



*Caring
for your
Breasts*



A Woman's Guide to Educated Breast Health



**THE CANCER
SOCIETY OF
THE BAHAMAS**



*Caring
For Your
Breasts*





A Woman's Guide to Educated Breast Health

Congratulations! By reading this booklet, you are well on your way to joining the growing number of smart, health-conscious women across the country who have educated themselves regarding good breast health decisions.

In the following pages, we will teach you about caring for your breasts. We'll also tell you a little about breast diseases, show you who is most at risk for breast cancer and explain what the state-of-the-art is in fighting it. We will instruct you on how to do a breast self-exam and tell you how often a woman in your age group should have a regular mammogram and a clinical breast exam.

Why should you know these things? Well, it's a fact that one in eight women in our country will develop breast cancer in her lifetime. Many times the discovery of that cancer comes by you or your healthcare provider finding a breast lump. But did you know that most breast lumps are benign and even if they're not, early detection of breast cancer can dramatically affect the treatment required?

The important news from the medical community is that YOU hold the key to early detection of breast cancer. Yes, your breast health is, first of all, your responsibility. Research has shown that many breast problems are discovered by the patient and not by her healthcare provider. A regular breast self-exam (BSE) can help you find a lump or a potential problem early when it is most treatable. Examining your breasts regularly combined with scheduled mammograms and regular visits to your healthcare provider will provide the best opportunity to detect breast cancer early.

We are so glad you have chosen to take on the responsibility for your own health. It will give you peace of mind . . . and it could save your life.



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The Fight Against Breast Cancer

There are many types of breast disease, but the overriding concern of health officials is breast cancer. Millions of dollars are spent each year in research on breast cancer, and progress is being made in treating it. If you are reading this book, there is a good chance that there will be a cure for breast cancer within your lifetime. That is awesome news! But because it becomes more common among women as they get older, and because the normal life expectancy of the population has been increasing, there are more breast cancers today than in the past.

It is clear that early detection of breast cancer through regular breast self-exams, scheduled mammograms and clinical breast exams could greatly reduce the seriousness of breast cancer in our population, if they were practiced more widely.

The Concern

- One of eight women in the U.S. will develop breast cancer in her lifetime.
- Breast cancer is the leading cause of cancer deaths in Bahamian women.

The Good News

- By protecting your own health, YOU can help to change these statistics.
- The majority of breast lumps are discovered by women themselves.
- Three out of four breast lumps are benign (non-cancerous).
- The earlier that breast cancer is detected, the better the outcome.
- Low-dose mammography has added an important tool in aiding the early detection of breast cancer.
- A regularly scheduled mammogram can significantly increase the survival rate for women with breast cancer.
- Early detection of breast cancer often leads to less disfiguring surgery and less follow-up chemotherapy and radiation therapy.
- **EARLY DETECTION** of breast cancer is increased dramatically by a regular schedule of **BREAST SELF-EXAMS, MAMMOGRAMS and CLINICAL BREAST EXAMS.**

Who's At Risk?

A risk factor is a marker that occurs with unusual frequency among people with a particular disease - in this case, women who develop breast cancer. Risk factors are not harmful in themselves. Having one or more risk factors for breast cancer does not mean you are certain or even likely to develop the disease. It means you are statistically at greater risk than your neighbor. your personal risk may still be relatively low.

Surprisingly however, more than 75% of women who develop breast cancer do not have significant risk factors. Therefore, it is important for all women to follow a regular program of breast self-exams, mammograms and clinical breast exams.



Risk Factors for Breast Cancer

Gender and Age

- The top two risk factors associated with breast cancer are being a woman and age. As we grow older, our risk for breast cancer increases. In the U.S. Approximately 8 out of 10 breast cancers occur in women age 50 & over, however almost one half (50%) of all Bahamian women are diagnosed before the age of 50.

Personal History of Breast Cancer or Other Cancer

- The third most significant risk factor is having a personal history of breast cancer.
- A diagnosis of ductal or lobular carcinoma “in situ” may increase a woman’s risk of developing invasive breast cancer.
Women who have been diagnosed with ovarian, colon or endometrial cancer may be at an increased risk of breast cancer.

