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BREAST CANCER AWARENESS MONTH 2020

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What is breast cancer?

Breast cancer is a group of diseases in which cells in breast tissue change and divide uncontrolled, typically resulting in a lump or mass. Most breast cancers begin in the lobules (milk glands) or in the ducts that connect the lobules to the nipple.

Causes of breast cancer:

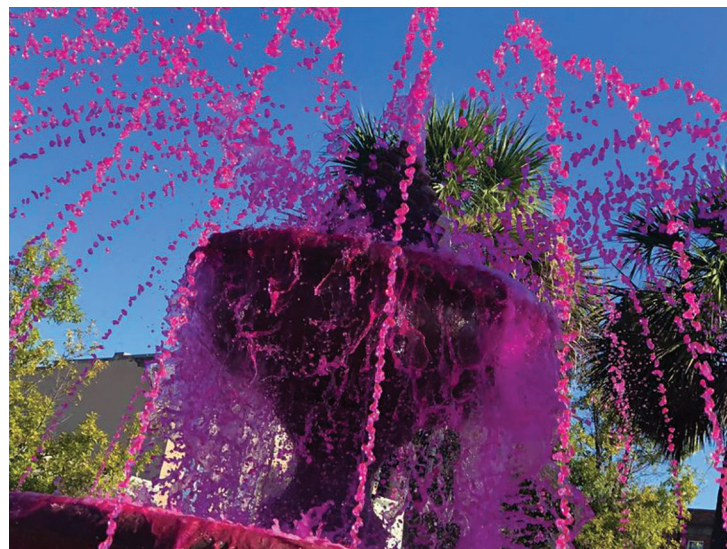
How did this happen?

When you're told that you have breast cancer, it's natural to wonder what may have caused the disease. But no one knows the exact causes of breast cancer. Doctors seldom know why one woman develops breast cancer and another doesn't, and most women who have breast cancer will never be able to pinpoint an exact cause. What we do know is that breast cancer is always caused by damage to a cell's DNA.

Cancer stages and tumor grades:

They're not the same!

Breast cancer tumor grades are not to be confused with cancer stages. Tumor grades help to determine the best treatment plan, and in general, a lower grade tumor means a better chance for a full recovery. However, there are individuals who make full recoveries at every stage and with even the highest grades of aggressive tumors.



PATRIOTS PARK'S WATER FOUNTAIN

Patriots Park flows pink during breast cancer awareness month

As of Thursday, October 1, Swainsboro-Emanuel County Parks and Recreation Department turned the water that flows from the fountain of Patriots Park pink to commemorate October as Breast Cancer Awareness Month.

The fountain is located within the area of Downtown Swainsboro and is accustomed to dawning

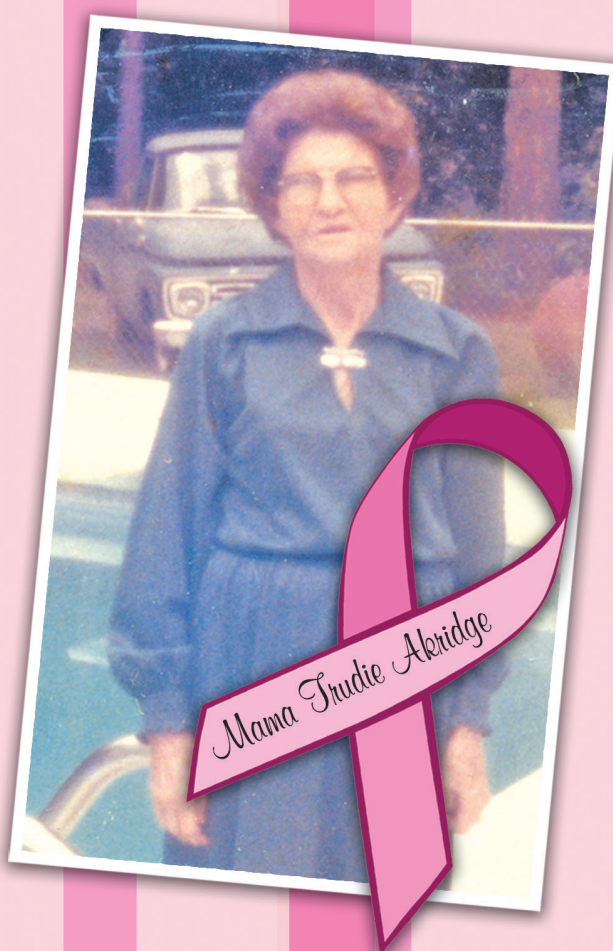
pink shades in its flowing waters on an annual basis in effort to raise awareness and support of Breast Cancer Awareness Month, an international campaign. The campaign also assists in raising funds for research, prevention, diagnosis, treatment, and cure as well as offers information and support by individuals affected by this disease.

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Know the symptoms of breast cancer

Every person should know the symptoms and signs of breast cancer, and any time an abnormality is discovered, it should be investigated by a health-care professional.

Most people who have breast cancer symptoms and signs will initially notice only one or two, and the presence of these symptoms and signs do not automatically mean that you have breast cancer.

