

A close-up photograph of a person's hand, palm up, holding a pink awareness ribbon. The ribbon is looped and draped across the palm. The background is a soft, light pink gradient.

# Breast Cancer Awareness Month

The Morning Journal

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## PREVENTION

# Risk factors for breast cancer

Cancer is a formidable foe. Among women, no cancer poses a greater threat than breast cancer, which the World Health Organization reports is the most often diagnosed cancer both in the developed and developing worlds. Gaining a greater understanding of breast cancer may not prevent the onset of this disease that kills hundreds of thousands of women each year, but it might increase the chances of early detection, which can greatly improve women's chances of survival. The following are the established risk factors for breast cancer.

## Gender

Being female is the single biggest risk factor for developing breast cancer.

Men can get breast cancer, but the risk for men is substantially smaller than it is for women.

According to Breastcancer.org, roughly 190,000 women are diagnosed with invasive breast cancer each year in the United States alone.

## Age

The American Cancer Society notes that about two out of every three invasive breast cancers are found in women ages 55 and older, whereas just one out of every eight invasive breast cancers are found in women younger than 45.

The WHO notes that instances of breast cancer are growing in developing countries, citing longer life expectancies as one of the

primary reasons for that increase.

## Family history

According to the WHO, a family history of breast cancer increases a woman's risk factor by two or three. Women who have had one first-degree female relative, which includes sisters, mothers and daughters, diagnosed with breast cancer are at double the risk for breast cancer than women without such family histories. The risk of developing breast cancer is five times greater for women who have two first-degree relatives who have been diagnosed with breast cancer.

## Menstrual history

Women who began menstruating younger than age

12 have a higher risk of developing breast cancer later in life than women who began menstruating after their 12th birthdays. The earlier a woman's breasts form, the sooner they are ready to interact with hormones and chemicals in products that are hormone disruptors.

Longer interaction with hormones and hormone disruptors increases a woman's risk for breast cancer.

## Lifestyle choices

A 2005 comparative risk assessment of nine behaviors and environmental factors published in the U.K. medical journal The Lancet found that 21 percent of all breast cancer deaths across the globe are attributable to alcohol consump-



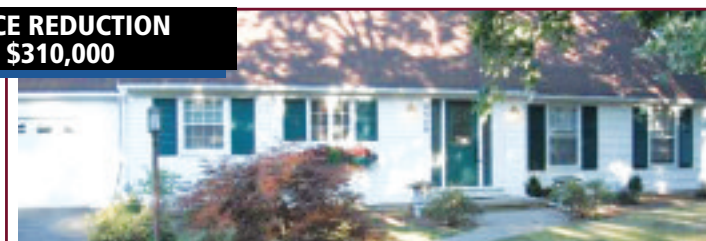
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tion, overweight and obesity and physical inactivity. Women can do nothing to control breast cancer risk factors like gender, age and family history, but making the right lifestyle choices, including limiting alcohol

consumption, maintaining a healthy weight and living an active lifestyle, can reduce the likelihood that they will develop breast cancer.

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**MEDICINE**

# Stages of breast cancer

Upon receiving a breast cancer diagnosis, patients will soon receive a pathology report that informs them about the stage their cancer is in. The stage indicates how advanced the cancer is and whether or not it is limited to one area of the breast or has spread to other tissue or even other parts of the body. Understanding the stages of breast cancer can help patients cope with their diagnoses more effectively.

Once the doctor has completed all the necessary testing, patients will then receive their pathology reports, which will include the stage of the cancer. The following rundown of the various stages of breast cancer can help breast cancer patients better understand their disease.

## Stage 0

Non-invasive breast cancers are considered to be in stage 0. When doctors have determined the cancer is in stage 0, that means they have not seen any indication that the cancer cells or the abnormal non-cancerous cells have spread out of the part of the breast in which they started.

Breast cancer patients may hear the term “five-year survival rate” when discussing their disease with their physicians. The five-year survival rate refers to the percentage of people who live at least five years after being diagnosed with cancer. According to the American Cancer Society, the five-year survival rate for women with stage 0 breast cancer is nearly 100 percent.

## Stage I

Stage I refers to invasive breast cancer and is bro-

ken down into two categories: stage IA and stage IB. Stage IA refers to invasive breast cancers in which the tumor is up to two centimeters and the cancer has not spread outside the breast. The lymph nodes are not involved in stage IA breast cancers. In some stage IB breast cancers, there is no tumor in the breast but there are small groups of cancer cells in the lymph nodes larger than 0.2 millimeter but not larger than two millimeters. But stage IB breast cancers may also refer to instances when there is both a tumor in the breast that is no larger than two centimeters and small groups of cancer cells in the lymph nodes that are larger than 0.2 millimeter but no larger than two millimeters. The ACS notes that the five-year survival rate for stage I breast cancers is roughly 100 percent.

