

Breast Cancer Awareness

Prevention Pointers

3 strategies that can lower breast cancer risk

The Whole Picture

How breast cancer can affect mental health

Safe At Home

How to conduct a breast self-exam



3 strategies that can lower breast cancer

Breast cancer affects millions of individuals each year. The World Cancer Research Fund International reports that breast cancer is the most commonly diagnosed cancer in women across the globe, affecting roughly 2.3 million women each year. Despite the global prevalence of breast cancer, various organizations report high five-year survival rates, particularly among women whose cancers are detected in the earliest stages of the disease. In fact, a 2023 study published in the journal *BMJ* found that the risk for dying from breast cancer in the five years after an early-stage diagnosis fell to 5 percent in recent years, a notable improvement from the 14 percent risk of death that was reported in the 1990s. Increased survival rates for breast cancer are welcome news for women and their families. The higher survival rates are a byproduct of the tireless efforts of cancer researchers, who also have discovered links between the disease and certain lifestyle factors. Though there's no way to eliminate one's risk for breast cancer entirely, the American Cancer Society notes certain variables are within

women's control. With that in mind, women can consider these three strategies that can lead to improved overall health and might help women lower their risk for breast cancer as well.

1. Reach and maintain a healthy weight. The benefits of maintaining a healthy weight include a lower risk for heart disease and stroke, and women should know that weight and breast cancer risk are linked as well. According to the ACS, increased body weight and weight gain as an adult are linked to a higher risk of developing breast cancer. That's particularly so among post-menopausal women. A 2023 study published in the journal *BMC Women's Health* found that the chances of developing breast cancer increase among post-menopausal women who are obese.

2. Avoid a sedentary lifestyle. Exercise is one of the ways to achieve and maintain a healthy weight, so it makes sense that being physically active can reduce breast cancer risk. The National Cancer Institute reports that a 2016 meta-analysis of 38 cohort studies found that the most physically active women had

between a 12 and 21 percent lower risk for breast cancer than women who were the least physically active. The NCI also notes that additional studies have found that women who become more physically active after menopause also have a lower risk for breast cancer than those who do not.

3. Limit or eliminate alcohol consumption. The ACS urges women who drink to consume no more than one alcoholic drink per day, noting that consumption of even small amounts of alcohol have been linked to an increased risk for breast cancer. Officials with the MD Anderson Cancer Center note that the link between alcohol consumption and breast cancer risk is low. However, the MDACC notes that alcohol can contribute to unwanted weight gain, thus increasing cancer risk. In addition, alcohol can increase levels of estrogen and other hormones associated with breast cancer. It may be impossible to completely prevent breast cancer. However, women can embrace strategies that improve their overall health in ways that lower their risk for breast cancer.



Maintaining a commitment to a physically active lifestyle throughout life can help women lower their risk for breast cancer.

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Physical symptoms of breast cancer

The World Cancer Research Fund International reports that breast cancer is the second most common cancer across the globe, and the number one cancer in women. Nearly three million new cases of breast cancer in women are diagnosed across the globe each year. Breast cancer poses a notable threat to women's health, but research and resulting advancements in treatment have made the disease more treatable than ever. Women also can play a part in ensuring better outcomes in relation to breast cancer by educating themselves about the disease, including its warning signs. The MD Anderson Cancer Center notes that most changes to the breast are a byproduct of hormonal cycles or conditions that are not as formidable as breast cancer. So women should not jump to any conclusions when spotting such changes. However, the MDACC recommends women visit their physicians if they notice any of the following signs and symptoms of breast cancer.

• **Lump:** The MDACC notes that a lump in the breast or armpit is the most common symptom of breast cancer. Echoing assertions made by the MDACC, the American Cancer Society notes that most breast lumps are not cancerous. The ACS indicates a lump that is a painless, hard mass with irregular edges is

more likely to be cancer, though cancerous lumps also can be soft, round, tender, or even painful. The lack of uniformity regarding cancerous lumps is one reason why it pays for women to be extra cautious and immediately report any abnormalities in the shape and feel of their breasts to their physicians.

• **Swelling:** The ACS notes that some women with breast cancer will experience swelling of all or part of a breast even if they do not feel a lump.

• **Dimpling:** The MDACC reports that women with breast cancer may notice dimpling or puckering on the breast. According to the ACS, the dimpling can sometimes make the breast look like an orange peel.

• **Nipple retraction:** The National Cancer Institute notes that nipple retraction occurs when a nipple turns inward into the breast or lies flat against the breast. Though nipple retraction can be a sign of breast cancer, the NCI notes that's not necessarily the case for all women. Some women experience nipple retraction due to aging, breastfeeding, injury, infection, surgery, or certain conditions of the breast.

• **Changes to the skin around the breast:** The ACS notes some women with breast cancer experience redness on the skin around the breast or on the nipple.

