Breast Cancer
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Raise Your Breast Cancer Awareness

Learn about the risks for breast cancer and the tests used to find breast cancer early.

Simply being a woman and getting older puts you at an increased risk for breast cancer. Experts estimate that 1 in 8 women alive today will get breast cancer. That’s a scary figure, but it shouldn’t leave you feeling helpless.

Instead, take time to learn more about breast cancer and the steps you can take to protect yourself.

What is the average risk?

Age is the most important risk factor for breast cancer. Simply, the older you get, the greater your chance of getting breast cancer.

• By age 40, the risk is 1 in 233.
• By age 50, the risk is 1 in 69.
• By age 60, the risk is 1 in 38.
• By age 70, the risk is 1 in 27.

So where did that scary 1-in-8 figure come from? That’s what is called a lifetime risk, and it’s based on a 90-year lifespan. There are two ways to look at this:

• If a woman lives to be 90 years old, the chance that she will get breast cancer at some point in her life is about 1 in 8 (or 13 percent).
Across the same long lifespan, the chance that a woman will never get breast cancer is about 7 in 8 (or 87 percent). In other words, there’s a much greater chance that a woman won’t get breast cancer than that she will. Still, every woman should do what she can to lower her risk and protect her breast health.

**What raises the risk?**

In addition to aging, other factors are known to put a woman at higher-than-average risk for breast cancer. You may be at higher risk if you have any of the following risk factors:

- **A personal history of breast cancer.** If you’ve had breast cancer once, you’re more likely to get it again than someone who’s never had it.
- **A family history of breast cancer,** especially in a mother, sister, or daughter.
- **Certain benign breast conditions,** such as atypical hyperplasia.
- **Changes in certain genes** (BRCA1 or BRCA2), which can be found with genetic testing.
- **No full-term pregnancies or first full-term pregnancy after age 30.**
- **Starting your period before age 12.**
- **Going through menopause after age 55.**
- **Taking hormones after menopause.**
- **Being white.** White women are at higher risk than Asian, Latina, or African-American women.
- **Radiation therapy to the chest before age 30.**
- **Having dense breasts.**
- **Having taken DES (diethylstilbestrol).** This drug was prescribed in the 1940s through 1960s to help prevent miscarriage. Women whose mothers took this drug may also be at higher risk of breast cancer.
- **Being overweight after menopause.**
- **Not being physically active.**
- **Drinking alcohol.** The more you drink, the higher your risk.

If you have any of these risk factors, discuss them with your doctor.
If you don't have any risk factors, it doesn't mean you won't get breast cancer. It just means you are at average risk. Most women who get breast cancer don't have any known risk factors.

What can a woman do?
Getting screened for breast cancer is one of the best things you can do for your health. The best way to find cancer is with a mammogram. Other screening tests include a clinical breast exam and self-exam.

- **Mammogram.** A mammogram is a special x-ray of your breasts, and it's the best way to detect breast cancer early. A mammogram can find breast cancer years before a lump can be felt.
- **A clinical breast exam** is done by a doctor or nurse. The breast exam gives women a chance to talk with their doctor about any changes in their breasts and their risk factors.
- **Self exam.** If you notice any changes in your breasts during a self-exam, talk to your doctor right away. Changes may include:
  - A lump or thick area in or near the breast or underarm
  - Nipple pain or tenderness
  - Nipple that turns in (retracts)
  - Red or scaly skin on the breast or nipple (may have ridges or pits like an orange peel)
  - Fluid (other than milk) leaking from a nipple
They may not mean cancer, but it's best to find out right away.

Ask your doctor what tests are right for you and at what age you should begin testing.

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**CAM Treatments for Breast Cancer**

Some complementary and alternative medicine (CAM) practices may help relieve symptoms of breast cancer or cancer treatment.

Many women with breast cancer seek treatments outside of mainstream medicine to help them manage their symptoms. These nontraditional therapies are called complementary and alternative medicine, or CAM. They should be used along with standard cancer treatments, not instead of them.

