maintain normal blood pressure and cholesterol levels. A healthy lifestyle is also important. Exercising, keeping a balanced diet and maintaining an ideal weight will reduce your risk. You and your doctor can discuss different treatment options to develop a plan that is right for you.

## Should my gynecologic health care be different because of my history of breast cancer?

Routine exams including an annual pelvic exam and Pap test are important for you. If you're taking tamoxifen, or other hormone treatments for breast cancer, it is important to discuss the side effects with your doctor. Tamoxifen can cause hot flashes, vaginal dryness and irregular periods if you are pre-menopausal. Tamoxifen can also have a number of effects on your female organs. These include ovarian cysts, a thickening of the uterus lining (endometrium), and rarely, endometrial cancer. Women taking tamoxifen who develop uterine problems often have abnormal vaginal staining or bleeding. If you have these symptoms, your doctor may suggest a pelvic ultrasound and/or perform an endometrial biopsy. The doctor takes a sample from your uterus lining to learn more about the bleeding. Ultrasounds or biopsies are not required just because you are taking tamoxifen. Since pre-menopausal women taking tamoxifen can get pregnant, it is important to talk about contraception. An increasing number of women who delay having children are facing breast cancer. These pre-menopausal women should talk with their doctors about pregnancy after breast cancer.

## What are the signs and symptoms of gynecologic cancers that I should watch for?

If you have any of the following symptoms you should see your doctor right away:

- A change in bowel or bladder habits
- Unusual bleeding from the vagina
- Vaginal discharge in between periods for women who are still menstruating
- Vaginal bleeding or staining for post-menopausal women
- Persistent indigestion or abdominal bloating
- Persistent pain in the pelvic area
- A thickening or lump anywhere that either causes pain, or can be seen or felt

*screenings  
and  
follow-up*



## **Take care of yourself**

If you are a breast cancer survivor, you need to see both your gynecologist and your cancer doctor. You need special counseling about cancer screening and follow-up. Your doctors can assess your risk factors for heart disease and osteoporosis. New research and medical therapies

offer more treatment choices for you. It is now much easier for you to maintain your general and gynecologic health. Discuss these guidelines with your doctor.



## About Gynecologic Cancer Foundation

The Gynecologic Cancer Foundation (GCF) was established by the Society of Gynecologic Oncologists in 1991 as a charitable organization to support programs that benefit women who have or who are at risk for developing a gynecologic cancer. GCF's programs provide education about gynecologic cancers and ways to prevent, detect and treat them. In addition, GCF supports innovative gynecologic cancer research and training in collaboration with the National Cancer Institute. To contact GCF, visit its Web site at [www.thegcf.org](http://www.thegcf.org) or call our Information Hotline at 1-800-444-4441.

*research  
and support*



For more information about women's cancers, visit GCF's Women's Cancer Network Web site at [www.wcn.org](http://www.wcn.org). There you can take a confidential risk-assessment, learn more about cancers that uniquely affect women and find a gynecologic oncologist near you.

If you suspect or have been diagnosed with a gynecologic cancer, seek care first from a gynecologic oncologist.

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### **Women's Cancer Network Web Site:**

[www.wcn.org](http://www.wcn.org)

(Determine your risk for gynecologic and breast cancer.)

### **Toll-Free Gynecologic Cancer Information Hotline:**

1.800.444.4441

### **National Toll-Free Breast Care Helpline:**

1.800.I'M AWARE® (1.800.462.9273)

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