Frequently Asked Questions

GENERAL

Do I need to have breast reconstruction?
It is never medically necessary to have breast reconstruction. This is considered an elective procedure, meaning you can choose to have it done or not. Some women choose to have a mastectomy (removal of all of the breast tissue) without reconstruction. Although it is considered elective, it is not considered solely cosmetic. Federal law mandates all insurance plans pay for breast reconstruction if a mastectomy is indicated by your surgeon.

Are all women candidates for immediate breast reconstruction?
The vast majority of women are candidates for breast reconstruction. There are a variety of reconstructive options and you may not be a candidate for all types. You and your plastic surgeon will discuss which type of breast reconstruction best fits your situation.

What is the difference between immediate and delayed reconstruction?
Many patients prefer to have reconstruction done (or at least the process started) at the same time as their mastectomy for a number of reasons. If you have breast reconstruction done at the same time as your mastectomy this is called immediate reconstruction. Delayed reconstruction is the term used if you choose to have the mastectomy done and then wait for reconstruction to be done months, or even years later. The majority of surgeries done at Penn Medicine are immediate reconstruction. The benefits of immediate reconstruction are potentially decreased number of surgeries, potentially better chance at an optimal cosmetic result and for many women there is a psychological benefit to immediately pursuing reconstruction. You and your plastic surgeon will determine whether immediate or delayed reconstruction is the best option for you.

What are the major types of breast reconstruction available?
There are three major types of breast reconstruction. The first is a tissue expander/implant reconstruction. The second uses all your own tissues, typically from the abdomen but the tissue can also be taken your buttock or thighs. The third, less common option is a combination of the two methods using your own tissue from the back, latissimus muscle (large muscle from the back), plus an implant underneath. This is usually reserved for patients with a history of radiation when other tissue transfer may not be an option.
IMPLANT RECONSTRUCTION

I am interested in implant reconstruction. What is involved?

Implant reconstruction is almost always at least a two step procedure. At the time of mastectomy, a tissue expander, which is a balloon device, is placed underneath the skin and muscles of the chest wall. At the time of surgery, the surgeon will try to put in a small amount of saline into the expander through a valve in the device. You will wake up from surgery flat, or with very little projection.

You are usually in the hospital for one to two nights for this surgery and recovery time is about four weeks. After your incision(s) heal from the mastectomy in approximately three to four weeks, you will begin the process of tissue expansion. This means that you will need to come into the office typically on a weekly basis. At your office visit, a small needle will be inserted through the skin in the chest wall and into the valve in the tissue expander. A small amount of saline is added at each visit. The chest muscle and skin are slowly stretched to accommodate the appropriate sized implant with some discomfort. Once your tissue expanders have the correct amount of saline in them, you will need to wait another four to six weeks before the second stage of the surgery. If you need to undergo chemotherapy, the next stage is delayed until at least four weeks after chemotherapy is completed.

In the second stage we will go in through the same incision on the breast, remove the tissue expander and place implants. There are two types of implants that can be used in reconstruction: saline and silicone. Both implants are made of a silicone shell and are filled with either silicone (gel) or saline. Both are safe and approved by the FDA. Your plastic surgeon will help you to make the choice of permanent implants that are best for you. This surgery does not require an overnight stay in the hospital and recovery takes about 2 weeks. The whole process from time of mastectomy/tissue expander to when the final implant(s) are placed takes anywhere between three to six months.

Why do you need to do tissue expansion? My friend had breast augmentation and they just put the implants in without tissue expansion.

Placing implants after mastectomy is very different than putting in implants for cosmetic augmentation. When women have an augmentation, their skin and breast tissue is left intact. These healthy tissues are better able to stretch to accommodate and cushion the breast implant. After a mastectomy, your breast surgeon needs to make sure that all breast tissue is removed, and in order to do this, you are left with only a very thin layer of breast skin. This breast skin is not able to stretch in the way it needs to in order to accommodate an implant. This is why, in most cases, surgery involves a two stage process and why we have to slowly and gently stretch the tissues using a tissue expander.