Many doctors recognize the limits of traditional medicine to ease the symptoms of cancer and cancer treatment. As a result, CAM therapies are an area of active research.

In 2009, the Society for Integrative Oncology released a set of guidelines on complementary treatments for cancer. These were written by cancer experts and based on evidence from research. The following is a summary of their recommendations about CAM for breast cancer and cancer symptoms in general.

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CAM Treatments for Breast Cancer (continued)

Mind-body therapies
A wide range of practices fit under the heading of mind-body therapy. These include meditation, hypnosis, relaxation techniques, biofeedback, and guided imagery. There is evidence that mind-body therapies can help reduce pain and stress in people with cancer. They can also improve mood and quality of life. Some studies show that these therapies may even help strengthen the immune system. Most mind-body therapies can be safely combined with traditional medical treatments.

Mind-body therapies that have been shown to help women with breast cancer include:

- **Meditation.** Women who used mindfulness-based stress reduction, or MBSR, had improvements in mood, stress, sleep, and quality of life.
- **Yoga.** Women who practiced yoga while taking chemotherapy had less nausea, depression, and anxiety than women who didn’t do yoga.
- **Tai chi.** Women with breast cancer who did tai chi had better health-related quality of life and self-esteem than women who attended a support group.
- **Hypnosis.** When done by an experienced therapist, hypnosis can help reduce pain, anxiety, nausea, and vomiting. A 2008 study found that hypnosis may reduce hot flashes in women after breast cancer treatment. It also improves sleep and mood.
- **Relaxation techniques.** People with cancer who practiced relaxation methods had less pain and stress, better mood and immune system function, and milder side effects from chemotherapy than those who did not.

To get the benefits of any mind-body therapy, it must be practiced regularly.

Manipulative and body-based therapies
Types of massage most often used for cancer include Swedish massage, aroma therapy massage, reflexology, and acupressure. Massage therapy has been found to reduce pain, anxiety, distress, and fatigue in people with cancer. It also shows promise for reducing nausea, but this has not yet been proven.

Massage therapy is generally safe for people with cancer when done by a trained therapist. Deep or intense pressure near cancer lesions, enlarged lymph nodes, or treatment sites should be avoided. It may be best to find an oncology-trained massage therapist.

Energy therapies
Energy therapies include Reiki, healing touch, therapeutic touch, and external qi gong. These therapies are safe. They may help reduce stress and improve quality of life. They may also help reduce symptoms such as pain or fatigue. More research is needed to confirm these effects.

So far, there is no evidence that energy therapies using magnetic energy help with either cancer treatment or symptom relief.
Acupuncture

There is strong evidence that acupuncture can help relieve cancer-related pain, nausea, and vomiting associated with chemotherapy, and dry mouth caused by radiation therapy. It is not as clear that acupuncture helps with hot flashes, but it can be tried if other treatments don’t work.

Acupuncture is safe when performed by a qualified practitioner. However, it should be done by a certified acupuncturist who has experience treating people with cancer.

Biologically based therapies

Herbs, vitamins, and other supplements are popular among people with cancer. Unfortunately, evidence of their benefits is lacking. There are also many possible problems with these substances.

- They are not regulated the way prescriptions drugs are. Manufacturers are not required to prove their safety or effectiveness.
- Some herbs and supplements can cause serious drug interactions when taken with prescription medications.
- They may reduce the effectiveness of other treatments.
- Some herbs and supplements can be dangerous in large doses.

It is important to have an open and frank discussion with your cancer doctor about taking any herbs or other supplements. Your doctor can help you understand whether the substance is helpful and, if so, how to take it safely.

To be on the safe side:

- Talk to your doctor before you take any supplement or herb.
- If you are taking an herb or supplement and notice any unusual symptoms, stop taking it right away and call your doctor.

