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Patients need information on the risk of second cancer after early breast cancer

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Patients with early breast cancer often have concerns about their risk of a second cancer following treatment. In the years since our cancer diagnoses and treatment, we (HS and MM) have found ourselves asking questions about our future risks from breast cancer and also from diseases that might be related to our history of breast cancer and the treatment we received. We would have welcomed more detailed information from clinicians on these risks.

Finding detailed information on the risks of second cancers after breast cancer was particularly difficult. We know from our discussions with friends and family members that many people believe that a diagnosis of breast cancer means that a patient is “cancer prone” and therefore may be likely to develop a different cancer. We now know that this is not the case.

When our breast cancer was first diagnosed, our overriding thought was on survival. The possibility of developing a second cancer began to worry us more as time went on. Our experiences suggest that many patients with breast cancer believe their second cancer risks are much higher than they really are. Many patients are concerned about it; so when websites provide information about second cancer with no explanation of what the risk is, it can be very worrying.

As patient advocates within Independent Cancer Patients' Voice, we contributed to a BMJ study published in 2023, which reported on the marked fall in mortality from early breast cancer between 1993 and 2015.^{1,2} We are pleased to be involved in a new study into the risks of second cancers following treatment for early breast cancer. The results, which show that the risks of second cancers are very low, are reassuring for patients and should be shared widely.³

This study also shows the importance of taking endocrine therapy, which helps to treat the initial cancer and reduces the risk of a second breast cancer. After experiencing breast cancer, people want to understand the benefits of their treatments.

It also puts long term risks of treatment into perspective; for instance, I (HS) believed that radiotherapy would increase my risk of lung cancer, but this risk is actually less than 1%. If we were talking to someone recommended to have radiotherapy or drug treatments for early breast cancer now, we could reassure them about future second cancer risks. You can have the treatments you need today because the risks that they might cause other cancers later on are low. In general, the benefits of treatments in protecting patients from recurrence of breast cancer far outweigh the potential downsides.

Such information should be available and offered by clinicians at the time that adjuvant therapies are discussed.

Thinking back to one of the most difficult times in our lives, we believe the findings from this study would have offered us some comfort at the time of diagnosis and later. There is a lot to digest at that time, so not everyone will want all the details then, but it should be there for those who do and for those who seek it later. Information on risks should be readily available. It helps us to plan our lives and think ahead to the future.

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