



Mary C Kirk, MD

~October 2018~ Breast Cancer Awareness Month

In October everything turns pink! Pink has become the color symbolic of the battle against breast cancer and this month is dedicated to the promotion of breast cancer awareness. Breast cancer accounts for about 30% of all new cancer diagnosis in women and it is estimated that 1 in 8 women will have a breast cancer diagnosis during their lifetime. It is the second leading cause of cancer death in women after lung cancer.



Although these statistics are alarming, treatment advancement, awareness campaigns, and increased screenings have made a huge difference in the success of defeating breast cancer and death rates have been in decline since the 1980s! Thanks to modern screening tests, breast cancer can be caught and treated in the early stages with a high cure rate!

Signs & Symptoms



Early diagnosis is the single most important factor for successful treatment. If you experience any of the symptoms listed below, you should schedule an evaluation with your doctor as soon as possible. Don't panic! Chances are, you do not have breast cancer, but if the worst should happen you will have given yourself the best possible chance for a good outcome!

- Skin Changes like Dimpling and Puckering
- A New or Changing Lump
- Breast Pain
- Nipple Discharge

Risk Factors

Every woman is unique and so is her relative cancer risk. Some of the risk factors listed

below may be more or less impactful depending on your genetic risk or your personal and family history.

- Certain gene mutations
- A family history of breast cancer
- An existing personal history of breast cancer
- Age
- Race & Ethnicity
- Beginning menstruation before the age of 12
- Menopause after the age of 55
- Never having borne children
- Long term use of certain types of contraceptives (although these may lower risks of ovarian cancer)
- Hormone Replacement Therapy (remember that the type, dose, and duration is important)
- A history of cigarette use
- Obesity
- A high-fat diet
- Increased alcohol intake



Although calculating your relative risk of breast cancer is important for management and determining an appropriate screening plan, these risk models give the average risk for a group of women with similar risk factors. **Every woman, even one considered to be at a lower risk, has a chance of developing breast cancer during her lifetime and should seek appropriate screening.**

Most risk factors affect a woman's chances of developing breast cancer by a small to moderate amount. Genetic mutation is one of the few factors that can increase risk significantly. Some patients with significant family cancer histories may be eligible for genetic testing to determine whether they are genetically predisposed to certain cancers. A few primary mutations of concern for increased breast cancer risk include several types of BRCA mutations, Lynch Syndrome, and Peutz-Jeghers Syndrome. More information about these mutations can be found at the links below.

[BRCA Mutations](#)

[Lynch Syndrome](#)

[Peutz-Jeghers Syndrome](#)

Cancer Screenings

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It can be easy to forget about routine screenings during the course of our busy days, especially when we feel healthy! But we cannot stress enough how important screenings are in the fight against cancer.

Early detection is vital and screenings are the best resource we have for

survival. Most insurances cover yearly screening mammograms at 100%. If warranted, policies may even cover additional screening tests based on your personal and family history.

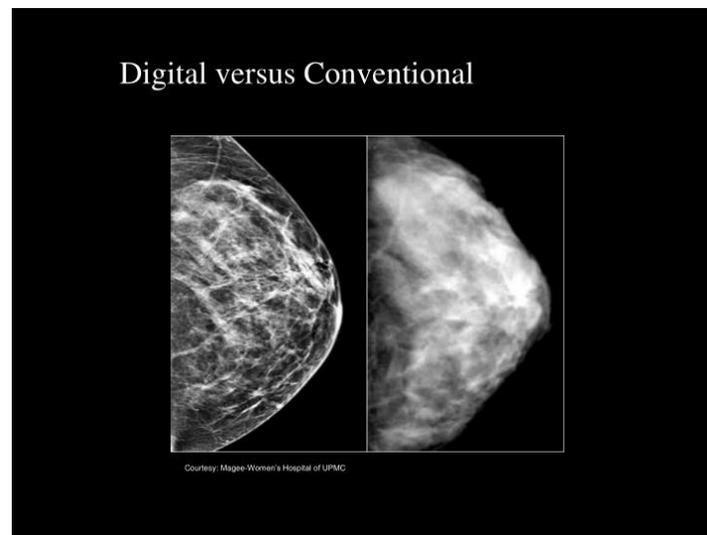
Mammography



The technology for detecting breast cancer has changed significantly through the years, but none more so than mammography. The original x-ray film-based mammogram is a thing of the past. Modern digital breast tomosynthesis provides impressive views of breast tissue composition that might not have been believed possible 30 years ago. In addition to better images, modern mammography is much lower in radiation and less uncomfortable

compared to older machines. Your doctor can advise you on the appropriate time to begin screening mammograms and may wish you to start earlier screenings based on your personal risks. However, women without increased risk of breast cancer age 50 to age 74 should absolutely be getting yearly screening mammograms.