Personal History of Fibrocystic Changes (lumpy breasts)

- Most fibrocystic changes do not increase a woman’s risk of developing breast cancer, however, fibrocystic changes containing “cellular atypia” (change in the normal appearance) can increase your risk. Cellular atypia can only be diagnosed by a pathologist through breast biopsy.

Personal Health History

- Starting periods at less than 12 years of age; late menopause - age 55 years or older
- Never carrying a pregnancy the full term
- Age 30 years or older at the time of first term pregnancy
- Never breastfed a child
- Recent oral contraceptive use or hormone therapy

Family History

- Risk appears to increase when a first-degree relative (mother, sister or daughter) is diagnosed with breast cancer at an age less than 40 and/or has had breast cancer in both breasts.
- Breast cancer in two or more family members may increase risk.
- A Family history of ovarian, endometrial, colon and/or prostate cancer may also increase breast cancer risk.
- When looking at family history, it is important to consider both maternal and paternal sides of the family.
- Across the Bahamas about one out of every 20 persons has breast cancer (BRCA) mutation which is perhaps the highest in the world.

Environment/Lifestyle

- Most breast cancers are diagnosed in women with no family history of cancer.
- Most breast cancers are due to environment and heredity.
- Obesity - because the body makes some of its estrogen in fatty tissue, obese women are more likely to have higher levels of estrogen in their bodies. High levels of estrogen may be the reason that obese women have an increased risk of breast cancer.

- Excess use of alcohol may also increase the risk of breast cancer (consumption of one or more alcoholic beverages daily).
- Estrogen therapy - women who take hormone therapy (either estrogen alone or estrogen plus progestin) for 5 or more years after menopause may have an increased chance of developing breast cancer.

The Normal Breast

Ever-changing is perhaps the best term to describe the normal structure of a woman's breasts. Especially during the years from puberty to menopause, the breasts change almost daily. This is because the normal cycle of female hormones influences both the outward appearance and the microscopic appearance of the breast.

By better understanding these normal changes, you will be better able to detect lumps or unusual changes in your breasts, should they occur.

The Parts of the Breast

These are the major structures associated with the breast:

The Chest Wall

A large group of muscles that fan out beneath the breast over the ribs.

The Mammary Glands

The part of the breast that produces milk that is transported through ducts to the nipple.

Fibrous Tissue

This tissue extends from the breast to the chest wall and provides support for the breast.

Nipple

The small projection of the mammary gland.

Duct

A tube that carries milk to the nipple.

Fat Tissue

Tissue that forms a covering for the breast.

Lymph Nodes

Soft bean-shaped structures that form the filtering devices that drain body tissue fluids.



The Changes of Time in the Breasts

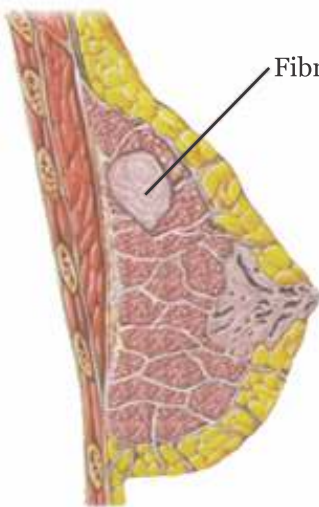
The breasts react to hormones during various stages of a woman's lifetime – causing considerable change. These changes may be seen monthly or on a long term basis. They begin with the growth of the breasts at puberty. The menstrual cycle also causes change in the breasts. They become larger and more firm. During pregnancy, breast changes become more extreme due to swelling and growth of the mammary glands. When a woman reaches menopause, once again the breasts change due to the loss of mammary glands. At that time the breast tissue is replaced largely with fat.

Benign (Non-Cancerous) Breast Changes

Many conditions can mimic breast cancer by producing breast lumps, nipple discharge or inflammation. Very few instances of these symptoms are due to cancer. In fact, more than half of all women will develop a breast problem in their lifetime. When these are biopsied (a surgical procedure to determine whether a lump is cancerous), 75% of lumps and other problems turn out to be benign (non-cancerous).

If you think you may have any of these conditions, be sure to see your healthcare provider. He or she will examine you and individualize your evaluation and treatment based on the findings.

