Breast Cancer Frequently Asked Questions and Resources

Can Breast Cancer Be Found Early?

Following the American Cancer Society’s guidelines\(^1\) for the early detection of breast cancer improves the chances that breast cancer can be diagnosed at an early stage and treated successfully.

1. Between the ages of 20 and 39, women should have a clinical breast examination by a health professional every three years.

2. After age 40, women should have a breast exam by a health professional every year.

3. Women aged 20 or older should perform breast self-examination every month. By doing the exam regularly, women get to know how their breasts normally feel and they can more readily detect any change. If a change occurs, such as a development of a lump or swelling in the breast or underarm area, skin irritation or dimpling, nipple pain or retraction (turning inward), redness or scaliness of the nipple or breast skin, or a discharge other than breast milk, you should see your health care provider as soon as possible for evaluation. However, remember that most of the time, these breast changes are not cancer.

What Is a Mammogram?

A mammogram is an x-ray of the breast. It is used to look for breast disease in women who appear to have no breast problems.

Eight Things to Expect when You Get a Mammogram:

1. Medicare, Medicaid, and most private health plans cover mammogram costs, or a percentage of them. Low-cost mammograms are available in most communities. Call the American Cancer Society at (800) 227-2345 for information about facilities in your area.

2. The procedure requires that you undress above the waist. The facility will provide you with a wrap to wear.

3. A technologist will be present to position your breasts for the mammogram. Most technologists are women. You and the technologist are the only ones present during the mammogram.

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\(^1\) Sources: American Cancer Society's Breast Cancer Screening Guidelines, 2002 and The National Women’s Health Information Center www.4woman.gov/faq/cbreast.htm.
4. The procedure takes about 20 minutes. The actual breast compression only lasts a few seconds.

5. You may feel some discomfort when your breasts are compressed, but you should not feel pain. To help lessen discomfort, do not have a mammogram just before or during your menstrual period. If you experience pain during the mammogram, tell the technologist.

6. All mammography facilities are now required to send your results to you within 30 days. You will be contacted within five working days if there is a problem with the mammogram.

7. Only one or two mammograms out of every 1,000 lead to a diagnosis of cancer. Approximately 10% of women will require additional mammography. Do not be alarmed if this happens to you. Only 8% to 10% of those women will need a biopsy, and 80% of those biopsies will not be cancer.

8. If you are a woman age 40 or over, you should get a mammogram every year. You can schedule the next one while you are at the facility and/or request a reminder.

**What Is a Clinical Breast Examination?**

A clinical breast examination involves a health professional, such as a physician, nurse practitioner, nurse, or physician assistant examining your breasts. For this examination, you undress from the waist up. The health professional will check your breasts for changes in size or shape. Then, the examiner will gently palpate (feel) your breasts to detect any irregularities in the texture of the breasts, location of any lumps, and determination of whether such lumps are attached to the skin, or to deeper tissues. The health professional will also examine the areas under both arms. The clinical breast examination is a good time for health professionals to teach breast self-examination to women who do not already know how to do self-examination. Ask your doctor or nurse to teach you and ensure that your technique is correct.

**How Do You Perform a Breast Self-Examination?**

By regularly examining her own breasts, a woman is likely to notice any changes that occur. The best time for breast self-examination is about a week after your menstrual period ends, when your breasts are not tender or swollen. If you are not having regular periods, do breast self-examination on the same day every month.

1. Lie down with a pillow under your right shoulder and place your right arm behind your head.
2. Use the finger pads of the three middle fingers on your left hand to feel for lumps in the right breast.

3. Press firmly enough to know how your breast feels. A firm ridge in the lower curve of each breast is normal. If you are not sure how hard to press, talk with your doctor or nurse.

4. Move around the breast in a circular, up and down line, or wedge pattern. Be sure to do it the same way every time, check the entire breast area, and remember how your breast feels from month to month.

5. Repeat the exam on your left breast, using the finger pads of the right hand. (Move the pillow to under your left shoulder.)

