OCTOBER Breast CANCER AWARENESS MONTH

Mammograms at 40?

Breast cancer screening guidelines spark fresh debate

Ronnie Cohen
KFF Health News (TNS)

While physicians mostly applauded a government-appointed panel's recommendation that women get routine mammography screening for breast cancer starting at age 40, down from 50, not everyone approves.

Some doctors and researchers who are invested in a more individualized approach to finding troublesome tumors are skeptical, raising questions about the data and the reasoning behind the U.S. Preventive Services Task Force's about-face from its 2016 guidelines.

"The evidence isn't compelling to start everyone at 40," said Jeffrey Tice, a professor of medicine at the University of California-San Francisco.

Tice is part of the WISDOM study research team, which aims, in the words of breast cancer surgeon and team leader Laura Esserman, "to test smarter, not test more." She launched the ongoing study in 2016 with the goal of tailoring screening to a woman's risk and putting an end to the debate over when to get mammograms.

Advocates of a personalized approach stress the costs of universal screening at 40 — not in dollars, but rather in false-positive results, unnecessary biopsies, overtreatment, and anxiety.

The guidelines come from the federal Department of Health and Human Services' U.S. Preventive Services Task Force, an independent panel of 16 volunteer medical experts who are charged with helping guide doctors, health insurers, and policymakers. In 2009 and again in 2016, the group put forward the current advisory, which raised the age to start routine mammography from 40 to 50 and urged women from 50 to 74 to get mammograms every two years. Women from 40 to 49 who "place a higher value on the potential benefit than the potential harms" might also seek screening, the task force said.

Now the task force has issued a draft of an update to its guidelines, recommending the screening for all women beginning at age 40.

"This new recommendation will help save lives and prevent more women from dying due to breast cancer," said Carol Mangione, a professor of medicine and public health at UCLA, who chaired the panel.

But the evidence isn't clear-cut. Karla Kerlikowske, a professor at UCSF who has been researching mammography since the 1990s, said she didn't see a difference in the data that would warrant the change. The only way she could explain the new guidelines, she said, was a change in the panel.

"It's different task force members," she said. "They interpreted the benefits and harms differently."

Mangione, however, cited two data points as crucial drivers of the new recommendations: rising breast cancer incidence in younger women and models showing the number of lives screening might save, especially among Black women.

There is no direct evidence that screening women in their 40s will save lives, she said. The number of women who died of breast cancer declined steadily from 1992 to 2020, due in part to earlier detection and better treatment.

But the predictive models the task force built, based on various assumptions rather than actual data, found that expanding mammography to women in their 40s might avert an additional 1.3 deaths per 1,000 in that cohort, Mangione said. Most critically, she said, a new model including only Black women showed 1.8 per 1,000 could be saved.

A 2% annual increase in the number of 40- to 49-year-olds diagnosed with breast cancer in the U.S. from 2016 through 2019 alerted the task force to a concerning trend, she said.

Mangione called that a "really sizable jump." But Kerlikowske called it "pretty small," and Tice called it "very modest" — conflicting perceptions that underscore just how much art is involved in

SEE PAGE D5

Is there a connection between ultraprocessed food and cancer?

Deb Balzer
Mayo Clinic News Network (TNS)

There is a growing body of evidence that shows ultra-processed foods are not only unhealthy but increase the risk of cancers. The term ultraprocessed food was created as a way to categorize food, known at the NOVA classification. The system allows experts to better understand the health impact of different food categories.

Mayo Clinic's Dr. Dawn Mussallem talks more about the connection of ultraprocessed food and cancer.

"The average American in the United States consumes at least 63% ultraprocessed foods," says Dr. Mussallem.

She says vegetables only account for 12% of the average American diet - and half of those vegetables consumed are processed.

"We know that ultraprocessed foods are linked directly to premature mortality or deaths."

They also are linked to colorectal, ovarian and breast cancer.

