



BREAST CANCER AWARENESS MONTH 2020

BREAST CANCER AWARENESS



*African American Voice Special
Supplement Issue: October 2020*



BREAST CANCER AND BEING AWARE WITH VICTORIA HARMER CONSULTANT NURSE



Have You Noticed Changes In Your Breasts Recently?

Many breast cancer symptoms are invisible and not noticeable without a professional screening, but some symptoms can be caught early just by being proactive about your breast health.

Every person should know the symptoms and signs of breast cancer, and any time an abnormality is discovered, it should be investigated by a healthcare professional.

Most people who have breast cancer symptoms and signs will initially notice only one or two, and the presence of these symptoms and signs do not automatically mean that you have breast cancer.

By performing monthly breast self-exams, you will be able to more easily identify any changes in your breast. Be sure to talk to your healthcare professional if you notice anything unusual.

A Change In How The Breast Or Nipple Looks Or Feels

- Nipple tenderness or a lump or thickening in or near the breast or underarm area

- A change in the skin texture or an enlargement of pores in the skin of the breast (some describe this as similar to an orange peel's texture)
- A lump in the breast (It's important to remember that all lumps should be investigated by a healthcare professional, but not all lumps are cancerous.)

A Change In The Breast Or Nipple Appearance

- Any unexplained change in the size or shape of the breast
- Dimpling anywhere on the breast
- Unexplained swelling of the breast (especially if on one side only)
- Unexplained shrinkage of the breast (especially if on one side only)
- Recent asymmetry (unequal or lack of sameness) of the breasts. Although it is common for women to have one breast that is slightly larger than the other, if the onset of asymmetry is recent, it should be checked.
- Nipple that is turned slightly inward or inverted
- Skin of the breast, areola, or nipple that becomes scaly, red, or swollen or may have ridges or pitting resembling the skin of an orange

Nipple Discharge—Particularly Clear Discharge Or Bloody Discharge

It is also important to note that a milky discharge that is present when a woman is not breastfeeding should be checked by her doctor, although it is not linked with breast cancer.

Let your doctor know about any nipple discharge, clear, bloody or milky. The most concerning discharges are bloody or clear.



Diagnosis of Breast Cancer

2



Diagnosis of Breast Cancer



Diagnostic Mammogram

A diagnostic mammogram can help determine if these symptoms are indicative of the presence of cancer. As compared to screening mammograms, diagnostic mammograms provide a more detailed x-ray of the breast using specialized techniques. They are also used in special circumstances, such as for patients with breast implants.

Ultrasound

When a suspicious site is detected in your breast through a breast self-exam or on a screening mammogram, your doctor may request an ultrasound of the breast tissue. A breast ultrasound is a scan that uses penetrating sound waves that do not affect or damage the tissue and cannot be heard by humans. The breast tissue deflects these waves causing echoes, which a computer uses to paint a picture of what's going on inside the breast tissue. A mass filled with liquid shows up differently than a solid mass.

MRI

During a breast MRI, a magnet connected to a computer transmits magnetic energy and radio waves (not radiation) through the breast tissue.

It scans the tissue, making detailed pictures of areas within the breast. These images help the medical team distinguish between normal and diseased tissue.

Biopsy

A breast biopsy is a test that removes tissue or sometimes fluid from the suspicious area. The removed cells are examined under a microscope and further tested to check for the presence of breast cancer.

A biopsy is the only diagnostic procedure that can definitely determine if the suspicious area is cancerous.

The good news is that 80% of women who have a breast biopsy do not have breast cancer. There are three types of biopsies:

- Fine-needle aspiration
- Core-needle biopsy
- Surgical biopsy

The latter two are the most commonly used on the breast. There are several factors that help a doctor decide which type of biopsy to recommend. These include the appearance, size, and location of the suspicious area on the breast. Before discussing biopsy results, let's first distinguish between the three types of biopsies.

Lab Tests

If you are diagnosed with breast cancer, your doctor may order additional lab tests to assist with prognosis. The two most common lab tests are the hormone receptor test and the HER2/neu test.

Results from these tests can provide insight into which cancer treatment options may be most effective for you.



Types of Breast Cancer

3



Metastatic Breast Cancer

Metastatic breast cancer is also classified as Stage 4 breast cancer. The cancer has spread to other parts of the body. This usually includes the lungs, liver, bones or brain.

Ductal Carcinoma In Situ (DCIS)

Ductal carcinoma in situ (DCIS) is a non-invasive cancer where abnormal cells have been found in the lining of the breast milk duct. The atypical cells have not spread outside of the ducts into the surrounding breast tissue. Ductal carcinoma in situ is very early cancer that is highly treatable, but if it's left untreated or undetected, it can spread into the surrounding breast tissue.