By performing monthly breast self-exams, you will be able to more easily identify any changes in your breast. Be sure to talk to your healthcare professional if you notice anything unusual.

A Change In How The Breast Or Nipple Looks Or Feels

- Nipple tenderness or a lump or thickening in or near the breast or underarm area
- A change in the skin texture or an enlargement of pores in the skin of the breast (some describe this as similar to an orange peel's texture)
- A lump in the breast (It's important to remember that all lumps should be investigated by a healthcare professional, but not all lumps are cancerous.)

A Change In The Breast Or Nipple Appearance

- Any unexplained change in the size or shape of the breast
- Dimpling anywhere on the breast
- Unexplained swelling of the breast (especially if on one side only)
- Unexplained shrinkage of the breast (especially if on one side only)
- Recent asymmetry (unequal or lack of sameness) of the breasts. Although it is common for women to have one breast that is slightly larger than the other, if the onset of asymmetry is recent, it should be checked.

- Nipple that is turned slightly inward or inverted
- Skin of the breast, areola, or nipple that becomes scaly, red, or swollen or may have ridges or pitting resembling the skin of an orange

Any Nipple Discharge—Particularly Clear Discharge Or Bloody Discharge

It is also important to note that a milky discharge that is present when a woman is not breastfeeding should be checked by her doctor, although it is not linked with breast cancer.

Let your doctor know about any nipple discharge, clear, bloody or milky. The most concerning discharges are bloody or clear.



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Known risk factors associated with breast cancer

Women with certain risk factors are more likely than others to develop breast cancer. A risk factor is something that may increase the chance of getting a disease. Some risk factors (such as drinking alcohol) can be avoided. But most risk factors (such as having a family history of breast cancer) can't be

avoided. Having a risk factor does not mean that a woman will get breast cancer. Many women who have risk factors never develop breast cancer.

Genetic Factors – Risk factors that cannot be changed

Gender: Breast cancer occurs nearly 100 times more often in women than

in men.

Age: Two out of three women with invasive cancer are diagnosed after age 55.

Race: Breast cancer is diagnosed more often in Caucasian women than women of other races.

Family History and Genetic Factors: If your mother, sister, father or child has been diagnosed with breast or ovarian cancer, you have a higher risk of being diagnosed with breast cancer in the future. Your risk increases if your relative was diagnosed before the age of 50.

Personal Health History: If you have been diagnosed with breast cancer in one breast, you have an increased risk of being diagnosed with breast cancer in the other breast in the future. Also, your risk increases if abnormal breast cells have been detected before (such as atypical hyperplasia, lobular carcinoma in situ (LCIS) or ductal carcinoma

in situ (DCIS)).

Menstrual and Reproductive History: Early menstruation (before age 12), late menopause (after 55), having your first child at an older age, or never having given birth can also increase your risk for breast cancer.

Certain Genome Changes: Mutations in certain genes, such as BRCA1 and BRCA2, can increase your risk for breast cancer. This is determined through a genetic test, which you may consider taking if you have a family history of breast cancer. Individuals with these gene mutations can pass the gene mutation onto their children.

Dense Breast Tissue: Having dense breast tissue can increase your risk for breast cancer and make lumps harder to detect. Several states have passed laws requiring physicians to disclose to women if their mammogram indicates that they have dense breasts so that they are aware of this risk. Be

sure to ask your physician if you have dense breasts and what the implications of having dense breasts are.

Environmental and Lifestyle Risk Factors – Risk Factors to Avoid

Lack of Physical Activity: A sedentary lifestyle with little physical activity can increase your risk for breast cancer.

Poor Diet: A diet high in saturated fat and lacking fruits and vegetables can increase your risk for breast cancer.

Being Overweight or Obese: Being overweight or obese can increase your risk for breast cancer. Your risk is increased if you have already gone through menopause.

Drinking Alcohol: Frequent consumption of alcohol can increase your risk for breast cancer. The more alcohol you consume, the greater the risk.

Radiation to the Chest: Having radiation therapy to the chest before the age of 30 can increase your risk for breast cancer.

Combined Hormone Replacement Therapy (HRT): Taking combined hormone replacement therapy, as prescribed for menopause, can increase your risk for breast cancer and increases the risk that the cancer will be detected at a more advanced stage.

According to the stats: 60-70% of people with breast cancer have no connection to these risk factors at all, and other people with risk factors will never develop cancer.

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Mammogram

What Is A Mammogram?

A mammogram is an x-ray that allows a qualified specialist to examine the breast tissue for any suspicious areas. The breast is exposed to a small dose of ionizing radiation that produces an image of the breast tissue.

Why Do I Need A Mammogram?

Mammograms can often show a breast lump before it can be felt. They also can show tiny clusters of calcium called micro-calcifications. Lumps or specks can be caused by cancer, fatty cells, or other conditions like cysts. Further tests are needed to find out if abnormal cells are present.

Recommendations for all women:

- Women 40 and older should have mammograms every 1 or 2 years.
- Women who are younger than 40 and have risk factors for breast cancer should ask their healthcare professional whether mammograms are advisable and how often to have them.
- Even women who have

no symptoms and no known risks for breast cancer should have regularly scheduled mammograms to help detect potential breast cancer at the earliest possible time.