"Studies are showing us is that not only do the ultraprocessed foods increase the risk of cancer, but that after a cancer diagnosis such foods increase the risk of dying," Dr. Mussallem says.

What qualifies as ultraprocessed food?

"Ultraprocessed foods would be things in a package — things like crackers, and pastries and cupcakes and muffins, processed meat," she says.

They include ingredients you can't bring into your own kitchen.

"With those ultraprocessed foods, you're getting chemicals and additives that likely are very risky for cancer survivors," says Dr. Mussallem.

Add plenty of fruits and vegetables to your diet. Eat whole grains, legumes, nuts and seeds for optimal health benefits.

K & Em Custom Wigs Hairpieces Extensions

At K & Em Custom Wigs, Hairpieces, Extensions, we offer the highest quality hair addition services available.

My name is Michelle Como and I pride myself in providing each client the best experience and service you'll find anywhere in the area. All wigs, hairpieces, and extensions are chosen to best fit the needs of each individual client. You can book an appointment in one of our private suites OR we can even travel to you! We are a family owned business, and are committed to providing you with the best hair addition services to fit your personal needs.

WIGS

All wigs are customized perfectly for your individual needs. I offer medical grade caps for clients going through chemotherapy treatments, have alopecia, or other medical hair loss. At K & Em, we provide medical caps that can be customized for the best fit and comfort possible.

TOP OF HEAD HAIRPIECE

I have clip in as well as bonded hair toppers. There are a wide variety of men's and women's hair replacement systems that are customized for your hair loss needs.

EXTENSIONS

Hair extension services can be as subtle as a few pieces to add a pop of color, or a full head to add thickness and length. Hair extensions can be bonded, taped, strand by strand, sewn in, or a simple clip in. Application method determined upon consultation.

CUTTING

All cuts are included in your hair addition service.

COLORING

Hair color is done on all natural hair, and hair addition pieces to fully complete your perfect look.

STYLING

At K & Em Custom Wigs, Hairpieces, Extensions, I am committed to providing you with the best hair addition services to fit your personal needs. All looks are completed with a full style.

CHILDREN'S WIGS

I accept donations to help fully cover the cost of any wig needs for children. You may purchase a wig, and it will be donated in your name to help a child or teenager suffering from hair loss.

Email: kandemwigs@gmail.com for all inquiries.

From word-of-mouth recommendations to online reviews, more people in the area are finding their way to K & Em Custom Wigs, Hairpieces, Extensions! Call us today to schedule an appointment either here or in your residence or feel free to text or email!

We are happy to be working with HABER DERMATOLOGY (216-932-5200) to best provide you with all of your hair loss solutions. Services include Hair Transplantation, Scalp Micropigmentation, Platelet Rich Plasma and Medical Solutions to Hair Loss. Please see the website for a full list of services.

K & Em Wigs
Chagrin North Building 7
35040 Chardon Road Suite G-400
Willoughby Hills
kandemwigs@gmail.com
440-223-1418

After backlash, Feds cancel plan that risked limiting breast reconstruction options

Rachana Pradhan, Anna Werner, CBS News, Leigh Ann Winick and CBS News | (TNS) KFF Health News

Federal regulators have abandoned a plan that physicians, patients, and advocacy groups for breast cancer patients feared would limit women's options for reconstructive surgery.

The controversy centered on how doctors are paid for a type of breast reconstruction known as DIEP flap, in which skin, fat, and blood vessels are harvested from a woman's abdomen to create a new breast.

Last year, the Centers for Medicare & Medicaid Services decided to eliminate a trio of medical billing codes for breast reconstructive surgery that enabled doctors to collect much more money for DIEP flap operations than for simpler types of breast reconstruction. Some plastic surgeons said the government's move would limit access and make DIEP flaps available only to those who could afford to pay tens of thousands of dollars out-of-pocket.

Through its coding decisions, the federal government can influence the medical options available to patients, even those with private insurance.