6. If you find any changes, see your doctor right away.

7. Repeat the examination of both breasts while standing, with one arm behind your head. The upright position makes it easier to check the upper and outer part of the breasts (toward your armpit). This is where about half of breast cancers are found. You may want to do the standing part of the breast self-examination while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.

8. For added safety, you can check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your breast self-examination each month.

Can a Bump or Bruise Cause Breast Cancer?

No, that is a myth. No one knows for sure why breast cancer or any cancer starts. We do know that a cancer cell reproduces at an abnormally fast rate and destroys healthy cells. Eventually, the cancerous cells form a large mass or lump. If undetected, cancer cells can spread to other parts of the body, traveling through the lymph systems.

If My Mother Had Breast Cancer, Will My Children or I Have It?

If a mother, an aunt, or a sister has a history of breast cancer, that is a risk factor, but it does not mean you will get breast cancer. However, your doctor may suggest more frequent medical examinations.

What Are Other Risk Factors?

Lump or nipple discharge, a personal history of breast cancer, over 35 years old and especially over 50, never had children or had children past 30, are considered risk factors relating to breast cancer.
Is Mammography Dangerous?

Mammography is a low-dose x-ray. The amount of radiation has been reduced over the years so that now the procedure is as safe as possible. Talk with your doctor about mammography as it applies to you. As a diagnostic tool, mammography has demonstrated excellent benefits.

Will I Lose My Breast?

If further examination of your breast detects cancer and surgery is required, possibly only the lump and a small surrounding part of the breast will be removed. Perhaps variations of the surgical procedure called mastectomy (removal of all the breast, the breast and lymph nodes, or the breast, lymph nodes, and breast muscle) may occur. The surgeon will discuss the options in your particular case. Perhaps chemotherapy and radiation will be part of the overall treatment. Improvements in cosmetic surgery have made breast reconstruction a more desirable option.

What If I Find a Lump During Breast Self-Examination?

Two things: (1) see your doctor and (2) try not to worry. Most lumps, if they really are lumps, are not cancerous and are probably not serious. However, it is critical to see your health care provider as soon as possible if you discover a lump. Only your doctor can determine the nature of the lump.

If I Have Had Breast Cancer, Will It Occur in My Other Breast?

It is possible. A history of breast cancer is one of the high risk factors, and means your doctor will want to monitor your situation.

Are Large Breasts a Risk Factor?

Cancer does not occur more frequently in large breasts. Large breasts have more fatty tissue which makes breast self exam more difficult. Often a woman believes she has discovered a lump that is, in reality, only a fat deposit. However, consult your doctor if you find anything. Only a doctor’s diagnosis can determine whether what you have found is cancerous. Remember: most lumps are not cancer.

Breast Cancer Diagnosis and Treatment: Resources
HANYS BCDP™ Breast Health Consumer Guide©

HANYS BCDP™ developed this resource to outline the rights of breast health patients in New York State. The Guide is written from a woman’s perspective and includes practical information and problem solving support on the mammography experience, insurance rights, and consumer options and protections. A pilot study conducted at the 14 BCDP™ hospital sites found that it was well received by both patients and providers because of its high quality content, user-friendly format, and size. The Guide is also available in Spanish.

HANYS BCDP™ Advisory Board-Recommended Books, CD-ROMs and Videotapes
www.hanys.org/quality_index/Breast_Cancer_Project/book_list.htm

A product of HANYS BCDP™, this is an educational tool designed to assist patients in sorting through information every step of the way along the breast health continuum. It contains a comprehensive set of resources for newly diagnosed patients, resources for breast cancer survivors, and support for patients and families.

Building Systems of Breast Cancer Care: A Comprehensive Review of Literature and Web Resources
www.hanys.org/quality_index/Breast_Cancer_Project/brst-rev.pdf

This tool, published in May 1999, provides health care facilities a comprehensive, organized review of literature on breast cancer services. The Review is available in hard copy, on CD-ROM, and can be downloaded from the previously mentioned Web page.

Mammography Specialists Medical Group
http://mammo.net/am1f1.htm

A comprehensive set of Web site links for patients. These include information, resources, publications, and organizations related to breast disease.

