

什么是乳癌？

乳房主要由乳腺、导管、脂肪组织和纤维组织等构成。乳癌是因乳腺体及导管表面细胞不受控制生长所形成。如果癌细胞局限于乳腺体及导管部位，病情处在非侵入性的阶段即称为原位癌。在这个阶段发现并治疗能提高治愈率。

一旦癌细胞侵入基质组织，它就演变成侵入性癌症。癌细胞会侵入淋巴管，扩散到腋下的淋巴结。它也可以通过血液扩散至身体的其它部位，特别是骨骼、肺及肝脏。

你有发病因素吗？

在新加坡，每十一名女性中就有一人会在一生中患上乳癌¹。乳癌的风险因素包括：

不可改变的风险因素有：

- 年龄
- 女性
- 一级或二级亲属患有乳癌
- 曾经患有恶性或良性乳房疾病
- 曾经患有卵巢癌
- 携带BRCA1或2突变基因
- 月经初潮早
- 迟停经



可改变的风险因素有：

- 计划生育选择：
 - 30岁以后生第一胎
 - 生育较少孩子或从未生育
- 使用荷尔蒙替代疗法
- 更年期后体重增加
- 久坐不动的生活方式
- 饮酒



有什么征兆和症状？

- 乳房或腋下硬块
- 乳房大小或形状变化
- 乳头内陷
- 乳头出血
- 乳头发痒或出皮疹
- 乳房皮肤红肿或生疮

请注意：乳房疼痛并不是乳癌症状之一。

如果您注意到乳房有硬块或变化，不必害怕去咨询医生。大约九成的乳房硬块不是癌性的，但您仍需要请医生检查。

如何预防乳癌？

虽然有些风险因素无法改变(如月经初潮和绝经时间)，但若我们能尽量减少其他风险因素，我们就可降低自己患上癌症的风险。有效的措施包括：

- 减少摄取红肉及动物脂肪
- 避免肥胖
- 多摄取蔬菜水果
- 减少酒精摄入量
- 定期运动
- 减少吸烟或戒烟

筛检

早期诊断可大大提高治愈的可能性。

分期	扩散程度	5年存活率
1	原位	90.00%
2	早期局部进展	81.45%
3	晚期局部进展	61.04%
4	转移	20.03%

来源：新加坡癌症注册局年度注册报告，2009-2013年新加坡癌症发病率趋势

最有效的筛检方法是乳房X光检验。另外一种方法是乳房自查，建议30岁以上的女性每月自行检查乳房一次(最佳时间：月经结束后一周)。

筛检频率	40岁以下	40-49岁	50岁及以上
乳房自查	每月一次	每月一次	每月一次
临床检查	每年一次	每年一次	每年一次
乳房X光检验		每年一次	每两年一次

欲知有关乳房临床检查和乳房X光检验的更多详情，请联系 cancerscreening@singaporecancersociety.org.sg 或致电 6499 9133。

如何诊断乳癌？

检测乳癌的方法包括：

- 临床检查
 - 乳房X光检验
 - 乳房超声波
- 若初步检查结果不正常，医生需要对不正常的组织进行活检才能进一步确诊是否是乳癌。活检的方法包括：
- 细针抽吸涂片
 - 空心针活检
 - 手术活检
 - 前哨淋巴结活检

乳癌治疗方法

治疗方案取决于癌症分期、癌细胞的种类、病患的年龄和基本健康状况。

■ **手术。**切除肿瘤或乳房是治疗乳癌最常用的方法。采用哪种手术要看乳癌的分期、肿瘤的大小和肿瘤相对于乳房的大小。

- **肿瘤切除或广面切除**是保留乳房的手术，只在早期乳癌时才采用。医生会切除患癌的乳房部位，以及周边的正常乳房组织。对于侵入性乳癌，医生还会开多个切口，切除腋下的一些淋巴结，以清除所有的癌细胞，并尽量使乳房外观保持不变。选择肿瘤切除手术的女性，还需要接受电疗，以清除在患癌部位可能残留的癌细胞。