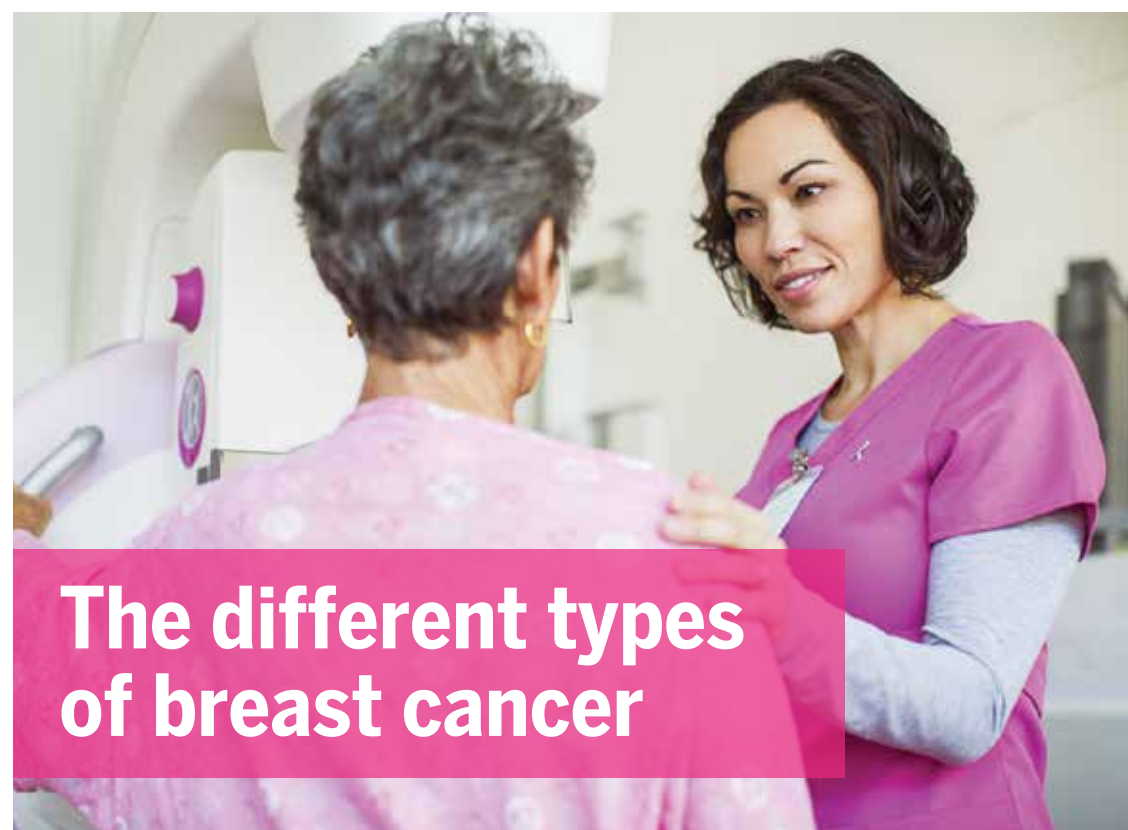


Additional changes may include dry, flaking or thickened skin around the breast and nipple.

• **Discharge from the nipple:** The Mayo Clinic notes that it's normal to experience discharge from the nipple while pregnant and during breastfeeding. However, fluid coming out the nipple when a woman is not pregnant or breastfeeding could be a symptom of breast cancer.

• **Additional symptoms:** The MDACC notes scaliness on the

nipple that sometimes extends to the areola is another warning sign of breast cancer. The ACS also reports that swollen lymph nodes under the arm or near the collar bone can indicate that breast cancer has spread even before the original tumor in the breast has been felt. Breast cancer is a formidable yet treatable disease. Women who recognize any signs and symptoms associated with breast cancer are urged to contact their physicians immediately.



The different types of breast cancer

The term "breast cancer" does not describe a single type of cancer, but rather several forms of a disease that can develop in areas of the breast. The American Cancer Society says breast cancer type is determined by the specific cells in the breast that become cancerous. There are many different types of breast cancer, and the medical community's understanding of the disease is based on decades of research and millions of patients treated. In 2001, Dr. Charles Perou first classified breast cancer into subtypes based on genomic patterns. The Breast Cancer Research Foundation says breast cancer is broadly divided into two types: non-

invasive breast cancers and invasive breast cancers. Non-invasive breast cancers are called Stage 0 breast cancers or carcinomas in situ. These are thought to be the precursors to breast cancer, says the BCRF. While non-invasive breast cancers are not initially life-threatening, if left untreated, they can develop into invasive breast cancers, which can be fatal. Here is a look at some of the different types of breast cancer.

• **Invasive ductal carcinoma:** This is the most common type of breast cancer, advises the National Breast Cancer Foundation, Inc. Invasive ductal carcinoma accounts for 70 to 80 percent of all breast cancer diagnoses in women and men. This cancer forms

in the milk ducts and spreads beyond.

• **Invasive lobular carcinoma:** This is the second most common type of breast cancer, accounting for 10 to 15 percent of diagnoses, says the BCRF. Invasive lobular carcinoma originates in the milk-producing glands of the breast known as lobules. Tumors that form due to invasive lobular carcinoma more commonly grow in lines in the breast rather than in lumps, so they present differently on a mammogram.

• **Inflammatory breast cancer:** Inflammatory breast cancer is a rare, fast-growing type of breast cancer. The inflammatory name comes from the appearance of the skin of the breast. It looks red and inflamed, which is

caused by breast cancer cells blocking lymph channels in the breast and skin, says Breast Cancer Now, a research and support charity.

• **Triple-negative breast cancer:** The NBCF says a diagnosis of triple-negative breast cancer means the three most common types of receptors known to cause most breast cancer growths are not present in the cancer tumor. These receptors are estrogen, progesterone and the HER2/neu gene. Since the tumor cells lack necessary receptors, certain treatments like hormone therapy and drugs that target these receptors are ineffective. Chemotherapy is still an option.

