

You may be surprised to know that while breast cancer is the most common cancer among women, it is not the leading cause of cancer death in women. That unfortunate distinction goes to lung cancer. Fortunately, preventive healthcare practices continue to reduce the risk for breast cancer and early detection efforts allow doctors to treat breast cancer more successfully.

In this October 2012 Monthly WellPATH Spotlight, we provide information that helps you understand:

- Your breast cancer risk
- Proactive tips to reduce your risk
- Types of breast cancer screenings

There are also links that direct you to local and national information resources to help you along your path to better health.

ARE YOU AT RISK?

Simply put, if you are a woman you are at risk for breast cancer, and your risk increases as you get older. However, there are key factors, other than age, that increase your risk.

Certain biological factors such as having a close relative (i.e., a mother or sister) who had breast cancer or having had it yourself in the past, increase your risk for the disease. In addition, women who have their first child after age 30 have a slightly increased risk.

Another risk factor for breast cancer is obesity or being overweight, according to the American Cancer Society (ACS). This is especially true for women after menopause. The ACS notes that although your ovaries produce most of your estrogen, fat tissue in your body can change other hormones into estrogen. These higher estrogen levels increase your risk for developing breast cancer.

The link between weight and breast cancer risk is complicated though. Women who have been overweight since childhood have less of a risk than women who gained extra weight as adults. Excess fat tissue around the waist increases the risk more than extra fat on the hips and thighs. Additionally, there is currently conflicting research on the relationship between dietary fat and breast cancer. Some studies of dietary fat and breast cancer risk have found that women with diets low in saturated fat and total fat have less of a risk. Other studies have not found any connection between dietary fat and breast cancer risk.

Surprisingly, many women who get breast cancer have no family history of the disease and no known risk factors for breast cancer. Needless to say, it's important to be proactive in reducing your risk along your path to better health.



WHAT CAN YOU DO?

Take action

The first thing you can do is to decide to take action. Once you make the decision to be proactive in preventing and/or treating breast cancer, you can begin to work with your doctor on healthy habits to reduce your risk and early detection efforts, such as mammograms and breast exams.

Schedule a checkup with your doctor every year.

Discuss when you should get a mammogram, a special X-ray that can show breast cancer. Mammograms can detect cancer sooner than you or your doctor can feel it. At your checkup, your doctor should also do a manual breast exam.

Develop healthy habits.

Exercise has many benefits, such as lowering high blood pressure, keeping your heart healthy and lowering your chance of stroke. And research shows that it may help prevent breast cancer. Smoking and drinking alcohol may also increase your risk for breast cancer. The ACS says that women who consume one alcoholic drink a day have a very small increase in risk, and those who have two to five drinks daily have about 1-1/2 times the risk of women who drink no alcohol.

Team up with your doctor.

Your doctor can help you stop smoking or drinking, and lose weight. Also, talk with your doctor if you take birth control pills or are on hormone or estrogen replacement therapy. Hormone and estrogen replacement therapy may help relieve menopausal symptoms and help prevent osteoporosis, but they increase other health risks. Talk to your health care provider to find out what is best for you.

BREAST CANCER SCREENING



Beginning in their early 20s, women should become knowledgeable about benefits and limitations of breast self-examination (BSE). The importance of prompt reporting of any new breast symptoms to a health professional should not be underestimated. Women who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination. It is acceptable for women not to do BSE or to do BSE irregularly.

For women in their 20s and 30s, it is recommended that clinical breast examinations be part of a health examination, preferably at least every three years. Asymptomatic women aged 40 and over should continue to receive a clinical breast examination as part of a health

examination, preferably annually.

Talk to your doctor about when to start and how often you should have a mammogram.

Clinical Breast Examination

Many doctors do routine breast exams for women of all ages during general physicals or pelvic exams. The doctor will check each breast using fingertips to feel for lumps and to look for other suspicious changes, such as dimpled, scaling, or puckered skin or fluid leaking from the nipple.

When combined with a mammogram, a breast exam by a doctor is the best way to detect cancer in its early stages.

Mammograms

Mammograms can detect breast cancers while they are very small, sometimes 2 years earlier than a woman or her doctor can feel them. The procedure involves an examination in which a low dose of radiation (an X-ray) is passed through the compressed breast. Compression of the breast tissue is necessary to ensure the highest quality image. Compression is not dangerous to your breast tissue, and any mild discomfort you experience should be temporary.

"Routine" or "screening" mammograms are for patients without symptoms. If your mammogram is routine, a radiologist may not look at the mammogram before you leave the office. Sometimes the radiologist needs to clarify findings on the mammogram, and you may be asked to return for additional views or procedures soon after your initial screening. A follow-up exam may be scheduled 3 to 6 months after your mammogram. Follow-up is common and doesn't necessarily mean that cancer is suspected. Occasionally, the radiologist may have difficulty deciding whether the shadows on the x-ray film represent a fluid filled cyst or a tumor and may recommend an ultrasound exam.

"Non-routine" mammograms are scheduled for patients who have known abnormalities or conditions, such as a lump, dimpling, or nipple discharge, for the first year following breast cancer diagnosis or breast surgery. If you are one of these patients, a radiologist reviews films before you leave, reducing the chance of being called back for additional views. Breast cancer usually does not cause pain in its early stages. There may be no symptoms when it is first developing. There are some signs to watch for. Talk to your doctor if you notice any of the following symptoms:

- New lumps or changes in the size or shape of existing lumps
- Change in the shape or contour of a breast or unusual swelling
- Dimpling, puckering, crusting, or rash in the skin, especially around the nipple
- Any discharge from the nipple

The thought of cancer can be scary, but knowledge and action can help you stay in charge of your life and health.

HELPFUL RESOURCES & WEBSITES

For more information regarding breast cancer, check out the additional local news features and articles from the American Cancer Society listed below:

- News Clip: [KSFN ABC30 - "Pink raising cancer awareness around Valley"](#)
- Local News: [KSEE NBC24 - "Buddy Check" Community News resources regarding Breast Cancer Awareness Month](#)
- American Cancer Society: ["Four Ways to Reduce Your Breast Cancer Risk"](#)
- American Cancer Society: ["Does Being Overweight Cause Breast Cancer?"](#)

Sources:

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