

PRESS RELEASE

OCTOBER IS BREAST CANCER AWARENESS MONTH

September 19, 2014: Breast cancer is the second leading cause of cancer death in women. The American Cancer Society estimates that 232,670 new cases of invasive breast cancer will be diagnosed in women this year, and that 40,000 women will lose their life to the disease. Lives taken from breast cancer are averaging 1 in 36 (about 3%). This number has declined since 1989, due to early detection through screening and increased awareness and treatment. At this time, there are over 2.8 million breast cancer survivors in the U.S.

INHERENT RISK FACTORS

Gender: Men can develop breast cancer, but it is 100x more common among women, due to the fact that female hormones estrogen and progesterone can promote breast cancer cell growth.

Aging: Approximately 1 in 8 invasive breast cancers are found in women under the age of 45, while 2-3 in 8 are found in women age 55+.

Genetic Risk Factors: Approximately 5-10% of breast cancer cases are determined to be hereditary. Breast cancer risk is higher among those with blood relatives who have this disease. Having one first-degree relative (mother, sister or daughter) with breast cancer doubles the risk. Having two first-degree relatives increases the risk 3-fold.

Race & Ethnicity: Although Caucasian women age 45+ are slightly more likely to develop breast cancer than African-American women age 45+, African-American women are more likely to lose their life to this cancer. Asian, Hispanic, and Native-American women have a lower risk of developing and losing their life to breast cancer.

Breast Tissue: Those with dense tissue (more glandular and fibrous tissue, and less fatty tissue), have a higher risk of breast cancer. Also, those with certain benign breast conditions may have an increased risk factor.

Menstrual Periods: Women who started menstruating early (before age 12), and/or who went through menopause later (after age 55) have a slightly higher risk of breast cancer, due to a longer lifetime exposure to the hormones estrogen and progesterone.

Previous Chest Radiation: Women who had radiation therapy (before age 40) to the chest area for treatment of another form of cancer have a significantly higher risk for breast cancer.

LIFESTYLE-RELATED RISK FACTORS

Birth Control: Women using oral contraceptives (birth control pills) or injectable forms of progesterone given once every 3 months as birth control may have a slightly greater risk of developing breast cancer.

Hormone Therapy after Menopause: Combined hormone therapy (estrogen combined with progesterone) increases the risk of getting breast cancer. However, the use of estrogen alone after menopause does not appear to increase the risk.

Drinking Alcohol: The use of alcohol, in any amount, is clearly linked to a higher risk of developing breast cancer. Women who have 2-5 drinks daily have 1 ½ times the risk compared to non-drinkers. Excessive alcohol consumption is also linked to several other types of cancer.

Being Overweight or Obese: Being overweight or obese after menopause increases the risk of developing breast cancer. After menopause the ovaries stop making estrogen, and most of a woman's estrogen comes from fat tissue. Having more fat tissue raises estrogen levels, increasing the risk of breast cancer. Also, being overweight leads to higher blood insulin levels, which is also linked to some cancers.

Physical Activity: Exercise reduces the risk of developing breast cancer! Even as little as 1.25-2.5 hours per week of brisk walking reduces your risk by 18%.

Having Children & Breastfeeding: Women who have birthed children, specifically before age 30, have a lower risk of developing breast cancer. Some studies also suggest that breastfeeding may lower the risk of developing breast cancer. Pregnancy, as well as breastfeeding, reduces the total number of lifetime menstrual cycles, which may be the reason for this effect.

SIGNS & SYMPTOMS

The most common symptom of breast cancer is a lump or mass. However, even if no distinct lump is felt, women are encouraged to watch for swelling, skin irritation or dimpling, breast or nipple pain, nipple retraction, redness, scaliness or thickening of the nipple or breast skin, or nipple discharge.

Sometimes breast cancer can spread to lymph nodes under the arm or around the collar bone. Swollen lymph nodes, or lumps/swelling around your lymph nodes should be discussed with your physician.

PREVENTION

The American Cancer Society encourages women to make healthy lifestyle choices, including a healthy diet, regular physical activity, and eliminating alcohol.

Early detection tests for breast cancer saves thousands of lives each year. Following the American Cancer Society's guidelines for early detection improves the chances that breast cancer can be diagnosed at an early stage and treated successfully. It is important to get regular breast exams and mammograms to find breast cancer early, when it is most likely curable.

The American Cancer Society recommends yearly mammograms beginning at age 40. Breast exams should be performed every 3 years for women in their 20s and 30s, and every year for women 40+. Breast self-exams are beneficial beginning at age 20. It is important to report ANY breast change promptly to your physician.

TIPS FOR SCHEDULING YOUR ANNUAL EXAM OR MAMMOGRAM

Please do not wear any deodorant, powder, lotion or perfume on your breasts or under your arms. If you have a lump, breast discharge, or breast implants, please inform our staff as you schedule your appointment so we can allow for appropriate time to complete a diagnostic mammogram. Schedule your mammogram seven to ten days after your period, when your breasts are the least tender. Screening mammograms take approximately 30 minutes; diagnostic mammograms take approximately 60 minutes.

To schedule your mammogram at Uintah Basin Healthcare, call Women's Imaging at (435)725-2081. To schedule your annual exam, call the Women's Health Center at (435)722-4652. We offer three board certified OB-GYN physicians with appointments in Roosevelt and Vernal.

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