In an Aug. 22 memo, CMS wrote that it received a "substantial number of responses" verbally and in writing asking regulators to keep the "S" billing codes that reimburse doctors more for the surgery. "The majority of the commenters feel their accessibility will be, or has already been, impacted by the decision to eliminate the S codes," the agency wrote in reversing its earlier plan.

Supporters praised CMS' latest action. "I'm so grateful to CMS for this decision that is really meaningful," Elisabeth Potter, a plastic surgeon who specializes in DIEP flap surgeries, said in a social media post.

The agency's announcement came after it convened a public hearing in June, during which several patients, physicians, and representatives of breast cancer advocacy organizations implored CMS officials to scrap their original plan. Otherwise, they said, access to DIEP flap surgery would diminish.

The DIEP flap procedure has potential benefits over implants and operations that take muscle from the abdomen. For example, although implants are less costly and less time-intensive to perform, they generally need to be replaced every 10 years or so. But DIEP flap surgery is also more expensive. If patients go outside an insurance network for the operation, it can cost more than $50,000. A plastic surgeons' group argued some in-network doctors would stop offering the surgery if insurers paid significantly less.

"This decision is monumental for breast cancer patients and breast reconstruction," Christy Huling, who had a double mastectomy and DIEP flap surgery, said during CMS' June 1 meeting. Through tears, Huling said she is an avid outdoors person and that her life would have changed "drastically" if she'd instead had reconstruction surgery that removed muscle from her abdomen. "This procedure has allowed me to continue to maintain my quality of life," she said of DIEP flap.

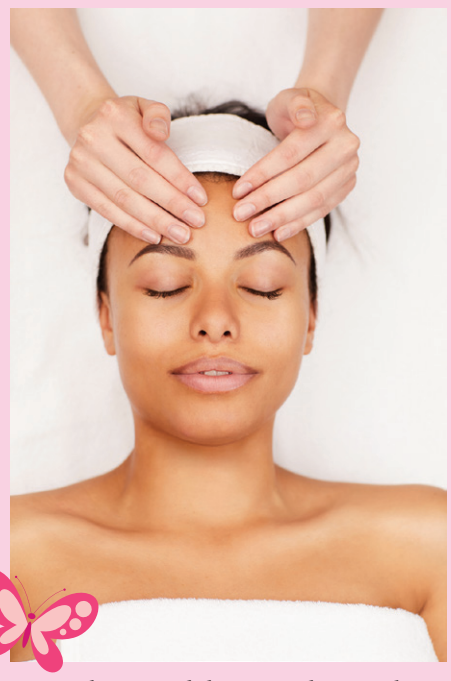
The government's initial plan was driven by the Blue Cross Blue Shield Association, a major lobbying organization for health insurance companies. In 2021, the group asked CMS to discontinue the three S codes, arguing they were no longer needed, according to a CMS document.

CMS initially decided the codes would expire at the end of 2024; however, even with the delayed effective date, physicians said, the decision was starting to hinder access to DIEP flap surgery and create anxiety for patients. At least two major insurance companies told doctors they would no longer reimburse them under the higher-paying codes.

A bipartisan group of lawmakers also protested, including Rep. Debbie Wasserman Schultz (D-Fla.) and Sen. Amy Klobuchar (D-Minn.), who have both had breast cancer; Rep. James Comer (R-Ky.); and Sen. Marsha Blackburn (R-Tenn.). "This latest CMS decision will provide women with more certainty, and help ensure fair and equitable access to their choice of breast reconstruction techniques," Wasserman Schultz said in a

SEE PAGE D3

A Newly Manufactured Form of Botox has Entered the Market



What Is It?

It is called DAXXIFY! It is a peptide that is manufactured to last longer than the other forms. It is injected in the same manner as the others BUT it supposed to last longer. Clinical studies have shown that at least 50% of the patients had minor or no lines in 6 months depending on the severity of the lines to start. This is not to say that everyone in the study were as fortunate. There were some who actually lasted longer than 6 months but only 1%-5%. There were less than 1% who had no reaction.