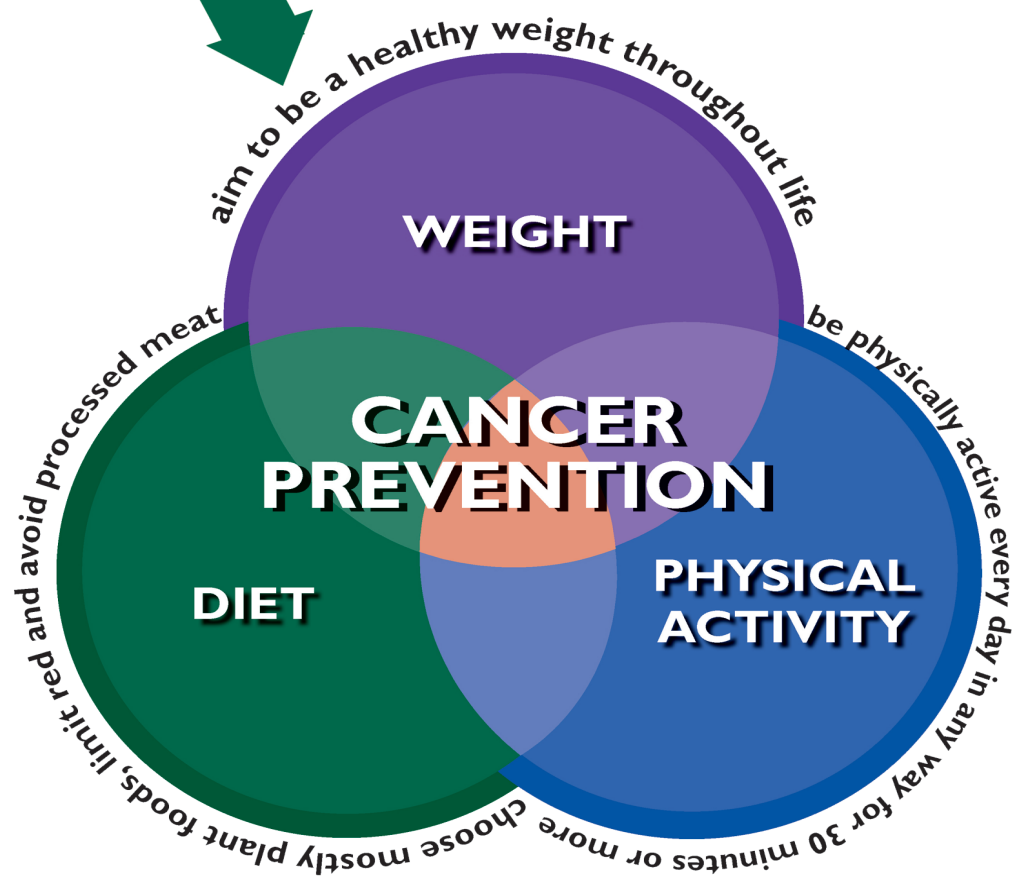
What Happens If My Mammogram Results Are Abnormal?

If the mammogram shows an abnormal area of the breast, your doctor will order additional tests offering clearer, more detailed images of that area.

Although lumps are usually non-cancerous, the only way to be certain is to perform additional tests, such as an ultrasound or MRI. If further tests show that the mass is solid, your radiologist may recommend a biopsy, a procedure in which cells are removed from a suspicious area to check for the presence of cancer.

Additional information regarding mammograms and abnormal mammograms is also made available in eBook edition. To obtain your copy of either eBook, visit <https://www.nationalbreastcancer.org/mammogram>.

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What's the difference between a breast self-exam and a clinical breast exam?

A clinical breast exam is performed by a healthcare professional who is trained to recognize many different types of abnormalities and warning signs. This in-office exam will most likely be completed by your family physician or gynecologist at your annual exam, whereas your breast self-exam is something every woman should do at least once a month at home.

A Visual Check Of Skin And Tissue

During a clinical breast exam, your healthcare provider checks your breasts' appearance. You may be asked to raise your arms

over your head, let them hang by your sides, or press your hands against your hips. These postures allow your healthcare provider to look for differences in size or shape between your breasts. The skin covering your breasts is checked for any rash, dimpling, or other abnormal signs. Your nipples may be checked to see if fluid is expressed when lightly squeezed.

A Manual Check for Unusual Texture or Lumps

Using the pads of the fingers, your healthcare provider checks your entire breast, underarm, and collarbone area for any

lumps or abnormalities. It is worth noting that some women have breast tissue that appears to be full of tiny fibrous bumps or ridges throughout the breast tissue, known as fibrocystic breasts. Overall lumpy tissue is something your provider will want to note but is unrelated to cancer.

A suspicious lump –the type your physician is checking for– is generally about the size of a pea before anyone can feel it in the breast tissue. The manual exam is done on one side and then the other. Your healthcare provider will

also check the lymph nodes near the breast to see if they are enlarged.