Common Breast Changes



Fibroadenoma

Fibroadenoma

This change most frequently appears in women ages 20-40. It appears as a painless rubbery mass and can be either single or multiple masses. Unlike some other breast changes, it doesn't change in size with the menstrual cycle. It is the most common mass found in girls prior to puberty, but can occur in all age groups. Women should never assume that because they are young that they are not at risk of breast cancer. All lumps should be checked by a Health Care Provider.

Fibrocystic Change (Lumpy Breast)

This condition is by far the most frequently occurring breast change. It is most often seen in women between 35 and 50. It is usually seen as the breasts' response to hormone levels rising and falling from month to month over the years. After many years of this repeated hormonal stimulation, nearly all women's breasts develop some degree of lumpiness. Lumpy breasts may be accompanied by pain or tenderness that fluctuates with the menstrual cycle, becoming more noticeable prior to menstruation.

When this type of lumpiness occurs in a woman's breast the most important issue is to find out if the lump is or is not cancer. While imaging tests like mammograms and ultrasound help, it is often necessary to remove a piece or all of a lump to determine the exact nature of it.

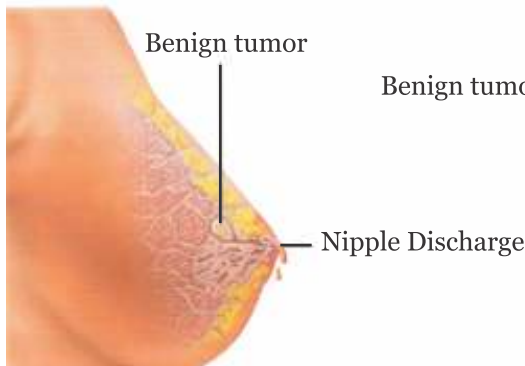
Many types of treatment are being used to ease the symptoms of lumpy breasts. Some of the treatments that have helped a variety of women include mild analgesics, warm compresses or sleeping bras, a low-salt diet especially in the latter half of the menstrual cycle, restriction of caffeinated foods and drinks (coffee, tea, sodas, chocolate and cocoa), vitamin E supplement and a special hormone treatment, which can only be prescribed by a doctor and is used in the most severe cases.

Breast tissue with multiple cysts



Ductal Papillomas

This condition occurs most often in women between age 45 and 50 and generally presents as a bloody or clear discharge from the nipple. It is usually a benign tumor in the duct that cannot be felt. (Breast cancer can also produce a discharge so it should always be checked.)



Benign tumor





Less Common Breast Changes

Along with the previously discussed benign breast changes, there are some changes that are less common. One of those changes is **mammary duct ectasia** which is a clogging of the ducts on the lower part of the breast with fatty material. Another is **fat necrosis** which is a thickening or scarring in the fatty tissue that is caused by an injury. This can occur at any age. Last is **galactocele** which is the medical term for a clogged milk duct and is usually associated with childbirth in both breastfeeding and non-breastfeeding mothers.

Breast Cancer

Malignant (cancerous) breast lumps represent the uncontrolled growth of cells. They most frequently originate in the ducts. It has been estimated that it takes five to ten years from the time a single cancer cell appears to the time it becomes one centimeter in size . . . the minimal size that a lump may be detected by physical examinations.

If a cancerous lump is not detected and treated at a very early stage in its growth, it can invade lymphatic vessels (channels) and spread (metastasize) to the lymph nodes. The cancer may travel or metastasize through these channels to distant sites in the body where it will continue to grow and destroy normal tissue.

If a cancerous lump is detected and treated . . . EARLY . . . in its development, before it reaches other parts of the body, the outlook for complete recovery is excellent. Today, the best way to assure early detection and treatment is through a planned program of breast self-exams, mammograms and clinical breast exams.

A Regular Monthly Breast Self-Exam (BSE)



A monthly routine of breast self-exam is one of the most important health habits you can acquire. Though there is some controversy regarding the benefit of breast self-exam, it has the potential to detect a possible breast concern. Since most breast lumps are discovered by the woman herself, it becomes clear that routine monthly breast self-exams can play a key role in early detection of breast cancer. Don't forget, most breast lumps are not cancerous. It's even true that many normal breasts feel lumpy; so it's important for each woman to become familiar with the structure of her own breasts. In this way, you will be able to recognize any unusual changes that may occur in the way the breasts look or feel. Monthly breast self exams should begin at the age of 20.

