Everyone who’s had breast cancer is at risk of a recurrence (when breast cancer is found again after treatment). However, most people diagnosed with breast cancer will never have a recurrence.

The risk of recurrence varies from person to person. It depends on:

- The biology of the tumor (including hormone receptor status and HER2 status).
- The stage at the time of the original diagnosis.
- The treatments for the original cancer.
- Whether the tumor margins from your first breast surgery contained cancer cells.
- Whether the lymph nodes in your underarm area contained cancer cells.

**What if I have a recurrence?**

Many people say facing breast cancer the first time around was one of the hardest things they’ve ever done. If you have a recurrence, it’s normal to feel angry and afraid. You may wonder if you have the strength to go through it all again.

Though it can be difficult at times, try not to lose hope. You and your doctor will make a plan to treat the cancer. You can also work with your doctor, family and friends on a plan for you to have emotional support.

Remember a breast cancer recurrence is not your fault. You did nothing to cause it.

**How is a recurrence found?**

- Local recurrence is usually found on a mammogram, during a physical exam by a doctor or when you notice a change from normal.
- Metastasis is usually found when you notice new and persistent signs or symptoms and report them to your doctor.

These may include:

- Fatigue.
- Shortness of breath.
- Weight loss.
- Bone pain.
- Seizures.
- Yellowing of the skin or whites of the eyes (jaundice).

It’s normal to be concerned if you have signs or symptoms like fatigue, weight change or bone pain. These are common problems for many people. Most often, they don’t mean the breast cancer has spread. For example, bone pain may be a sign of arthritis. Discuss any signs or symptoms you have (especially if they last more than 2 weeks) with your doctor to find out the cause.
BREAST CANCER RECURRENCE

A new treatment plan

LEARN AS MUCH AS YOU CAN
Find out as much as you can about your breast cancer. The location and biology of the tumor help guide your treatment options. They may be different from your first breast cancer.

DON'T FACE THIS ALONE
There may be hard choices to make. A family member or friend can help you weigh your options. Ask them to take notes at doctor appointments, gather paperwork and talk through your treatment options with you.

PICK YOUR MEDICAL TEAM
You may want to use the same medical team you had before. However, it’s always OK to get a second opinion. Another doctor may have a different insight about your diagnosis and treatment options or confirm the original diagnosis and plan of care. By getting a second opinion you may have more options for care. Or you may find a doctor you relate to better.

DECIDE YOUR TREATMENT GOALS
The location and extent of the recurrence will affect your treatment goals. If you have a local recurrence, your treatment will aim to get rid of the cancer with some combination of

• surgery,
• chemotherapy, hormone therapy, HER2-targeted therapy or other drug therapies and/or
• radiation therapy (if it wasn’t part of your initial treatment).

If you have metastatic breast cancer, tests will be done to see which organs are involved and to learn more about the tumor. This will inform your treatment options. Talk with your doctor about your treatment goals.

SECOND PRIMARY TUMOR
A second primary breast tumor is a new breast cancer, it’s not related to your first breast cancer. Treatment is planned the same way treatment for a recurrence is planned.

You’re not alone
If you’re facing a breast cancer recurrence, you’re not alone. Many people have been where you are today.

While it may be hard, try to maintain your routine as much as you can. Do things you enjoy. Talk to others about how you are feeling and how they can help. Find a support group. Social support can help reduce anxiety and stress, depression and fatigue.

Find more information on finding a support group here.