• **Metastatic breast cancer:** This type of breast cancer is also known as Stage IV breast cancer. Metastatic breast cancer originates in an area of the breast, but spreads (metastasizes) to another part of the body, most commonly the bones, lungs, brain, or liver, indicates BreastCancer.org. Individuals hoping to learn more about breast cancer should be aware that there are various types of the disease. Which type an individual has is an important variable doctors consider as they plan a course of treatment.

Invasive ductal carcinoma accounts for **70 to 80 percent** of all breast cancer diagnoses in women and men.



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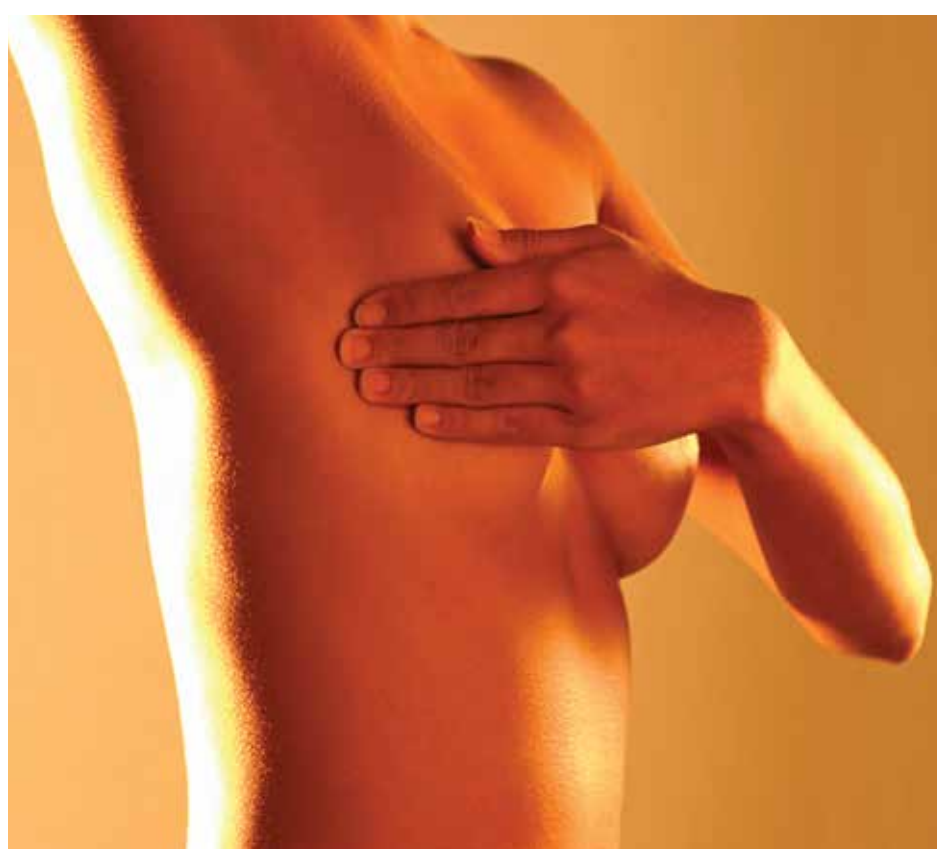
How to conduct a breast self-exam

Catching cancer in its earliest stages, when it can be treated most successfully, can increase the chances individuals who develop the disease go on to live long, healthy lives. Doctors are not as familiar with their patients' bodies as the patients themselves, so it is vital for people to be aware of anything that seems out of the ordinary regarding their physical well-being. In regard to breast health, familiarizing oneself with how the breasts look and feel can help women detect breast cancer sooner rather than later. The Mayo Clinic says breast self-exams encourage breast awareness. A self-exam is a visual and manual inspection of the breasts that people perform on their own at home. Opinions on the efficacy of breast self-exams are mixed. For example, a 2008 study of nearly 400,000 women in China and Russia reported that breast self-examination does not have a meaningful effect on breast cancer survival rates and may even lead to unnecessary tissue biopsies. In response to this and similar studies, the American Cancer Society stopped recommending breast self-exam as a screening tool for those with an average risk of breast cancer. Still, other organizations, such as Breastcancer.org, advocate for breast self-exams when they are part of a comprehensive screening program that includes regular physical exams

by a doctor, mammography, and ultrasounds and MRI testing. The National Breast Cancer Foundation, Inc.* says a breast self-exam can be performed at least once a month. Establishing a baseline early on can help women detect abnormalities that much sooner. The exam should be done a few days after a menstrual period ends. For those who have reached menopause, the exam should be performed on the same day of each month to establish consistent results. There are a few different ways to conduct a breast self-exam. The Cleveland Clinic offers these three options and instructions.

1. While standing: Remove your shirt and bra. Use your right hand to examine your left breast, then vice versa. With the pads of your three middle fingers, press on every part of one breast. Apply light pressure, then increase the pressure to firm. Feel for any lumps, thick spots or other changes. A circular pattern often helps you ensure you check the entirety of the breast. Then you should press the tissue nearest your armpit. Check under your areola (the area around the nipple) and squeeze the nipple to check for any discharge. Repeat these steps on the other breast. A standing exam is easily performed in the shower.

2. While lying down: Breast tissue spreads out more evenly while lying down, so this is a good position to feel



for breast changes, particularly for women with large breasts. Lie down and put a pillow under your right shoulder. Place your right arm behind your head. Using your left hand, apply the same technique as described in option 1, using the pads of your fingers to check the breast. Change the pillow to the other shoulder, and check the other breast and armpit. Remember to check the areolas and nipples.