I can say from being a test patient, that mine has lasted 5 ½ months; however, I am now starting to get a little movement which is much longer than previously.

The safety warnings are the same as others as to reactions, etc.; i.e.; brow ptosis (drooping) and lid ptosis?

What are some questions that have been raised and some are as follows:

1. What is a "touch up" if needed. There are sometimes with all toxins when a touch-up is needed.

2. What is the price point? Each area is more than the other forms; however, if you amortize this over a period of time, it is probably less expensive.

Any time you are trying something new, please research and speak with your Doctor.

A New Type Of Filler Has Also Entered The Market. What Is It?

RHA Dermal Fillers

This is the latest in dermal fillers and stands for "Resilient Hyaluronic Acid." They are a unique hyaluronic acid in that is processed so it is almost the same hyaluronic acid as your own! There are also manufactured that the line of fillers that stretch better with your skin.

There are various types which will are applicable to your area of concern; ie; "laugh lines", cheeks, marionette lines, etc. and for that reason may last longer.

The injection is essentially the same as are the risks and benefits of other fillers.

The price point is almost the same and may last longer.

It is worth investigating. Schedule a consultation in our office to find out more about these new, exciting products.

As we say in our office "WE DON'T CARE HOW OLD YOU ARE, BUT WE DO CARE HOW YOUNG YOU LOOK"

Dr. Blanchard's Plastic Surgery Center located at 34900 Chardon Road in Willoughby Hills. Visit our website at www.blanchardplastics.com.

RECONSTRUCTION FROM PAGE D2

statement following CMS' change.

Codes don't dictate the amounts private insurers pay for medical services; those reimbursements are generally worked out between insurance companies and medical providers. However, using the targeted S codes, doctors and hospitals have been able to distinguish DIEP flap surgeries, which require complex microsurgical skills, from other forms of breast reconstruction that take less time to perform and generally yield lower insurance reimbursements.

CMS' initial plan would have made it "impossible to continue doing high-volume, high-quality complex breast microsurgery for breast cancer patients," Dhivya Srinivasa, a plastic surgeon in California who specializes in breast reconstruction, said during CMS' June 1 hearing. "I am already seeing it, patients who are good candidates who were told 'no.' Why were they told no when they're a good candidate? To say that it has nothing to do with reimbursement, I think, would be foolish."

What to know about breast cancer recurrence

Millions of women across the globe are survivors of breast cancer. Those women serve as inspiration to millions more individuals, even as they bravely live with the threat of recurrence.

The Cleveland Clinic notes that most local recurrences of breast cancer occur within five years of a lumpectomy, which is a common breast cancer treatment during which cancer cells and a small margin of healthy breast tissue are removed. Even if recurrence is unlikely and/or beyond a woman's control, the lingering notion that breast cancer return at any moment can be difficult to confront. Learning about recurrence could calm the nerves of breast cancer survivors and their families.

Defining recurrence

A second diagnosis of breast cancer does not necessarily mean women are experiencing a recurrence. The Cleveland Clinic notes that breast cancer that develops in the opposite breast that was not treated and does not appear anywhere else in the body is not the same thing as recurrence. Recurrence occurs when the cancer is detected in the same breast in which the disease was initially detected. Breastcancer.org notes that cancer found in the opposite breast is likely not a recurrence.

How recurrence happens

Treatment for breast cancer is often very successful, particularly in patients whose cancer was discovered early. Recurrence can happen when single cancer cells or groups of cancer cells are left behind after surgery. Breastcancer.org notes that tests for cancer cannot detect if single cancer cells or small groups of cells are still present after surgery, and a single cell that survives post-surgery rounds of radiation therapy and chemotherapy can multiply and ultimately become a tumor.

Types of breast cancer recurrence

There are different types of breast cancer recurrence, including:

• Local recurrence: The Cleveland Clinic notes that a local recurrence diagnosis indicates the cancer has returned to the same breast or chest area as the original tumor.

