

ER+ and/or PR+
Estrogen Blocking Pill
5-10 years

## My Cancer Care Worksheet

Keeping Track of the Important Things!!!

Type of canc	eer: (ductal, lobular, mammary, etc)			
Is there more than one cancer?		yes	no	
Grade of cancer 1, 2, or 3:				
Size of cancer:				cm
Receptors:	Estrogen:	yes	no	
	Progesterone:	yes	no	
	HER2:	yes	no	
Is there cancer in my lymph nodes?		yes	no	maybe
Has it spread to other parts of my body?		yes	no	maybe
Stage of cancer:				
Am I a candidate for lumpectomy?		yes	no	maybe
Am I a candidate for reconstruction?		yes	no	maybe
Do I need chemotherapy?		yes	no	maybe
Should I get chemo first?		yes	no	maybe
Do I need radiation?		yes	no	maybe
Should I get genetic testing?		yes	no	maybe
Will I go home the same day as the surgery?		yes	no	maybe
Do I need a port?		yes	no	maybe

## CIOSSAIN

Adjuvant: treatment that isn't surgery; "add-on" treatment (i.e., radiation or chemo)

Adriamycin: big guns chemo; can be hard on the heart

Axilla: armpit

BRCA1 and BRCA2: genes that we all have; however, some people are born with a gene that is not functioning like it should, and this gives them an increased risk of some cancers (notably breast and ovarian cancer)

Carcinoma: cancer (arising from an epithelial origin)

Carbo/Taxol: in the breast cancer world, these guys like to travel together

Chemotherapy: that awful but pretty awesome stuff that poisons that cancer (but sometimes gets a little lost along the ways and gets some healthy cells too . . .

enter: side effects)

Cisplatin: chemo that has something against the nerves (and I am not talking about being brave)

Compazine (Prochlorperazine): antinausea

DNA (deoxyribonucleic acid): the recipe for us!

Ductal Carcinoma in Situ (DCIS): breast cancer that is not supposed to leave the breast (it doesn't even leave the milk duct it started in)

Estrogen Receptor: 70 percent of all breast cancers have these guys, and they benefit you by being a target for therapy if you have them.

Grade: This is not your stage; this describes how the breast cancer cells look under the microscope.

HER2 Receptor: 30 percent of breast

cancers have this sucker, and it's a growth receptor. Luckily, there are two really great drugs specifically aimed to seek and destroy these breast cancer cells!

Herceptin: fancy drug to target those little beasties that have HER2 receptors on them; can be a bit hard on the heart

Local Regional Recurrence (LRR): cancer that comes back in the breast or armpit lymph nodes

Lymphedema: swelling due to increased fluid

Metastasis: cancer that has spread beyond the breast

Neoadjuvant: therapy that happens before surgery

Neuropathy: damage to nerves that can cause alteration in sensation (numb, tingly, etc.)

Oncotype Dx Score®: a genetic test performed on the tumor tissue to determine if you will benefit from chemotherapy

Perjeta: HER2 Receptor targeting drug—KAPOW!

Phenergan (Promethazine): anti-nausea med

Progesterone Receptor: If you are positive for this, great! We have a bulls-eye on the cancer and medications (that aren't chemo) to treat it!

Prognosis: This is a random percentage that really means nothing to you, girl. It's all or nothing 100 percent or 0 percent for each individual lady. But on the whole, most breast cancer has a good prognosis. Yay!

Radiation: X-rays that decrease the chance of getting breast cancer again in that breast.

Receptor: These are the satellite dishes that a breast cancer cell puts on its roof. It also acts like a bulls-eye for therapy!

Reglan (Metoclopramide): anti-nausea med

Stage: A number that attempts, but in no way actually helps, to predict your future.

Taxol (T) AKA Paclitaxel: chemotherapy that is derived from nature and has something against hair follicles.

Zofran (Ondansetron): anti-nausea med