If the radiologist reading your screening mammogram notes any abnormalities, you experience breast problems/changes, or if you or your physician feel a lump a diagnostic mammogram will need to be ordered. Diagnostic mammograms are basically a more lengthy and powerful version of the screening mammogram. They can provide magnification of a specific area of concern for a more in-depth investigation to determine what steps, if any, need to be taken. Do not be overly alarmed if you are contacted for more imaging following a screening mammogram. It does not mean that you have breast cancer. Recalls are fairly common, especially for women with especially dense or fibrous breast tissue.



Breast Ultrasound

Targeted breast ultrasound imaging is complementary to mammography. A highly useful tool for the investigation of suspicious lesions, its ability to provide real-time imaging is often utilized for procedure/biopsy guidance.

Although targeted ultrasound is not used as



a screening tool, women whose breast tissue density reduces the efficacy of their screening mammogram may also benefit from another type of ultrasound technology. Whole breast ultrasound screenings are newly available in some facilities that have an Automated Breast Ultrasound System (ABUS). The Saint Francis Breast Center is currently the only breast center in Tulsa with this technology.

Breast MRI

Breast MRI is mainly used for women who have either already had a diagnosis of breast cancer or who are at especially high risk. According to the American Cancer Society, the criteria listed below warrant the addition of MRI screenings to your regular screening mammogram.

- A personal BRCA1 or BRCA2 gene mutation
- A first-degree relative with a BRCA1 or BRCA2 gene mutation (with no personal genetic testing results)
- A 20-25% or greater lifetime risk (determined by a risk assessment performed by your physician or geneticist)
- A history of radiation therapy to the chest for another type of cancer between the ages of 10 and 30 years
- A genetic disease such as Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have one of these syndromes in first-degree relatives



Women with breast density classified as *extreme* or a moderately increased risk of breast cancer (15-20%) may also discuss the addition of MRI screening with their providers to determine if additional scans are warranted.

Many women wonder why MRI is not routinely used as a screening tool for all women instead of mammography because it is considered to be more sensitive to detecting cancer. The simplest answer is because, along with greater sensitivity, MRI also produces far more false positive scans. This would mean a much greater number of women receiving unnecessary biopsies and additional studies (not to mention the unneeded anxiety!). It is also a lot more expensive and time-consuming to perform.

Many organizations and insurance companies recognize the importance of screenings. Most insurance policies cover appropriate screening exams at 100%. Some facilities and organizations even fund programs that provide free services for the uninsured and underprivileged. Some facilities may offer special pricing on National Mammography Day



or during the month of October. Don't miss the opportunity to protect your health. The links below list some helpful resources for finding free or low cost imaging.

National Mammography Program

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Risk Reduction Through Lifestyle



There are a number of lifestyle habits that affect a woman's risk of breast cancer.

Healthy Diet: Establish a diet full of vegetables, fruits, and healthy grains while limiting your sugar intake.

Physical Activity: Stay physically active. Something as simple as daily family walks can help you stay well.

Healthy Weight: Excessive weight has been linked to a higher risk for many cancers. Following the guidelines above can help with this one!

Smoking Cessation: Smoking harms health in many ways. Not only do cigarettes contain carcinogens and deposit wastes into the lungs, but they also cause inflammation of the tissues and reduce your ability to fight infections. It's never too late to reap the benefits of cancer risk reduction by stopping smoking.

Limit Alcohol: More than one drink per day has been directly linked to increased risks of breast cancer. Although a single drink per day may slightly raise your risk, there have been other health benefits linked to a single glass of wine. It should be up to you and your doctor to decide whether these benefits outweigh your risks. Remember, that moderation is always key.

Breastfeeding: Studies have shown breastfeeding reduces the risk of breast cancer. The duration of breastfeeding is important for affecting risk. A small amount of risk reduction was shown for women who breastfed for a lifetime total of at least one year. A lifetime total of 2 years doubled the benefit and those breastfeeding for more than 2 years total had the greatest benefit.

Not only do most of these lifestyle changes drastically reduce the risk of breast cancer, but if the unthinkable happens and you are diagnosed, you are better equipped to successfully battle the disease.



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