

Breast Cancer

Breast cancer is the second deadliest cancer among American women. Other than adopting a healthier lifestyle, early detection with regular mammograms remains the single most effective way for combating the disease. Steady declines in mortality among women since 1989 have been attributed to a combination of early detection and improvements in treatment.

Statistics

- In the U.S., **one in eight women** will be diagnosed with invasive breast cancer during her lifetime.
- In the U.S. in 2021, **281,550 women** and **2,650 men** are expected to be diagnosed with invasive breast cancer.
- In 2021, breast cancer is expected to claim the lives of **43,600 women** and **530 men** in the U.S.
- In Texas in 2021, an estimated **19,177 new cases** of female and male breast cancer are expected, with **3,358 deaths**.

Risk Factors

- **Age:** Most invasive breast cancers occur in women over age 55.
- **Personal or Family History:** Women who have had breast cancer are at a higher risk of developing new cancer. Women with an immediate family member (mother, sister, daughter) who has had breast cancer are nearly twice as likely to develop the disease. A close male relative with the disease also raises risk. If you have a family history of cancer, genetic testing may help determine risk.
- **Race and Ethnicity:** Caucasian women have a slightly increased risk of developing breast cancer overall, however in women under 45, African American women are more likely to develop the disease. Mortality rates are also higher among African American women of any age.
- **Diet and Exercise:** Overweight and/or physically inactive women have a higher risk, especially after menopause.
- **Alcohol Use:** Drinking alcohol increases the risk of developing breast cancer. Women who consume multiple drinks a day have around a 20% higher risk than those who do not drink.
- **Breast Conditions:** Women with dense breast tissue and some benign breast conditions are at higher risk.
- **Menstrual Cycles:** Starting menstruation early (before age 12) or completing menopause late (after age 55) raises risk.
- **Radiation:** Radiation to the chest for another cancer is associated with a higher risk of breast cancer.
- **DES Exposure:** Women who were exposed or had mothers exposed to diethylstilbestrol have a slightly higher risk.

Symptoms and Signs

Women are encouraged to consult their physician immediately for evaluation if any of the following signs and symptoms are present. The signs for breast cancer are not the same for all women, and some women show no signs in early stages.

- A lump in the breast, under the arm, or around collarbone
- Change in breast size or shape
- Thickening of breast or underarm
- Nipple retraction or nipple discharge
- Dimpled skin or skin resembling orange peel
- Tenderness or pain in breast or nipple
- Irritation, redness, scaliness, or swelling on the breast, nipple, or skin near the nipple
- Swollen lymph nodes

Prevention

Breast cancer cannot be completely prevented, but women can take steps to decrease risk and/or improve early detection of the disease. Screening recommendations are for women with average risk. It is important to discuss with a physician your individual risk factors, including age, menopausal status, and family history to determine your screening needs.

Screening

- Women should understand their risk as some women with a family history of breast cancer or known to be of higher risk should start screening early and can take other preventative measures.
- Women should check their breasts monthly. Report any changes to a physician immediately.
- Women in their 20s and 30s should have a clinical breast exam every three years.
- Women in their 30s should discuss their breast cancer risk level with a physician to determine the most appropriate cancer screening options, including mammograms and MRI screenings.
- Women age 40 and older should discuss individual risk factors with a physician to determine recommended timing and most appropriate screenings, including annual mammogram, annual clinical breast exam, and annual MRI screening.
- Women age 50 and older should have a mammogram and a clinical breast exam at least every two years after discussion with her physician, and if recommended by a physician, an annual MRI screening.

Lifestyle

- Regular exercise, limiting alcohol intake, and maintaining a healthy body weight may reduce the risk of breast cancer.

Higher Risk

- Women with a family history of breast cancer should discuss genetic testing with their physicians. If genetic tests indicate a woman has a genetic disorder that will increase her risk of breast cancer, like BRCA, there are a number of risk reduction strategies to discuss with her physician.
- Women with a first degree relative who had breast cancer before age 50 should begin receiving mammograms 10 years before reaching that relative's age at diagnosis.

Treatment Options

Anyone with breast cancer should consult with a medical oncologist to determine his or her specific treatment needs. Treatment options can include surgery, radiation therapy, chemotherapy, proton therapy, targeted therapy, bone-modifying therapy, immunotherapy, hormone therapy, and palliative care. A combination of treatments may be used to provide the best chance of disease control.

About Texas Oncology

Texas Oncology is an independent private practice with more than 500 physicians and 210 locations across the state. Meeting the oncology needs of Texans for more than 35 years, the practice includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists, and Texas Center for Interventional Surgery. As a lead participant in US Oncology Research, Texas Oncology played a role in the development of more than 100 FDA-approved therapies. For more information, visit www.TexasOncology.com.

Sources: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, Texas Cancer Registry, and Texas Oncology Physicians



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