SOURCES:


Can Medications Help Prevent Breast Cancer?

Medications called SERMs can help reduce the risk of breast cancer in high-risk women. But the decision to take them may not be clear-cut.

Some women are known to be at high risk for breast cancer. This includes women with a personal or family history of breast cancer and those who have had a precancerous condition called lobular carcinoma in situ (LCIS). Doctors have found that some medications may help lower their risk.

These drugs are called selective estrogen receptor modulators, or SERMs. Estrogen stimulates the growth of breast cells and can promote the growth of certain breast tumors. SERMs block the action of estrogen in the breast tissue by binding to the estrogen receptors in breast cells.
Can Medications Help Prevent Breast Cancer? (continued)

The U.S. Food and Drug Administration has approved two SERM medications to prevent breast cancer:

- **Tamoxifen (Nolvadex)** can be used by women age 35 and older who are at high risk for breast cancer. It is also used to treat breast cancer.
- **Raloxifene (Evista)** can be used by postmenopausal women at high risk for breast cancer. It has not been tested in women before menopause.

The STAR clinical trial was one of the largest breast cancer prevention studies ever done. Results from STAR found that both tamoxifen and raloxifene cut the risk of invasive breast cancer by about half in postmenopausal women at high risk for breast cancer. Tamoxifen also lowers the risk of LCIS and ductal carcinoma in situ (DCIS), which can lead to invasive breast cancer.

These medications also help reduce the risk of osteoporosis and fractures in postmenopausal women.

**What are the risks?**

SERMs can cause bothersome side effects similar to menopause symptoms, such as:

- Hot flashes
- Vaginal dryness
- Bladder control problems
- Leg cramps
- Pain during intercourse
- Joint pain

Serious problems are rare, but both tamoxifen and raloxifene are known to increase the risk of blood clots. Blood clots can lead to pulmonary embolism, deep vein thrombosis, or stroke. Tamoxifen is also linked to an increased risk of:

- Uterine cancer
- Cataracts

Women who are pregnant should not take these medications. They could harm the fetus.

**How can I decide about taking these medications?**

The decision to take medications to reduce breast cancer risk is a personal one, and it can be a hard choice. You will need to weigh the risks of the treatment against the benefit of reducing your risk.

To decide if these medications are right for you:

- **Talk to your doctor and a genetic counselor** so you can get a better idea of your personal risk of breast cancer. Women sometimes think their risk is greater than it really is. A doctor can also help you understand the pros and cons of the medications.

- **Consider your feelings.** Some high-risk women are willing to risk the serious side effects associated with these medications to lower the risk of breast cancer. Others do not want to trade one risk for another.

- **Discuss the decision with your loved ones.** Hearing what your family and friends have to say may help you decide. In the end, though, it’s your decision.

It’s important to remember that taking the medications is not a guarantee that you won’t get breast cancer. It only lowers the risk. And being at high risk for breast cancer doesn’t mean you will get breast cancer.
Can Medications Help Prevent Breast Cancer?  (continued)

Are there other choices?
There are two other known ways to lower breast cancer risk in women at high risk. You could:

- **Have your breasts removed.** A mastectomy is surgery to remove nearly all of the breast tissue, where breast cancer grows. This doesn’t guarantee that you won’t get breast cancer. But experts estimate that this surgery cuts the risk by about 90 percent.

- **Have your ovaries removed.** This lowers the risk of both breast cancer and ovarian cancer. Women with BRCA gene changes are at high risk for both types of cancer. But this surgery means you can’t get pregnant, and it would put you into menopause. It might be a good choice if you are through having children and are near menopause anyway.

You could also watch and wait. Talk with your doctor if you are at high risk to decide how often you need mammograms, when you should start having them, and whether you should have other breast imaging studies. Mammograms and other breast imaging studies may find breast cancer early, when there’s the best chance of a cure. This helps some women feel more comfortable with their risk.

SOURCES: