Diagnosis

If a screening test is abnormal, your doctor may want to perform additional tests to help confirm the diagnosis of breast cancer. These tests may include breast ultrasound, diagnostic mammography, magnetic resonance imaging (MRI), or a biopsy. A breast ultrasound, diagnostic mammogram, and an MRI all take more detailed pictures of areas inside the breast. A biopsy is a test that removes tissue or fluid from the breast to be looked at under a microscope and do more testing.

Treatment

Breast cancer is treated in several ways and often with more than one kind of treatment. Options include:

**Surgery:** An operation where doctors remove cancer tissue.

**Chemotherapy:** Special medicines to shrink or kill the cancer. The drugs can be pills or medicines given in your veins.

**Hormonal therapy:** Medications to block cancer cells from getting the hormones they need to grow.

**Biological therapy:** Medications that work with your body's immune system to help it fight cancer or to control side effects from other cancer treatments.

**Radiation therapy:** High-energy rays (similar to X-rays) to kill the cancer.

Surgeons, medical oncologists, and radiation oncologists are different doctors that often work together to treat breast cancer.

REFERENCES

**Centers for Disease Control and Prevention:**
www.cdc.gov/cancer/breast/index.htm

**Office of Women’s Health:**
www.womenshealth.gov/breast-cancer/index.html

**Healthy Women:**
www.healthywomen.org/condition/breast-cancer

**Find a Screening Provider:**
http://www.cdc.gov/cancer/nbccedp/screenings.htm

For more information about menopause, please visit the websites above.
What is Breast Cancer?
Breast cancer is a disease where breast cells grow and their growth cannot be controlled or contained. The cancer may spread to other parts of the body. Other than skin cancer, breast cancer is the most common type of cancer in American women. After lung cancer, it is the second leading cause of cancer-related deaths in women. Additionally, 1 in 8 women will be diagnosed with breast cancer during their lifetime.

Risk Factors

<table>
<thead>
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<th>Reproductive Risk Factors</th>
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<td>• Being younger when you had your first menstrual period</td>
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<tr>
<td>• Never giving birth, or being older at the birth of your first child</td>
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<tr>
<td>• Starting menopause at a later age</td>
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Screening Guidelines
Breast cancer screening means checking a woman's breasts for cancer before she has any symptoms. Mammograms, clinical breast exams, and breast self-exams can all be used to screen for breast cancer. A mammogram is an X-ray of the breast. Mammograms are currently the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

Symptoms
- A new lump in the breast or underarm
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin.
- Redness or flaky skin on any part of the breast
- Pulling in of the nipple or pain in the nipple area
- Fluid other than breast milk from the nipple, especially blood
- Any change in the size or the shape of the breast
- Some women may have no signs or symptoms

Other Risk Factors
- Older age
- Personal history of breast cancer
- Dense breasts, or some other breast problems
- A family history of breast cancer (parent, sibling, or child)
- Changes in your breast cancer-related genes (BRCA1 or BRCA2)
- Getting radiation therapy to the breast or chest
- Being overweight, especially after menopause
- Increased alcohol intake (more than one drink/day)
- Not getting regular exercise

The American Medical Women's Association recommends screening with mammogram for average-risk women beginning 40 years and older. Discuss your history and risk factors with your physician to best determine how often you should be screened.

Patient’s with a family history of breast cancer should start baseline mammogram screening at age 35 or 10 years younger than the age the first degree relative was diagnosed.

Additionally, determining when to start screening and how often to screen varies based on each patient's history and risk factors and should be discussed with your physician.