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A special supplement to

MailMax
Your Good News Paper



Breast Cancer *Awareness*

Risk *Factors*

7 Be aware of seven risk factors for breast cancer

Your Screening Options

Which option is right for you?

Bronson's *High Risk Breast Clinic*

Assessment, education and support from our comprehensive team of experts

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Breast Health and Breast Cancer Prevention

Did you know that in the United States, one in eight women will be diagnosed with breast cancer in their lifetime? According to the World Health Organization, breast cancer is the most common new cancer diagnosis worldwide. Odds are that you know someone who has been personally impacted by it.

Paying attention to your breast health starts with knowing your risk factors for breast cancer. Understanding these risks helps you and your provider create a personalized screening and prevention plan.

7 RISK FACTORS

Knowing the facts about breast cancer, being aware of the signs and symptoms and understanding the need for screening are key to making informed decisions about your breast health.

Several factors may increase your risk of developing breast cancer including:

1. Being born female
2. Age
3. Having a family history of breast cancer
4. Having dense breast tissue
5. Starting menstruation before age 12 or going through menopause after age 55
6. Having a history of abnormal or atypical cells in breast biopsies
7. Receiving radiation treatment to the chest during childhood or teenage years

Certain lifestyle factors can also increase your risk of breast cancer, such as drinking alcohol, being overweight, not exercising, not having children, not breastfeeding, or using some types of hormone therapy.



The different types of breast cancer



The term “breast cancer” does not describe a single type of cancer, but rather several forms of a disease that can develop in areas of the breast. The American Cancer Society says breast cancer type is determined by the specific cells in the breast that become cancerous. There are many different types of breast cancer, and the medical community’s understanding of the disease is based on decades of research and millions of patients treated.

In 2001, Dr. Charles Perou first classified breast cancer into subtypes based on genomic patterns. The Breast Cancer Research Foundation says breast cancer is broadly divided into two types: non-invasive breast cancers and invasive breast cancers. Non-invasive breast cancers are called Stage 0 breast cancers or carcinomas in situ. These are thought to be the precursors to breast cancer, says the BCRF. While non-invasive breast cancers are not initially life-threatening, if left untreated, they can develop into invasive breast cancers, which can be fatal.

Here is a look at some of the different types of breast cancer.

• **Invasive ductal carcinoma:** This is the most common type of breast cancer, advises the National Breast Cancer Foundation, Inc.[®] Invasive ductal carcinoma accounts for 70 to 80 percent of all breast cancer diagnoses in women and men. This cancer forms in the milk ducts and spreads beyond.

• **Invasive lobular carcinoma:** This is the second most common type of breast cancer, accounting for 10 to 15 percent of diagnoses, says the BCRF. Invasive lobular carcinoma originates in the milk-producing glands of the breast known as lobules. Tumors that form due to invasive lobular carcinoma more commonly grow in lines in the breast rather than in lumps, so they present differently on a mammogram.

• **Inflammatory breast cancer:** Inflammatory breast cancer is a rare, fast-growing type of breast cancer. The inflammatory name comes from the appearance of the skin of the breast. It looks red and inflamed, which is caused by breast cancer cells blocking lymph channels in the breast and skin, says Breast Cancer Now, a research and support charity.

• **Triple-negative breast cancer:** The NBCF says a diagnosis of triple-negative breast cancer means the three most common types of receptors known to cause most breast cancer growths are not present in the cancer tumor. These receptors are estrogen, progesterone and the HER2/neu gene. Since the tumor cells lack necessary receptors, certain treatments like hormone therapy and drugs that target these receptors are ineffective. Chemotherapy is still an option.

• **Metastatic breast cancer:** This type of breast cancer is also known as Stage IV breast cancer. Metastatic breast cancer originates in an area of the breast, but spreads (metastasizes) to another part of the body, most commonly the bones, lungs, brain, or liver.

Individuals hoping to learn more about breast cancer should be aware that there are various types of the disease. Which type an individual has is an important variable doctors consider as they plan a course of treatment.



Screening options

• Breast Mammography:

Mammograms are the best way to detect breast cancer early when it is more easily treatable. Yearly mammograms should begin at the age of 40 and even earlier for those at an increased risk of breast cancer.