An Assessment of Any Suspicious Area

If a lump is discovered, your healthcare provider will note its size, shape, and texture. He or she will also check to see if the lump moves easily. Benign lumps often feel different from cancerous ones, but any lump found will likely need to be examined with further diagnostic measures.

It may be helpful to know that lumps that appear soft, smooth, round, and movable are likely to be either

benign tumors or cysts. A lump that is hard and oddly-shaped and feels firmly attached within the breast is more likely to be cancer, but further tests are needed to diagnose the problem.

The Value of Clinical Breast Exams

Clinical Breast exams are an important part of early detection. Although most lumps are discovered through breast self-exams, an experienced professional may notice a suspicious place that fails to register as a warning in the patient's mind.

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Breast anatomy

As you learn about breast cancer, we will repeatedly reference the anatomy of the breast. Understanding the different parts and functions will help you better grasp the details of breast cancer.

Knowing your body helps you to:

- Make informed decisions.
- Have a better dialogue with your doctor.
- Be aware of anything unusual.

Adipose Tissue

The female breast is mostly made up of a collection of fat cells called adipose tissue. This tissue extends from the collarbone down to the underarm and across to the middle of the ribcage.

Lobes, Lobules, And Milk Ducts

A healthy female breast is made up of 12–20 sections called lobes. Each of these

lobes is made up of many smaller lobules, the gland that produces milk in nursing women. Both the lobes and lobules are connected by milk ducts, which act as stems or tubes to carry the milk to the nipple. These breast structures are generally where the cancer begins to form.

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What can I do to reduce my risk of breast cancer?

Although you cannot prevent cancer, some habits that can help reduce your risk are:

- Maintain a healthy weight
- Stay physically active
- Eat fruits and vegetables
- Do not smoke
- Limit alcohol consumption

The National Breast Cancer Foundation, Inc. also provides information on healthy living priorities through Weekly Health Tips. Enrollers of this program receive a new tip in their email on a weekly basis to help promote a more balanced lifestyle. To access this opportunity, visit <https://www.nationalbreastcancer.org/healthy-habits> to enroll.

Tumor grading is a system used to classify a malignant breast cancer tumor based upon the severity of the mutation and the likelihood that it will spread. The breast cancer cells are examined under a microscope to determine, among other factors, how closely the breast cancer cells resemble the healthy cells (called the histologic grade) and the shape and size of the tumor cells' nuclei (called the nuclear grade) as well as how rapidly those cells divide and multiply.

When dealing with breast cancer, tumors are often graded based on a scale of one to three indicating how aggressive the cancerous cells are:

Low grade (1) – Well-differentiated

Intermediate grade (2) – Moderately differentiated

High grade (3) – Poorly differentiated

Low grade tumors look more like normal tissue under the microscope. High-grade tumors look abnormal and less like normal tissue and tend to be more aggressive.

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Growth of cancer

What Causes Breast Cancer Growth?

There is much that we know and much that we have yet to understand. However, we do know that cancer spreads in three important ways:

- Damaged cells replicate, creating more damaged cells and tumor growth.

- Our body's hormones and chemicals can accelerate the growth of some tumors.

- Lymph and blood vessels can carry the cancer to others areas of the body, and lymph node examination can help pinpoint the progression of the disease.

- Healthy cells are the basic building blocks of all tissue and organs in the body. But when cell DNA (the cell's wiring) is damaged, mutated cells begin to rapidly reproduce without following the pre-wired plan. Aggressive cell growth can form a tumor (or mass of tissue) that does not function as originally intended. These abnormal cells or groups of cells can progress into the disease known as breast cancer and can spread to other parts of the body.

Accelerated Growth

The growth and spread of breast cancer can be difficult to grasp because cancer cell growth is often fu-

eled by normally healthy chemicals of the body, like estrogen, progesterone, and the HER2/neu gene (a growth hormone). Although each of these three bodily chemicals can serve an important healthy function, when a cell becomes cancerous these chemicals can accelerate the growth of breast cancer tumors.

Healthy HER2 receptors are the proteins that help manage how a breast cell grows, divides, and repairs itself. However, in about a quarter of all breast cancer patients, the HER2 gene isn't functioning properly. It makes an excess number of copies of itself in a process known as "HER2

gene amplification." Then these extra genes instruct the cells to make too many HER2 receptors, which is called "HER2 protein overexpression." The ultimate result is that breast cells grow and divide in an uncontrolled fashion.

Cancer Receptors

Think of a receptor as a mouth. When open, cancer cells can feed and grow. When blocked off or closed, the same cells begin to starve.

By identifying the cancer's unique receptors, your doctor can recommend effective treatment methods to block the receptors. Remember, inhibiting the cancer's "food supply" works to restrict the cancer's growth. Ideally, your treatment plan will stop the cancer growth before it spreads through the lymph system and on to other tissue and organs in the body.

The Lymph System

The lymph system, which is part of the immune system, is a network of lymph vessels and lymph nodes running throughout the entire body. Similar to how the blood circulatory system distributes elements throughout the body, the lymph system transports disease-fighting cells and fluids. Clusters of bean-shaped lymph nodes are fixed in areas throughout the lymph system; they act as filters by carrying abnormal cells away from



healthy tissue.