Invasive Ductal Carcinoma (IDC)

The abnormal cancer cells that began forming in the milk ducts have spread beyond the ducts into other parts of the breast tissue. Invasive cancer cells can also spread to other parts of the body. It is also sometimes called infiltrative ductal carcinoma.

- IDC is the most common type of breast cancer, making up nearly 70- 80% of all breast cancer diagnoses.
- IDC is also the type of breast cancer that can most commonly affects men.

Triple Negative Breast Cancer

A diagnosis of triple negative breast cancer means that the three most common types of receptors known to fuel most breast cancer growth—estrogen, progesterone, and the HER-2/neu gene— are not present in the cancer tumor. This means that the breast cancer cells have tested negative for hormone epidermal growth factor receptor 2 (HER-2), estrogen receptors (ER), and progesterone receptors (PR).

Since the tumor cells lack the necessary receptors, common treatments like hormone therapy and drugs that target estrogen, progesterone, and HER-2 are ineffective. Using chemotherapy to treat triple negative breast cancer is still an effective option. In fact, triple negative breast cancer may respond even better to chemotherapy in the earlier stages than many other forms of cancer.

Inflammatory Breast Cancer (IBC)

Inflammatory breast cancer is an aggressive and fast growing breast cancer in which cancer cells infiltrate the skin and lymph vessels of the breast. It often produces no distinct tumor or lump that can be felt and isolated within the breast. But when the lymph vessels become blocked by the breast cancer cells, symptoms begin to appear.

Breast Cancer During Pregnancy

It is possible to be diagnosed with breast cancer during pregnancy, although it is rare and the breast cancer is not caused by the pregnancy. Women who are diagnosed with breast cancer during pregnancy have tremendous additional strain due to concern for the safety of the unborn child. It can be a traumatic and extremely difficult situation, but there is still hope for both mother and child, thanks to the many treatment options available.

If you are pregnant and have been diagnosed, be sure to communicate carefully with your obstetric care team as well as your oncology team, and it never hurts to verify that they have open communication with each other. Your medical team will take extra care in designing the treatment plan that best controls the breast cancer while protecting your unborn child.

Invasive Lobular Cancer (ILC)

Invasive breast cancer that begins in the lobules (milk glands) of the breast and spreads to surrounding normal tissue. It can also spread through the blood and lymph systems to other parts of the body. Invasive lobular breast cancer is the second most common type of breast cancer. Over 10% of invasive breast cancers are invasive lobular carcinomas.

Types of Breast Cancer (Cont'd)

Lobular Carcinoma In Situ (LCIS)

Lobular Carcinoma In Situ (LCIS) is a condition where abnormal cells are found in the lobules of the breast. The atypical cells have not spread outside of the lobules into the surrounding breast tissue.

LCIS is highly treatable and seldom becomes invasive cancer. However, having LCIS in one breast increases the risk of developing breast cancer in either breast.

Medullary Carcinoma

Medullary carcinoma accounts for 3-5% of all breast cancer types. The tumor usually shows up on a mammogram, but does not always feel like a lump. At times, it feels like a spongy change of breast tissue.

Tubular Carcinoma

Making up about 2% of all breast cancer diagnosis, tubular carcinoma cells have a distinctive tubular structure when viewed under a microscope. It is usually found through a mammogram and is a collection of cells that can feel like a spongy area of breast tissue rather than a lump. Typically this type of breast cancer is found in women aged 50 and above and usually responds well to hormone therapy.

Mucinous Carcinoma (Colloid)

Mucinous carcinoma represents approximately 1% to 2% of all breast cancers. The main differentiating features are mucus production and cells that are poorly defined. It also has a favorable prognosis in most cases.

Paget Disease Of The Breast Or Nipple

This condition (also known as mammary Paget disease) is a rare type of cancer affecting the skin of the nipple and often the areola, which is the darker circle of skin around the nipple.

Treatment of Breast Cancer

Choosing Your Doctor

From the time you are diagnosed with breast cancer, you will work with a team of cancer specialists that may include:

- A medical oncologist
- A surgical oncologist
- A radiation oncologist
- A care-manager/caseworker
- Your healthcare team may also include an oncology nurse and a registered dietitian.

Chemotherapy

Chemotherapy is a treatment method that uses a combination of drugs to either destroy cancer cells or slow down the growth of cancer cells.

- Cytotoxic drugs (meaning “toxic to cells”) are usually given orally or through a vein (intravenously or “through the bloodstream”).
- Chemotherapy is a systemic therapy, meaning that the drugs travel in the bloodstream throughout the entire body.