Mammograms are low-dose x-rays that take photos of the breast and can help detect abnormalities. Not only do mammograms spot masses, they can also detect abnormal cells in the lining of the breast duct, which can turn into invasive cancer.

A 3D mammogram is a type of mammogram that combines multiple breast x-rays to create a 3D image. This type of mammogram is recommended for people with dense breast tissue or who may not show signs or symptoms.

• **Breast Ultrasound:** A breast ultrasound is a scan that uses sound waves to capture a detailed photo called a sonogram. The sonogram helps doctors determine what type of mass is detected. Some masses may be fluid-filled like cysts and others may be solid masses that need further testing. Undergoing a breast ultrasound is not a typical screening option. However, it is useful for looking at changes in the breast, especially for lumps you can feel but cannot see.



Depending on screening results and other risk factors, additional testing may be ordered, such as:

• **Breast MRI:** During this screening, an MRI machine uses strong magnets to take detailed photos of the breast as the person is lying down with their arms above their head. Based on the American Cancer Society guidelines, women who have a high risk for breast cancer should undergo a yearly breast MRI in addition to their yearly mammogram. Many high-risk women choose to schedule a mammogram and breast MRI six months apart to ensure they are tested twice a year.

• **Breast Biopsy:** A breast biopsy is a test that removes tissue and fluid from the breast to determine if the suspicious area is cancerous. Doctors determine the type of biopsy based on the size of the suspicious area, where it is located in the breast and if there are multiple areas needing to be tested. The tissue and cells pulled from the biopsy are examined under a microscope to detect the presence of cancerous cells.

Treatment possibilities



If you are diagnosed with breast cancer, your provider will recommend a treatment plan based on the stage of your breast cancer. Some treatments may be local (targeting just the area around the tumor) and other treatments may be systemic (targeting the whole body).

Breast cancer can be treated using multiple treatment options, including:

Surgery: A procedure to remove cancerous materials from the breast or affected areas.

Radiation Therapy: High energy rays used to kill cancer cells within the breast.

Hormone Therapy: A prescription drug that blocks the hormones necessary for cancer cells to grow.

Chemotherapy: A form of medicine that travels through the body and kills or slows down the growth of cancerous cells.

Immunotherapy: The use of a person's own immune system to fight cancerous cells or to reduce the side effects from other treatments.

Bronson's High Risk Breast Clinic

Patients identified as high risk can receive long-term care at Bronson's high-risk breast clinic. Services and support include early detection screenings, clinical breast exams, genetic counseling referrals and ongoing monitoring to reduce overall risk.

The clinic is a collaboration between Bronson's surgery, radiology and oncology teams who are dedicated to identifying and managing patients in the community who have been found to have an increased lifetime risk of developing breast cancer.

"We are proud to have implemented a high risk breast clinic to ensure patients in our community have access to many Bronson experts who partner with them on both proactive and preventive care," said Jill Dunham, NP, Bronson Oncology & Hematology Specialists.



Exceptional Cancer Care



Danielle and Dr. Nagpal

Bronson is a leader in cancer care, and our centers in Battle Creek and Kalamazoo are rated among the best in the nation. Our oncology team treats cancer using a comprehensive approach that addresses each patient holistically. We work closely with each patient and family to develop a personalized care plan, from surgery to chemotherapy and radiation treatment all the way to lifelong support and survivorship care.

"There are so many people I could thank here at Bronson – but really, Bronson saved my life. I am still here today, and I hope to be here for many more years," said breast cancer patient, Danielle. Read her full story at bronsonhealth.com/danielle-positivity.



The World Health Organization reports **2.3 million women across the globe were diagnosed with breast cancer in 2022.** WHO data also indicates 670,000 women lost their lives to the disease in 2022.



Exceptional Cancer Care



When you choose Bronson for cancer care, you get the skill, compassion and fierce determination of a whole team of experts. Our specialists are leaders in cancer care and our centers in Battle Creek and Kalamazoo are rated among the best in the nation. We work closely with you and your family to develop a personalized care plan that guides and supports you throughout medical, surgical or radiation treatment and recovery. Together, we bring national level expertise to you so you never have to go far for care!

Want to learn more? Visit bronsonhealth.com/cancer.