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The type of breast cancer is generally determined by the origin of the growth of cancer cells, which is almost always in the lobes, lobules, or ducts. When cancer is found in the nearby lymph nodes, it helps doctors identify just how far the cancer has spread. If the nearest nodes contain cancer, additional nodes are usually examined for the presence or absence of cancer cells to understand how far the disease has progressed.

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Can breast pain be linked to cancer?

Breast pain is any discomfort, tenderness, or pain in the breast or underarm region, and it may occur for a number of reasons. Breast pain *usually* isn't a sign of breast cancer.

Should breast pain cause me to be concerned about breast cancer?

Although many women with pain in one or both breasts may be concerned that it is breast cancer, breast pain is not commonly a symptom of cancer.

What Causes Breast Pain?

There are a number of harmless causes for breast pain and tenderness that may primarily be related to changes in hormone levels. These can include:

- Puberty in girls and sometimes for boys, too
- Menstruation and

premenstrual syndrome (PMS)

- Pregnancy – more often during the first trimester

- Days following childbirth as milk comes in Breastfeeding Mastitis, which is caused by a milk duct that is not properly draining and becomes infected, should be treated. It has no correlation with cancer, but it can become a serious infection if left untreated.

- Menopause
- A breast abscess, which is an infection inside of the breast, similar to a boil.

- A benign cyst

Fibrocystic Breast Tissue

- Some women have lumpy breast tissue called fibrocystic breasts, which may be more painful during certain times of the

month. Fibrocystic breasts are not necessarily linked to breast cancer, and the lumps are fluid filled cysts rather than a mass of cells. Fibrocystic breast changes are also a common cause of breast pain. Fibrocystic breast tissue contains lumps that tend to be more tender just your menstrual period.

Certain Medications May Cause Breast Pain.

Known triggers to increased breast pain include:

- Digitalis preparations
- Methyldopa (Aldomet)
- Spironolactone (Aldactone)
- Certain diuretics
- Anadrol

Chlorpromazine When Is Breast Pain Associated With Breast Cancer?

- Breast pain is usually present to some degree with Inflammatory Breast Cancer which has other distinct symptoms as well. Rarely, a breast tumor may cause pain, but generally cancerous tumors are not reported as painful.

What should I do if I am experiencing breast pain?

- If you experience breast pain, contact your physician.
- If you experience pain along with any of the following symptoms, you

should contact your physician.

Bloody or clear discharge from your nipple

- A new lump with the onset of the pain; lump does not go away after your menstrual period

Persistent, unexplained breast pain

- Signs of a breast infection, including local redness, pus, or fever
- Redness of the skin of the breast that may appear as a rash, with dilated pores, and possibly skin thickening. (These are signs of inflammatory breast cancer and it commonly does cause pain)

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Genetic testing for breast cancer

While BRCA1 and BRCA2 gene mutations may increase your odds of developing breast cancer, your odds of having either mutation are pretty small. An estimated 0.25% of the general population carries a mutated BRCA gene, or about one out of every 400 people.

For some people, though, the chances of having a BRCA gene mutation are much higher. Genes are inherited, which is why knowing your family history is important when determining breast cancer risks. If one of your parents has a BRCA mutation, you have a 50% chance of inheriting the mutated gene.

Odds can also vary depending on a person's ethnicity. For example, people of Ashkenazi Jewish descent have a 2.5% chance of inheriting a BRCA mutation, or about 10 times the rate of the general population.

Because the overall odds are so low, most experts recommend that only people with a heightened risk get tested for BRCA mutations. Likewise, insurance companies often only cover genetic counseling and testing for individuals who are at high risk. A person could be considered at high risk for BRCA mutations if they have a family history of:

- Breast cancer diagnosed before age 50.
- Male breast cancer at



any age.

- Multiple relatives on the same side of the family with breast cancer.
- Multiple breast cancers in the same woman.
- Both breast and ovarian cancer in the same woman.
- Ashkenazi Jewish heritage.

There are also other gene mutations besides BRCA that could increase the risk of breast cancer. The most prominent of these is PALB2. As with BRCA1 and BRCA2, testing for other genetic mutations is recommended only if you are at high risk for that particular gene.

How To Get BRCA Genetic Testing

Genetic counseling is recommended for those who are interested in being tested for breast cancer gene mutations. You can talk to a doctor about getting a referral to a genetic counselor, who can help determine whether genetic testing would make sense based on family history and risk factors. Since many genetic tests only look for one specific gene mutation, the counselor

can often help determine which mutations to test for.

The genetic test itself simply involves taking a small sample of blood or saliva, which is sent to a lab for analysis. Results can take several weeks or months.

Genetic testing results are not always clear-cut:

- A test result can be positive, meaning that the patient does carry the gene mutation.
- A negative test result indicates that they do not have that particular gene mutation. It does not, however, rule out the possibility of having mutations in other genes. It also does not rule out the possibility of developing breast cancer. Most breast cancer cases are not hereditary, so everyone should still have an early detection plan.

• Genetic test results can also be uncertain or ambiguous. An ambiguous test result means that a mutation has been found on the gene, but it is not yet known whether that particular mutation has any effect on the chances of developing breast cancer.