## Stage II

Stage II breast cancers are also divided into two subcategories: stage IIA and stage IIB. Both subcategories are invasive, but stage II breast cancers are more complex than stage 0 or stage I breast cancers. Stage IIA describes breast cancers in which no tumor can be found in the breast, but cancer that is larger than two millimeters is found in one to three axillary lymph nodes (the lymph nodes under the arm) or in the lymph nodes near the breast bone. But an invasive breast cancer can still be considered stage IIA if the tumor measures two centimeters or smaller and has spread to the axillary lymph nodes or if the tumor is larger than two centimeters but not larger than five centimeters and has not spread to the axillary lymph



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nodes.

Stage IIB breast cancer describes breast cancers in which the tumor is larger than two centimeters but no larger than five centimeters, and there are small groups of breast cancer cells in the lymph nodes. These small groups of cells are larger than 0.2 millimeters but no larger than two millimeters. Stage IIB may also be used to describe breast cancers in which the tumor is larger than two centimeters but no larger than five centimeters and the cancer has spread to between one and three axillary lymph nodes or to lymph nodes near the breastbone. Tumors that are larger than five centimeters but have not spread to the axillary lymph nodes may also be referred to as stage IIB breast cancers. The five-year survival rate for stage II breast cancers is about 93

percent.

## Stage III

Stage III cancers are invasive breast cancers broken down into three categories: IIIA, IIIB and IIIC. When patients are diagnosed with stage IIIA breast cancer, that means doctors may not have found a tumor in their breast or the tumor may be any size. In stage IIIA, cancer may have been found in four to nine axillary lymph nodes or in the lymph nodes near the breastbone. Tumors larger than five centimeters that are accompanied by small groups of breast cancer cells in the lymph nodes also indicate a breast cancer has advanced to stage IIIA. But stage IIIA may also be used to describe breast cancers in which the tumor is larger than five centimeters and

the cancer has spread to one to three axillary lymph nodes or to the lymph nodes near the breastbone.

A stage IIIB breast cancer diagnosis indicates the tumor may be any size and has spread to the chest wall and/or the skin of the breast, causing swelling or an ulcer. The cancer may have spread to up to nine axillary lymph nodes or may have spread to the lymph nodes near the breastbone.

In stage IIIC breast cancer, doctors may not see any sign of cancer in the breast. If there is a tumor, it may be any size and may have spread to the chest wall and/or the skin of the breast. To be categorized as stage IIIC, the cancer must also have spread to 10 or more axillary lymph nodes or to the lymph nodes above or below the collarbone or

to the axillary lymph nodes or lymph nodes near the breastbone. The ACS notes that women diagnosed with stage III breast cancer are often successfully treated and that the five-year survival rate is 72 percent.

## Stage IV

Invasive breast cancers that have spread beyond the breast and lymph nodes to other areas of the body are referred to as stage IV. Stage IV breast cancer may be a recurrence of a previous breast cancer, though some women with no prior history of breast cancer receive stage IV diagnoses. The five-year survival rate for stage IV breast cancers is 22 percent.

More information about breast cancer is available at [www.breastcancer.org](http://www.breastcancer.org).  
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# October Is Breast Cancer Awareness Month

# Think Pink

*Let's work together to raise awareness of breast cancer and the importance of early detection.*

Breast cancer is one of the most common cancers among women in the United States, and is the second leading cause of cancer death in American women. Early detection saves lives, so make a monthly breast self-exam part of your regular routine and see your doctor if you experience any breast changes. If you're a woman age 40 or older or have a history of breast cancer in your family, be sure to schedule an annual mammogram and physical exam by your doctor.

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## TREATMENT

# Guide to mastectomy procedure

A breast cancer diagnosis is something no one wants to receive. Dealing with any form of cancer can be overwhelming, but a breast cancer diagnosis can be particularly challenging, especially when physicians recommend mastectomy to their patients.

The Mayo Clinic notes that mastectomy is an umbrella term used to describe several different procedures.

While it's largely thought of as removing one or both

breasts, mastectomy may also refer to removing lymph nodes under the arms.

Lumpectomy is another word that may come up when physicians discuss treatment options with patients who have been diagnosed with breast cancer. Lumpectomies occur when a tumor and surrounding tissue is removed, but most of the breast is left intact.

For reasons that are not entirely understood, Susan G. Komen reports that rates

of some types of mastectomies are on the rise.

A unilateral mastectomy is the removal of one breast, and a bilateral mastectomy is the removal of both breasts. However, a woman may choose to have a healthy breast removed as a preventative measure called a contralateral prophylactic mastectomy, or CPM. Susan G. Komen says that rates of CPM have been steadily on the rise, and women choosing to undergo the procedure tend to be young and well educated.

