

WARNING SIGNS AND SYMPTOMS

The most common symptom of breast cancer is a lump or mass. A cancerous lump is usually painless and hard with uneven edges. However, some cancers are tender, soft and rounded, so it is important to have any changes checked out by your doctor.

OTHER SYMPTOMS INCLUDE

- *Swelling of all or part of the breast*
- *Skin irritation or dimpling*
- *Breast pain*
- *Nipple pain or the nipple turning inward*
- *Nipple discharge other than breast milk*
- *A lump in the underarm area*
- *Redness, scaliness or thickening of the nipple or breast skin*

EARLY DETECTION

Regular breast self-exams are important, but this type of exam cannot replace regular screening mammograms. An abnormal growth, or lump, often must grow to the size of a pea before it can be felt by touch. Mammograms can detect an abnormal growth up to two years before it can be felt by touch. When breast cancer is found early, there are more treatment options and a better chance for a cure. According to the National Cancer Institute, when breast cancer is detected early, in the localized stage, the five-year survival rate is 98 percent.

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UNDERSTANDING BREAST CANCER



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SHOULD I BE SCREENED?

One in eight women will be diagnosed with breast cancer during their lifetime. Breast cancer is the second most common cause of cancer deaths among U.S. women. It can occur in both men and women, but is very rare in men.

Newly updated guidelines from the American Cancer Society reflect the best thinking on breast cancer screening for women at average risk of breast cancer.

AMERICAN CANCER SOCIETY RECOMMENDATIONS

- Women with an average risk of breast cancer should begin yearly mammograms at age 40.
- Women should be able to start the screening as early as age 40, if they choose. It's always a good idea to start talking to your healthcare provider at age 40 about when you should begin screening.
- At age 55, women should have a mammogram every other year – though women who want to keep having yearly mammograms should be able to do so.
- Regular mammograms should continue for as long as a woman is in good health.
- Breast exams, either from a medical provider or self-exams, are no longer recommended.

Women with a personal or family history of breast cancer or a known BRCA 1/2 genetic mutation may need to begin screening earlier. These women should consult their health care provider to assess their risk and develop a personalized screening plan.

AM I AT RISK?

Breast cancer incidence rates are highest in Caucasian women, followed by African American women, and are lowest among Asian/Pacific Islander women. In contrast, breast cancer death rates are highest for African American women, followed by Caucasian women. Breast cancer death rates are lowest for Asian/Pacific Islander women

African American women get breast cancer at a younger age than Caucasians, and the disease is usually more advanced at the time of diagnosis. While African American women have a lower risk of getting breast cancer than Caucasian women, their chance of survival after diagnosis is lower.

RISK FACTORS

Risk for breast cancer can change over time from aging or lifestyle. The common risk factors include:

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|-----------------------|
| Age |
| Gender |
| Family history |
| Race |
| Environmental factors |

Breast cancer is one of the most common hereditary cancers. Factors increasing risk of hereditary breast cancer include:

- Breast cancer diagnosed before age 50
- Male breast cancer
- Two or more breast cancers in an individual or family
- Ashkenazi Jewish descent
- A previously identified BRCA 1/2 mutation in the family

TREATMENT OPTIONS

Once breast cancer has been diagnosed and staged, treatment plans are based on the type of breast cancer; the size, grade, and biological characteristics of the tumor; your hormonal status and your general health.

Five standard treatments are used in various combinations depending on the stage of cancer.

- **Surgery** can range from a lumpectomy to simple mastectomy to a radical mastectomy which also removes the lining and possibly some muscle of the chest wall.
- **Chemotherapy** and **radiation** can be used separately or in combination before surgery, after or both.
- **Hormonal therapies** can be used to slow or stop the growth of estrogen-fed cancers.
- **Biologic or targeted therapies** reduce the harm to healthy cells by using the body's immune system or hormonal system to fight breast cancer cells.