• After receiving genetic test results, a patient should meet again with a genetic counselor to clarify what the results mean. Whether the results are positive, negative, or ambiguous can impact many life decisions, and a counselor can help navigate those decisions.

Self-breast exam *What is a tumor?*

Adult women of all ages are encouraged to perform breast self-exams at least once a month. Johns Hopkins Medical center states,

"Forty percent of diagnosed breast cancers are detected by women who feel a lump, so establishing a regular breast self-exam is very important."

While mammograms can help you to detect cancer before you can feel a lump, breast self-exams help you to be familiar with how your breasts look and feel so you can alert your healthcare professional if there are any changes.

How Should A Breast Self-Exam Be Performed?

• In the Shower

With the pads/flats of your 3 middle fingers, check the entire breast and armpit area pressing down with light, medium, and firm pressure. Check both breasts each month feeling for any lump, thickening, hardened knot, or any other breast changes.

• In Front of a Mirror

Visually inspect your breasts with your arms at your sides. Next, raise your arms high overhead.

Look for any changes in the contour, any swelling, or dimpling of the skin, or changes in the nipples. Next, rest your palms on your hips and press firmly to flex your chest muscles. Left and right breasts will not exactly match—few women's breasts do, so look for any dimpling, puckering, or changes, particularly on one side.

• Lying Down

When lying down, the breast tissue spreads out evenly along the chest wall. Place a pillow under your right shoulder and your right arm behind your head. Using your left hand, move the pads of your fingers around your right breast gently covering the entire breast area and armpit.

Use light, medium, and firm pressure. Squeeze the nipple; check for discharge and lumps. Repeat these steps for your left breast.

Can I Rely On Breast Self-Exams Alone To Be Sure I Am Breast Cancer Free?

Mammography can detect tumors before they can be felt, so screening is key for early detection. But when combined with regular medical care and appropriate guideline-recommended mammography, breast self-exams can help women know what is normal for them so they can report any changes to their healthcare provider. If you find a lump, schedule an appointment with your doctor, but don't panic — 8 out of 10 lumps are not cancerous. For additional peace of mind, call your doctor whenever you have concerns.

A tumor is a mass of abnormal tissue. There are two types of breast cancer tumors: those that are non-cancerous, or 'benign', and those that are cancerous, which are 'malignant'.

Benign Tumors

When a tumor is diagnosed as benign, doctors will usually leave it alone rather than remove it. Even though these tumors are not generally aggressive toward surrounding tissue, occasionally they may continue to grow, pressing on organs and causing pain or other problems. In these situations, the tumor is removed, allowing pain or complications to subside.

Malignant tumors

Malignant tumors are cancerous and aggressive because they invade and damage surrounding tissue. When a tumor is suspected to be malignant, the doctor will perform a biopsy to determine the severity or aggressiveness of the tumor.

Metastatic cancer

Metastatic cancer is when cancer cells of a malignant tumor spread to other parts of the body, usually through the lymph system, and form a secondary tumor.

Understand benign breast problems by downloading the National Breast Cancer Foundation, Inc. eBook, Breast Problems That Aren't Breast Cancer. The featured product outlines the most common, non-cancerous breast problems worth knowing about. Access yours today by visiting <https://www.nationalbreastcancer.org/breast-tumors>.



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What to do when given positive testing results

It's natural to feel worried if you've tested positive for a BRCA1, BRCA2, or PALB2 gene mutation. It's true that these gene mutations

can significantly increase your chances of developing breast cancer. However, it's important to keep in mind that many people who carry

such gene mutations never develop breast cancer. Even for those who do, early diagnosis and treatment make it very likely that they will overcome the disease. With early detection, the vast majority of people survive breast cancer and go on to live full, normal lives.

Early Detection Plans

People with BRCA or PALB2 gene mutations have a higher-than-average chance of developing breast cancer, and are more likely to develop it at a younger age. Women with a BRCA1 or BRCA2 mutation can have a 45 – 65% chance of being diagnosed with breast cancer before age 70. For PALB2 mutations, 33% will develop breast cancer by that age.

The good news is that, with this knowledge, you can create a custom early detection plan with your doctor to increase the chances that your breast cancer is detected early. Early detection makes breast cancer far easier to treat. Overall, the five-year relative survival rate for breast cancer detected in the localized stage (there is no sign that the cancer has spread outside of the breast) is 99%.

An early detection plan for someone with a BRCA or PALB2 gene mutation will likely involve more frequent breast cancer screenings starting at a younger age. It may also involve different types of screenings, such as ultrasound or MRI scans. Your doctor can help recommend which screenings you should have, and when you should have them.

Preventative Surgery

Though some consider it extreme, women with high-risk BRCA mutations may

choose to undergo preventative surgery to help reduce the risk of developing breast cancer.

A preventative double mastectomy (or bilateral prophylactic mastectomy) is the surgical removal of both breasts before cancer has a chance to develop and/or spread. There are different types of preventative mastectomies; some remove the entire breast, while others leave the skin and nipples intact to aid in breast reconstruction surgery.

