

Patient Diagnosis Resource for SARCOMA OF THE BREAST

Your Diagnosis

After completing a thorough lab analysis of your recent biopsy, a specialized doctor called a pathologist reported a diagnosis of sarcoma of the breast, which is a very rare form of breast cancer that accounts for just 1% of all breast cancer cases.

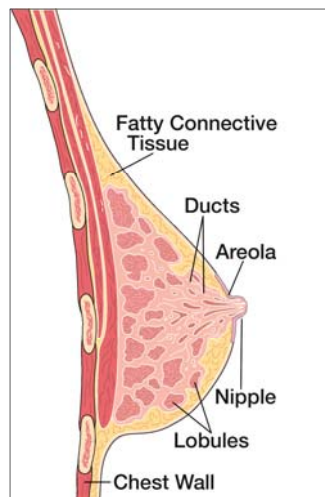
About the Condition

The breast is comprised of 2 main types of tissue — glandular and supportive. The glandular portion includes the lobules, which produce milk in women who are breastfeeding, and the ducts, which carry milk from the lobules to the nipple. The supportive portion includes the fibrous connective tissue and fatty tissue that determine the size and shape of the breast. Any of the tissues of the breast can experience symptom-causing changes, which may be either benign or cancerous.

Sarcomas are malignant (cancerous) tumors that occur in the body's soft tissues such as fat, muscle, nerves and blood vessels. Breast sarcomas in particular develop in the connective tissue of the breast, while the more common forms of breast cancer — invasive ductal carcinoma and invasive lobular carcinoma — form in the ducts and lobules.

One specific type of sarcoma is angiosarcoma, which develops in the blood vessels or lymph vessels. Angiosarcomas sometimes occur following breast cancer treatment — in a breast after radiation therapy or in the arm on the same side as a breast that received radiation treatment or was surgically removed.

Breast sarcoma cells may invade and damage surrounding areas or spread to other locations in the body (metastasize). The lungs are the most common site of metastasis in breast sarcoma cases. Cancer that is confined within the breast is the most manageable and curable. If malignant cells extend into other areas of the body, the treatment plan will be more complex and the cancer will be more difficult to manage.



Other factors beside metastasis that influence the complexity of each case are the type of sarcoma, tumor size and whether the sarcoma is classified as low- or high-grade, which is an indicator of how rapidly the cancer may grow and spread.

Your doctor may want to perform one or more tests to help determine if your breast sarcoma has spread, which could include the following: MRI scan, ultrasound, X-ray, CT scan or PET scan.

Treatment Options

Surgery is the most important treatment option for sarcoma of the breast. The type of surgery used may differ depending on the specifics of each case.

The following treatment possibilities are available:

Wide Local Excision – A wide local excision involves removing the tumor along with a surrounding rim of normal breast tissue to help reduce the chance of recurrence. It can be considered for some breast sarcoma patients who have smaller, low-grade tumors.

Mastectomy – Mastectomy, or surgery to remove the breast, may be performed with or without reconstructive surgery. The most commonly used procedure to treat breast sarcomas is total mastectomy, which removes the entire breast but none of the axillary (underarm) lymph nodes. Sometimes a more extensive approach is used, such as a radical mastectomy. Patients considering breast reconstruction should consult with a plastic surgeon who is an expert in the procedure before having a mastectomy.

Radiation therapy or chemotherapy may be used for certain breast sarcoma patients in an effort to keep the cancer from spreading. Although hormone therapy is used to treat some other forms of breast cancer, it is not effective in treating breast sarcomas.

What You Can Do

You can choose to take an active role in your health and well-being. Learn as much as you can about your condition and have a list of questions ready each time you meet with your doctor. Join a cancer support group, and talk with your family, friends, clergy person or counselor as you feel comfortable. Also, be sure to get enough sleep every night.

Women who are diagnosed with sarcoma of the breast are usually followed closely by their doctors, having regular breast exams and screening mammograms. Be sure to keep all of your doctor's appointments and promptly report any breast changes or new symptoms that develop.

According to the American Cancer Society (ACS) general recommendations for early breast cancer detection, women in their 20s and 30s should have a clinical breast exam by a health professional as part of their regular health exams, preferably every 3 years. The ACS recommends that women age 40 and older have a mammogram and a clinical breast exam each year. Women at an increased risk for breast cancer should talk with their doctors about additional screening possibilities such as starting mammograms at a younger age, having breast ultrasound or MRI testing, or having more frequent exams.

You can also perform a breast self-exam once a month, which has been shown to play a small role in finding breast cancer and is recommended by the ACS for women age 20 and older. These exams help you know how your breasts look and feel normally, so you can more easily notice any unusual changes and report them promptly to your doctor. Talk with your doctor about the best techniques to use during breast self-exam, or visit the American Cancer Society and Susan G. Komen Websites listed below for more details.

Additional Resources

American Cancer Society, 800.227.2345, www.cancer.org

National Cancer Institute, 800.422.6237, www.cancer.gov

Susan G. Komen Breast Cancer Foundation, 800.462.9273, www.komen.org

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