Radiation Therapy

Radiation therapy (also called radiotherapy) uses high-energy rays to kill cancer cells. It affects cells only in the part of the body that is treated with the radiation. Breast cancer radiation therapy may be used to destroy any remaining mutated cells that remain in the breast or armpit area after surgery.

Hormone Therapy

Hormones like estrogen and progesterone are chemicals produced by glands in the body. Normally, these hormones help regulate body cycles, like menstruation. However, sometimes these same hormones can cause cancer to grow.

The pathologist will perform tests on the breast cancer cells to determine if they have receptors that feed on estrogen or

progesterone, stimulating their growth. If the cancer cells have these receptors, your doctor may recommend hormone therapy drugs, such as blockers or inhibitors. Both types of drugs help to destroy cancer cells by cutting off their supply of hormones.

Targeted Therapy

In addition to chemotherapy and hormone therapy, there are newer, more effective treatments that can attack specific breast cancer cells without harming normal cells. Currently, these targeted methods are commonly used in combination with traditional chemotherapy. However, targeted drugs often have less severe side effects than standard chemotherapy drugs.

Surgery

Lymph Node Removal & Lymphedema:

In addition to your surgical procedure, such as a lumpectomy or mastectomy, your doctor may wish to remove and examine lymph nodes to determine whether the cancer has spread and to what extent.

Breast Reconstruction

There are a few options for breast reconstruction, and which one you use will depend on your age, body type, and treatment plan.

Lumpectomy

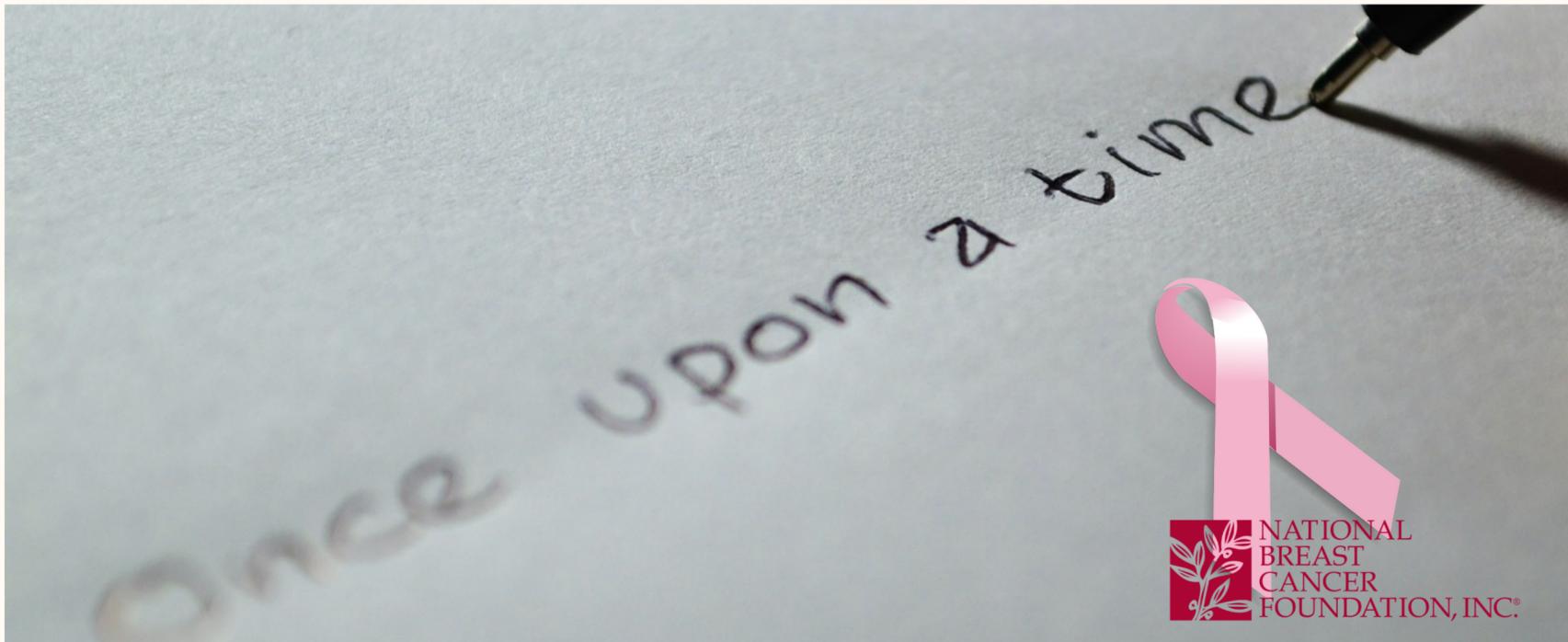
A lumpectomy usually removes the least amount of breast tissue. The surgeon removes the cancer and a small portion or margin of the surrounding tissue, but not the breast itself. Even though the lumpectomy is the least invasive breast cancer surgery, it can still be very effective, and further surgery may not be needed.

