



# Breast Cancer

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A W A R E N E S S

# Breast Cancer in Younger Women

**M**ost breast cancer is found in women ages 50 years and older, but this doesn't mean that younger women are immune from the disease.

About 11 percent of all new breast cancer cases in the United States are found in women younger than 45, according to the Centers for Disease Control and Prevention. And unless they have witnessed a relative or friend go through the diagnosis and treatment process, young women can find it overwhelming to find out they have breast cancer.

## WHO IS AT RISK?

The CDC identifies certain segments of the population to be at an increased risk of getting breast cancer at an early age, compared with other women their age. Here are some factors to consider:

- You have close relatives (parents, siblings or children) who were diagnosed with breast or ovarian cancer when they were younger than 45. This is especially true if more than one relative was diagnosed or if a male relative had breast cancer.
- You have an Ashkenazi Jewish heritage.
- You were treated with radiation therapy to the breast or chest during childhood or early adulthood.

## WHAT TO DO

The most crucial action you can take as a young woman with an increased risk for breast cancer is talking to your doctor. Your physician may suggest you consider genetic counseling and be tested for mutations in your gene structure.

Another recommendation may be to receive mammograms earlier and more often than other women, or if other screening tests may be right for your particular situation.

## RESEARCH

In 2011, the CDC awarded funding to seven organizations for a nationwide collaboration focusing on education and support for young breast cancer survivors. Among the group are outreach organizations and top-tier universities with goals to shed light on the reasons behind breast cancer occurring at a young age, and what women can do to bounce back after a cancer diagnosis.



# Breast Cancer Myths

**L**ike many medical subject matters, loads of misinformation is floating around the Internet about breast cancer.

Opinions have transformed into myths – ones that some people mistake for solid medical advice. When researching breast cancer on your own, it is important to heed the advice of your physician first and foremost.

If you do decide to check out any online resources to learn more about the subject, be sure to stick with credible organizations such as the National Cancer Institute, the American Cancer Society or the Centers for Disease Control and Prevention for your information. Doing so can help both debunk and stop myths in their tracks.

## MYTH 1: FINDING A LUMP MEANS YOU HAVE CANCER

This is an innately false statement, because only a small percentage of breast lumps turn out to be

cancerous. It is recommended, however, that you always see a physician for an exam if you do come across a lump.

You can stay on top of your own personal well-being by performing routine breast self-exams and scheduling your mammogram screenings.

## MYTH 2: YOUR FAMILY HISTORY DETERMINES YOUR RISK

Also a myth. Most women who have breast cancer have no family history of the disease. But as the reporting and recording of family history continues to improve and evolve, doctors are still cognizant of considering the factor of family history.

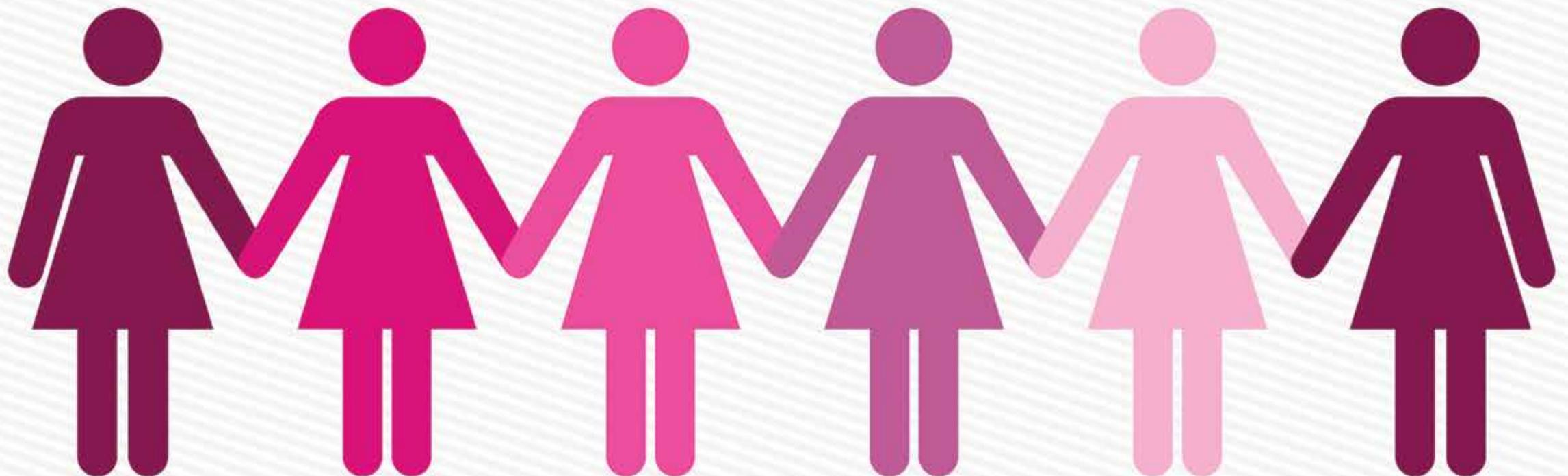
The American Cancer Society recommends that if you have a first-degree relative with breast cancer

