Breast Cancer Information

Is breast cancer the most common cause of death from cancer in women?
No, the most common cancer death in women is lung cancer. But breast cancer ranks second and is more common than all other gynecological cancers combined. It is estimated there will be approximately 250,000 new breast cancers every year. Mortality rates are higher in black women than Caucasian women.

When should I start getting mammograms?
Most authorities recommend starting yearly mammograms at age 40 for low and moderate risk patients (1 or 2 second degree relatives that occurred in the post menopausal period). High risk women should start ten years before the age of occurrence of the youngest relative with breast cancer (1st degree relative-mother, sister or daughter that occurs before age 45, or in addition has ovarian cancer).

I have no family history of breast cancer or any other cancers. Do I really need a mammogram every year?
Yes. 75-80% of women who have breast cancer have no family history. About 70% of patients with breast cancer have no risk factors at all. Only 5-10% of women with breast cancer have a BRCA1 or BRCA2 mutation, so routine mammograms are very important

What are the other risk factors for developing breast cancer?
The most common cause is a prior breast cancer. This confers a 1% risk per year of developing another breast cancer. A prior breast biopsy that reveals pre-malignant changes (atypical hyperplasia) also increases a woman's risks. Age of the woman is also a major risk factor. By age 90, a Caucasian woman's risk is 1 in 8 of developing cancer. Early menstruation, late menopause, first pregnancy after age 30, never nursed a baby appear to be less significant risk factors. Smoking, obesity and alcohol intake increase the risk of breast cancer. Factors that do not increase breast cancer are: second hand smoke exposure, coffee consumption, induced abortions and birth control pills.

Does hormone replacement increase my risk of breast cancer?
The Women's Health Initiative Study showed that after five years of taking combined conjugated estrogen and medroxy-progesterone there was an increase of 8 breast cancers per 10,000 women per year. Women taking conjugated estrogen alone had a 30% lower incidence of breast cancer compared to controls, but this did not reach statistical significance.

How can I reduce my risk of breast cancer?
The most common modifiable risk factor is obesity. In an Iowa Women's Health survey, women whose weight increased after age 18 had the highest rates of post menopausal breast cancer. Obese women tend to have more advanced tumors when detected and a lower survival rate then normal weight women. Drinking more than one portion of alcohol each day also increases breast cancer risks by 30-50%. This prevalence can be reduced by taking one milligram of folic acid per day. An intriguing risk factor that has been identified by researchers is in a female night shift worker who has a higher prevalence of breast cancer than a day worker. Smoking also has been demonstrated to increase breast cancer.

I hear that MRI exams of the breast may diagnose more cancers than a mammogram. Should I replace my mammogram with an MRI exam?
A Magnetic Resonance Image (MRI) is an important tool in diagnosing breast cancer. An important limitation, compared to a mammogram, is that an MRI will not detect microcalcification in breast tissue that are a very important sign of early breast cancer. It also has a high false positive rate. The role of MRI should be used in addition to mammography in high risk patients possibly every 2 to 3 years. MRI is very expensive at 10-20 times the cost of a mammogram. Insurances will cover the expenses only if medically indicated.

Why does the radiologist recommend an ultrasound on some patients?
An ultrasound is used to determine whether a mass is solid or cystic. Solid masses require a biopsy to rule out cancer. Simple cysts do not need any intervention unless they are painful or large. They do not turn into cancer.

The mammogram center recalled me for additional views. What does this mean?
New calcium deposits or densities may develop between yearly mammograms. Magnification views are sometimes required to determine whether the change is suspicious of cancer. If the radiologist does not recommend a biopsy, they will frequently ask for a 6 month follow-up to assure stability of the change.

I have blood coming from my nipple. What can be the cause?
The most common cause is a condition called an intraductal papilloma. This is a benign growth in a duct that is close to the opening on the nipple. The chance of a cancer causing the blood is about 13%. Because of the cancer risk, evaluation and possible biopsy with a general surgeon is indicated. Bloody nipple discharge in pregnant or lactating women is occasionally seen and is usually due to increased vascularity in the breast during pregnancy and lactation and not cancer.

I have a lump but my mammogram was normal. Should I be concerned?
Yes. Many breast cancers develop in women with a normal mammogram. Any persistent lump should be evaluated with an ultrasound to determine whether it is solid or cystic. Cysts are typically not cancers and only need to be drained if they are symptomatic. A solid lump needs to be biopsied to make sure it is not a cancer.