

# Q&A: Why Breast-Cancer Screening Is So Important

By DR. BETH RICANATI

Breast-cancer screening saves lives — it's that simple. And since breast cancer is the second-leading cause of cancer death in the U.S. for women per the Centers for Disease Control (after lung cancer), it's important that we all get screened.

However, there's still a lot of conflicting advice about when to screen and the best method to use. Recent attention (think: Angelina Jolie's preventive surgeries and Sandra Lee's diagnosis and surgery) reminds us that it's all about prevention, prevention and more prevention. So, here goes: 5 important things to know about breast-cancer screening:



## Q: When should I get a mammogram?

Since I'm rather conservative, I recommend age 40. However this age is a bit of a moving target: a myriad of medical organizations recommend different starting ages based on different research.

Currently, just about everyone can agree on regular screening between ages 50-75. But between ages 40-49, the debate continues: for example, the USPSTF (United States Preventive Services Task Force) recommends deferring to women and their physicians for their preference during this age group. Translation: whatever you and your doc decide here, based on your desire and risk factors.

However, ACOG (American College of Obstetrics and Gynecologists) is currently considering updating its guidelines and are now recommending annual mammograms starting at age 40.

**Bottom line:** Talk with your physician; and know your family history of breast cancer! (There are some screening guideline exceptions if you have a family history of breast cancer — see below). I recommend that you start as close to 40 as possible.

## Q: What's it like to get a mammogram?

One word: uncomfortable! It doesn't take a wild imagination to picture your breast getting compressed between two cold metal plates of the mammogram machine, does it? I have had flat-chested patients of mine tell me that it hurts and I've had full-chested patients complain. I don't much care for it, either. However, the whole procedure lasts a few minutes and because I know that it can literally be life-saving, I just hold my breath and go with it.

A few tips to make the procedure easier: If your breasts get sore around your period, then be sure to schedule your mammogram for a different time of the month — no point in adding insult to injury. Don't wear deodorant the morning of your exam so it doesn't interfere and be sure to let the technician know if you are nervous at any time, or if it really hurts — as opposed to just being uncomfortable.

**Bottom line:** Three minutes of discomfort could lead to early detection.

## Q: If a relative had breast cancer, what does that mean for me?

Family history matters with breast cancer; genes count. Having a first-degree relative (mom, sister, daughter) raises your risk of breast cancer. Make sure that you discuss this with your physician because it may affect the age at which you begin screening.

The rule of thumb is to begin screening 10 years before your family member was diagnosed with their breast cancer, but not before age 25. So, if your mom had breast cancer at age 39, you would begin screening at age 29. In addition to mammography, a new screening method — MRI — may be beneficial in addition to regular mammograms for those with a positive family history. Make sure that you ask your physician about this, too.

**Bottom line:** If you have any family history of breast cancer, be in active conversation with your doctor.

**Q: Why bother with self-exams?**

Self-exams just might save your life, that's why. Although they're no longer universally recommended (the research data suggests insufficient evidence that these exams actually save lives), I say bring it on.

Knowing your breasts, knowing if you are suddenly more tender in one spot, or feel something slightly off — or actually a lump — can be lifesaving. It's that simple. Both self-breast exams and clinical breast exams (in a physician's office) are two of the most effective methods of defense against breast cancer: I recommend them, I teach them, and I do them myself. And self-exams are non-invasive, non-pharmacological and non-technological.

I can't say it enough: Early detection and treatment just might save your life. Whether you feel something, or your physician feels something, the earlier a cancer is detected, the less likely that it has had time to spread (metastasize) and the more likely you are to do well with treatment.

**Bottom line:** Just do it!

**Q: How do I do a breast self-exam?**

There is no right way to do a breast exam; just be sure to examine all of your breast tissue. An easy way: When you're in the shower, soap up and get to it. That's really it. Some educational material says to examine your breasts in circles, either working in towards your nipple or working out towards your arm pit, and some say to go top to bottom, left to right — it really doesn't matter.

If you find something, first things first: Check the other breast. Make sure that what you're feeling on one side is actually different than the other. Does it hurt? Is it mobile or fixed? Can you see the lump or just feel it? Does it feel hard or soft?

All of these questions will be important for your physician to know. After you've determined that you feel something new and different, call your physician and make an appointment. It's important to have breast lumps evaluated *as soon as possible*. Why? Many lumps in fact are benign (non-cancerous), such as breast cysts and fibroadenomas. But if your lump turns out not to be benign, then early treatment works.

**Bottom line:** The sooner breast cancer is detected, the less likely it has spread. And by the way, how often should you exam your breasts? During your period, once a month just after your period and if postmenopausal, just pick a day of the month, mark your calendar and examine your breasts on that day each month.