- **乳房切除术**就是开刀切除乳房，可分为两种：

• **单纯乳房切除术**切除整个乳房组织、部分表皮以及乳头，但不包括腋下的淋巴结。这种切除术通常用以导管原位癌。

• **改良根治乳房切除术**除了切除整个乳房组织、表皮和乳头外，腋下的部分淋巴结也会切除。这种切除术通常用以治疗侵入性乳癌。

在以下情况下，必须采用乳房切除术：

- 癌细胞出现在多个乳房部位。
- 患癌面积大，正常乳房组织剩余很少。乳房肿瘤切除术后外观很难让人接受。
- 患者不愿接受电疗。不过如果肿瘤比较大，或者腋下淋巴结也受癌细胞波及，有的病人就算接受乳房切除术之后，还是需要接受电疗。

- **前哨淋巴结切片**是一种在近年研发的检查法，用以确定乳癌是否已扩散到腋下的淋巴结。前哨淋巴结是癌细胞从原位肿瘤转移的所必经的第一批淋巴结。手术中医生可取出前哨淋巴结，并进行病理化验。如果前哨淋巴结化验呈阴性，就不需要再进行腋下淋巴结切除术。相反的，如果前哨淋巴结癌细胞呈阳性，就必须进行腋下淋巴结切除术。

• **腋下淋巴结切除术**是一种切除腋下淋巴结的手术，通常用于确定乳癌的分期和乳癌的腋下治疗。

• **重建手术：**乳房切除术和有的肿瘤切除术后乳房重建可与肿瘤切除手术同时进行，也可在数月或数年后进行。

■ **化疗：**化疗是利用抗癌药物消灭癌细胞。化疗药物经口服或注射后进入血液，分布到全身部位，进而抑制癌细胞的生长和增殖。根据癌症所处的分期，病人可在手术前后单独使用化疗，或配合电疗同时使用，以提高疗效。

■ **电疗：**电疗采用高能射线来消灭癌细胞或阻止癌细胞的生长。虽然电疗也可能影响正常细胞，但电疗的目的是在保留尽可能多的正常细胞的情况下消灭更多的癌细胞。一般在切除乳房肿瘤后，针对患癌部位进行电疗。但在某些情况下，病人在乳房切除术后，也需要进行胸壁的电疗。

■ **激素疗法：**有的乳癌细胞会受到激素的刺激而加速成长。病人的雌激素和黄体激素如果都呈现阳性，激素治疗奏效的机会最大。激素疗法主要通过调节癌细胞生长所需的雌激素水平来抑制肿瘤的生长。部分早期乳癌患者可选用激素疗法作为额外疗法，以减低乳癌的复发率。

■ **靶向疗法：**靶向疗法利用抗体或小分子与肿瘤细胞的特定部位结合，以阻止癌细胞的生长和增殖。靶向疗法的目的是，在尽量降低对正常细胞的副作用的同时，杀死或清除癌细胞。

互助小组

Reach to Recovery成立于1973年，是新加坡防癌协会的乳癌患者互助小组。此项目附属于瑞士的国际联盟康复志工组织(Reach to Recovery International)，旨在帮助乳癌病友对抗癌症所带来的生活挑战与困难。

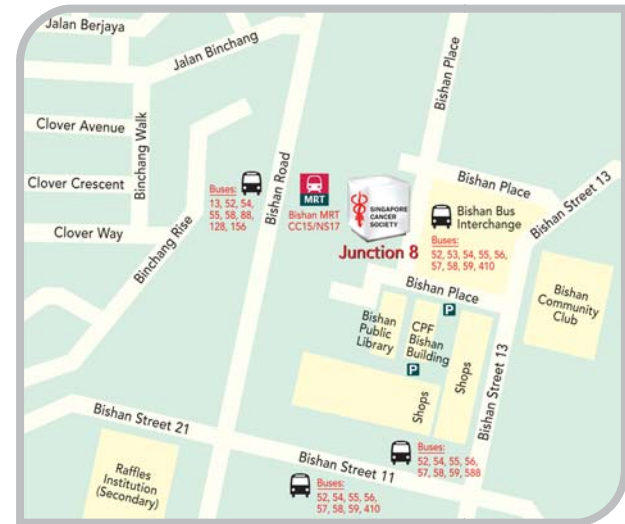
我们的小组成员于每个月的第四个星期六10点至12点在碧山Junction 8的新加坡防癌协会多元服务中心活动。

