

Breast Cancer

Breast cancer is the second-deadliest cancer among American women (the first is lung cancer). Other than adopting a healthier lifestyle, early detection with regular mammograms remains the single most effective way for combating the disease. According to the American Cancer Society, women diagnosed with breast cancer that has not spread outside the breast have a higher survival rate. Steady declines in breast cancer 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 2017, 252,710 women and 2,470 men are expected to be diagnosed with invasive breast cancer.
- In 2017, breast cancer is expected to claim the lives of 40,610 women and 460 men in the U.S.
- In Texas in 2017, an estimated 17,271 new cases of female and male breast cancer are expected, with 3,156 deaths.

Risk Factors

- **Age:** Most invasive breast cancers occur in women over age 55.
- **Family History:** Women with an immediate family member (mother, sister, daughter) who has had breast cancer are twice as likely to develop the disease. Close male relatives with the disease also raises risk. If you have a family history of cancer, genetic testing may help determine risk.
- **Diet and Exercise:** Overweight and/or physically inactive women have a higher risk of developing breast cancer.
- **Breast Conditions:** Women with dense breast tissue and some benign breast conditions are at 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
- Change in breast size or shape
- Thickening of breast or underarm
- Nipple retraction or nipple discharge
- Dimpled skin near the breast
- Tenderness
- Pain in breast or nipple
- A lump under the arm or around collarbone
- Irritation, redness, scaliness, or swelling on the breast, nipple, or skin near the nipple

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 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 is BRCA-positive, 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 their specific treatment needs. Treatment options can include surgery, radiation therapy, chemotherapy, proton therapy, targeted therapy, bone-modifying therapy, or hormone therapy. A combination of treatments may be used to provide the best chance of disease control.

Sources: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, Texas Cancer Registry, and U.S. Preventive Services Task Force