you consider some form of diagnostic breast imaging starting 10 years before the age of your relative's diagnosis.

## MYTH 3: MAMMOGRAPHY SPREADS CANCER

A mammogram, or X-ray of the breast, remains the gold standard for the early detection of breast cancer and cannot cause the disease to spread, according to the National Cancer Institute.

“The benefits of mammography, however, nearly always outweigh the potential harm from the radiation exposure,” the institute states. “Mammograms require very small doses of radiation. The risk of harm from this radiation exposure is extremely low.”



# Mammography Programs

**D**efined simply as an X-ray of the breast, a mammogram is recommended once per year by the American Cancer Society for women ages 40 and older.

The process can help find cancers that can't be felt. And though it's imperfect, the technology behind mammograms continues to improve — as does the research driving the importance of mammograms to critical early detection of breast cancer.

## NATIONAL MAMMOGRAPHY PROGRAM

The National Breast Cancer Foundation is partnering with medical facilities across the country to provide free mammograms and diagnostic breast care services to underserved women. The group requires that participating medical facilities have the capability to continue treatment after an abnormal finding or diagnosis of breast cancer.

Check out the foundation's online program portal, which can help you find local facilities within the group's network: <http://www.nationalbreastcancer.org/national-mammography-program>.

## 3-D MAMMOGRAPHY

A more modern type of mammography, known as 3-D mammography or tomosynthesis, is expected to be used



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by millions of women in an attempt to detect breast cancer this year.

Some experts say this new mammogram can increase the detection of cancer while simultaneously reducing the number of false positives. Because the technology is so new, though, the long-term

verdict about its effectiveness is still not conclusive.

More and more clinics are moving toward 3-D mammography as an option. If they're available in your area, ask your doctor about the benefits and drawbacks — including cost — of this type of mammogram.