A breast self-exam is a simple process. It requires only a few minutes of your time each month to do a complete exam. The best time of the month to do the exam is 7 to 10 days after the start of your menstrual cycle. For the woman who no longer has periods, it is recommended that you choose the same day each month. Of course, the key to a successful breast self-exam is doing it consistently every month and having a standard way to perform the exam. It is a good idea for you to have your technique reviewed during your periodic health exam by your healthcare professional.

Remember, you will be looking and feeling for changes in your breasts, such as lumps, dimpling or skin changes. When you have done the exam a few times, you will become familiar with the contour of your breasts and it will become easy to discover a problem.

Signs of Possible Breast Cancer

As a cancerous growth occurs in the breast, it may take on any of the following appearances:

Superficial Veins - The veins on the skin surface of one breast become more Prominent than the other.

Retraction of Nipple / Inverted Nipple
In a previously normal breast the nipple begins to pull inward.

Discharge from the nipple

Skin Dimpling - A depression occurring in a localized area of the breast surface.

Changes in Skin Texture
Skin Swelling - A portion of skin on the breast has the appearance of an orange peel

A Lump - Usually single, firm and most often painless.

Remember . . . since many of these problems are found by women themselves, your regular breast self-exam is especially important in early detection.

Look for Changes



At The Mirror (with good light)

- First . . . relax, sitting or standing, whichever is comfortable.
- With your arms at your sides, look for changes in your breasts - lumps, thickenings, dimples or changes in the skin texture or appearance.
- Next . . . raise your arms above or behind your head, again looking for the same changes.
- Now . . . with your hands on your hips, press down and tense your chest muscles. This will make any changes more prominent. It may be helpful to lean forward just a bit from the waist so your breasts are not lying on the chest wall.

Feel For Changes

Trends and attitudes about the best pattern for BSE vary. Research shows that the vertical method shown below is the most thorough for performing BSE. However, the best method is the one you will use every month to check all of your breast tissue. Ask your healthcare provider for advice if feeling uncertain about your technique.

Vertical



With fingertips close together, gently probe each breast in the pattern at right.

Lying Down

- This portion of the exam is done while lying down. When lying down, the breast tissue spreads more evenly over the chest wall and is as thin as possible, making it much easier to feel all of the breast tissue.
- Lie down on your back and get comfortable.
- Place your right arm behind your head.
- Place a pillow or rolled towel under your right shoulder.
- Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.
- Using one of the 3 motions shown on page 10, feel a small portion of the breast at a time, until the entire breast has been checked.
- Use 3 different levels of pressure to feel all of the breast tissue. Light pressure to feel the tissue closest to the skin. Medium pressure to feel a little deeper. And, firm pressure to feel the tissue closest to the chest and ribs. If you are not sure how hard to press, talk with your health care provider. Use each pressure level in each spot before moving to the next area. Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).
- Now repeat the exam on your left breast with your right hand.



Implants

- Perform breast self-exam using the technique listed above and on the previous page.
- Also perform exam while displacing or moving the implant and feeling above, below, behind and side to side of the implant.

That's all there is to it! But don't forget, if you find a problem, phone your healthcare provider right away and be sure to tell the person answering the phone why you are calling.

REMEMBER! The best methods we have now for detecting breast cancer early are regular BSE, mammograms and clinical breast exams by your healthcare provider. Used properly, these tools in combination may increase a woman's chance of surviving breast cancer. Early detection is the key!

Regular Mammography

Increasing the Rate of Breast Cancer Survival

Mammography is a low-dose x-ray study of the breasts. The key role of



mammography is identifying a site of breast cancer early in its development when it is very small. This early detection is often a year or two before it is large enough to be felt as a lump. These small cancers have a much better response to treatment. In addition, they often require less disfiguring surgery and less follow-up chemotherapy and radiation therapy. Mammography detects approximately 2-3 times as many “early” breast cancers as physical examination, and is considered the “gold standard” in breast cancer detection.

Modern technology has classified mammography as state-of-the-art both in its safety and diagnostic accuracy. Twenty years ago, the medical community and its patients were concerned about the radiation level delivered during the test. Today, only 1/40 of that amount of radiation is used with the newer very low-dose mammogram.


Even though mammography is the best screening examination available today, some cancers, approximately 10%, will not be identified by mammography at a stage when they can be felt as lumps. For this reason, breast self-examination and examinations by your healthcare provider at regular intervals are important components of breast cancer detection.