小组成员可参与教育讲座或工作坊、社会和娱乐活动、出游、增益和兴趣活动、分享个人经验及同伴支持等活动。

“靓丽面对癌症”计划

“靓丽面对癌症”工作坊是特别为正在接受化疗或电疗的女性设计的。工作坊涉及皮肤护理、化妆和假发，以应对由癌症治疗所引起的身体变化。工作坊和实践活动会在各医院举行。

如需更多资讯，请电邮：supportgroup@singaporecancer.org.sg 或致电 6499 9132。



Singapore Cancer Society Multi-Service Centre

9 Bishan Place, Junction 8 Office Tower #06-05, Singapore 579837

☎ 6499 9133 📞 6499 9140

Location 地点	Bus Numbers 巴士号码
Bishan Bus Interchange	52, 53, 54, 55, 56, 57, 58, 59, 410
In front of Bishan MRT Station	13, 52, 54, 55, 58, 88, 128, 156
Along Bishan St 11	52, 54, 55, 56, 57, 58, 59, 410

- Take Exit A at Bishan MRT Station.
- Walk through Junction 8 Shopping Centre in the direction of the Bus Interchange.
- Without crossing to the bus interchange at the traffic light, turn right and walk along the walkway to locate the Junction 8 Office Tower lobby.

- 在碧山地铁站走向A出口。
- 通过碧山第八站购物中心往巴士转车站方向行走。
- 在红绿灯路口之右右转，沿着走道向前走，就能到达碧山第八站办公大楼大厅。

Singapore Cancer Society

15 Enggor Street, Realty Centre #04-01, Singapore 079716

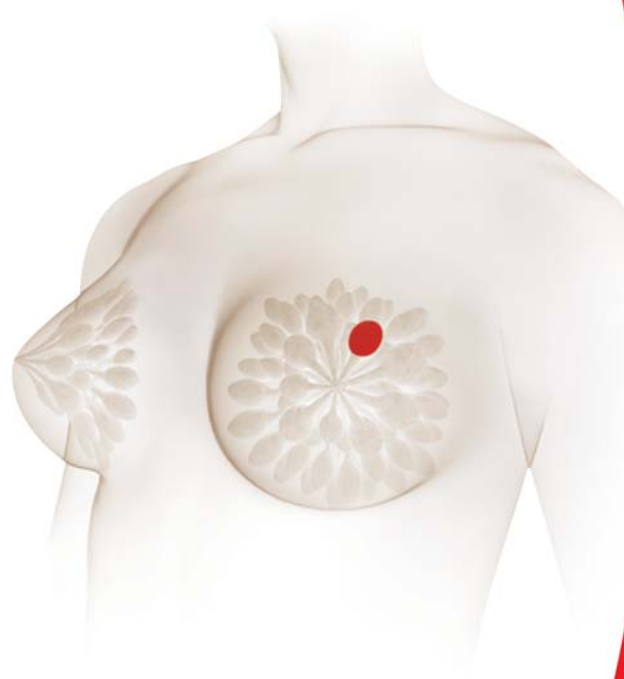
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BREAST CANCER | 乳癌



What you need to know about
**preventing, detecting and
treating Breast Cancer**

你知道吗？

1 根据新加坡癌症注册局中期中报告(2010-2014)，乳癌是新加坡妇女最常见的癌症。

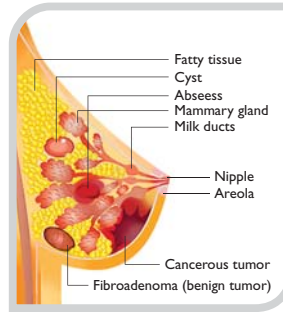
2 乳房X光检验和乳房自查能检测出乳房的变化。女性应该定期接受乳房X光检验。

3 自2015年七月一日起，新加坡防癌协会多元服务中心向年满五十岁的女性新加坡保健援助持卡人提供无需费用的乳房X光检验。

¹来源来源于新加坡癌症注册局(2009-2013年)数据。

What is Breast Cancer?