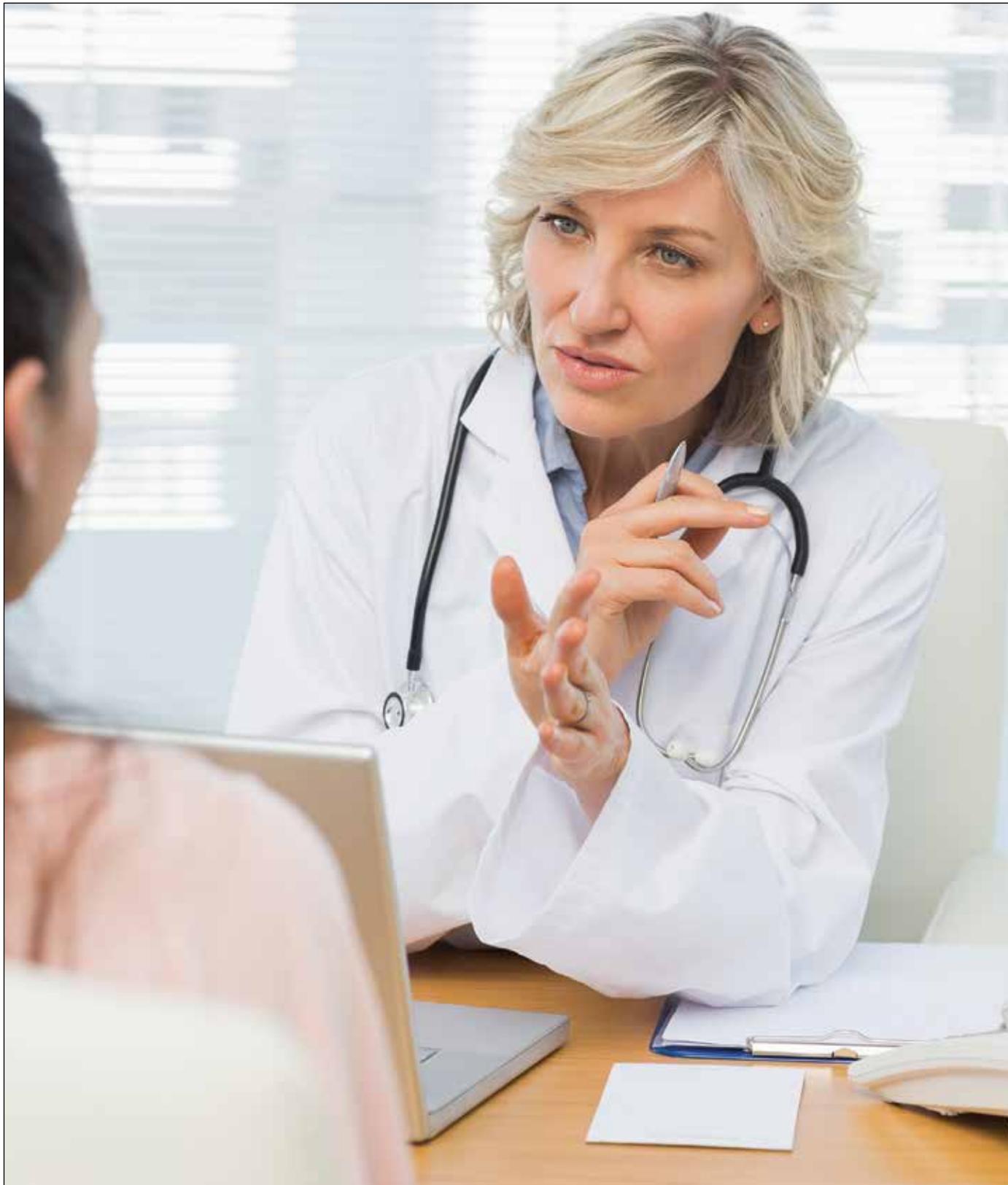
## MAMMOGRAPHY COMPLIANCE

The U.S. Food and Drug Administration requires certification for any facility offering mammography. This is done to ensure adherence with high standards of safety and quality.

If the FDA certificate is not posted in plain view at your doctor's office, ask the receptionist to let you see it before undergoing your mammogram. It is a simple request that will give you peace of mind during what can already be an emotionally challenging process for many women.

# Talking with Your Doctor

**Y**ou are obviously your own best resource for detecting and reporting breast abnormalities that can lead to the diagnosis of breast cancer.



The next strongest partner can be your physician, who is equipped with the tools and knowledge to confirm, deny or treat the onset of the disease. It is important to keep an open dialogue with your physician on any issues you may be having. Remember, your doctor is here to help, which cannot be done without your full disclosure.

## BE HONEST, BE OPEN

We live in a society of oversharing. Facebook, Twitter and other social media provoke people to indulge details better left out of the public spotlight. So why are we still afraid to talk to our physicians about truly important information?

When it comes to finding a lump or noticing that you're feeling a bit "off," you should be comfortable and confident in reporting to your doctor. Doing so quickly can make all the difference.

## QUESTIONS TO ASK

So how do you proceed if you are diagnosed with breast cancer? The following questions can help get you started.

- What type of cancer do I have and how will we treat it?
- What risks and side effects are possible with treatment?
- How can I prepare physically and mentally for treatment?
- Should I consider taking part in genetic testing or a clinical trial?
- What are the chances my cancer will recur after the treatment programs we have discussed?
- Should I alter my diet or lifestyle now and after treatment?

## OTHER TIPS

Be sure to write down your own questions that may not be on the above list. And once you wrap up your discussion, remember to request any medical records, pathology reports or radiology reports from your physician.