3. Mirror examination: With shirt and bra removed, stand in front of a mirror. Place your arms down by your sides and look for any changes in breast shape, or any swelling and dimpling of the skin. Look for changes in the

positioning of nipples. Next, place both hands on your hips and flex your chest muscles, once again looking for any changes while the muscles are in this position. Remember to look at both breasts. Breast tissue extends to the armpit, collarbone and the top of the abdomen, so it is essential to look at all these areas, not just the cleavage and nipples. A self-examination is not sufficient to detect breast cancer. The NBCF says mammography can usually detect tumors before they can be felt, making a mammogram the best exam for early detection. However, self-exams can be yet another tool for women to use to maintain breast health.



Breast cancer incidence rates vary by age and location. BreastCancer.org reports that breast cancer incidence rates in the United States began decreasing in 2000 after increasing for the previous two decades. Some researchers believe the decrease was partially due to the reduced use of hormone replacement therapy (HRT). Even if breast cancer incidence rates in the U.S. are down overall, researchers at Washington University School of Medicine in St. Louis have found diagnoses of breast cancer have increased steadily in women under age 50 over the past two decades. **For most women, regular**

breast cancer screening does not begin until at least age 40, so younger women diagnosed with breast cancer tend to have later-stage tumors and a more advanced disease. Similar findings have been noticed in Canada. An Ottawa-based study published in the Canadian Association of Radiologists Journal found that rates of breast cancer in women as young as their twenties have been increasing. The research team behind the study discovered a 45 percent increase in cases over the past 35 years. Many women have no identifiable risk factors prior to diagnosis, so what is fueling the increase remains a mystery.

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What the different stages of breast cancer signify

Upon being diagnosed with breast cancer, women and their families are presented with a wealth of information regarding the disease. Some of that information is unique to each patient, but much of it is based on decades of research and millions of successful treatments. The American Cancer Society reports that cancer staging is a process during which doctors will attempt to determine if a cancer has spread and, if so, how far. Breast cancer stages range from stage 0 to stage IV. Each stage signifies something different, and recognition of what each stage indicates can make it easier for women to understand their disease.

Stage 0
The Memorial Sloan Kettering Cancer Center notes that when a woman is diagnosed with stage

0 breast cancer, that means abnormal cells are present but have not spread to nearby tissue. The National Breast Cancer Foundation, Inc.® indicates stage 0 breast cancer is the earliest stage of the disease and is highly treatable when detected early. Indeed, the American Cancer Society reports a five-year survival rate of 99 percent among individuals diagnosed with stage 0 breast cancer.

Stage I
Stage I is still considered early stage breast cancer. The MSKCC notes a stage I diagnosis indicates tumor cells have spread to normal surrounding breast tissue but are still contained in a small area. Stage I breast cancer may be characterized as stage IA, which indicates a tumor is about as large as a grape and cancer has not spread to the lymph nodes, or stage IB, which

indicates the tumor may be slightly smaller but is accompanied by small clusters of cancer cells in the lymph nodes or there is no tumor and only the small clusters in the lymph nodes. The ACS also reports a 99 percent five-year survival rate for patients diagnosed with stage I breast cancer.

Stage II
A stage II breast cancer diagnosis indicates the tumor is at least 20 millimeters (about the size of a stage IA tumor) and potentially as large as 50 millimeters. The tumor also can be larger than 50 millimeters if no lymph nodes are affected (stage IIB). The ACS notes the size of the tumor may indicate if the cancer is stage IIA or stage II B. The MSKCC notes that a stage IIA diagnosis could indicate there is no tumor or there is a tumor up to 20 millimeters and the cancer has spread to the

lymph nodes under the arm. A tumor determined to be between 20 and 50 millimeters that has not spread to the lymph nodes also indicates a stage IIA diagnosis. A stage IIB diagnosis indicates the tumor in the breast is between 20 and 50 millimeters and has spread to between one and three nearby lymph nodes. According to Cancer Research UK, the five-year survival rate for stage II breast cancer is around 90 percent.

Stage III
Stage III breast cancer is considered regional, which the ACS reports notes had a roughly 86 percent survival rate between 2013 and 2019. The MSKCC notes that a stage III diagnosis indicates the tumor is larger than 50 millimeters and has affected lymph nodes across a wider region than in less developed stages of the disease. Cancers that



have reached stage III may be categorized as stage IIIA, stage IIIB or stage IIIC. The American College of Surgeons reports that stage IIIA indicates a tumor of any size that has spread to between four and nine lymph nodes or a tumor larger than five centimeters that has spread to between one and three lymph nodes. Stage IIIB indicates any size tumor and that the cancer has spread to the chest wall. A stage IIIC diagnosis indicates the tumor can be any size and has spread to 10 or more lymph nodes.

Stage IV
Stage IV is the most advanced form of breast cancer. If the cancer

has reached stage IV, that indicates the tumor can be any size and has spread beyond the breast to other parts of the body, potentially including organs and tissues. The ACS reports that survival rate for this stage, which is considered distant, is 31 percent. However, the breast cancer advocacy organization Susan G. Komen notes that only around 6 percent of breast cancer diagnoses in women diagnosed for the first time have reached stage IV at the time of diagnosis. Staging makes it easier to understand a breast cancer diagnosis. More information about breast cancer staging is available at mskcc.org and cancer.org.

