Breast Cancer Basics

by Cicily Corbett

Last year, over 40,000 women died from breast cancer, according to the National Cancer Institute. Almost 200,000 new cases were reported. Breast cancer is the second leading cause of death from cancer (after lung cancer) in American women. Pretty scary stats!

The good news is that breast cancer can be treated. According to Susan G. Komen for the Cure, the five-year survival rate for breast cancer **diagnosed before it spreads beyond the breast** is 98 percent. So proper diagnosis is the key to surviving this very real danger.

The traditional diagnostic methods are:

- BSE or Breast Self Exam. Get to know your own body! Women in their twenties and up may choose to do a visual examination and palpation (feeling) of the entire breast at regular intervals—say, after the menstrual period has ended each month. Talk to your healthcare professional about any changes you notice.

- CBE or Clinical Breast Exam. This is the same exam, but performed by a healthcare professional. The American Cancer Society recommends this every three years for women in their 20s and 30s, and once a year for women over 40.

- Mammogram. A yearly X-ray of the breasts is recommended by the American Cancer Society for women over 40. Younger women who are at high risk for breast cancer (due to gene mutations, a strong family history, or other factors) should also receive mammograms.

Mammography, although the major diagnostic tool for breast cancer, is not 100 percent accurate. Particularly in younger women with denser breast tissue, it can give false positive results (report that cancer exists where it does not). Occasionally it can give false-negative results (fail to spot a tumor).

A promising new method of testing for cancerous tumors in the breast is:

- MRI (Magnetic Resonance Imaging). This test uses radio waves rather than X-rays, giving a three-dimensional view. Clinical trials have shown that MRI is more sensitive than mammography for finding breast tumors. MRI scans may be used as a follow-up when breast masses are found by a clinical breast exam or a breast self-exam. Scar tissue, for example, may be indistinguishable from a tumor by other methods.

MRI is expensive, and many insurance plans won't pay for it unless a woman is at high risk for breast cancer. The American Cancer Society does recommend the test for high-risk women. Ideally the test should be done at the same time as the mammogram, at a facility which has equipment for both.

Radiologist Dr. Mike Esposito, author of the new medical thriller, *Locked In*, feels that this new screening method could save thousands of women's lives each year. Women, he says, should be aware that this option is available to them. They should find out what their risk factor is—"high risk" patients have a one-in-four chance of developing breast cancer in their lifetimes. The national average is about one-in-ten. That's still too high, he feels.

"If you were one of the ten, wouldn't you want to know?" he asks.

So ladies, what do we take away from all these facts? We still haven't figured out how to prevent breast cancer, or how to cure it, but we *can* treat it if it's diagnosed. So it's essential to educate yourself. Find out from your health care professional if you're at high or moderate risk for breast cancer. If you are, MRI screenings may be for you.

Free or low-cost breast cancer screening is available in most communities. Call the American Cancer Society at 1-800-ACS-2345 for information about facilities in your area. Or contact the Centers for Disease Control and Prevention at 1-800-CDC INFO (1-800-232-4636) or on the Internet at www.cdc.gov/cancer/nbccedp. Or search for a Komen Affiliate at www.komen.org.