



Breast Cancer Awareness

Knowing the Common Risk Factors

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.

Doctors do know that bumping, bruising, or touching the breast does not cause cancer. And breast cancer is not contagious. You can't catch it from another person.

Doctors also know that 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.

Studies have found the following risk factors for breast cancer:

- **Age:** The chance of getting breast cancer increases as you get older. Most women are over 60 years old when they are diagnosed.
- **Personal health history:** Having breast cancer in one breast increases your risk of getting cancer in your other breast. Also, having certain types of abnormal breast cells (atypical hyperplasia, lobular carcinoma in situ [LCIS], or ductal carcinoma in situ [DCIS]) increases the risk of invasive breast cancer. These conditions are found with a breast biopsy.
- **Family health history:** Your risk of breast cancer is higher if your mother, father, sister, or daughter had breast cancer. The risk is even higher if your family member had breast cancer before age 50. Having other relatives (in either your mother's or father's family) with breast cancer or ovarian cancer may also increase your risk.
- **Certain genome changes:** Changes in certain genes, such as BRCA1 or BRCA2, substantially increase the risk of breast cancer. Tests can sometimes show the presence of these rare, specific gene changes in families with many women who have had breast cancer, and health care providers may suggest ways to try to reduce the risk of breast cancer



or to improve the detection of this disease in women who have these genetic changes.

Also, researchers have found specific regions on certain chromosomes that are linked to the risk of breast cancer. If a woman has a genetic change in one or more of these regions, the risk of breast cancer may be slightly increased. The risk increases with the number of genetic changes that are found. Although these genetic changes are more common among women than BRCA1 or BRCA2, the risk of breast cancer is far lower.

• **Radiation therapy to the chest:** Women who had

radiation therapy to the chest (including the breasts) before age 30 are at an increased risk of breast cancer. This includes women treated with radiation for Hodgkin lymphoma. Studies show that the younger a woman was when she received radiation treatment, the higher her risk of breast cancer later in life.

• **Reproductive and menstrual history**
The older a woman is when she has her first child, the greater her chance of breast cancer.

Women who never had children are at an increased risk of breast cancer.

Women who had their first menstrual period

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before age 12 are at an increased risk of breast cancer.

Women who went through menopause after age 55 are at an increased risk of breast cancer.

Women who take menopausal hormone therapy for many years have an increased risk of breast cancer.

• **Race:** In the United States, breast cancer is diagnosed more often in white women than in African American/black, Hispanic/Latina, Asian/Pacific Islander, or American Indian/Alaska Native women.

• **Breast density:** Breasts appear on a mammogram (breast x-ray) as having areas of dense and fatty (not dense) tissue.

Women whose mammograms show a larger area of dense tissue than the mammograms of women of the same age are at increased risk of breast cancer.

• **History of taking DES:** DES was given to some pregnant women in the United States between about 1940 and 1971. (It is no longer given to pregnant women.)

Women who took DES during pregnancy may have a slightly increased risk of breast cancer. The possible effects on their daughters are under study.

• **Being overweight or obese after menopause:** The chance of getting breast cancer after menopause is higher in women who are overweight or obese.

• **Lack of physical activity:** Women who are physically inactive throughout life may

have an increased risk of breast cancer.

• **Drinking alcohol:** Studies suggest that the more alcohol a woman drinks, the greater her risk of breast cancer.

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

Many other possible risk factors have been studied. For example, researchers are studying whether women who have a diet high in fat or who are exposed to certain substances in the environment have an increased risk of breast cancer. Researchers continue to study these and other possible risk factors.

Information for this article was provided by the National Cancer Institute.

You Are Not Alone: Sources of Support

LEARNING that you have breast cancer can change your life and the lives of those close to you. These changes can be hard to handle. It's normal for you, your family, and your friends to need help coping with the feelings that such a diagnosis can bring.

Concerns about treatments and managing side effects, hospital stays, and medical bills are common. You may also worry about caring for your family, keeping your job, or continuing daily activities.