Do my implants last forever?

Unfortunately, implants do not last forever and both saline and silicone implants will at some point rupture and leak. If you have saline implants, you will notice a slow deflation of the implant. The body is able to absorb the salt water leaking out of the implant and over a few days to weeks you will notice that your implant gets smaller. If you have silicone implants, there may be a change in the shape or feel of the implant, however, often times, there is no change at all. Typically, the only way to detect a leak in a silicone implant is through MRI. Implant rupture rates, regardless of saline or silicone are approximately 1 percent per year; this means that your implant can rupture at any time after being placed. On average, implants will rupture and replacement is recommended every 10-15 years.
I may need chemotherapy. Can I still have implants?
Women who need post mastectomy chemotherapy are still candidates for implants. It may take longer for incisions to heal while undergoing chemotherapy. Therefore, sometimes we need to change surgery dates based on your chemotherapy. For example, we will postpone your second stage surgery (to remove the tissue expanders and place the implants) until enough time has passed from your last chemotherapy. This time period can vary from four weeks to several months. Timing of surgery will be determined by your plastic surgeon and medical oncologist. This gives your body the necessary time to recover.

I may need (or have already had) radiation to my breast area. Can I still have implants?
Radiation and the impact on implants is something that needs to be discussed carefully with your surgeon. It is true that women who have implants and radiation are at higher risk for multiple complications, including infection, delayed healing of incisions and capsular contracture occurs when the body’s immune system has an abnormal reaction to foreign substance like breast implants, when they are introduced into the body. You and your surgeon will further discuss your options, risks, and benefits to help you decide what is best for you.

DIRECT TO IMPLANT
Direct to Implant or “single stage” implant-based breast reconstruction is a method that involves placing the breast implant at the same time as the mastectomy. Unlike the 2-stage implant reconstruction, there is no use of tissue expanders and the reconstruction is completed in one surgery.

In a direct to implant reconstruction, the implant can be placed below or above the main chest muscle, called the Pectoralis Major. Where the implant is placed in relation to the chest muscle depends on several factors, including the quality of the skin after mastectomy and surgeon preference. A sheet of protein, called an Acellular Dermal Matrix, is almost always used for direct to implant reconstruction. This tissue matrix is a substitute for your own tissue, made from either human or animal tissues. It is used to act as a sling for the bottom portion of the implant, when under the muscle, or to provide an extra layer of coverage for the implant, when the implant is placed above the muscle.

AUTOLOGOUS TISSUE RECONSTRUCTION (FREE FLAP)
I keep hearing about TRAM flap reconstruction. What is it?
The TRAM flap stands for transverse rectus abdominus myocutaneous flap. This type of reconstruction is when the skin, fat, and blood vessels are taken from your abdomen and transferred to the chest and made into a breast mound. There are two very different types of TRAM flap reconstruction and it is important to understand the difference.

One type of TRAM flap is a pedicled TRAM. This means the tissue is attached to its original blood supply and is tunneled under the skin to the breast area to create the breast mound. This type of surgery can significantly decrease the strength that you have in your abdomen. This type of surgery is not usually performed at Penn Medicine.

The other type of TRAM flap is a free TRAM. In this type of flap, the surgeon disconnects or “frees” the flap of skin, fat, blood vessels, and either no muscle or only a small portion of the muscle from its original location, and sutures the blood vessels to donor blood vessels in the chest. Although this type of flap requires more skill, it preserves the strength and function of your abdominal wall and significantly reduces your risk of post-operative abdominal hernia. There are two other special flaps that can be taken from the abdomen called the DIEP or SIEA flap, which also require suturing the blood vessels together. These flaps take NO muscle from your abdomen.

At Penn Medicine, the most common flaps performed are the free TRAM, DIEP, and SIEA flaps. The remainder of the questions here will only address this type of surgery.
Why do people choose this type of breast reconstruction? Doesn’t it take longer to recover from than implant surgery?