Any mastectomy has its share of risks that women must weigh against the benefits. Doctors or nurses will explain the procedure before patients enter the operating room. Surgical plans may differ depending on

whether a modified radical mastectomy, simple mastectomy, skin-sparing mastectomy, or nipple-sparing mastectomy will be performed. A mastectomy procedure typically lasts up to three hours, but it may take longer if reconstruction of the breast is part of the surgery.

Mastectomy is usually performed under general anesthesia, so patients will need to arrange for transportation home from the hospital.

Many women find they can go home the same day of the procedure, though women should discuss their options with their physicians ahead of the surgery.

Incisions will be closed with sutures after the surgery is completed. In some

cases, a plastic drainage tube will be inserted where the breast was removed. This tube helps clear away any fluids that accumulate after the surgery.

Women may feel some pain, numbness and pinching sensations in the surgical area. There will be a bandage over the site, and instructions will be given on caring for the wound and changing the dressing.

It's important to keep in mind that some of side effects of mastectomy procedures are permanent and irreversible, whether or not a person undergoes reconstruction.

Removing breast tissue eliminates the ducts that produce milk, so breastfeeding will not be possible after surgery. Also, the

breast and much of the surrounding area may remain numb due to nerves that are severed when breast tissue is removed.

How much sensation returns varies from woman to woman.

Women can direct any questions they have regarding wearing bras or breast prosthetics to their surgical teams.

Mastectomy is a common treatment option for women who have been diagnosed with breast cancer.

Although mastectomy may seem scary, women can rest assured that many have been there before them and there is a wealth of information available to assuage their fears

**A mastectomy procedure typically lasts up to three hours, but it may take longer if reconstruction of the breast is part of the surgery.**

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**TREATMENT**

# Preparing for potential side effects

Treatments for breast cancer have evolved considerably in recent years. When breast cancer is detected early enough to be categorized as stage 0 or stage I, the five-year survival rate is 100 percent. That's a testament to the hard work of cancer researchers who continue to develop effective ways to treat and defeat breast cancer.

As effective as cancer treatments can be, breast cancer patients may still experience some side effects during treatment. Side effects may depend on which course of treatment cancer patients and their physicians pursue, but the following are some potential side effects breast cancer patients may encounter

during treatment.

**Armpit discomfort**

According to Breastcancer.org, a nonprofit organization dedicated to providing up-to-date information about breast cancer, patients may develop armpit discomfort after lumpectomy, mastectomy or lymph node removal surgeries. This discomfort may be characterized by pain, swelling, tenderness, or numbness. The numbness may result when nerves in the armpit are cut during surgery, while tenderness or swelling may occur when surgeons have to remove some of the tissue under the surface of the skin. Patients who receive radiation therapy may develop irritation or soreness in the

armpit because the skin of the armpit is so close to the breast.

**Constipation**

Some breast cancer patients experience constipation because their eating and exercise habits change during treatment.

Constipation is a side effect of pain medications such as ibuprofen, so breast cancer patients relying on medication to alleviate some of the pain associated with their disease and treatment may experience constipation as a result.

Chemotherapy and hormonal therapy are two breast cancer treatments known to cause constipation as well.

**Dry skin**

During treatment, breast cancer patients may experience dry skin that is uncomfortable and itchy.

This side effect has been linked to chemotherapy, radiation therapy and hormonal therapy.

Dry skin tends to last as long as patients are in treatment, gradually subsiding once treatment has been completed.

**Endometriosis**

Endometriosis occurs when the cells that make up the endometrium, or the lining of the uterus, grow outside of the uterus. Hormonal therapy may stimulate the growth of endometrial cells, triggering endometriosis, which is most

often found on or under the ovaries, behind the uterus or on the bowels or bladder.

Endometriosis may cause pain, fertility problems or heavy menstrual periods.

Physicians who suspect their patients have developed endometriosis may perform a laparoscopy, a surgical procedure in which a small cut is made over the abdomen.

Once that cut is made, the surgeon will insert a thin tube equipped with a viewing instrument so he or she can look inside the uterus to determine if endometriosis has developed.

**Memory loss**

Breast cancer treatments such as chemotherapy, radiation therapy and hormonal

therapy may contribute to memory loss.

Ovarian removal or shutdown may also result in memory loss.

Memory loss may also result from medications taken during breast cancer treatment.

Breast cancer patients who plan to continue working during treatment should discuss with their physicians how to manage potential memory loss and may benefit from informing their employers about the potential for treatment-related memory loss.

More information about potential breast cancer treatment side effects is available at [www.breastcancer.org](http://www.breastcancer.org).

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