Several organizations offer special programs for women with breast cancer. Women who have had the disease serve as trained volunteers. They may talk with or visit women who have breast cancer, provide information, and lend emotional support. They often share their experiences with breast cancer treatment, breast reconstruction, and recovery.

You may be afraid that changes to your body will affect not only how you look but also how other people feel about you. You may worry that breast cancer and its treatment will affect your sexual relationships. Many couples find it helps to talk about their concerns. Some find that counseling or a couples' support group can be helpful.

Here's where you can go for support:

- Doctors, nurses, and other members of your health care team can answer questions about treatment, working, or other activities.
- Social workers, counselors, or members of the clergy can be helpful if you want to talk about your feelings or concerns. Often, social workers can suggest resources for financial aid, transportation, home care, or emotional support.
- Support groups also can help. In these groups, women with breast cancer or their family members meet with other patients or their families to share what they have learned about coping with the disease and the effects of treatment. Groups may offer support in person, over the telephone, or on the Internet. You may want to talk with a member of your health care team about finding a support group. Women with breast cancer often get together in support groups, but please keep in mind that each woman is different. Ways that one woman deals with cancer may not be right for another. You may want to ask your health care provider about advice you receive from other women with breast cancer.
- Information specialists at 1-800-4-CANCER (1-800-422-6237) and at LiveHelp (<http://www.cancer.gov/help>) can help you locate programs, services, and publications. They can send you a list of organizations that offer services to women with cancer.

Information provided by the National Cancer Institute.

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Lymphedema: Breast Cancer's Dirty Secret

By LYEA CHU

AFTER the physical and emotional rigors of surgery or radiation as part of the fight against breast cancer, patients who also undergo lymph node dissection often face another serious threat that receives almost no media coverage. Lymphedema is a debilitating progressive condition for which there are various treatments, but no known cure. The unfortunate patient faces a lifelong struggle of medical, and sometimes surgical, treatment fraught with potentially lethal complications.

Below is a basic Q&A to help educate women about what lymphedema is, exactly, and how symptoms can be avoided.

What is lymphedema?

Lymphedema is a condition that can cause significant swelling of the arm and hand due to extracellular lymph fluid buildup in that part of the body. This can occur when the lymphatic system, which is responsible for draining excess fluid, is damaged as a result of cancer therapies.

How common is lymphedema?

Lymphedema is common among the 2.3 million U.S. survivors of breast cancer. According to the Avon Foundation for Women's recent research in partnership with in partnership with the Lymphatic Research Foundation and the National

including age, weight, years post-surgery, etc. When lymphedema is not diagnosed early and managed properly, it may become a long-term, irreversible condition affecting quality of life and appearance.

How long before some of the more dramatic side effects begin to occur?

Sometimes symptoms occur months or even years following an injury to the lymphatic system. When symptoms eventually occur, they can include more pronounced swelling, aching, weakness, redness, heaviness, or tightness in one of the limbs as well as restricted mobility of the wrist.

Can lymphedema be prevented?

Scientists don't yet fully understand why some women develop lymphedema while others don't. It is known that earlier treatment gives a better chance of a return to normal function, activities and appearance. This means that early detection is the key to prevention. Having a baseline clinical assessment before breast cancer treatment begins allows your medical team to better understand what is "normal" for you. It is then easier to detect any lymphedema very early in its development.

How is lymphedema measured today?

Unfortunately, most lymphedema is not

detected until the arm has become visibly swollen. By this time, in some cases, the condition is irreversible. Once diagnosed, lymphedema is monitored during therapy by either a tape measure or other devices which estimate the total volume of the arm.

However, lymphedema CAN be detected early, and with proper intervention, managed. New technologies, such as bioimpedance spectroscopy (BIS) and perometry, exist that can detect lymphedema at its earliest stages, when intervention can make a big difference in long-term outcomes.

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LYMPHEDEMA affects approximately between 19-33% of survivors following axillary lymph node dissection and radiation therapy and between 3.5-22% of survivors following sentinel node biopsy and radiation therapy. The highest risk of lymphedema occurring is within the first three years after surgery. For some women, it can take up to 10-15 years for the condition to develop.