It is true that free flap breast reconstruction surgery and recovery take longer than other breast reconstruction surgery. The hospital stay is typically four nights and overall recovery takes about six to eight weeks. However, there are many advantages to this type of breast reconstruction. Below is a brief summary of advantages and disadvantages. It is important to speak to your plastic surgeon to decide the best type of reconstruction for you.

Advantages of a free flap breast reconstruction over implants:
(1) You have your own tissue being used to reconstruct your breast.
(2) The flap reconstruction does not require maintenance and additional surgeries to replace which may/will occur with aging implants.
(3) Typically, the flap reconstruction produces a more “natural” result with tissue that will change with you as your body changes.
(4) Tissue tolerates radiation better than an implant.
(5) In most body frames, a pleasing cosmetic result of the lower abdomen is similar to a “tummy tuck.”

Disadvantages of a free flap reconstruction:
(1) The surgery time during the operation is long. For unilateral (one breast) surgery is approximately four to five hours, and for bilateral (both breasts) surgery may take seven to nine hours, which includes mastectomy time.
(2) Rarely, the breast free flap may not survive and the flap signal may be lost. This is a major complication but the probability is low. Should this happen, your plastic surgeon will take you back to the operating room to evaluate the flap, and salvage of the reconstruction can occur to result in a successful reconstruction.
(3) There will be scars on your abdomen and breast. There is a small risk of hernia.

I do not want any muscle taken from my abdominal wall. Can you guarantee this prior to surgery?

Although it is always a priority not to use any abdominal wall muscle, in our experience, it is not always the prudent approach. The type of flap you will have will depend on the anatomy of your blood vessels and the amount of tissue needed to give you an aesthetically pleasing result. If you choose to have this type of surgery you must understand that there is a chance we will need to take a small piece of muscle from your abdomen to ensure the success of the breast reconstruction. It is also important to be aware that if muscle is taken, permanent abdominal mesh is often required to reduce your risk of abdominal hernia.
Are there different types of free flap breast reconstructions?

Yes, there are several different types of free flap breast reconstruction. Usually the tissue is taken from your lower abdomen. There are three possible types of free flap reconstruction from the lower abdomen. As discussed previously, the decision of which of these three is best for you is not finalized until the surgery is started and we can look at the anatomy of your abdominal wall.

(1) **Free TRAM flap** = Free Transverse Rectus Abdominis Myocutaneous Flap. In this surgery skin, fat, blood vessels and a small piece of muscle are taken.

(2) **DIEP flap** = Deep Inferior Epigastric Perforator flap. In this surgery the abdominal muscle is cut in order to get the vessels but no muscle is taken.

(3) **SIEA flap** = Superficial Inferior Epigastric Artery flap. In this surgery no incisions are made to the abdominal muscle, all vessels taken are from on top of the muscle.

(4) **S-GAP flap** = Superior Gluteal Artery Perforator Flap. In this surgery, the upper portion of your buttock is taken.

(5) **I-GAP flap** = Inferior Gluteal Artery Perforator Flap. In this surgery the lower portion of your buttock is taken.

(6) **TUG/TMG flap** = Transverse Upper Gracilis or Transverse Myocutaneous Gracilis Flap. In this surgery, the upper portion of your thighs are taken.

If you have had a previous major abdominal surgery such as an abdominoplasty (tummy tuck) or if you do not have enough tissue on your lower abdomen to reconstruct your breast we may be able to use tissue from your buttocks or inner thighs. Many abdominal operations, such as Cesarean sections, do not limit our ability to use the tissue of the lower abdomen.

**BEFORE THE SURGERY**

What do I need to do for surgery?

Once you have decided to undergo mastectomy and reconstruction, you need to decide what type of reconstruction you desire. You will then need to contact your surgeons to let them know you are ready to schedule your procedure. A pre-operative appointment will be set up for you in which you will need pre-operative blood work and imaging. Sometimes, you will require medical or cardiology clearance.