Mastectomy

In the past, breast cancer surgery often required removing the entire breast, chest wall, and all axillary lymph nodes in a procedure called a radical mastectomy. While radical mastectomies are less common today, there are instances in which this surgery is the best option to treat the cancer.

Myths of Breast Cancer

5



Finding a lump in your breast means you have breast cancer

Only a small percentage of breast lumps turn out to be cancer. But if you discover a persistent lump in your breast or notice any changes in breast tissue, it should never be ignored. It is very important that you see a physician for a clinical breast exam. He or she may possibly order breast imaging studies to determine if this lump is of concern or not.

Take charge of your health by performing routine breast self-exams, establishing ongoing communication with your doctor, getting an annual clinical breast exam, and scheduling your routine screening mammograms.

Men do not get breast cancer; it affects women only

Quite the contrary, each year it is estimated that approximately 2,190 men will be diagnosed with breast cancer and 410 will die. While this percentage is still small, men should also check themselves periodically by doing a breast self-exam while in the shower and reporting any changes to their physicians.

Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment.

A mammogram can cause breast cancer to spread

A mammogram, or x-ray of the breast, currently remains the gold standard for the early detection of breast cancer. Breast compression while getting a mammogram cannot cause cancer to spread.

According to the National Cancer Institute, "The benefits of mammography, however, nearly always outweigh the potential harm from the radiation exposure. Mammograms require very small doses of radiation. The risk of harm from this radiation exposure is extremely low."

If you have a family history of breast cancer, you are likely to develop breast cancer, too

While women who have a family history of breast cancer are in a higher risk group, most women who have breast cancer have no family history. Statistically only about 10% of individuals diagnosed with breast cancer have a family history of this disease.

If you have a first degree relative with breast cancer: If you have a mother, daughter, or sister who developed breast cancer below the age of 50, you should consider some form of regular diagnostic breast imaging starting 10 years before the age of your relative's diagnosis.

If you have a second degree relative with breast cancer: If you have had a

grandmother or aunt who was diagnosed with breast cancer, your risk increases slightly, but it is not in the same risk category as those who have a first degree relative with breast cancer.

If you have multiple generations diagnosed with breast cancer on the same side of the family, or if there are several individuals who are first degree relatives to one another, or several family members diagnosed under age 50, the probability increases that there is a breast cancer gene contributing to the cause of this familial history.

Breast cancer is contagious

You cannot catch breast cancer or transfer it to someone else's body. Breast cancer is the result of uncontrolled cell growth of mutated cells that begin to spread into other tissues within the breast. However, you can reduce your risk by practicing a healthy lifestyle, being aware of the risk factors, and following an early detection plan so that you will be diagnosed early if breast cancer were to occur.

Antiperspirants and deodorants cause breast cancer

Researchers at the National Cancer Institute (NCI) are not aware of any conclusive evidence linking the use of underarm antiperspirants or deodorants and the subsequent development of breast cancer.

Breast Cancer Rates Among Black Women and White Women



Black women and white women get breast cancer at about the same rate, but black women die from breast cancer at a higher rate than white women.

Compared with white women, black women had lower rates of getting breast cancer (incidence rates) and higher rates of dying from breast cancer (death rates) between 1999 and 2013. During this period, breast cancer incidence went down among white women, and went up slightly among black women. Now, breast cancer incidence is about the same for women of both races.

Deaths from breast cancer are going down among both black and white women, especially among younger black women. But breast cancer death rates are 40% higher among black women than white women.

Key Findings

Compared with white women, breast cancer incidence rates were higher among black women who are younger than 60 years old, but lower among black women who are 60 years old or older.

Breast cancer was more likely to be found at an earlier stage among white women than among black women.

Among women who were 60 to 69 years old, breast cancer death rates dropped 2% per year among white women, compared with 1% per year among black women. This was the largest difference by race.

What Can Be Done?

Black women are more likely than white women to get triple-negative breast cancer, a kind of breast cancer that often is aggressive and comes back after treatment. Scientists are doing research to learn why some women are more likely to get this kind of breast cancer, and to find better ways to treat it. Through this work, women have become more aware of the different kinds of breast cancer.

Public health agencies are working to make sure all women are screened for breast cancer as recommended, and those who are diagnosed with breast cancer can get the best treatments. They also are helping women reduce the risk factors that raise their chances of getting breast cancer. Together, these efforts could reduce racial disparities in breast cancer.



Breast Cancer Survivor Stories