• Regional recurrence: A regional recurrence means the cancer has come back near the original tumor, in lymph nodes in the armpit or collarbone area.

• Distant recurrence: A distant recurrence indicates the breast cancer has spread away from the original tumor. The Cleveland Clinic notes this is often referred to as stage 4 breast cancer. This diagnosis indicates the tumor has spread to the lungs, bones, brain, or other parts of the body.

The risk of recurrence

Johns Hopkins Medicine notes that certain variables unique to each individual affect the risk of breast cancer recurrence. This is an important distinction, as women who have survived breast cancer but are concerned about recurrence should know that they will not necessarily experience one, even if a first-degree relative or friend did. The type of cancer and its stage at diagnosis can elevate risk, which also is highest during the first few years after treatment.

The Cleveland Clinic notes that women who develop breast cancer before age 35, which is uncommon, are more likely to experience a recurrence. In addition, women diagnosed with later stage breast cancers or rare forms of the disease, including inflammatory breast cancer, are more likely, though not guaranteed, to experience a recurrence.

The fear of breast cancer recurrence can be tough for survivors of the disease to confront. Sharing concerns with family members and a cancer care team could help survivors overcome their fears.

Breast cancer FAQ

The World Health Organization reports that roughly 2.3 million women were diagnosed with breast cancer in 2020. By the end of that year, there were nearly eight million women alive who had been diagnosed with the disease in the previous half decade.

A breast cancer diagnosis inevitably leads to questions about the disease. The bulk of those questions undoubtedly are asked by the millions of women who are diagnosed with breast cancer. But millions more individuals, including friends and family members of recently diagnosed women, may have their own questions. Women can discuss the specifics of their diagnosis with their physicians. In the meantime, the following are some frequently asked questions and answers that can help anyone better understand this potentially deadly disease.

What is breast cancer?

Cancer is a disease marked by the abnormal growth of cells that invade healthy cells in the body. Breast cancer is a form of the disease that begins in the cells of the breast. The National Breast Cancer Foundation notes that the cancer can then invade surrounding tissues or spread to other areas of the body.

Can exercise help to reduce my breast cancer risk?

The NBCF notes that exercise strengthens the immune system and women who commit to as little as three hours of physical activity per week can begin to reduce their risk for breast cancer. However, even routine exercise does not completely eliminate a woman's risk of developing breast cancer.

Is there a link between diet and breast cancer?

The organization Susan G. Komen®, a nonprofit source of funding for the fight against breast cancer, reports that studies

have shown eating fruits and vegetables may be linked to a lower risk for breast cancer, while consuming alcohol is linked to an increased risk for the disease. In addition, the NBCF reports that a high-fat diet increases breast cancer risk because fat triggers estrogen production that can fuel tumor growth.

Is there a link between oral contraceptives and breast cancer?

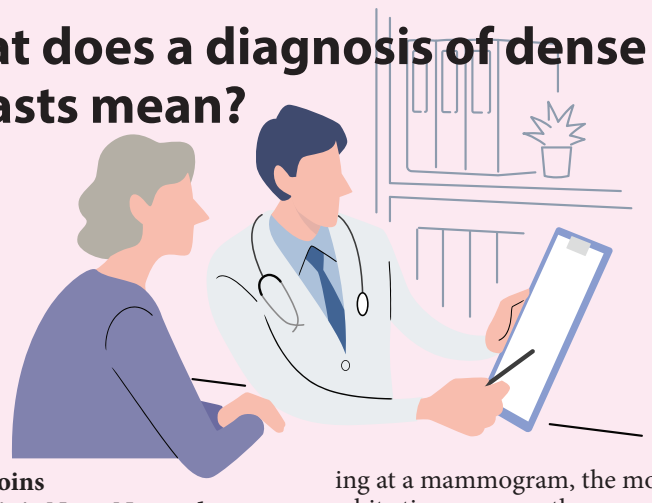
The NBCF reports that women who have been using birth control pills for more than five years are at an increased risk of developing breast cancer. However, the organization notes that risk is very small because modern birth control pills contain low amounts of hormones.

