Breast Cancer Myths



1. All breast cancer patients have the same type of treatment.

Different patients respond differently to treatments, and the sequence and type of treatment should always be tailored to the individual. One person's treatment plan and experience is very unlikely to be the same as that of a friend, relative or colleague.

There are many different types and degrees of aggression of breast cancer, which are generally distinguished by pathology testing of tissue following surgery. In addition, the diagnosis can occur at different stages (i.e. how large the breast cancer is and much it has spread into nearby or distant tissues). These factors lead to a wide range of different treatment recommendations. Treatment plans for individual breast cancer patients are usually made by the treating team, following multidisciplinary review, to ensure the best co-ordinated treatment program for each patient.

2. You can't go on public transport or eat takeaway food while on chemotherapy because of suppressed immunity.

Not all chemotherapy for breast cancer suppress the immune system to the same extent. There are usually short periods (measured in days) during each course of chemotherapy when some patients have a slightly higher risk of developing an

infection than normal. Depending on the type of chemotherapy you are receiving, and whether there are other medical conditions that you may also suffer from, the risk of infection is very variable. Common sense will usually guide you as to what situations you should avoid during your chemotherapy treatment. For instance, it is advisable not to sit next to someone who is obviously coughing and unwell, or be in close contact with children who are suffering from a diarrhoeal illness. You do not need to keep yourself isolated from society. Severe dietary restrictions are also unnecessary.

So you CAN go on public transport and eat food which has been prepared hygienically - you can decide if that is the case for the take-away restaurant you go to!

3. Needles and blood pressure testing on an arm without lymph nodes cause lymphoedema.

There has been no proven research that demonstrates that lymphoedema is caused by either of these two manoeuvres. A recent study of 632 patients with a total of 3,041 arm measurements showed no increased risk of lymphoedema with blood draws, injections or blood pressure readings. If necessary, you can use your arm without lymph nodes for these purposes, but it is reasonable to avoid this by using the other arm where this is possible. The important aspect to minimise the risk of lymphoedema is to reduce the risk of infections in the arm from which the lymph glands have been removed.

4. Rest is best.

This is an old adage if anyone is seriously ill. While there are times when rest does help the body to recuperate after critical periods of illness, the treatment for breast cancer is over a long period, and moderate exercise is actually more beneficial. Exercise can offset fatigue. Strangely, when you are very fatigued and least feel like exercise, a walk can make you feel better. Exercise is also important to maintain good health during treatment and to prevent weight gain.

Weight gain is best avoided as there is good scientific evidence that excessive weight can increase the risk of breast cancer recurrence.

So again, avoiding excessive inactivity is an important step to avoid gaining weight.

5. You will feel better as soon as the treatment is finished.

Breast cancer treatment side effects can take some time to resolve completely. The good news is that symptoms such as nausea, vomiting, bowel disturbances, risk of infection and altered taste sensation usually disappear within a few weeks of the last chemotherapy treatment. Hair regrowth usually takes 2 to 4 months to reach the length that a woman may be happy with. Fatigue, in particular, can last for some time, depending on the person. Most people gradually regain the strength and fitness they need to return to their previous lifestyle, so don't be concerned if it doesn't happen quickly. Patients need to be patient! Also, if treatment has rendered a woman post-menopausal, time is usually needed for the woman to adjust to the menopause symptoms of hot flushes/sweats, aching joints and frequent fatigue.

6. I burn easily in the sun so I will get a radiation burn.

All people react to radiation treatment differently and there are many factors that determine how troublesome the skin reaction will be. These are often technical factors. Skin that has been damaged by the sun over many years reacts differently to skin that hasn't been exposed to the sun. Good skin care is important to minimise whatever reaction you will get, and protecting the treated area from sunburn during treatment is important. Your radiation nurse or team members will advise the best skin care for you. Some patients may finish treatment with minimal skin reactions even if they burn easily in the sun.

7. You can't use soap during radiation treatment.

This myth dates back many years to when soaps were very harsh on the skin. For the majority of patients using a mild soap will not be a problem, and your radiation nurse will be in the best position to advise you on your most appropriate skin care. Remember, this advice applies to the area being treated and it's not necessary to follow the instructions for your entire body.