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**October 2011**

Dear ,

It's your friend, Barry Cohn at [RGEB](#) here.



The pink ribbon is a well-known symbol for the fight against breast cancer. And [October](#), which is **National Breast Cancer Awareness Month**, is typically buzzing with community walks, research fundraisers and other events to combat this second-leading killer of American women. But awareness is only half the battle. Regular mammograms, self-exams and healthy lifestyle habits go a long way in helping keep breast cancer from interfering in – or threatening – women's lives. Please refer to the attached information about breast cancer and other wellness information.

### About The Disease

Ask any woman what disease she most fears, and she's likely to say it's breast cancer. Ask her what the number-one killer of women is, and her answer will probably be the same. She'd be wrong.



Among the most lethal diseases of women in the United States, breast cancer ranks sixth, after heart disease, other cancers, stroke, chronic obstructive pulmonary (lung) diseases, and pneumonia/influenza. Women are eight times more likely to die of heart disease than breast cancer. Even as cancers go, breast cancer's not the deadliest form. Lung cancer kills twice as many women every year as cancer of the breast.

But breast cancer does kill more women age 35 to 54 than any other disease, and therein lies one big reason why it's a woman's worst nightmare.

"The really compelling reason that people put breast cancer on a different scale is that everybody knows somebody with breast cancer. Many of us know someone with it in her 40s, and we don't know someone with heart disease in her 40s," says Barbara Brenner, executive director of Breast Cancer Action, an information and advocacy group based in San Francisco. "Since it is the leading killer of women in the 30-to-55 range, everybody has a tragic story, and the tragic story translates into a lot of fear.... We do know that women tend to overestimate their risk."

## The Myths of Breast Cancer

Breast cancer is also a disease rife with mythology. Although it gets a huge amount of media attention, a lot of what's widely circulated is wrong. Here are a few choice myths and misconceptions worth correcting:

### Myth No. 1: If I get it, I'm going to die.

The number of women diagnosed with breast cancer has been rising substantially each year, but the death rate has been steadily declining. Eighty-three percent of women diagnosed with breast cancer are alive after five years. That's compared to 64 percent in the 1960s. Better treatments and early diagnosis through mammograms and regular breast exams – including monthly breast self-exams – are responsible for these improved outcomes.

### Myth No. 2: All women have a one in eight chance of developing breast cancer today.

The widely quoted "one in eight" figure applies to a woman closer to the end of her lifetime. A 20-year-old, for example, has a one in 2,500 chance of developing breast cancer in the next ten years, and a 30-year-old's probability is one in 250 in the next decade. At age 40, it's one in 67; from 50-60, it's one in 30, and from 60-70 it's one in 29. The one-in-eight risk is a cumulative lifetime risk of developing breast cancer if you live at least to age 85.

### Myth No. 3: If my mother had breast cancer, I'll get it too.

If your mother or sister was diagnosed with breast cancer, your chances of getting the disease are doubled – that is to say if, with no family history, you would have had a 1.5 percent chance of developing the disease in the next five years, with your history, your chance rises to 3 percent.

### Myth No. 4: I'm at astronomical risk if I test positive for gene mutations.

Only 5 to 10 percent of breast cancers are the result of BRCA1 and BRCA2 mutations in the genes. How a particular mutation influences your risk for getting breast cancer depends on what other risk factors you may already have. For example, if 10 or more people in various generations of your family have had breast cancer, a particularly dangerous BRCA1 mutation could give you as much as an 85 percent chance of developing the disease by the age of 70.



But if you've had only a few relatives with breast cancer, such a mutation probably gives you at most a 56 percent chance of a breast cancer diagnosis before you turn 70. A genetic counselor can help you sort out whether you should be tested, and your doctor can help you determine whether you have enough of a genetic predisposition to warrant taking medication as a preventative.

### Myth No. 5: If I have no family history and I exercise, eat right, and don't smoke, I probably won't get

### **breast cancer.**

Unfortunately, this is not the case. About 70 percent of women who are diagnosed with breast cancer have no identifiable risk factors. Go ahead and exercise, eat a low-fat diet, avoid tobacco, and drink alcohol only in moderation, because all those things will certainly help guard against heart disease, diabetes, and other life-threatening conditions – and research has shown a relationship between breast cancer and drinking more than one alcoholic beverage a day. But since we really don't know the cause of breast cancer, there's very little you can do to prevent it.

### **Myth No. 6: In general, only white women get breast cancer.**

The truth is that although more white women are diagnosed with breast cancer, a greater percentage of African-American women who have the disease will die of it. The rate of diagnosis is 13 percent higher among white women. But after five years, only 71 percent of African American women diagnosed with breast cancer are alive, compared to 86 percent of white women, according to the American Cancer Society. Most experts attribute the difference to black women's poorer access to health care.

As a group, white, Hawaiian, and black women have the highest rates of the disease, according to the National Cancer Institute. The lowest rates occur among American Indian, Vietnamese, and Korean women. (The rate of breast cancer among white women is four times as high as it is for Korean women, who have the lowest incidence.) No one knows what accounts for this, although there are unproven theories that the groups with less breast cancer consume less fat. Some researchers and advocates for women with the disease say there's a correlation between breast cancer incidence and industrial pollutants.

### **Myth No. 7: Women get it from wearing underwire bras.**

Underwire bras are reputed in some circles to obstruct lymph flow. Interesting theory, but there's no evidence.

### **Myth No. 8: Breast cancer is a women's disease.**

Breast cancer in men is rare – only about 1,600 men are diagnosed each year, and the disease in men accounts for less than one percent of all breast cancers. But breast cancer kills 25 percent of the men who develop it, largely because men – and often their doctors – don't know they can get it, so the cancer goes untreated until it has reached a late stage.