National Alliance of Breast Cancer Organization (NABCO)
www.nabco.org

Founded in 1986, NABCO is the leading non-profit information and education resource on breast cancer in the United States.

American Cancer Society’s Patient and Family Services www.cancer.org

NCIC (National Call Information Center)
- Begun in 1997, the NCIC helps provide the most current information on all types of cancer.

- Callers are provided with information related to their needs and interests.

- “Service tickets” for additional services are sent to regional offices that follow-up with callers.

- Available 24 hours a day, seven days a week (800) 227-2345.

**Publications**


**Programs**

**Reach to Recovery**

- An American Cancer Society program since 1969.

- Volunteers who are breast cancer survivors provide emotional support and information to those with personal concern about breast cancer.

- Volunteers serve as role models of people who have been treated successfully.

- The program includes:
  - early support (before surgery);
  - time of surgery visit (hospital, home, alternate site or telephone visit);
  - support across the continuum of a person’s breast cancer experience; and
  - information on breast cancer and resource lists.
Breast Cancer Treatment

The NCCS Cancer Survival Toolbox

An audio resource program consisting of a set of six audio CD-ROMs produced by the National Coalition for Cancer Survivors (NCCS) in collaboration with the Oncology Nursing Society, the Association of Oncology Social Work, and Genentech, Inc. The CDs cover basic skills that help people with cancer meet the challenges of their illness and contain programs on topics of special interest. This is provided as a free service and can be ordered from www.canceradvocacy.org or by calling (877) 866-5748.

American Cancer Society Resources for Coping with Treatment

Call the American Cancer Society at (800) 227-2345 to access any of these programs.

- *I Can Cope:* An educational program for cancer survivors and their families, offered in different formats, addressing:
  - understanding cancer and its treatment;
  - managing stress;
  - fatigue;
  - legal issues;
  - relieving cancer pain;
  - taking charge of money matters; and
  - nutrition.

- **Look Good Feel Better**
  - This free, one-session program teaches women undergoing treatment for cancer ways to use makeup to manage treatment-related side effects such as skin changes and hair loss.
  - Participants receive a complimentary makeup kit.
  - Volunteers are trained and licensed cosmetologists.
  - Co-sponsored by the American Cancer Society, National Cosmetology Association, and the Cosmetic Toiletry and Fragrance Association

- **“Luzca Bien . . . Sientase Mejor”** is the Spanish language counterpart of the Look Good Feel Better program.
• **TLC**
  - This self-funded magazine includes a catalog containing products of interest to women undergoing treatment and offers information to survivors on cancer-related topics.

• **Road to Recovery (transportation services)**
  - A multi-faceted program to assist patients in keeping their treatment appointments.
  - Volunteer drivers transport cancer patients to medical appointments and treatment.

• **Limited Financial Assistance**
  - For parking, tolls, and/or public transportation for treatment appointments.
  - To assist with the costs for caring for a dependent (older or disabled adult or child) so a patient can get treatment.

• **Partnership with AirLifeLine** (nationwide network) provides patients free air transportation in private craft. Patients must be ambulatory and the flying distance cannot be more than 1,000 miles.

• **Referral to other Community Transportation Services**

• **Cancer Survivor Network (CSN)**
  - A free, 24-hour telephone or Internet-based information/support system at (800) 333-4673.
  - Topics of interest are pre-recorded in a radio talk show format.

• **Support Groups**
  - Regional offices offer a wide variety of support groups facilitated by health care professionals who volunteer their time.
  - All group services are free.

• **Hope Lodges**
  - These are home-away-from-home facilities that are owned and maintained by ACS.
  - The facilities enable patients/family members to reside close to their treatment center while undergoing treatment.
  - Nationwide, there are 15 ACS Hope Lodges.
  - Eastern Division owns and operates two lodges: Roswell Park (Buffalo) and Rochester.

• **Navigation**
- Trained volunteers help survivors understand and navigate the health care system and identify resources.
- Focus on diversity and community outreach.