The female breast is made up of milk glands and ducts surrounded by stromal tissue and fat. When the cells lining the ducts and glands grow in an uncontrolled manner, breast cancer is formed. When the cancer is confined within the duct and glands, it is at the non-invasive stage and is called an in situ cancer. When detected at this stage, breast cancer can be treated and has a good chance of cure. When cancer invades into the stromal tissue, it becomes an invasive cancer. It can enter the lymphatic channels and spread to the lymph glands in the armpit (axilla). It can also spread via the bloodstream to other parts of the body, especially the bones, lungs and liver.



Are You at Risk?

1 in 11 women in Singapore will develop breast cancer in their lifetime¹. Risk factors of breast cancer include:

- Unmodifiable risks:
- Age
 - Female Sex
 - Having a family history of breast cancer in a first or second degree relative
 - A past medical history of malignant or benign (non-cancerous) breast disease
 - A history of ovarian cancer
 - Inherited genetic BRCA 1 & 2 Mutations
 - Early onset of menstruation
 - Late menopause



Modifiable risks:

- Family Planning Choices
 - Having the first child after the age of 30
 - Having fewer children or never having children
- Women on hormone replacement therapy
- Weight gain after menopause
- Sedentary lifestyle
- Alcohol consumption

Look Out for the Signs and Symptoms?

- Lump or thickening in the breast or underarm area.
- Change in size or shape of the breast
- Recent history of nipple retraction
- Bloody nipple discharge
- Itch and rash on the nipple
- Skin redness or skin sore on the breast



Note: Breast pain is not a common symptom of breast cancer.

If you do notice any lumps or changes in your breast, do not be afraid to consult your doctor. About 9 out of 10 breast lumps are non-cancerous, but you should still have your doctor check it out.

Screening

Early detection can significantly increase the chance of a cure.

Stage	Extent of spread	5-year survival rate
1	Localized	90.00%
2	Early locally advanced	81.45%
3	Late locally advanced	61.04%
4	Metastatic	20.03%

Source: Singapore Cancer Registry Annual Registry Report, Trends in Cancer Incidence in Singapore (2009-2013)

The most effective method is through mammogram screening. Breast Self-Examination (BSE) is another method which women above 30 years old should practice monthly (best time: one week after menstruation).

Screening frequency	Less than 40 years old	40 – 49 years old	50 years & above
Breast self examination	Monthly	Monthly	Monthly
Clinical examination	Yearly	Yearly	Yearly
Mammogram		Yearly	Once every 2 years

For more information on clinical breast examination and mammogram screening, contact cancerscreening@singaporecancersociety.org.sg or call **6499 9133**.

How is Breast Cancer Diagnosed?

Detection of breast cancer is based on:

- Clinical examination
- Mammography
- Ultrasound scan of the breast

To confirm the diagnosis, a breast biopsy is performed in which a piece of tissue is removed for examination under a microscope. The common biopsy techniques are:

- Fine Needle Aspiration (FNA)
- Core Needle Biopsy
- Excision Biopsy
- Sentinel Lymph Node Biopsy (SLNB)



How is Breast Cancer treated?

Treatment options depend on the stage of the cancer, types of cancer cells, and age and general health of the individual.

■ **Surgery** A lumpectomy or mastectomy is one of the most common treatments for breast cancer. The type of surgical treatment depends on the stage of the cancer and the size of the tumour in relation to the breast size.

– **Lumpectomy or Wide Excision** is a breast conserving surgery and only performed for early stage breast cancer. In lumpectomy, the cancerous part of the breast with a margin of normal breast tissue around the cancer is removed as well. Removal of some lymph nodes in the armpit via a separate incision is necessary for invasive breast cancer. The aim is to remove all the cancer, leaving the patient with a breast looking much as before the surgery. Women who choose a lumpectomy will require radiation therapy to destroy any cancer cells that may remain in the area.

– **Mastectomy** is the surgical removal of the breast. The different types are:

- **Total or simple mastectomy**, which removes the whole breast, some of the overlying skin and the nipple. The lymph nodes under the arm are not removed. This method is commonly used for Ductal Carcinoma in-situ.
- **Modified Radical Mastectomy**, which removes the whole breast, some overlying skin, the nipple and some lymph nodes in the armpit. This surgical method is performed on invasive breast cancer.