Lymphedema Network, the condition affects approximately between 19-33% of survivors following axillary lymph node dissection (ALND) and radiation therapy (RT) and between 3.5-22% of survivors following sentinel node (SLN) biopsy and RT. The highest risk of lymphedema occurring is within the first three years after surgery, but unfortunately the risk doesn't ever go away completely. For some women, it can take up to 10-15 years for lymphedema to develop.

Who is at risk of developing lymphedema?

Women who have had surgery to remove lymph nodes and/or radiation therapy are always at risk of developing lymphedema – with some women being at greater risk than others based on a number of factors


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Can the symptoms of lymphedema be reversed?

There is a window of time where the symptoms can be reversed, but only if the patient is diagnosed soon enough.

How is lymphedema treated?

If lymphedema is not diagnosed soon enough, there are still some options for care that should be discussed with your doctor. Some of these options include:

- Massage and Manual Lymphatic Draining (MLD)
- Compression sleeve
- Bandaging is frequently used when swelling is severe
- Skin care and control of infection

Is there a way to assess my likelihood of suffering from lymphedema after my breast cancer treatment has concluded?

There is a growing international consensus among medical professionals and health research organizations in support of the prospective (pre-surgical) assessment of newly diagnosed cancer patients to identify and manage those patients at high risk for lymphedema.

There is a new impedance-based technology, called L-DEX, that is the first FDA cleared medical device designed to aid in the clinical assessment of unilateral lymphedema of the arm in women. This means that physicians now have a way to help assess which patients are likely to suffer from lymphedema so that proactive treatment steps can be taken in advance of the condition worsening.

How does impedance technology work? L-DEX technology utilizes a noninvasive bioimpedance spectroscopy to measure the characteristics of current flow changes through the extracellular fluid in the patient's limb.

These changes assist the surgeon and oncologist in clinically assessing patients for the early signs of lymphedema so that proactive and symptom preventive treatment can be employed. The L-DEX technology assesses the patient with a baseline "score" that is specific for extracellular fluid and indicates whether or not they are within a normal range. Subsequent doctor visits approximately every 90 days will include measuring any fluctuations in the score outside the normal range.

What can I do to help get the word out about lymphedema?

There are a number of things you can do: *Become part of the support community.* Visit lymphconnect.com to share your story and read about other women who are working to get the message out and improve the educational foundation that exists on lymphedema.

Tell a friend. Share the website with other women in your life – your friends, your sister, your mother, your daughter. The more people you inform, the more likely someone will get the information they need sooner.

Lyea Chu is a freelance healthcare writer based in Los Angeles.

Advanced Post-Mastectomy Breast Reconstruction Improves Women's Psychosocial and Sexual Well-being

AFTER a mastectomy, women who undergo breast reconstruction with tissue from their own abdomen experience significant gains in psychological, social, and sexual wellbeing as soon as three weeks after surgery. That is one of the conclusions of a new study published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society. The study's results provide new information to breast cancer survivors who are contemplating these types of breast reconstruction procedures.

The goal of breast reconstruction after a mastectomy is to restore the appearance of the breast and to improve women's psychological health after cancer treatment. But how successful is it? Recent studies on the health and wellbeing of women who undergo breast reconstruction have generated mixed findings.

To provide a clearer picture of women's mental and physical health following two advanced forms of breast reconstruction, Toni Zhong, MD, MHS, of the University Health Network Breast Restoration Program at the University of Toronto in collaboration with her colleagues at Memorial Sloan Kettering Cancer Center in New York City surveyed 51 women undergoing free MS-TRAM or DIEP flap reconstruction between June 2009 and November 2010.

During these procedures, which are gaining popularity in North America and Europe, surgeons take tissue from the patient's abdomen and use it to reconstruct the breast. The women in the study completed questionnaires prior to surgery and following surgery at three weeks and three months.

Women who underwent the breast reconstruction procedures reported significant improvements in psychological, social, and sexual wellbeing just three weeks after surgery. Unfortunately, however, they continued to experience decreased physical wellbeing at the abdominal location where tissue was removed at three months following surgery.