Having A Mammogram

A **Screening Mammogram** consists of two views of each breast and is for patients who have no abnormal breast symptoms. A radiologist is not present during this exam. The radiologist’s review and interpretation of the examination is done after the patient has completed the mammogram and has left the department. Guidelines for a routine Screening Mammogram include:

- Base-line mammogram recommended at age 35-40.
- Annual mammogram recommended beginning at age 40.

The Screening Mammogram takes approximately 15 minutes.



A **Diagnostic Mammogram** is a problem-solving examination for patients who have abnormal breast symptoms or who have had a Screening Mammogram which requires further, problem-solving study. The Diagnostic Mammogram is prescribed by the patient's referring physician and is always done under the consultation of an attending radiologist. Reasons for a Diagnostic Mammogram include:

- Patients who have current abnormal breast symptoms.
- Patients whose Screening Mammograms revealed a breast abnormality or suspicion.
- Patients who have breast implants.

The Diagnostic Mammogram takes approximately 30 minutes.

If you are uncertain which mammogram is right for you, please contact your healthcare provider.

To prepare for a mammogram, dress comfortable in a two piece outfit. (You will need to undress from the neck to the waist.) Also refrain from using any type of powders, deodorants or creams on your underarms or on your breasts since these can affect the quality of the mammogram. If possible you should not schedule your mammogram just before or during your menstrual period especially if you have breast pain at that time.

Who should be screened before age 40?

Through research we have learned that there are two genetic abnormalities (mutations) that can show a woman's predisposition to breast cancer. These two genes are called the BRCA1 and BRCA2 genes. When found through testing, they can mean that there is a 50-80% lifetime risk of breast cancer. There are no distinct guidelines for increased mammogram screening for this group of women. However, there are recommendations by the Cancer Genetics Studies Consortium that annual mammograms begin at age 25-35. Once gain, it is important to discuss this with your healthcare provider.

Ultrasound

Ultrasound uses harmless and painless sound waves to produce a visual picture of the breast. It is most frequently used to determine whether a lump in the breast is a cystic (fluid-filled) lump or a solid one. Ultrasound is also helpful in examining younger women with very dense breasts, where it can complement the findings of mammography.

Other Methods

At the present time, there are no other comparable screening techniques for breast cancer. However, there are some tests like ultrasound that complement mammography such as breast MRI, digital mammography and scintimammography, and PET Scans.

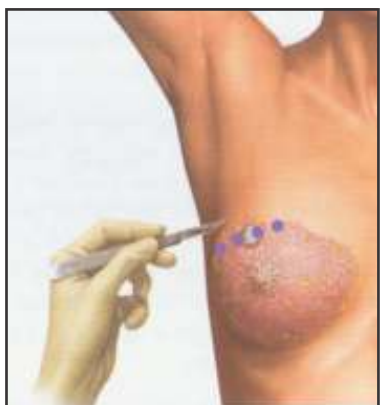
Clinical Breast Exams

An important part of every physical exam

A clinical breast exam is an important part of every woman's physical exam. Studies show that the mortality rate due to breast cancer is decreased by as much as 20% in women age 40-64 who have regular clinical breast exams. As with the breast self-exam that you do at home, a breast exam by your healthcare provider consists of a visual and manual exam. A visual exam checks for dimpling or puckering of the skin, secretion from the nipples, change in the breast contour and other abnormalities discussed on page 9. A manual exam checks the breasts and underarms for any lumps or thickenings. If your health care provider does not perform a breast exam during your physical exam, be sure to ask for one.

If you have a problem

If either you or your healthcare provider discovers a suspicious area, calcification, lump or other change in your breast, diagnostic tools may be used to analyze the condition. Below are brief descriptions of the most common diagnostic tools:



Excisional Biopsy – identifies the true nature of a persistent lump or other breast change through surgical removal of the area and microscopic examination.



Needle Localization – precisely locates an abnormality in the breast prior to excisional biopsy.

Needle Aspiration – a type of needle biopsy that allows the extraction of the fluid from the abnormal area for microscopic analysis.

Stereotactic Biopsy – a biopsy that uses computer technology to locate and obtain a small sample of the questionable area in the breast without an incision. A special needle is used.



But don't forget . . . if you do have a breast lump, the chances are three out of four that it's benign.