If you choose mastectomy and implant reconstruction, you should plan to be in the hospital for one to two nights with recovery at home of approximately four weeks. You will likely have a home visit nurse check on you following surgery for at least one to two visits. You can expect your first tissue expansion at two to four weeks post-operatively.

If you choose mastectomy and flap reconstruction, you should plan to be in the hospital for a few nights with recovery at home of approximately six weeks. You can expect to see the nurse in the clinic before you see your surgeon about one to three weeks post-operatively for drain removal. You will see your surgeon again at approximately four weeks following surgery.
What support is available to me?

We have a variety of programs available to help support our breast reconstruction patients. We are proud to have developed the Peer-to-Peer Telephone program (page 10) which offers new patients a chance to speak with a previous patient. If you are interested in this program please let your surgeon or nurse know and we can speak more about the details of the program.

You also have access to a range of services available through the Abramson Cancer Center. From cancer counseling services, to yoga, to nutritionists and more, there are a variety of resources available to you throughout the Penn Medicine health system. Please let us know how we can best support you during your care here.

To learn more and see all the programs and support group available visit PennMedicine.org/Abramson/Support.

DAY OF SURGERY

What can I and my family and friends expect on the day of surgery?

The hospital will call you the day before surgery to tell you what time to arrive at the hospital. This is an automated message. You will report to the Admission Center to check in. You will then be escorted to the preoperative holding area in which you will prepare for surgery.

Once you are checked in and settled, your family and friends will be asked to re-join you in the holding area. Once you are called for surgery, you will be escorted to the operating suite and your family will be escorted to the family waiting area. Your family will check in and leave a contact number and either wait for your surgery to be completed or leave and wait to hear from the receptionist or surgeon once the surgery is completed.

Should your family wish to wait, there will be a patient liaison that will give updates on the progress of your surgery. There is also a screen showing when your surgery started and ended. There will be plenty of time for your loved ones to get something to eat in the cafeteria, walk around, or go home to take care of other responsibilities while you are in surgery as long as they leave a reliable phone number in which they can be reached promptly.

Once your surgery is completed, your family can expect to hear from the surgeon. They can then expect to see you either in the recovery room or after you have been transferred to your patient room. Often there is a delay of 30 to 90 minutes from the end of your surgery to when you will see your loved ones.

Can my family or friend stay with me at the hospital?

We believe in patient and family centered care and we generally allow one support person to remain at the bedside throughout the patient’s stay unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. Decisions about the presence of family and other support persons made under emergency situations may need to be revised.
**POST-OPERATIVE PERIOD**

What can I expect during the hospitalization period?

After surgery, you will be admitted to an intermediate care floor (level of care between a regular surgical unit and an intensive care unit). A nurse will be checking the blood flow to your flap every hour for the first 48 hours, and then every two hours for the remainder of your hospital stay. This is done in a noninvasive way and is not painful or uncomfortable.

You will have several drains called Jackson-Pratt or JP drains post-operatively. These drains assist in removing the excess fluid from the surgical sites that would otherwise collect underneath the skin. You will be going home with some or all of the drains. You will receive education while in the hospital on how to care for the drains. You will be up and walking on the second day after surgery and should be eating regular food by this time. Patients typically spend four nights in the hospital and are discharged to home.

We use a team based approach while you are in the hospital. This means that although your surgeon oversees your care plan, they are not able to be at your bedside on a continuous basis.

Your surgeon will rely on other physicians, nurse practitioners, physician assistants and nurses to ensure you receive the best care on a twenty-four hour basis. Every morning our team meets for “rounds.” This means that a group of physicians and nurses will come to your room, usually around six am. The team will do a physical exam, review the details of your medical chart from the previous day and discuss the care plan for the day. The large number of providers (usually 4-8) in your room so early in the morning can be unsettling for some patients. However, it is vital to your recovery that we set a plan of care for each day, and also that everyone involved in your care understands your plan of care. Your post-operative plan takes place at the bedside so you and your loved ones are also aware and can ask questions or voice concerns.

