QUESTIONS ABOUT BREAST CANCER ANSWERED

In honor of National Breast Cancer Awareness month, Lynn Canavan, M.D., breast surgeon on the Baylor Plano medical staff, answers some of the most frequently asked questions about breast cancer.

1. How can I lower my risk for breast cancer?

You can help lower your risk for breast cancer by changing a few habits. Research shows that physically active women are 25 percent less likely to develop breast cancer. Women who play sports in their free time, especially those who have been through menopause, have the lowest risk of breast cancer. In addition, reducing the amount of alcohol you consume can also help lower your risk. The American Cancer Society suggests that you average less than one drink a day.

2. How does my family's medical history affect my risk?

A small percent of breast cancer cases are hereditary, often passed down through abnormalities in genes BRCA1 or BRCA2. If your mother, sister, or daughter has had breast cancer, you are at a higher risk of developing breast cancer. You also may be at a higher risk if you've had a father or brother with breast cancer or two or more second-degree relatives, grandmothers, aunts or cousins, with breast cancer. Provide your physician with the most complete medical and family history you can, and if you're interested, they can refer you to a genetic counselor to further discuss your risk.

3. How do I perform a breast self-exam?

Self-exams are an important part of the early detection process because they help you learn what your breasts feel like, increasing the chances that you will notice if a change occurs in your breasts. It is recommended that women begin monthly breast self-exams at age 20. For tips on performing a breast self-exam, see the sidebar below.

4. What is a diagnostic mammogram?

A diagnostic mammogram evaluates a woman who may have received abnormal results on a screening mammogram. The diagnostic mammogram focuses on the section of the breast in question. A sonogram may be done at the same time to complete the evaluation of the abnormality.

5. When should I see a doctor?

See your doctor if you notice any change in your breasts, such as a new lump, persistent pain that does not improve after a menstrual cycle, skin changes, bloody or spontaneous nipple discharge, dimpling or puckering of the skin or nipple. You should also see your doctor for a regular breast exam every three years in your 20s and 30s and yearly after age 40. A baseline mammogram should be done between 35 and 40. Age 40 is when you should begin having an annual mammogram. This test is important in early diagnosis of breast cancer. In addition, if you are in a high risk group for developing breast cancer you may consider also having a breast MRI (magnetic resonance imaging) each year once you turn 30. Studies have shown that MRIs are better at detecting tumors in women genetically predisposed to breast cancer.

6. Does my diet affect my risk for breast cancer?

Research has shown that some foods may help lower your risk of breast cancer. Fruits and vegetables are filled with phytochemicals, which help prevent disease. Consuming more vitamin D may also help boost your immune system. Good sources of vitamin D include salmon, fortified milk, olive oil, chicken and beans.

7. What is a biopsy?

A biopsy is a process that involves removing breast tissue for testing. A surgical biopsy completely removes an abnormality. A needle biopsy samples an abnormality by taking a small piece of tissue. This is usually done in an office setting. The majority of biopsies can be done by needle biopsy. This is the preferred method as it allows your doctor to plan ahead for the next steps, if you are diagnosed with cancer. The majority of women who undergo a biopsy are NOT diagnosed with cancer. During a needle biopsy the breast is numbed, so you usually do not experience pain, but you may experience some pressure or discomfort. If a biopsy is necessary you and your doctor will discuss which method is best for you depending on where the abnormality is located, your health and preference.

Three ways to perform a breast self-exam:

IN THE SHOWER: Put one hand behind the head. With fingers flat (do not use fingertips), move hand over entire breast area. Use right hand for left breast, left hand for right. Move your hand in a vertical (up and down) motion. Check for lumps, knots or thickenings. IN FRONT OF A MIRROR: With your hands at your sides, look for changes in the shape, size or skin texture or your breasts. Raise arms above the head and check for any changes. Also check nipples for any crust or discharge.

LYING DOWN: To examine the right breast, place a pillow under the right shoulder and place right hand behind your head. Follow the same technique used in the shower, using the left hand to examine the right breast. Switch pillow to left shoulder, put left hand behind head and repeat steps with right hand for left breast.