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Breast Cancer Mammography Screening

By Annie Stuart

Does the phrase “breast cancer” strike fear in your heart? If so, maybe it’s because you’ve lost a loved one to the disease. Or, it could be that you worry what might lie ahead if you need breast cancer treatment. Or, possibly you’ve read these statistics: for American women, breast cancer is the most common cancer diagnosed and the second leading cause of cancer deaths.

These can be scary thoughts. Fortunately mammography, which uses low-dose x-rays to examine the breasts, can help find breast cancer early – when it’s most successfully treated. Did you know that mammograms can help detect breast cancer up to two years before either you or your doctor could feel any breast changes?² That’s a pretty powerful screening tool. Newer advances, such as digital mammography and computer-aided detection, enhance its effectiveness even more.

With early detection, you also have a greater range of treatment options available. Chances are the surgery and other therapies you might need would be less aggressive. Best of all, of course, your risk of dying is lowered when breast cancer is caught early.

It’s important to also know that mammograms have limitations. They can’t detect all breast cancers. Even when a cancer is detected, prognosis can still be poor. And sometimes mammograms indicate cancer where it doesn’t exist, prompting unnecessary tests and procedures.

The best time to schedule a mammogram is for the week following your period when your breasts are less tender. That’s because compression is needed to get clear images and check for any abnormalities. Just remember – the test is brief! Don’t forget to inform the mammography technician about any breast changes you have noticed and if there’s a chance you might be pregnant. Also, ask when you can expect to receive your results.

In addition to mammography, you can take other steps to catch breast cancer early. For example, it’s a good idea to get know how your breasts normally feel. Report any breast changes right away to your health care providers. Starting in your 20s, you can begin doing breast self-exam (BSE). However, the American Cancer Society (ACS) no longer recommends monthly BSE. A review of studies showed that BSE doesn’t reduce deaths from breast cancer and it doubles the number of unnecessary breast biopsies (a surgical procedure to remove and examine tissue). If you do BSE, have your doctor instruct you.

Even if you’re young, share with your doctor any family history of breast or ovarian cancer in relatives on either side of your family. That’s important because screening guidelines differ for women at higher risk.

Here’s what the American Cancer Society recommends:

- Yearly mammograms, starting at age 40 and for as long as you are in good health
- Clinical breast exam (CBE) as part of health exams – about every three years for women in their 20s and 30s and every year for women 40 and older
- Yearly mammograms and magnetic resonance imaging (MRI) – which uses magnetic signals to create images – for women at high risk. (Factors that increase your risk include a family history of breast cancer, genetic susceptibility, or previous chest radiation treatment for Hodgkin disease.)¹
- Talk with your doctor about the benefits and limitations of adding MRI screening to your yearly mammogram if your risk is considered moderately increased.

Want more information? We can help answer your questions. Or go to www.healthmart.com/.



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