The results may be helpful to breast cancer survivors who are considering breast reconstruction. "In the current healthcare environment where patients and providers increasingly seek evidence-based data to guide clinical decisions, discussing satisfaction outcomes with patients will help them make educated decisions about breast reconstruction," said Dr. Zhong. "Our study can serve as an important source of evidence to guide the decision-making process for both surgeons and patients," she added.

Information Provided by the American Cancer Society.



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Major Strides Made in Breast Cancer Outcomes

ACCORDING to The American Cancer Society, approximately 230,000 women will be diagnosed with breast cancer this year — that's almost 1 in 8 women — and, about 39,520 women will die from the disease in 2011. If those statistics aren't serious enough, it is also important to understand that breast cancer is not just one disease. Breast cancer is diagnosed in different stages and types in each patient, presenting different challenges and treatment options with each diagnosis.

Good medical care can prevent breast cancer deaths by catching the disease early. According to Dennis Holmes, MD, FACS, a leading breast cancer surgeon and Director of The Los Angeles Center for



Current evidence shows that mammograms offer substantial benefit for women starting at age 40, and that the benefits associated with regular mammograms are extremely important.

Women's Health, "Annual mammograms for women remain the best approach to preventing breast cancer or detecting it as early as possible, when treatments are most effective." Holmes added that mammograms find between 85 and 90 percent of breast cancers — up to two years before they can be felt in a physical examination.

Current evidence shows that mammograms offer substantial benefit for women starting at age 40, and that the benefits associated with regular mammograms are extremely important. In fact, health programs like Medicare have covered annual mammography for all women aged 40+ since 1997. There are also nationwide federal programs to ensure the accuracy and quality of annual screening mammography.

Most mammograms are normal and provide peace of mind. Through enhancements like computer-assisted detection of abnormalities and a new technology called MRI mammography, mammograms are more accurate than ever before.

When an abnormality is detected, often, a small biopsy of the abnormal area is the first step. If the biopsy shows a breast cancer, surgical removal follows. Because effective screening allows most breast cancers to be detected early, most can be treated with a lumpectomy, and will not have

spread yet to the lymph nodes.

The importance of radiation therapy is becoming even better appreciated. Depending on the size and type of breast cancer, radiation therapy is often provided. Historically, physicians provided daily radiation doses for up to six weeks, requiring dozens of trips to the hospital.

Dr. Holmes is one of the pioneers of a key advancement in breast cancer treatment known as Intra-operative Radiotherapy (IORT). Intra-operative means that on the same day as the lumpectomy, a high, but local dose of radiation can be targeted directly to the tissue surrounding the tumor area. This innovative technique combines the power of radiation therapy with the affectivity of surgery.

"As a breast cancer specialist, my approach has always been to identify the most powerful and least invasive treatment options, so patients can preserve as much of their breast as possible and maintain their quality of life while fighting cancer," said Dr. Holmes. "IORT allows the patient to receive radiation directly to the tumor site during breast cancer surgery in a single session, instead of the usual five to six weeks of chemotherapy."

This innovative therapy also gives more breast cancer patients the option to undergo nipple-sparing surgeries such as receiving the medical benefit of a full mastectomy, while leaving the nipple and areola fully intact.

New data research confirming the importance of radiation therapy appeared in October 2011 in *The Lancet*, one of the world's leading medical journals. In this article, the authors cited data showing that adding radiation therapy to breast-conserving surgery lowers the chance that cancer will come back and simultaneously reduces the risk of dying from breast cancer, when compared to the breast-conserving surgery without additional radiation.

This new research included nearly 11,000 women who had taken part in 17 studies and were followed for an average of 10 years. After 10 years, only 19% of women who had radiation after their breast-sparing surgery experienced a recurrence. In contrast, 35% of women who had breast-conserving surgery without radiation had a recurrence of breast cancer.

Even more importantly, the study also looked at overall survival. After 15 years, 25% of women who did not have radiation had died from breast cancer. But, among those women treated with both surgery and radiation, only 21% of these women died from breast cancer. The study shows that adding radiation to treatment reduced the rate of dying from breast cancer by one-sixth. This study is likely to impact decisions about breast cancer management in both Europe and the U.S.

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