Actress and filmmaker Angelina Jolie drew public attention to using surgery to proactively address BRCA gene mutations when she publicly shared her story of undergoing a preventative double mastectomy. She later chose to also have her ovaries and fallopian tubes removed, a procedure known as a preventative oophorectomy.

Though such preventative or prophylactic surgeries decrease the risk of developing breast cancer by about 90%, they don't eliminate the risk entirely. Surgery itself also carries its own set of risks and costs, which need to be carefully considered. Your doctor can help you understand the options and risks and make the choice that is right for you.

BRCA And Breast Cancer Treatment

If someone with a BRCA mutation does develop breast cancer, the treatments used may be different than for people who do not carry the gene mutation.

People with BRCA1 mutations are more likely to develop triple negative breast cancer. Triple negative breast

cancer does not respond to hormone therapy or certain drugs. However, chemotherapy may be more effective at treating triple negative cases than it is against other types of cancer.

Breast cancer patients with BRCA1 or BRCA2 mutations are also more likely to later develop a second cancer, either in the same or the opposite breast. Because of this, they may opt for a double mastectomy instead of a single or partial mastectomy. Removing the healthy breast along with the cancerous one is essentially another form of a preventative mastectomy.

Though research is still ongoing, some findings indicate that certain types of cancer treatment drugs might be more effective than others in patients with BRCA gene mutations.

As always, your doctor can help determine which breast cancer treatments are right for you.

Other Considerations

There are many emotions and decisions that come along with a positive BRCA mutation test result. Feelings can range from fear to anger, sadness, or guilt. There can be questions about whether your children or other family members should be tested. For some, it can affect the decision of whether or not to have children. You may have concerns about passing on the mutated gene to your offspring; some women even choose preventative surgeries that can make it difficult or impossible to have children.

Genetic counselors can help you navigate the waters and understand all the risks, decisions, and emotions involved.



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Breast cyst

What Is A Breast Cyst?

A cyst in the breast may feel like a lump, but upon examination the lump is a small, generally harmless sac filled with fluid rather than a cancerous or benign lump of cells. You may have one cyst or many cysts that appear together.

Cysts are more common in premenopausal women and can cause localized pain. Usually they feel like a grape and are relatively soft in texture.

How Would I Know The Lump Is A Cyst And Not A Tumor?

A healthcare professional can determine whether a lump is a cyst or tumor. A simple ultrasound scan placed against the skin will allow the healthcare professional to see whether the lump appears solid or hollow and filled with fluid. If

the lump is fluid-filled, it may require no treatment at all. You may notice that the cyst comes and goes depending on the hormone cycle of menstruation.

A solid mass doesn't always mean it is cancer. The shape of the mass will help tell the radiologist what it likely is. A mass that is hard to the touch and has jagged edges could be cancer. Ultrasound imaging and additional imaging using X-Ray, called spot imaging, can help the radiologist differentiate shapes of masses.

What If The Cyst Bothers Me And I Want It Taken Out?

If a cyst is very bothersome, your healthcare provider may drain it first. A small needle is used to inject anesthesia into the breast to numb it, making it easier to then

have the cyst drained. By using ultrasound to guide a needle into the cyst, the fluid can be removed and you may not have any more bothersome problems from it again. However, sometimes drained cysts will fill up again and when this happens, you may elect to have it removed surgically or you may leave it alone and see if it eventually goes away on its own.

Do cysts lead to cancer?

Nearly all "simple cysts" are just that – simple. They are almost never associated with a higher risk of cancer. The only possible exception in which a cyst might indicate a slightly elevated risk for cancer is when other risk factors for cancer, such as a strong family history, are already present, or when

further examination of imaging studies reveals some debris inside or along the edge or margin of it.

What If My Breasts Are Always Lumpy? (Fibrocystic Breasts)

Fibrocystic breast tissue is a very common condition and means that you have denser breast tissue and may notice lumps and bumps that are common to the feel of your breasts. It is important for women with fibrocystic breast tissue to be diligent about performing breast self-exams so they are familiar with what is normal for their breasts and so they can report any changes.

Most premenopausal women have fibrocystic breast tissue. While performing your regular breast self-exam, make note of any lumps or bumps you identify and

consult with your doctor. Consider your fibrocystic lumps to be your "normal" findings and determine through self-exam if something new is felt.

If I have fibrocystic breasts, should I ask my doctor about other types of screening?

Sometimes mammograms of women with fibrocystic breast tissue may be more difficult to read and interpret. Many healthcare professionals recommend choosing a breast center that offers digital mammography. Digital mammograms allow the radiologist to change to contrast of light and dark and to enlarge areas of the breast tissue on the screen to more closely examine areas of concern.



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BRCA: Breast Cancer Gene

The name “BRCA” is an abbreviation for “BRest Cancer gene.” BRCA1 and BRCA2 are two different genes that have been found to impact a person’s chances of developing breast cancer.

Every human has both the BRCA1 and BRCA2 genes. Despite what their

names might suggest, BRCA genes do not cause breast cancer. In fact, these genes normally play a big role in preventing breast cancer. They help repair DNA breaks that can lead to cancer and the uncontrolled growth of tumors. Because of this, the BRCA genes are known as

tumor suppressor genes.