This information will be critical in ensuring a smooth process should you request a second opinion from another doctor or medial facility.

# After the Treatment

**H**earing the words “you’re cancer-free” can be a life-changing experience for people who have just struggled through strenuous rounds of treatment. They can also be the beginning of a new chapter full of challenges in its own right.

## **FOLLOW-UP APPOINTMENTS**

Your physicians will want to watch you closely following your successful treatment. During your follow-up appointments, you will be asked about any problems or sicknesses you may be experiencing. It is crucial to answer all questions as truthfully and detailed as possible. This will help your physicians stay on top of your still-sensitive medical situation.

Your visits will also include exams, X-rays or scans to uncover any signs of treatment side effects. Follow-up appointments are generally scheduled every three to six months, and will decrease in frequency the longer you are cancer-free. Your cancer check may be moved to once a year after five years.

## **DEALING WITH THE FEAR**

Fear of recurrence is a common emotion for people who have had cancer. Though the anxiety may lessen over the months and years after a successful round of treatments, it is important to learn how to deal with these feelings instead of simply ignoring them.

Many cancer survivor support groups are available to help you realize the magnitude of your achievement in not only attaining a cancer-free diagnosis, but also for persevering through the difficult treatments. Talking to others about the positives you have gained through your experience can be the uplifting experience you need to help you reach your post-treatment goals.

## **HEALTH INSURANCE**

It is absolutely crucial to maintain quality health insurance, even after a successful treatment experience. The costs of follow-up appointments, additional testing and further treatment from unforeseen recurrence can add up in a hurry.

Ensuring that your health insurance will help incur some of these charges can help you stay focused on staying healthy instead of worrying about substantial medical bills.



# Diet Linked to Cancer

**E**at well and exercise. How often are we advised by medical professionals that these two simple lifestyle choices can help us live longer, healthier lives?

Well, recent international research on the link between high-fat diets and breast cancer only strengthens the validity of the guidance.

The Epic Breast Cancer Study researched more than 300,000 women in 10 European countries, and its results were published in the Journal of the National Cancer Institute.

The study found that a high-fat diet increases the risk of the most common form of breast cancer by one-fifth. A 28-percent rise in risk is attached to heavy consumption of saturated fat, which is what comes from butter, lard, cuts of meat and some dairy products.

The study amplified the call for women to eat healthier to improve their odds of avoiding breast cancer.