How breast cancer can affect mental health

Breast cancer is often viewed through the lens of the physical challenges the disease poses. Women undergoing breast cancer treatment often confront fatigue, and many deal with physical changes to their bodies, some of which may be permanent. Though the physical challenges associated with breast cancer are significant, the disease also can take a toll on women's mental health. Each woman's experience with breast cancer is unique. However, women with breast cancer may confront many of the same mental health challenges that others before them have dealt with. Recognition of the effects a breast cancer diagnosis can have on mental health is vital as women work to overcome their disease and go on to live long, healthy lives.

• Depression: The American Cancer Society reports that roughly one in four people diagnosed with breast cancer experience depression. Breastcancer.org notes that symptoms of depression include feelings of intense sadness; loss of interest in activities once enjoyed; feelings of extreme irritability or restlessness; isolating oneself or being unable to accept help; and lack of motivation to perform daily activities, among others. Breastcancer.org notes that women diagnosed with metastatic or triple-negative breast cancer might be more likely to experience depression than those informed they have other forms of the disease. Women who experience early menopause brought on by breast cancer treatments and those concerned about infertility also may be more likely to develop depression.


• Anxiety: The organization Living Beyond Breast Cancer® notes more than 40 percent of people diagnosed with breast cancer experience anxiety. Anxiety brought on by a breast cancer

diagnosis can be triggered at any time, including upon learning one has the disease, during treatment and even after treatment has concluded. Anxiety levels may increase while waiting for test results, anticipating the start of treatment and even during follow-up treatments. Feelings of being worried all the time; worries shifting from one problem to another; restlessness; difficulty concentrating; and difficulty falling or staying asleep are some common symptoms of anxiety, according to LBBC.

• Memory loss: Breast Cancer Now reports that women may feel more forgetful during and after breast cancer treatment, noting this is often referred to as "chemo brain" or "brain fog." Even women who are not receiving chemotherapy as part of their breast cancer treatment can experience memory loss, the cause of which remains a mystery. The fatigue and difficulty sleeping many women experience during breast cancer treatment may contribute to memory loss. Breast Cancer Now notes keeping a diary, writing things down and planning ahead are some ways to overcome the memory loss associated with breast cancer.

• Addiction: Breastcancer.org notes that some of the medicines prescribed during breast cancer treatment can be addictive. For example, opioids to treat pain and additional prescription medications to address anxiety, which can include Xanax and Valium, can be addictive. Taking only prescribed doses can reduce the likelihood of addiction. Women undergoing treatment for breast cancer may experience various side effects that affect their mental health. Women are urged to speak openly with their physicians and request help combatting any mental health complications that arise before, during and after treatment.





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A look at inherited breast cancer

Individuals can make various changes to their lifestyles to help reduce their chances of developing certain types of cancer, including breast cancer. One thing they cannot change is their genes, prompting curiosity about the role of family history in relation to breast cancer risk.

First-degree connection

Parents pass down many things to their children, including hair color, height, and various other traits. Parents also can pass on an increased risk for breast cancer. Cancer Research UK says some people have a higher risk of developing breast cancer than the general population simply because other members of their families have had cancer. The organization says having a mother, sister or daughter (also referred to as a first-degree relative) diagnosed with breast cancer approximately doubles a woman's risk for breast cancer. This risk grows even higher when more close relatives have breast cancer, or if a relative developed breast cancer before reaching the age of 50.

Inherited damaged genes

Johns Hopkins Medicine says about 10 percent of breast cancers are related to inheritance of damaged genes. Several genes are associated with elevated breast cancer risk, including BRCA1 and BRCA2. Additional genes associated with an increased risk for

breast cancer include PALB2, ATM, CHEK2, CDH1, STK11, PTEN, TP53, and NF1. People who have inherited a damaged gene may have a particularly high risk of developing breast cancer or other cancers, depending on the specific gene and their family history.

Getting tested

Johns Hopkins says individuals can be tested for genes that put them at risk for cancer. That is a decision that merits ample consideration, and one that should be carefully discussed with a doctor and family members. Genetic counseling can look for inherited mutations in the BRCA1 and BRCA2 genes, the two most notable for increasing breast cancer risk. A blood test is typically covered by insurance companies and analysis can take a couple of weeks. More can be learned about genetic counseling and testing at www.cancer.org. Whether or not to get genetic testing is a personal decision. However, learning the outcome may help protect future generations. Someone with a genetic mutation has about a 50 percent chance of passing that trait on to children.

Additional risk factors

Heredity is just one risk factor for breast cancer. The American Cancer Society says White women are slightly more likely to develop breast cancer than some other races and

ethnicities. Studies have found that taller women have a higher risk of breast cancer than shorter women, although the reasons for that are not exactly clear. In addition, women with dense breast tissue have a higher risk of breast cancer than women with average breast density. Women who began menstruating early (especially before age 12) have a slightly higher

risk of breast cancer. That risk can be attributed to a longer exposure to the hormones estrogen and progesterone. The same can be said for women who experienced menopause later (typically after age 55). Various factors can increase the risk of developing breast cancer, including genetic markers and family history of the disease.



Debunking certain myths surrounding breast cancer

Events like National Breast Cancer Awareness Month and the Susan G. Komen® MORE THAN PINK Walk® have been integral to raising awareness about the most commonly diagnosed cancer in women across the globe. Though such campaigns and events have helped many women better understand breast cancer and their own risk for the disease, certain myths surrounding breast cancer persist. Such myths are not harmless and can, in fact, lead to unsafe outcomes that jeopardize women's health.

Questions about breast cancer should always be directed to a physician. Though physicians may not have all the answers, they remain useful allies in the fight against a disease that the World Cancer Research Fund International reports will be discovered in roughly three million women this year. As women seek more knowledge of breast cancer, it can be just as important to recognize some common myths surrounding the disease.

Myth: MRIs are more effective than mammograms.

The National Breast Cancer Coalition notes that no evidence exists to support the assertion that a magnetic resonance imaging exam is a more effective screening test for breast cancer than a mammogram. The NBCC acknowledges that an MRI can be an effective diagnostic tool when doctors suspect something is wrong. However, the NBCC advises against using MRI to screen for breast cancer since it is more likely to yield a false-positive result than a mammogram. Indeed, the National Breast Cancer Foundation identifies mammography as the gold standard for the early detection of breast cancer.

Myth: Breast size and breast cancer risk are connected.

This myth typically suggests breast cancer is more common in women with large breasts. The NBCF notes there is no connection between breast size and breast cancer risk. Breast density, not size, may be associated with a greater risk for breast cancer. The Mayo Clinic notes dense breast tissue refers to the ways breast tissue appears on a mammogram. Women

with dense breasts, which the National Cancer Institute notes affects roughly half of all women over age 40, are at higher risk for breast cancer because the dense tissue makes screening for the disease more difficult. But breast size and breast density are not one and the same.

Myth: Most breast cancer patients have a family history of the disease.

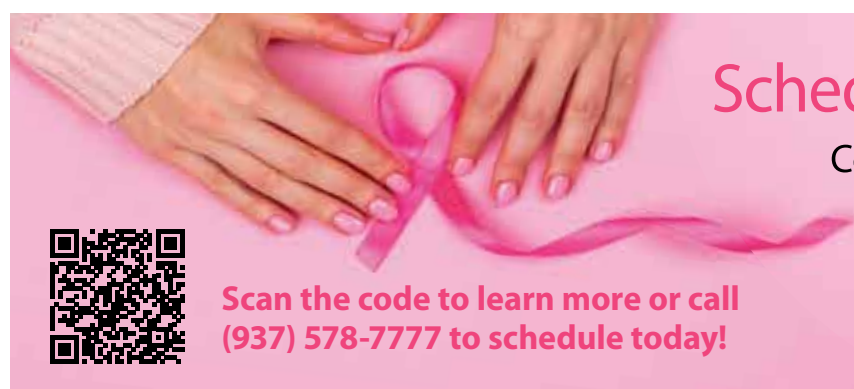
The NBCC notes that roughly 15 to 20 percent of women diagnosed with

breast cancer report a family history of the disease. Assuming only those with a family history are vulnerable to breast cancer gives women with no such background a false sense of security, which may discourage them from taking measures to lower their risk.

Myth: All breast lumps are cancerous.

The NBCF indicates only a small percentage of breast lumps end up being cancerous. Lumps should

never be ignored, and should be reported to a physician immediately. But it's important to avoid jumping to conclusions after finding a breast lump. A clinical breast exam can determine what's behind the lump, and women who discover a lump should remain calm until such an exam is conducted. These are just some of the many myths circulating about breast cancer. More information about the disease can be found at nationalbreastcancer.org.



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The benefits of breast cancer support groups

Millions of women across the globe are diagnosed with breast cancer each year. According to the World Cancer Research Fund International, breast cancer is the most commonly diagnosed cancer in women each year, with nearly three million new cases confirmed every 12 months. Those figures are undoubtedly daunting, but they also tell a different story of perseverance and survival that can comfort women who have recently received a breast cancer diagnosis. According to the WCRF, in 2020 there were 7.8 million women worldwide who had lived for at least five years after their breast cancer diagnosis. Indeed, survival rates for breast cancer have improved dramatically in recent

decades. Women often overcome the disease on account of their own personal resilience, but also by drawing on the experiences of others for inspiration and strength, namely through support groups. Women recently diagnosed with breast cancer may be surprised to learn just how beneficial support groups can be.

• Support groups can help women overcome the mental challenges of a diagnosis. A 2019 study published in the journal *Frontiers in Psychology* examined the effectiveness of support groups for women with breast cancer and their caregivers. The study found that participation in a support group can help to reduce feelings of depression, anxiety and more while

also making women more capable of adapting to their situation.

• Support group participation during treatment can have a lasting effect. A longitudinal study published in the journal *Psychooncology* in 2014 found that social support of breast cancer patients was positively predictive of better physical and mental health-related quality of life at three-year follow-up appointments for breast cancer patients. That means the benefits of joining a breast cancer support group are not only evident during treatment, but endure long after treatment as well.

• Support groups can be informative on multiple levels. Breastcancer.org

notes that participation in a support group can teach women diagnosed with the disease how to become better advocates for themselves. That's a notable benefit, as women confronting the mental health side effects of cancer treatment, including depression and anxiety, may feel as though they lack agency. In addition, by listening to others in a support group, women can identify new resources for understanding their disease and treatment plan. Support groups can be invaluable for women diagnosed with breast cancer. Women can speak with their cancer care team to learn about local support groups.

What young women should know about breast cancer



A prevailing myth concerning breast cancer is that it only affects older women. Various medical organizations and institutions recommend women begin receiving mammograms starting at age 40, which may compel women younger than 40 to think that they are immune to breast cancer. Yale Medicine notes breast cancer in younger individuals is rare, but the organization reports it is the most common cancer among women between the ages of 15 and 39. In addition, a body of evidence points to a growing rate of breast cancer diagnoses in younger women.

The Cleveland Clinic says breast cancer in young women and people assigned female at birth is known as early-onset breast cancer. Even adolescents and young adults can get breast cancer. Although young people can get any form of breast cancer, invasive ductal carcinoma and triple-negative breast cancer are the most common forms of the disease among young women. Diagnoses of breast cancer have steadily risen in women under age 50 over the last 20 years, says the Washington University School of Medicine in St. Louis. Researchers believe the surge is largely driven by increases in the number of women diagnosed with estrogen-receptor positive tumors, which are cancerous tumors fueled by estrogen. The researchers also found higher rates of breast cancer among Black women, particularly those between the ages of 20 and 29. Black women in this age group were found to have a 53 percent increased risk of breast cancer. The Breast Cancer Research Foundation says that breast cancers in women under age 40 are more likely to have features that contribute to poorer outcomes and prognoses. Larger tumor size, advanced tumor stage, negative hormone receptor status, and an over-expression of the HER2 protein are some such features. The BCRF also reports younger women are more likely to experience a recurrence at five and 10 years after therapy compared to older women. It is essential for younger women to be in tune with their bodies and learn to recognize any signs that may be indicative of breast cancer. Since annual screenings are not often part of preventative health



The researchers also found higher rates of breast cancer among Black women, particularly those between the ages of 20 and 29.

plans for women younger than 40, adolescents and young adults need to alert their doctors if they suspect anything is wrong. Unfortunately, by the time a tumor in the breast can be felt, it likely has been present for some time already. Symptoms of breast cancer may include:

- **Inverted nipple**
- **Breast lump or a lump in armpit**
- **Breast pain**
- **Changes in the skin of the breast**
- **Nipple discharge with or without pain**
- **Swollen lymph nodes**

Any of these signs should be discussed with a primary care physician or a gynecologist. Younger patients also are more likely to have a genetic connection to breast cancer. Individuals with one or more family members who were diagnosed with breast cancer are at higher risk and may want to consider screening at earlier ages. Breast cancer is not a disease that only affects women 40 and older. Younger people can get breast cancer, and it's often a surprise and sometimes more aggressive.

PINK IS YOUR COLOR.

Breast cancer affects us all. It affects our mothers, sisters, wives and friends. It affects people of every age, sex and race, and is the leading cancer among white and African-American women. This October, National Breast Cancer Awareness Month, pink is everyone's color.

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Help spread awareness in your community by educating your neighbors and friends on the signs and symptoms of breast cancer, and encourage the women you know to schedule a mammogram today.



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AMPHOTOS

The role of surgery in breast cancer prevention

Breast cancer affects women in every corner of the globe. Although it is much more prevalent in women, men also can develop breast cancer because their bodies contain some breast tissue where the cancer takes root. The World Health Organization says breast cancer was the most common cancer in women in 157 countries out of 185 in 2022. Roughly half of all breast cancers occur in women with no specific risk factors other than sex and age. As a result, the approach to breast cancer often is reactive rather than proactive. However, for individuals with an elevated risk of breast cancer, namely a family history of breast cancer or an inherited genetic link, surgery might be considered as a proactive measure. Surgery to reduce breast cancer risk goes by different names. Macmillan Cancer Support in the United Kingdom calls it risk-reducing breast surgery. Other organizations, like the Cleveland Clinic, call it a prophylactic mastectomy, and the Mayo Clinic refers to it as a preventative mastectomy. No matter the name, the outcome is the same. A prophylactic

(preventative) mastectomy is a surgery to remove one or both breasts, says the Cleveland Clinic. This type of surgery may be recommended by health care providers for individuals with high risk of developing breast cancer, such as those who have a BRCA1 or BRCA2 gene mutation. Macmillan Cancer Support says this preventative surgery can lower the risk of getting breast cancer by roughly 95 percent for those who undergo bilateral mastectomy. It is not possible to remove all breast tissue, which is why there is still a small chance that breast cancer can develop even after surgery. There are different types of preventative mastectomy surgeries. The bilateral (double) is the most extensive in that both breasts are removed. A contralateral mastectomy removes the healthy breast in people who have cancer in the other breast. A skin-sparing mastectomy removes the areola and nipple, then removes breast tissue through that small incision. A nipple-sparing mastectomy removes only the breast tissue without affecting the nipple or areola. Finally, a double mastectomy with reconstruction removes both breasts and then



reconstructs them using tissue from elsewhere in the body or implants. Brigham and Women's Hospital says health care experts can discuss the pros and cons of prophylactic surgery for those who are at high risk. Women who choose to proceed with the surgery will find oncologists typically work in conjunction with plastic surgeons to help patients achieve the best results with as few procedures as possible. Typically, those who have undergone preventative mastectomy will not need further screening tests for breast cancer. However, it is still advisable

to check the breast area regularly for any abnormalities due to the small amount of breast tissue that remains. The Cleveland Clinic says recovery time varies after the procedure, but it can be three to four weeks on average, or up to eight weeks if a breast reconstruction also has occurred. It may take several months before individuals can resume normal activities. Preventative surgery is an option for those who have very high risk for breast cancer and want to reduce their risk of developing the disease.




Oral contraceptive use and breast cancer

Breast cancer may never be far from the minds of women, particularly those who have experience with the disease. The American Cancer Society says about 310,720 new cases of invasive breast cancer are diagnosed in women in the United States in a given year. The World Health Organization says globally 2.3 million women were diagnosed with breast cancer in 2022, and 670,000 died from the disease. Naturally, women want to do all they can to reduce their risk of developing breast cancer. While it is not possible for women to eliminate their breast cancer risk, recognition of certain variables that can increase risk can help them make more informed decisions. Such variables include the link between breast cancer and hormonal oral contraceptives. Oral contraceptives are used by women to prevent pregnancy. The organization Susan G. Komen says that use of oral contraceptives is linked to a 20 to 30 percent increased risk for breast cancer. However, nearly all of the research on the link between oral contraceptives and cancer risk comes from observational studies, including both large prospective cohort studies and population-based case-control studies, indicates the National Cancer Center. Researchers cannot definitively say if oral contraceptives cause or prevent cancer. A 2017 cohort study published in the New England Journal of Medicine analyzed the risk of invasive breast

cancer in Dutch women who used hormonal contraceptives. The study found that the overall risk of breast cancer from contraceptive use was very low. Relative risk increased with duration of use. Oral contraceptives utilize different hormone combinations and strengths, so results may vary depending on the type of pill being taken. Once women stop taking birth control pills, their risk for breast cancer begins to decrease, advises Susan G. Komen. After about five years, the risk of breast cancer among women who have taken an oral contraceptive is similar to the risk among women who have never taken the pill at all. Low-dose pills also may be linked to an increased breast cancer risk just like older, higher-dose forms of birth control. But Susan G. Komen says that the progestin-only "mini-pill," norethisterone, doesn't appear to be linked to breast cancer. So those who are considering birth control pills may want to speak to their doctors about norethisterone if breast cancer risk is a concern. Similarly, use of a hormonal IUD, a vaginal birth control ring or a birth control patch does not seem to be linked to breast cancer. Although there is a relatively low risk of breast cancer attributed to use of hormonal birth control, women can conduct their own research so they are in the best position to make informed decisions they can be comfortable with going forward.

Early Detection Is Your Best Protection



October is National Breast Cancer Awareness Month. Thankfully, early detection through self-examination and mammograms is bringing about a decline in breast cancer deaths. We encourage all women to get regular mammograms and learn the techniques of self examination.

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Noteworthy statistics underscore the prevalence of breast cancer

A 2017 study from the American Cancer Society found that roughly **42 percent of cancer diagnoses and 45 percent of cancer deaths in the United States are linked to controllable risk factors for the disease.** Breast cancer is no exception in that regard, as the Breast Cancer Coalition Foundation points to studies that have shown as many as 50 to 70 percent of breast cancers can be prevented if women adopt lifestyle changes early enough.

Breast cancer poses a greater threat to women’s lives in countries with a low Human Development Index (HDI), which is a metric used by the United Nations Development Programme to gauge a country’s average achievement in areas such as healthy life and standard of living.

WHO data indicates one in 12 women will be diagnosed with breast cancer in their lifetime and one in 71 women will die of the disease in countries with a high HDI. In countries with a low HDI, where access to medical care is more limited, one in 27 will be diagnosed with breast cancer and one in 48 will die from it.

The ACS estimates that approximately **30 percent of postmenopausal breast cancer diagnoses are linked to modifiable risk factors** such as diet and physical activity levels.

Five-year survival rates indicate that treatment is most effective when breast cancer is caught in its earliest stages. **Data from the ACS indicates a 99 percent five-year survival rate for cancer discovered before it has spread beyond the place it started.** When the cancer is considered regional, which the National Cancer Institute defines as cancer that has spread to nearby lymph nodes, tissues or organs, the five-year survival rate is 86 percent. The five-year survival rate for distant cancer, which indicates it has spread to distant parts of the body, is 30 percent.

Survival rates differ considerably between Black women and White women diagnosed with breast cancer.

According to the ACS, the five-year survival rate for Black women between 2012-2018 was 83 percent compared to 92 percent for White women during that same period.

The World Health Organization reports **2.3 million women across the globe were diagnosed with breast cancer in 2022.** WHO data also indicates 670,000 women lost their lives to the disease in 2022.

Breast cancer affects millions of women and their family and friends every year. Each of those women has their own unique experience upon receiving a breast cancer diagnosis, and those journeys hopefully end with successful treatment. Because each woman’s breast cancer journey is unique, data regarding the disease only tells part of the story. But recognition of key breast cancer statistics is still important, as data can compel support for women fighting the disease and underscore how important it is for young women to prioritize breast health.

“I felt so helpless. Mom continued to decline, and I didn’t know what to do.”



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“My sister lives out of town and my brothers told me I should take care of things since I live near mom. I wanted to plan for what’s to come, but I needed help with some of the decisions.

That’s when I visited **Hearth & Home** in Urbana. What a relief to find I’m not alone and that there are professionals there to help improve the quality of mom’s life. **At *Hearth & Home* they have nurses available who will monitor her health and provide appropriate levels of care for each stage she goes through.**

They have been an invaluable resource, and having Mom so well cared for gives me great peace of mind. I am now more happy and stress-free—as are my siblings.”



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