How long will I need to be out of work for?

For implant reconstruction most women take four weeks off from work following the mastectomy and placement of the tissue expanders and one to two weeks off of work after the second stage surgery (removal of tissue expanders and placement of the permanent implant). Many women are able to return to work during the tissue expansion process. For tissue flap reconstruction women generally take off six to eight weeks.

When can I drive?

It is safe to resume driving typically when all the drains are out (more about these below), when you are off all prescription pain medication and when you have regained safe range of motion of your arms. For most women this is about three weeks after the mastectomy.
FREQUENTLY ASKED QUESTIONS

What are surgical drains?
Jackson Pratt (JP) drains are placed under the skin during surgery to remove a collection of blood and other fluids. The drain looks like a narrow plastic tubing that connects to a drainage bulb (which is about the size of a closed fist). The JP drains expedite the drainage process and help decrease the chance of infection or seroma (fluid collection under the skin). You usually will go home with some drains.

On an average, drains stay in one to three weeks. You will have at least one drain underneath the arms on the side of your mastectomy. If you use your own tissue you will have at least two drains in the abdominal area. The drains are fairly easy to take care of. You and your family members will be taught to care for them while you are in the hospital. Generally three times per day you will need to strip the tubing (clean it from the outside to make sure the tube stays open) and empty the fluid in the collection bulb. You will need to keep track of the 24 hour total of fluid coming out of each drain. You will be given specific instructions in the hospital regarding the criteria necessary for the drain to be removed so that you may call the office to schedule your drain removal. The drains are easily removed in the office.

What activity limitations do I have?
You may shower with the drains in place but will not be able to take a bath or submerge in water until the drains are removed and your incisions are fully closed. You also want to limit reaching and excessive stretching of your arms immediately following your mastectomy. Once the drains for the breasts are removed you may be given exercises to start. Generally these range of motion exercises are not started until 48 hours after the drains are removed. If you have had tissue taken from your abdomen you will not be able to lift anything more than ten to fifteen pounds or do any strenuous exercise for six to eight weeks. Walking is recommend and can assist in your recovery. If you are not progressing as expected after surgery, it is not uncommon for your physician to start physical therapy to aide in your recovery.

Do I need to have any special supplies at home for my recovery?
Patients should bring a shirt that either buttons or zips up the front to the hospital. Just after surgery it can be painful to raise your arms overhead. Sometimes your surgeon will request that you have a surgical bra for after surgery. This should be a bra without underwires and ideally one that clasps or closes in the front. Many department stores sell these in the sports bra section. You can also purchase one at the Cancer Center Boutique at the Perelman Center for Advanced Medicine. Some women are also more comfortable in a camisole with a shelf bra. Please ask your breast or plastic surgeon about prescriptions for surgical bras and garments, which may be covered by your insurance.

Are there available resources to assist with my recovery at home?
You will be visited by a Discharge Nurse Coordinator which is a nurse while you are hospitalized after surgery. This nurse will assess you for home care needs and make a referral to a local visiting nurses agency to see you at home. You will be evaluated for range of motion and strength at your follow up appointments with the surgeons and their teams. If physical or occupational therapy is needed or desired we can prescribe this for you.
How often can I expect to return for follow up after surgery?
As a guideline you can expect to be seen in follow up by your surgeon and their team at 2 weeks, 3 weeks, 4 weeks, 8 weeks, 3 months, 6 months and 1 year. Keep in mind that we treat each patient individually therefore your follow up schedule may be altered to meet individual needs.

Secondary procedures may be performed at a later date after the creation of the breast mound. This may include nipple reconstruction, tattooing, symmetry procedures, and/or other revisions.

AREOLA TATTOOING

I am interested in areola tattooing. Tell me more!
When it comes to breast reconstruction, nipple and areola enhancement are typically the final step. This treatment is a form of micropigmentation, or cosmetic tattooing. Our team is extremely fortunate to work directly with Mandy Sauler and Monica Barnes of the Sauler Institute for Tattooing.

