

BREAST CANCER

SCREENING AND PREVENTION ARE BEST FRIENDS

THE month of October is pink month. During this month, breast cancer prevention is celebrated all over the world. Regular monitoring and the adoption of healthy living habits are always the best options. However, it is also important to clarify some myths, so that together we can fight what is the first cause of death in women.

may possibly order breast imaging studies to determine if the lump is of concern or not.

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

Myth 1: 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

Myth 2: 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 from the disease. 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 rate than women, primarily because there is less awareness among men, and they are less likely to assume that a lump might be breast cancer. This lack of awareness can cause delay in seeking treatment.

Myth 3: A mammogram can cause breast cancer to spread.

A mammogram, or x-ray of the breast, currently remains the gold standard for an 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 exposure to radiation. Mammograms require very small doses of radiation. The risk of harm from this type of radiation exposure is extremely low."

The standard recommendation is an annual mammographic screening for women beginning at age 40. Base your decision on your physician's recommendation and be sure to discuss any remaining questions or concerns you may have with your physician.

Myth 4: If you have a family history of breast cancer, you are likely to develop breast cancer.

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 close relative with breast cancer:** If you have a mother, daughter, or sister who developed breast cancer under 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 relative with breast cancer:** If you have 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 close 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 close 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.

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Article submitted by HPA Health Group

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