A mastectomy is required when:

- Cancer is found in more than one area of the breast.
- The cancerous area is large and little normal breast tissue is left. Performing a lumpectomy will result in an unacceptable cosmetic result.
- The woman does not want to have radiation therapy. However, in some cases, radiation may still be required after a mastectomy if the tumour is larger or lymph nodes in the armpit are involved by cancer.

– **Sentinel Lymph Node Biopsy (SLNB)** is a technique developed to determine if breast cancer has spread to the lymph nodes in the axilla (armpit). The sentinel lymph nodes (SLN) are the first few lymph nodes to which cancer cells are most likely to spread from a primary tumor. The SLN can be taken out and examined by a pathologist during surgery. If a SLN is tested negative for cancer cells, no further axillary lymph node dissection is done. Conversely, if a SLN is tested positive for cancer cells, an axillary clearance of the lymph nodes will be carried out.

• **Axillary Lymph Node Dissection (ALND)** is a surgical procedure to remove the lymph nodes from under the arm (axilla). It is used in the staging and treatment of the axilla in breast cancer.

• **Reconstructive Surgery:** the rebuilding of the breast after mastectomy and sometimes lumpectomy can be carried out at the same time as the cancer removing surgery, or months to years later.

■ **Chemotherapy** This treatment method uses anti-cancer drugs to kill cancer cells. They stop cancer cells from growing and reproducing themselves. These drugs can be given orally (by mouth) or by injection where it enters the blood stream and travels throughout the body. It may be used independently, before or after surgery, or together with radiation therapy to increase the effectiveness of treatment, depending on the stage of the cancer.

■ **Radiation Therapy** High-energy rays are used to kill cancer cells or stop them from growing further. Although radiation therapy can affect both cancer cells as well as normal cells, the aim of radiation is to destroy more cancer cells and spare as many normal cells as possible. Radiation therapy is given to the affected breast after a lumpectomy. In some circumstances, it may be given to the chest wall after a mastectomy.

■ **Hormone Therapy** Some breast cancers grow with the influence of hormones. Patients with both oestrogen receptor (ER) and progesterone receptor (PR) positivity have the best chance of responding to hormonal therapy. Hormonal therapy in breast cancer is aimed at affecting oestrogen, a hormone

that is required for the cancer to grow. For some women with early breast cancer, anti-cancer hormone treatment may be used as additional treatment to reduce the chances of breast cancer recurrence.

■ **Targeted Therapy** Targeted therapy is a form of cancer treatment that involves the use of antibodies or small molecules to bind to specific sites on cancer cells in order to prevent cell growth and division. The aim of the treatment is to reduce and hopefully eliminate existing cancer cells in the human body while minimizing side effects on normal cells.

Support group

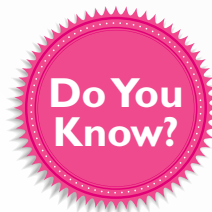
■ **Reach to Recovery (RTR) Programme**
Reach to Recovery (RTR) Programme established since 1973 is a breast cancer support group under the umbrella of the SCS. RTR is affiliated with Reach to Recovery International (RRI), Switzerland. This programme aims to help women cope with their life challenges brought about by a diagnosis of breast cancer.

Our members meet on the fourth Saturday of every month, from 10.00am to 12.00pm at Bishan Junction 8, SCS multi-service center.

Educational talks or workshops, social and recreational events, outings, enrichments and interest learning session, exchanging of personal experiences and peer supports are activities that our members engage in.

■ **Look Good... Feel Better Programme**
Look Good Feel Better workshop was developed specifically for women undergoing chemotherapy or radiotherapy. The workshop entails skincare, makeup and hair alternatives to manage physical change brought on by cancer treatment. The workshops and hands-on are held at various hospitals.

For more information, email: supportgroup@singaporecancersociety.org.sg or call **6499 9132**.



1 The latest Singapore Cancer Registry Interim Report (2010-2014) indicates that Breast Cancer is the top cancer among Singaporean women.



2 Breast changes can be detected through breast self-examination and mammogram. It is important for every women to go for regular mammogram.



3 From 1st July 2015, The SCS Multi-Service Centre provides mammogram screening at no charge for Singapore CHAS card holders aged 50 and above!



¹ Data Requested from Singapore Cancer Registry (2009 – 2013)