What to expect during nipple tattooing
As part of their breast reconstruction, many patients want their areola to match their new breast. You’ll discuss your vision with your surgeon and tattoo artist during your pre-treatment consultation. During treatment, the tattoo artist will measure and outline the nipple area. Then, she will embed organic pigment beneath the skin to create a natural, permanent and beautiful nipple and areola. Nipple tattooing is performed by micropigmentation specialists, Mandy Sauler and Monica Barnes, from the Sauler Institute for Tattooing. Mandy and Monica work closely with our plastic surgeons and patients at Penn Cosmetic Surgery locations.

To Make An Appointment
As of recently, areola tattooing is covered by only some insurances. Contact the Sauler Institute for Tattooing by calling 484.883.6827 or filling out the form on PennMedicine.org/PlasticSurgery.
Peer-to-Peer Telephone Program

ABOUT

Penn Plastic Surgery coordinates the Peer-to-Peer Telephone Program as an initiative of the Pink Ribbon Patient Committee (PRPC) for Breast Reconstruction. The PRPC is a group of patients who have previously undergone breast reconstruction procedures performed by a Penn plastic surgeon. The mission of the Pink Ribbon Patient Committee is to use their experiences to provide guidance to the health care team on ways to improve the patient experience. The committee’s goal is to make the difficult diagnosis of breast cancer and reconstruction easier for patients and their families.

The purpose of this program is to provide patients who are scheduled to undergo breast reconstruction surgery additional support by connecting them with a previous patient. The emphasis of the PRPC Peer-to-Peer Telephone Program is on the reduction of anxiety, isolation and fear of patients by providing them with the support of a woman who can provide them with a patient prospective of their upcoming surgery. That woman (volunteer) is able to provide a patient with the personal support of someone who “has been there”. They will listen to you, share their experience, and offer a patient perspective to your upcoming surgery and recovery process. They will not give you advice or suggest any particular treatment option. For this reason, a match will not be made until after you, in conjunction with your surgeon, have determined the surgical procedure that will be used for your breast reconstruction.

A match will be made between you and a specially trained volunteer who has had the same type of reconstructive surgery that you are scheduled to undergo. We will also attempt to make the match based on age, previous surgeries, and need for cancer treatments. The expectation will be that the Peer-to-Peer volunteer will contact you once or twice by telephone. While we emphasize in training sessions with our volunteers that they are never to give medical information or advice, we cannot guarantee the truth or accuracy of any medical information that they provide to you. We advise you to direct all medical questions and concerns to your surgeon.

If you consent to being a part of this program and would like to be matched with a volunteer your first name, phone number, age, diagnosis, surgeon and the type of breast reconstructive surgery you will be undergoing will be released to the volunteer. After you have spoken to your volunteer we ask that you complete the attached feedback form and return it to us. Your volunteer will also be providing us with feedback on your conversation.

If you desire to be part of this program, please let your surgeon or nurse know, or contact the Program Administrator, Allyson Burke MSN, CRNP-BC at Allyson.Burke@uphs.upenn.edu or 215.662.7300. Please let us know what days and times are best for the volunteer to initiate contact with you.

We hope that this program can be another useful resource to you as you prepare for your upcoming breast reconstruction surgery.
NEW PATIENT FEEDBACK FORM

Please note that the information you provide below is strictly confidential.

Name ___________________________________________ Phone Number __________________
Volunteer Name ___________________________________ Date of Call ___________________

Please circle your response

Yes   No   Did you find this program helpful?
Yes   No   Was the volunteer informative?
Yes   No   Would you recommend this program to others?