However, in some people these tumor suppression genes do not work properly. When a gene becomes altered or broken, it doesn’t function correctly. This is called a gene mutation.

BRCA Mutations

A small percentage of people (about one in 400, or 0.25% of the population) carry mutated BRCA1 or BRCA2 genes. A BRCA mutation occurs when the DNA that makes up the gene becomes damaged in some way.

When a BRCA gene is mutated, it may no longer be effective at repairing broken DNA and helping to prevent breast cancer. Because of this, people with a BRCA gene mutation are more likely to de-

velop breast cancer, and more likely to develop cancer at a younger age. The carrier of the mutated gene can also pass a gene mutation down to his or her offspring.

BRCA Mutation Risks

It is estimated that one in eight women, or approximately 12%, will be diagnosed with breast cancer in her lifetime.

However, women with certain genetic mutations have a higher lifetime risk of the disease. It’s estimated that 55 – 65% of women with the BRCA1 mutation will develop breast cancer before age 70.

Approximately 45% of women with a BRCA2 mutation will develop breast cancer by age 70.

Women with a BRCA1 or BRCA2 mutation who

overcome their breast cancer with treatment appear to have a higher-than-average chance of developing a second cancer. This is called a recurrence. Cancers related to a BRCA1 mutation are also more likely to be triple negative breast cancer, which can be more aggressive and difficult to treat.

You may find these statistics alarming. However, it’s important to note that less than 10% of women diagnosed with breast cancer have a BRCA mutation. Also, with early detection, the vast majority of breast cancer cases can be successfully treated—and that’s true even for people who have a BRCA1 or BRCA2 mutation.

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In addition to abortion, bras, and breast implants being deemed un-re-

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other common breast cancer causing myths to have been busted by *The National Breast Cancer Foundation, Inc.* According to information located <https://www.nationalbreastcancer.org/causes-of-breast-cancer>, caffeine, deodorant, microwaves, cell phones, antiperspirants, mammograms, plastic food serving items, nor contact with someone who has cancer all are all myths when speaking on risk factors associated with breast cancer.

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Get your guide!

The National Breast Cancer Foundation, Inc. is aware that breast cancer usually cannot be prevented and wants to help others by offering three important steps to aid in early detection of breast cancer. These steps are outlined in a free resource guide entitled *3 Steps to Early Detection*.

An additional resource entitled *Healthy Living and Personal Risk Guide* is also offered by The National Breast Cancer Foundation, Inc. This guide provides proactive information regarding overall health and assess to breast cancer risk.

The two featured contents are made available by visiting <https://www.nationalbreastcancer.org/causes-of-breast-cancer>.

Male breast cancer

All people, whether male or female, are born with some breast cells and tissue. Even though males do not develop milk-producing breasts, a man's breast cells, and tissue can still develop cancer. Even so, male breast cancer is very rare. Less than one percent of all breast cancer cases develop in men, and only one in a thousand men will ever be diagnosed with breast cancer.

Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment. The majority of men diagnosed are over the age of 50.

Infiltrating Ductal Carcinoma

Of the men who develop breast cancer, the vast majority of those cases are Infiltrating Ductal Carcinoma

(IDC), which means cells in or around the ducts begin to invade surrounding tissue. Very rarely, a man might be diagnosed with inflammatory breast cancer or Paget disease of the nipple, which is Ductal Carcinoma In Situ (DCIS) contained within the nipple and usually areola.

Risk Factors

- Radiation exposure
- High levels of the hormone estrogen
- Family history of breast cancer, especially breast cancer that is related to the BRCA2 gene.

Signs & Symptoms

Male breast cancer can exhibit the same symptoms as breast cancer in women, including a lump. Anyone who notices anything unusual about their breasts, whether male or female, should contact their physician immediately.

Most men find their own lump while in the shower and it is usually located underneath the nipple and areola. It is common for men to delay reporting the lump

to a physician which can result in the patient requiring more treatment.

Nearly all breast cancer in men is estrogen receptor positive with treatment including hormonal therapy, just as it does for 70% of women. Survival rates and treatment for men with breast cancer are very similar to those for women. Early detection of breast cancer increases treatment options and often reduces the risk of dying from breast cancer.

Genetic Testing

Although treatment outcomes are very similar to women at the same stage of detection, a man diagnosed with breast cancer should also consider seeing a genetics counselor for a consultation. If a man tests positive for a defective gene (most commonly either BRCA1 or BRCA2) that can lead to

a future diagnosis of breast cancer and his children have a 50% chance of carrying the gene. In addition:

- A male child of a man with breast cancer who inherits the defective BRCA2 gene has only approximately 6% chance of eventually developing breast cancer and just over 1% with BRCA1.

- A female child of a man with breast cancer who inherits the defective gene has a risk between 40% and 80% of eventually developing breast cancer.

- Men with a genetic predisposition to breast cancer (carrying BRCA2 gene mutation) are also at higher risk of getting prostate cancer at a younger age than usually diagnosed, as well as being at higher risk for melanoma and pancreatic cancer.

Get checked for your loved ones

Erma Jenkins, Cody Jones,
Julia Wadley & Marilyn Fann



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