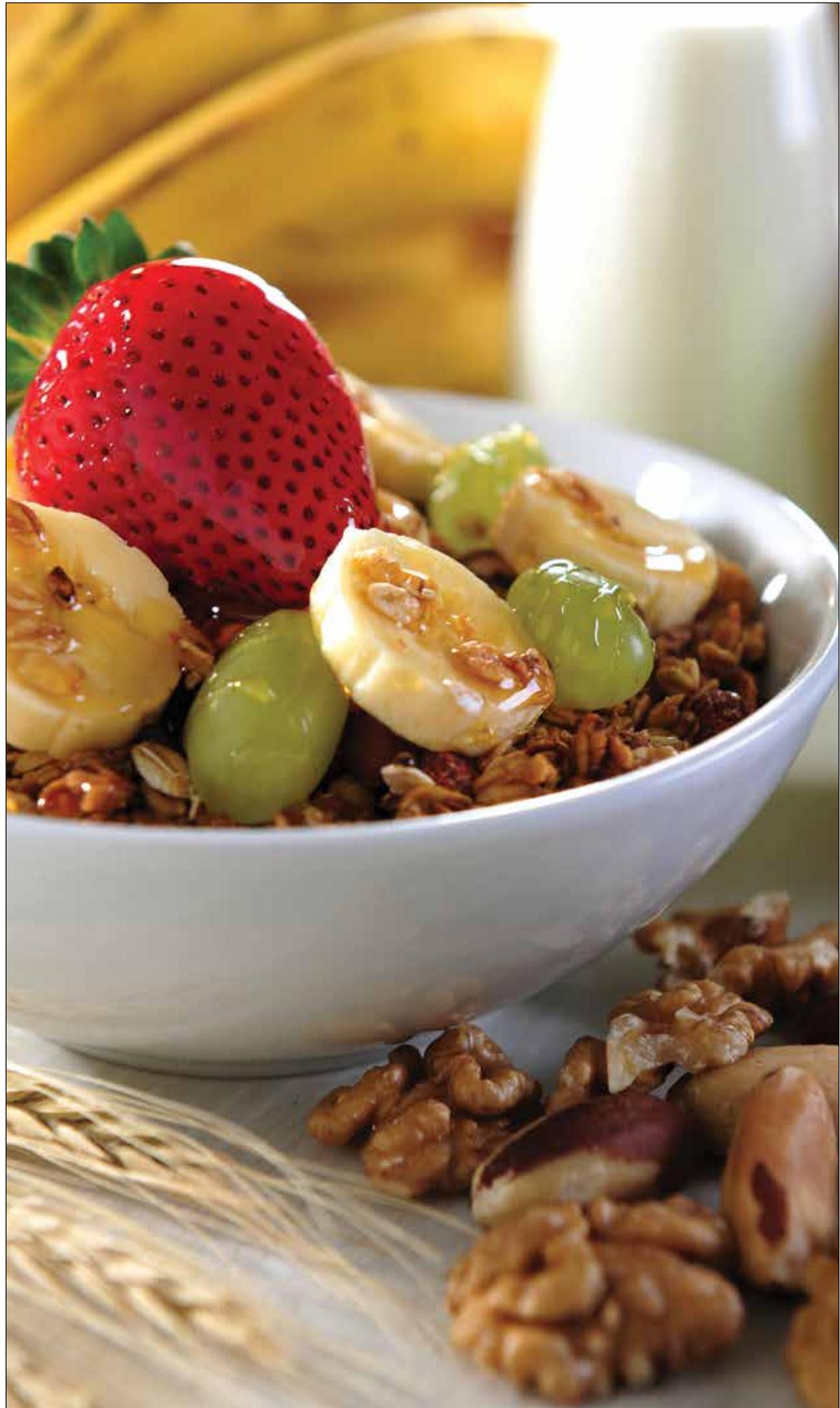
More research is being done in the area through another study called Women's Healthy Eating and Living (WHEL), which is looking into how diets rich in fruits and vegetables and low in fat can help reduce breast cancer recurrence.

## WHAT YOU CAN DO

If you or someone you know struggles to maintain a healthy diet, you can take these steps:

- **Lower Your Fat Intake:** Sounds simple, but what does it mean? Fruits and vegetables have less fat and more fiber than animal products. Most are packed with helpful nutrients, so be sure to mix them in throughout the day. If you're not likely to sit down and eat an entire carrot for a snack, chop one up and add it to your salad or spaghetti sauce.

- **Variety is Key:** Research has shown that the healthiest way to make sure your body is nutrient-rich is to consume a wide variety of foods. Fruits, vegetables, legumes and whole grains are all great diet options on their own, but even more effective when working together to fuel your body.



# Breast Cancer: By the Numbers

**R**esearchers may not be satisfied until the numbers are zero, but breast cancer-related death and incidence rates are on the decline.

The non-profit Breastcancer.org recently released the following array of statistics related to breast cancer. Visit the organization's website for a full list of the statistics, as well as helpful resources and information on emerging research related to breast cancer.

- About 12 percent of American women (one in eight) will develop invasive breast cancer over the course of her lifetime.
- Breast cancer incidence rates have steadily decreased in the U.S. since 2000. Researchers credit the drop to the reduced use of hormone replacement therapy by women after the results of the revolutionary Women's Health Initiative (2002) that suggested a connection between the therapy and breast cancer risk.
- Besides skin cancer, breast cancer is the most commonly diagnosed cancer among American women. Just less than 30 percent of cancers in women are breast cancers.
- Caucasian women are slightly more likely to develop breast cancer than African-American women. However, in women under 45, breast cancer is more common in African-American women than Caucasian women.
- More than 2.8 million women in the U.S. had a history of breast cancer in 2013.
- About 5-10 percent of breast cancer can be linked to gene mutations inherited from one's mother or father.
- About 85 percent of breast cancer occurs in women who have no family history of the disease. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.