The best thing about the Peer-to-Peer Program is:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Suggestions to make the volunteer/program more helpful:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please return form to:

Penn Plastic Surgery
ATTN: Allyson Burke
Perelman Center for Advanced Medicine
South Pavilion, 1st Floor
3400 Civic Center Boulevard
Philadelphia, PA 19104

Fax: 215.349.5895
Email: Allyson.Burke@uphs.upenn.edu
Patient & Family Services

The Abramson Cancer Center support services include a wide range of educational materials and events to help cancer patients and their caregivers. To read about each of our services and upcoming support groups, visit: PennMedicine.org/Abramson/Support.

Cancer Center Boutique Services
The Cancer Center Boutique at the Perelman Center for Advanced Medicine offers a vast selection of bras, camisoles and intimate apparel to help you feel comfortable after your breast surgery as well as wigs for anyone with thinning hair, general hair loss, alopecia or the side effects of chemotherapy and radiation treatment. To schedule an appointment, call 215.615.3321.

Tracey L. Birnhak Nutritional Counseling Program
The Tracey L. Birnhak Nutritional Counseling Program provides nutrition care and counseling to all patients being treated for cancer at the Abramson Cancer Center. Our dietitians are board-certified specialists in oncology nutrition and specialize in symptom management during cancer treatment. For more information or to schedule an appointment, call 215.615.0534.

Oncology Social Work
Oncology social workers are trained to recognize the challenges that often accompany a cancer diagnosis and to assist patients and families in managing psychosocial, emotional, financial or other barriers to care. They are experts in linking patients and families to community resources and in providing advocacy to those with cancer as well as their loved ones. Social workers also offer multiple support groups for patients and families as well as crisis interventions and supportive counseling. For more information or to schedule an appointment, call 215.615.0534.

Oncology Nurse Navigators and Oncology Patient Navigators
We have Oncology Navigators to offer you support and guidance at any point throughout your care at Penn Medicine. All navigators have extensive oncology experience and are experts in navigating complex healthcare situations and can assist with issues such as connecting patients to the appropriate providers, facilitating access to information, offering clarity to the plan of care and referring patients and families to supportive services. Meet the navigators at PennMedicine.org/Abramson/Support. To speak with a navigator at the Perelman Center for Advanced Medicine, call 215.615.0534. To speak with a navigator at the Pennsylvania Hospital, call 215.829.6420.

Paula Seidman Psychosocial Counseling Program
The Paula Seidman Psychosocial Counseling Program offers on-site consultation, brief treatment, and medication management for all patients receiving cancer care and their families. Appointments can be scheduled in the Cancer Counseling Center with a psychiatrist or therapist. For more information or to schedule an appointment, call 215.615.0534 or email CancerCounseling@uphs.upenn.edu.
Advocacy & Educational Resources

PENN MEDICINE’S ABRAMSON CANCER CENTER

Abramson Cancer Center | PennMedicine.org/Abramson
The Abramson Cancer Center of the University of Pennsylvania is a world leader in cancer research, patient care, education and innovative and compassionate care. The Cancer Center has several locations throughout the greater Philadelphia region.

Patient and Family Support Services | PennMedicine.org/Abramson/Support
The Abramson Cancer Center hosts a wide range of materials and activities that provide education and support to address key areas of concern for cancer patients and their loved ones. We are proud that many of our innovative patient education programs have been recognized by national groups, including the National Cancer Institute’s Cancer Patient Education Network.

OncoLink | OncoLink.org
Founded and maintained by Penn Medicine, OncoLink provides up-to-date, comprehensive cancer information for patients, families and healthcare professionals.

Radiation Oncology | PennMedicine.org/Radiation-Oncology
One of the largest and most respected programs in the world, Penn Radiation Oncology is changing the way that patients fight cancer. Penn offers today’s latest technologies and treatment options, all of which are delivered by doctors who are leaders in their field. Penn Radiation Oncology has several locations throughout the greater Philadelphia region.

Basser Center for BRCA | Basser.org
The Basser Center for BRCA serves as a resource for BRCA1/2 positive individuals and families to access clinical care and genetic testing, education and support.