### **Myth No. 9: If a lump hurts, it's not breast cancer.**

Tenderness associated with a lump, particularly if it's cyclical in nature, is often a good sign. But many breast tumors that are malignant can be tender as well. It's best to have your doctor check out anything suspicious.



### **Myth No. 10: Mammograms catch all breast cancers.**

At the moment, mammograms are the single most important tool for finding breast tumors. They catch 85 percent of breast tumors, but that still leaves 15 percent that escape detection. It's harder to spot tumors in dense glandular tissue than in fatty tissue, and some women -- particularly those who are thin, young, premenopausal or on hormone-replacement therapy -- have dense breasts (more gland tissue, less fat). For women with dense breasts, breast ultrasound or MRI may be useful along with mammography.

## **Mammograms**

A mammogram is a type of X-ray used to examine the breasts for cancer and other abnormalities. Mammography is just one of many tools used for diagnosing breast cancer, but it has been shown to lower the risk of dying from breast cancer by up to 35 percent. Mammograms can detect cancer long before a woman or her doctor would notice any breast changes, and cancer caught earlier is easier to beat.

### How does it work?

A mammogram is a quick, easy – and relatively painless – procedure. The breast is compressed between two plastic plates attached to the mammogram machine. This ensures a sharper image and spreads the tissue apart so a lower-energy X-ray can be used. The compression can be uncomfortable, but it only lasts a few seconds. The entire mammogram procedure takes about 20 minutes.

Before scheduling a mammogram, talk to your doctor about any recent changes or problems with your breasts. Also, make sure he or she knows about any surgeries you've had (including breast enlargement or reduction), hormone use and your family or personal history of breast cancer.

Try to schedule your mammogram for a week after your period, and let your doctor and X-ray technician know if there's a chance you could be pregnant. If you're breastfeeding, talk to your doctor about your alternatives. Breast tissue becomes dense during lactation, and your doctor may recommend that you reschedule your mammogram for sometime after you've weaned your baby, or that you pump or feed your baby just before the exam. Do not put off a screening without first discussing your medical history with your physician.

In addition, the National Women's Health Information Center recommends that you avoid wearing deodorant, talcum powder, perfume or lotion under your arms or near your chest on the day of the exam. These substances can show up on the mammogram and obscure the image.

### Before you get a mammogram

From your local hospital to a mobile mammography unit, any American College of Radiology (ACR) accredited center with up-to-date equipment and experienced radiologists can provide a quality breast cancer screening. Other things to consider when selecting the facility:

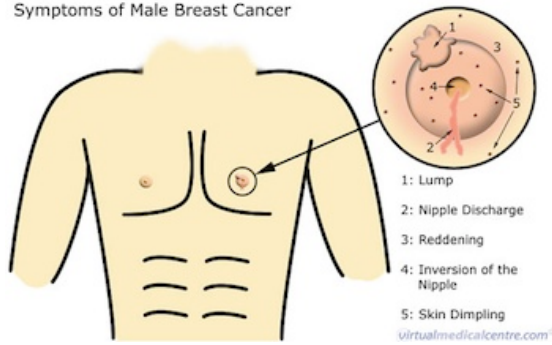
How many mammograms does it perform each day? Look for a center that reads 15 or more mammograms daily.

How many radiologists will review your film? Having two experienced radiologists read your mammogram reduces the chance of missing a problem. Some centers also offer computer-aided detection, where a computer reviews your scan for any area that has extra thickness to it. A doctor then examines those areas to determine if they need to be evaluated further.

When will you receive your results? Some facilities will read your results while you wait, and other places review them and send them to your doctor so he or she can go over the results with you. If your results will be read immediately, look for a facility with additional diagnostic tools, such as ultrasound and digital mammography on site, so you can have more imaging done immediately if the doctor sees anything suspicious.

Try to find a center you're comfortable with, and go back to the same place each year. That way your previous films are available for comparison. Also, bring along the films of any previous mammograms, along with a list of the dates and places they were performed. And don't assume the results were negative if you don't hear from your doctor. Follow up with him or her if you don't hear anything after 10 days.

Symptoms of Male Breast Cancer



## Interpreting your results

As effective as mammograms are, they're not without flaws. About 10 percent of women who have a mammogram will require additional tests – usually only a second mammogram. Only eight percent to 10 percent of those women will need a biopsy, and 80 percent of those biopsies won't indicate cancer. Only two to four mammograms of every 1,000 lead to a cancer diagnosis.

Also, mammograms can miss 20 percent of cancers because not all breast cancers show up on mammograms. However, a mammogram is still the best tool available because breast cancer develops over several years. So a woman who has regular mammograms can still catch cancer at an early stage even if it's missed in one mammogram.

When breast cancer is detected before it spreads to the lymph nodes, the five-year survival rate is better than 98 percent. If the cancer has spread (metastasized) to nearby lymph nodes (regional disease), the rate drops to 83 percent. If the cancer has spread to distant organs like the lungs, liver or brain or to bone marrow, the five-year survival rate is 23 percent. That's why regular mammograms are so important.

## Who should have a mammogram?

The American Cancer Society recommends that all women over the age of 40 have an annual mammogram. In addition, women at high risk should have a mammogram and an MRI every year, beginning at age 30.

If you have any of the following risk factors for breast cancer *below*, talk with your doctor about the screening schedule that's right for you.

- Family or personal history of breast cancer or cancers of the ovaries, cervix, uterus or colon
- Certain types of breast lesions or benign tumors.
- No children, or first child after age 35
- Exposure to radiation before age 30
- Menstruation starting at or before age 12
- Menopause beginning after age 55
- Being overweight
- Long-term hormone replacement therapy (HRT)

Wishing you good health!

**Barry**

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