Can breastfeeding reduce breast cancer risk?

Breastfeeding and breast cancer are linked, though the NBCF notes that the role breastfeeding plays in lowering cancer risk depends on how long a woman breastfeeds. The World Cancer Research Fund International notes that evidence indicates that the greater number of months women continue breastfeeding, the greater the protection they have against breast cancer.

Breast cancer education can be a valuable asset as women seek to reduce their risk for the disease.

What does a diagnosis of dense breasts mean?



Sonya Goins
Mayo Clinic News Network (TNS)

A recent Food and Drug Administration rule requires healthcare providers to notify people if they have dense breasts. Studies have shown that dense breast tissue can make it more difficult to detect breast cancer early.

Dr. Kristin Robinson, a Mayo Clinic breast radiologist, says women with dense breast tissue are at a slightly increased risk of developing breast cancer compared to women without, and that's why early detection is so important.

"About 50% of women have dense breast tissue," says Dr. Robinson.

Dr. Robinson says you can't tell by looking at a woman whether she has dense breasts. She says people with dense breasts have less fat and more glandular and connective tissue in their breasts.

"When we see a woman's mammogram, that dense tissue, that fibroglandular tissue, looks white, whereas the fat looks dark or like a black color. So, when we're looking at a mammogram, the more white tissue we see, the more dense a woman's breasts are considered," says Dr. Robinson.

She says it's difficult to detect cancer in dense breasts because breast cancer and dense tissue appear white on a mammogram.

"Our sensitivity or our ability to detect breast cancer goes down in women who have dense breast tissue for that reason," she explains.

Dense breast tissue supplemental screenings

The radiologist encourages women with dense breast tissue to have supplemental screenings.

"Whole-breast screening ultrasound, MRI, molecular breast imaging, and contrast-enhanced mammography" are some options patients might consider, says Dr. Robinson.

Mayo Clinic healthcare professionals recommend annual mammograms starting at age 40 for most women. In addition, a personalized breast cancer risk assessment is suggested at age 30 for all women to see if screening is needed before age 40.

What to know about breast lumps

Breast cancer is a cause for concern for millions of women. Each year about 264,000 cases of breast cancer are diagnosed in women in the United States, according to the Centers for Disease Control and Prevention. The Canadian Cancer Society indicates around 28,600 Canadian women will be diagnosed with breast cancer this year. Globally, data from the World Health Organization indicates roughly 2.3 million women were diagnosed with breast cancer in 2020.

One of the more notable symptoms of breast cancer is the presence of a lump in the breast. Though not all lumps are malignant, it's important that women learn about breast anatomy and lumps as part of their preventive health care routines.

Mount Sinai says that breast lumps can occur at any age in both men and women. Hormonal changes can cause breast enlargement and lumps during puberty, and boys and girls may even be born with lumps from the estrogen received from their mothers.

It is important to note that the vast majority of breast lumps are benign. The National Institutes of Health says 60 to 80 percent of all breast lumps are non-cancerous. The most common causes of breast lumps are fibroadenomas and fibrocystic changes. Fibroademomas are small, smooth, moveable, painless round lumps that usually affect women who are at an age to have children, indicates the Merck Manual. They are non-cancerous and feel rubbery.

Fibrocystic changes are painful, lumpy breasts. This benign condition does not increase a woman's risk for breast cancer. Symptoms often are worse right before one's menstrual period, and then improve after the period begins.

Additional factors can contribute to the formation of lumps. Breast cysts are fluid-filled sacs that likely go away on their own or may be aspirated to relieve pain. Complex cysts may need to be removed surgically. Sometimes cysts also may form in milk ducts throughout the breasts.

Lumps also may be the result of injury. Blood can collect under the skin and form a type of lump called a hematoma. Other lumps may be traced to lipomas, which is a collection of fatty tissue or breast abscesses, which typically occur if a person is breastfeeding or has recently given birth.