Good Shepherd Penn Partners (GSPP) | PennPartners.org
As part of the Penn Medicine network, GSPP provides comprehensive services, for Cancer Rehabilitation to help you regain your strength and quality of life including Lymphedema and Complete Decongestive Therapy, and Strength after Breast Cancer programs. GSPP.org
ONLINE RESOURCES

American Cancer Society | Cancer.org
Nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem through research, education, advocacy and service.

BreastCancer.org | Breastcancer.org
A nonprofit organization dedicated to providing the most reliable, complete, and up-to-date information about breast cancer. Our mission is to help women, men, and their loved ones make sense of the complex medical and personal information about breast health and breast cancer, so they can make the best decisions for their lives.

The Breast Cancer Research Foundation | Bcrfcure.org
The Breast Cancer Research Foundation is a nonprofit organization committed to achieving prevention and a cure for breast cancer. We provide critical funding for cancer research worldwide to fuel advances in tumor biology, genetics, prevention, treatment, metastasis and survivorship.

Living Beyond Breast Cancer | Lbbc.org
LBBC provides programs and services to help people whose lives have been impacted by breast cancer. Our goal is to provide information, community and support that you can trust, is easy for you to access. LBBC has programs and services for people with all stages of breast cancer and for caregivers.

Young Survival Coalition | YoungSurvival.org
A national non-profit that focuses on the unique issues and challenges faced by women 40 and younger diagnosed with breast cancer. These issues and challenges include higher mortality rates, early menopause, pregnancy after diagnosis, a more aggressive disease and a lack of clinical trials for young women. Through action, advocacy and awareness, the YSC reaches at-risk women, young breast cancer survivors and the medical community letting them know that young women CAN and DO get breast cancer.

Cancer Care | CancerCare.org
CancerCare is a national non-profit organization whose mission is to provide free professional help to people with all cancers through counseling, education, information and referral and direct financial assistance.

FORCE: Facing Our Risk of Cancer Empowered | FacingOurRisk.org
FORCE’s mission is to improve the lives of individuals and families affected by hereditary breast, ovarian and related cancers. FORCE offers resources for those who are at high risk of hereditary cancers, provides peer-to-peer support, and national conferences.
The National Coalition for Cancer Survivorship (NCCS) | CancerAdvocacy.org
The only patient-led advocacy group representing this nation’s 8.2 million cancer survivors. Our mission is to assure quality cancer care for all Americans.

National Lymphedema Network | LymphNet.org
Provides information on the prevention and management of lymphedema and supports research into the causes and possible alternative treatments for this condition.

Stand Up To Cancer | StandUp2Cancer.org
This is where the end of cancer begins.

Susan G. Komen Philadelphia | KomenPhiladelphia.org
Non-profit organization with a network of volunteers working through local affiliates and More Than Pink Walk events to advance research, education, screening, and treatment.

Breast Cancer News/Information | BreastCancer.net
Up-to-date breast cancer-related news, and links to organizations and sites of interest to breast cancer survivors.

Breast Reconstruction Awareness | Breastreconusa.org
Breast Reconstruction Awareness (BRA) Day’s mission is to promote education, awareness and access for women who may wish to consider post mastectomy breast reconstruction.
ONLINE RESOURCES

GOVERNMENT SOURCES

Centers for Disease Control | Cdc.gov
Includes studies currently investigating the possible link between breast cancer and the environment.

Food and Drug Administration | Fda.gov
Includes the latest on recently approved drugs for treating breast cancer.

HyperDoc at the US Library of Medicine | nlm.nih.gov
Includes comprehensive databases of medical information such as MEDLARS and MEDLINE.

International Cancer Center of the NCI | Cancer.gov
News and abstracts from the Journal of the National Cancer Institute (JNCI) and other NCI publications. Connect with CANCERLIT, a comprehensive archival file of more than 1,000,000 bibliographic record describing cancer results published for the past 30 years in biomedical journals, proceedings of scientific meetings, books, technical reports, and other documents.

The National Cancer Institute | Cancer.gov
Includes ongoing research being conducted by the NCI and cancer trials information.