

WellnessWatch

1 in 8 Women

in the United States
will develop
breast cancer
in her lifetime.



Welcome to this issue of **WellnessWatch** -- The Starr Group's monthly digest featuring articles on health and wellness to keep **YOU** current with latest **#wellness** trends and fitness buzz. *Be well!*



Topic of the Month: **Breast Cancer**

Time, cost, inconvenience, pain, and simply not wanting to know are all reasons cited by studies as to why women avoid annual mammograms.

Lack of time is often a misconception. A mammogram takes less than an hour from the moment a patient walks in to when she walks out. The actual procedure takes just 3 to 5 minutes!

Forty percent of women wrongly assume that their insurance does not cover mammograms. However, most

states have regulations requiring insurers to cover the tests, and there are several public and private programs that cover screening costs for uninsured women.

Though pain is a legitimate concern, experts point to the brevity of the actual test as one way to allay concern over the discomfort.

For some women, a mammogram is just "inconvenient". Address this by offering to take over the mundane aspects of scheduling: make the appointment, arrange transportation, and even accompany her if that helps motivate her to go through with the test.

Many women don't get screened because they simply "don't want to know". Emphasize the lousy odds: one in eight women will be diagnosed with breast cancer at some point in their lives. Ignorance may be bliss now, but it's a lot more painful to both them and their loved ones later.



Screening & Prevention: **Breast Cancer**

Screening guidelines for women at average breast cancer risk are fairly simple. Women between the ages of 25 and 40 should have an annual clinical breast examination by their family physician. Women 40 and older should have an annual mammogram in addition to an annual clinical breast examination. Your doctor may recommend an Ultrasound for women with dense breast tissue. All women should consider performing a monthly self breast exam beginning at age 20 and become familiar with their breasts so they are better able to notice changes.

A woman is considered at average risk if she has:

- no symptoms of breast cancer;
- no history of invasive breast cancer (breast cancer that has spread beyond the milk ducts);
- no history of ductal or lobular carcinoma in situ (abnormal cells that are confined to the milk duct, or lobule);
- no history of atypia (atypical hyperplasia, a form of benign breast disease);
- no family history of breast cancer in a first-degree relative (parent, sibling, or child);
- no suggestion or evidence of a hereditary syndrome such as a BRCA mutation (evidence would be multiple first- and/or second-degree relatives with breast cancer or ovarian cancer);
- no history of mantle radiation (a radiation therapy used to treat Hodgkin's disease and some other conditions).



Experts at Memorial Sloan Kettering Cancer Center have developed separate sets of guidelines for women who have a higher-than-average breast cancer risk for the following reasons:

- family history of breast cancer in a first-degree relative (parent, sibling, or child);
- history of atypical hyperplasia (a form of benign breast disease);
- history of lobular carcinoma in situ (abnormal cells that are confined to the milk duct, or lobule);
- history of mantle radiation (a radiation therapy used to treat Hodgkin's disease and some other conditions) before the age of 32;
- genetic predisposition for breast cancer (for example, women with a BRCA mutation).

If you have an above-average risk of breast cancer for the reasons listed above, MSK doctors recommend the guidelines below.

For women with a family history of breast cancer:

- a clinical breast exam every six months starting no later than ten years before the age of the earliest diagnosis in the family (but not earlier than age 25 and not later than age 40)
- an annual mammogram starting no later than ten years before the age of the earliest diagnosis in the family (but not earlier than age 25 and not later than age 40)
- possible supplemental imaging (for example, with ultrasound) for women with dense breast tissue
- possibly alternating between a breast MRI and a mammogram every six months, as determined by your physician

For women who have ever been diagnosed with atypical hyperplasia or lobular carcinoma in situ:

- a clinical breast exam every six months to 12 months beginning at the time of your diagnosis
- an annual mammogram beginning at the time of your diagnosis
- possible supplemental imaging (for example, with ultrasound) for women with dense breast tissue

For women with a genetic predisposition to breast cancer:

- a clinical breast exam every six months
- an annual mammogram starting at age 25
- possible annual breast MRI



Did you know?

3.1
million

42
thousand

85
percent

- As of January 2019, there are more than **3.1 million** women with a history of breast cancer in the U.S. This includes women who are currently and have finished being treated.
- For men, the lifetime risk of getting breast cancer is about 1 in **833**. (*Source: American Cancer Society, January 8, 2019*)
- About **41,760** women in the U.S. are expected to die in 2019 from breast cancer, though death rates have been decreasing since 1989!
- About **85%** of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.
- Among cases diagnosed from 2008 to 2014, followed through 2015, the 5 year relative survival rate for women was **90%**! (*Source: Surveillance, Epidemiology, and End Results (SEER) 18 registries, National Cancer Institute, 2018*)





Bosom Buddies!

More women are likely to go for their annual mammogram/screening when encouraged by family and friends. Consider the "Buddy System" when scheduling your next appointment. Talk to your family and friends. Encourage your mom or sister, daughter or niece to schedule their mammograms on the same day as yours. Make the appointment for them if necessary. Offer to carpool and make a day of it: lunch and an afternoon of shopping AFTER you've both had your screenings. Make women's health an annual celebration of LIFE!



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