Additional causes of lumps can be discussed with a doctor. Though the majority of lumps are not a cause for concern, it is important for people to regularly feel their breasts to check for abnormalities. Doctors may recommend annual mammograms to women age 40 and older. In its earliest stages, breast cancer may produce little to no visible symptoms, but a mammogram may be able to catch something early on

Did you know?

Breast cancer affects millions of women each year, but breast cancer also can be diagnosed in men. Each year in the United States, about 2,400 cases of breast cancer are diagnosed in men, according to the Centers for Disease Control and Prevention. Roughly 270 men will be diagnosed with breast cancer this year in Canada, according to the Canadian Cancer Society. Macmillan Cancer Support says men have a small amount of breast tissue behind their nipples, where breast cancer potentially can develop. Breast tissue in boys and girls is the same until puberty, when girls start to develop more. Signs of male breast cancer include a lump or swelling in the breast, redness or flaky skin in the breast, irritation or dimpling of the skin around the nipple, nipple discharge, or pulling in or pain of the nipple, states the CDC.

MAMMOGRAMS AT 40? FROM PAGE D1

the science of preventive health guidelines.

Task force members are appointed by HHS' Agency for Healthcare Research and Quality and serve four-year terms. The new draft guidelines are open for public comment until June 5. After incorporating feedback, the task force plans to publish its final recommendation in JAMA, the Journal of the American Medical Association.

Nearly 300,000 women will be diagnosed with breast cancer in the U.S. this year, and it will kill more than 43,000, according to National Cancer Institute projections. Expanding screening to include younger women is seen by many as an obvious way to detect cancer earlier and save lives.

But critics of the new guidelines argue there are real trade-offs.

"Why not start at birth?" Steven Woloshin, a professor at the Dartmouth Institute for Health Policy and Clinical Practice, asked rhetorically. "Why not every day?"

"If there were no downsides, that might be reasonable," he said. "The problem is false positives, which are very scary. The other problem is overdiagnosis." Some breast tumors are harmless, and the treatment can be worse than the disease, he said.

Tice agreed that overtreatment is an underappreciated problem.

"These cancers would never cause symptoms," he said, referring to certain kinds of tumors. "Some just regress, shrink, and go away, are just so slow-growing that a woman dies of something else before it causes problems."

Screening tends to find slow-growing cancers that are less likely to cause symptoms, he said. Conversely, women sometimes discover fast-growing lethal cancers soon after they've had clean mammograms.

"Our strong feeling is that one size does not fit all, and that it needs to be personalized," Tice said.

WISDOM, which stands for "Women Informed to Screen Depending On Measures of risk," assesses participants' risk at 40 by reviewing family history and sequencing nine genes. The idea is to start regular mammography immediately for high-risk women while waiting for those at lower risk.

Black women are more likely to get screening mammograms than white women. Yet they are 40% more likely to die of breast cancer and are more likely to be diagnosed with deadly cancers at younger ages.

The task force expects Black women to benefit most from earlier screening, Mangione said.

It's unclear why Black women are more likely to get the most lethal breast cancers, but research points to disparities in cancer management.

"Black women don't get follow-up from mammograms as rapidly or appropriate treatment as quickly," Tice said. "That's what really drives the discrepancies in mortality."

Debate also continues on screening for women 75 to 79 years old. The task force chose not to call for routine screening in the older age group because one observational study showed no benefit, Mangione said. But the panel issued an urgent call for research about whether women 75 and older should receive routine mammography.

Modeling suggests screening older women could avert 2.5 deaths per 1,000 women in that age group, more than those saved by expanding screening to younger women, Kerlikowske noted.

"We always say women over 75 should decide together with their clinicians whether to have mammograms based on their preferences, their values, their health history, and their family history," Mangione said.

Tice, Kerlikowske, and Woloshin argue the same holds true for women in their 40s.

(KFF Health News, formerly known as Kaiser Health News (KHN), is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs of KFF — the independent source for health policy research, polling and journalism.)