Treatment of Breast Cancer

After determining that a patient has breast cancer, there are some guidelines that are used to customize treatment. They include determining how far the disease has spread in the breast; if there is cancer in the lymph nodes; and if the cancer has spread to other parts of the body.

The important point however, is that treatment must be **INDIVIDUALIZED** according to many factors unique to the woman involved and the nature of her cancer. When the treatment is chosen, it can consist of one or several approaches including surgery, radiation therapy, chemotherapy or a combination of treatments.

There is one very important thing to remember about breast cancer. Though it cannot be prevented, early detection is the key to successful treatment. When all three methods of detection (breast self-exams, mammograms and clinical breast exams) are used together in a planned program, over 90% of the occurrences of breast cancer can be identified. The sooner the breast cancer can be detected, the more effectively it can be treated and the less likely it will be fatal.

Guidelines For Good Breast Health

Lifestyle Changes

Breast cancer is a disease that every woman needs to be concerned about because all women are at risk. Empowering yourself as a woman and choosing to make a difference in how to live your life will help you in promoting good health. Even though the prevention of breast cancer is not clear, there are things you can do to lower your risk.



Choose to Exercise

We are so busy in our lives with family and careers, but it is vital for us to exercise at least 20-30 minutes a day . . . this may lower your risk of breast cancer by 30%. “Work in” a “work-out” everyday.

Choose to Eat Healthy

A conscious choice of eating healthy has many benefits that go beyond reducing the risk of breast cancer.

- Lower your fat intake to 20% of the calories you eat per day (about 35-40 grams). Cut down on fried foods and high-fat dairy products.
- Leading cancer organizations suggest eating five to nine servings of fruit and vegetables each day. Eat foods containing vitamins A and C (dark green and orange vegetables and dark colored fruits). Broccoli, cabbage and kale are believed to help prevent some cancers from forming.
- Alcohol has been linked to breast and certain other cancers. Either avoid alcohol altogether or limit yourself to 3-5 drinks a week.

Choose to be Educated on Important Health Issues

Talk to your healthcare provider about taking vitamin supplements with antioxidants. Always follow their advice and never exceed the suggested dosage.

The following guidelines from the American Cancer Society were developed for the average American woman regarding breast health.

- **Breast Self-Exam (BSE)** – You should know how your breasts normally feel. Beginning in their 20’s, women should learn the benefits of BSE and should be instructed on the proper technique of BSE at the time of their routine health examination. They also should know the limitations of BSE and report any breast change promptly to their healthcare provider.
- **Clinical Breast Exam** – Should be part of a woman’s periodic health examination, about every three years for women in their 20’s and 30’s and annually for women age 40 and older.
- **Mammography** – Annually beginning at age 40. Mammograms may be recommended at an earlier age if there is a strong family history of breast cancer or other risk factors.

Over 90% of breast cancers can be detected when all three methods outlined above are used together in a planned program.

Conclusion:You hold the key to early detection. Remember, always contact your healthcare provider if there is anything about the way your breasts look or feel that concerns you. We hope you found the information and instructions in this booklet to be helpful.

GUIDELINES FOR GOOD BREAST HEALTH

... Protecting and maintaining your own personal health.

Now that you've learned a little about the problems of breast disease, particularly about breast cancer, we'd like to give you some guidelines you should follow for good preventative health.

These were developed by the American Cancer Society and the American College of Radiology. The Cancer Society of the Bahamas has made some modifications, but further modifications may be made by your doctor to meet your particular needs. They represent your best guard against breast cancer. **In fact. . . over 90% of breast cancers can be detected when all three methods outlined below are used together in a planned program.**

<u>Age</u>	<u>Breast Self-Exam</u>	<u>Mammography</u>	<u>Physical Exam</u>
20-39	Once a month	Maybe recommended on the basis of personal risk or need	At least every three years
40+	Once a month	Every year	Every year

My Personal Breast Exam Record

Age/Yr	Monthly Breast Self-Exam	Mammogram Dates	Physical Exam Dates

We hope you found the information and instructions in this booklet to be helpful. Be sure to schedule and record your exam program in the space provided above. Keep this record and booklet in a handy place with your other important medical information. Remember . . . your regular breast self-exam, mammograms and physical exams are your best guard against breast cancer.



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