

BETTER

Forward March

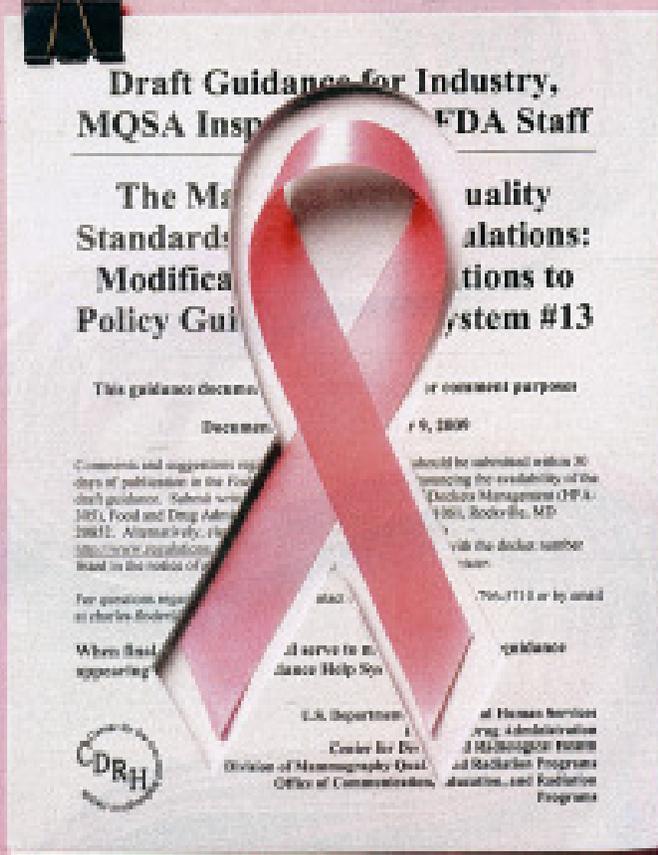
October is National Breast Cancer Awareness Month, placing the battle at the forefront of our thoughts. Only this year, thousands of women are upping the ante and turning awareness into action. How? By teaming with Susan Love, M.D., president of the Dr. Susan Love Research Foundation, who's recruiting an army of 1 million women to help scientists identify what causes the disease. "I've been in this field 30 years, and we still have no idea why breast cancer really occurs," Dr. Love says. "It's not enough to look at only breast cancer patients and survivors—we need to study healthy women, too." To learn how you can help, go to BHG.com/armyofwomen.

BETTER HEALTH

Testing, testing

Mammograms came under scrutiny in 2009, when an influential panel of health experts found that the screenings often do more harm than good. One year later, how are the new rules holding up?

BY ELIZABETH WHITTINGTON | PHOTOS LEVI BEOWN



In a strange twist of fate, Kathy Smith's breast cancer journey began when her closest friend was diagnosed in 2006. "Valerie called me up and said, 'Are you sitting down? I just found out I have cancer,'" remembers Kathy, a nonprofit development coordinator and mother of two in Chicago. Though her friend's prognosis was good, the news hit a little too close to home. "I was stunned. Valerie was only 44—a year younger than I was," says Kathy. "Almost as soon as I got off the phone with her, I called my doctor and scheduled a mammogram for myself." Kathy didn't realize how urgently she needed that appointment. Her own mammogram would reveal a cluster of suspicious cells rapidly multiplying on her chest wall: an invasive form of breast cancer classified as stage IIB.

By November of last year, after undergoing chemotherapy and a mastectomy, Kathy was finally in remission (and so was her friend). Then she saw a news report that made her blood run cold. An influential panel of health experts known as the U.S. Preventive Services Task Force had come forward with two startling conclusions: Most women in their 40s shouldn't bother getting mammograms because the screenings may do more harm than good. And women over 50? The majority can skip their mammograms every other year.

"I wondered, *Why would anyone make such changes?*" says Kathy. "Valerie and I owe our lives to routine mammograms. If we had followed these insane recommendations, we might not be here today."

“Many of my patients decide to forgo annual mammograms, but some look at me like I’m crazy and want one every year.”

Catherine Shanahan, M.D.

CONFUSION AND CONTROVERSY

Mammograms were once a no-brainer: Start when you’re 40 and go every year after that. But the 2009 guidelines were tougher to parse. If most women in their 40s don’t need mammograms, how do you know if you’re in the minority who does? It didn’t take long for confusion to boil over into outrage. Advocates staged protests from California to Maryland. Celebrities such as Sheryl Crow and Olivia Newton-John, both diagnosed with breast cancer in their 40s, took to the airwaves and fiercely defended annual screenings. And with rumors swirling that private insurance companies might drop mammography coverage, Congress passed an amendment to the Health Care Reform Bill specifically mandating that the task force’s guidelines be ignored.

Members of the task force tried to do damage control. The guidelines weren’t meant to discourage women from getting mammograms, they said. The aim simply was to raise awareness of the drawbacks of mammograms (like the risk of false positives) and get women talking to their physicians. Maybe you need a mammogram; maybe you don’t—and that’s something only you and your doctor can decide.

Fast-forward to 2010, however, and women and doctors seem to be experiencing communication breakdown. Catherine Shanahan, M.D., a physician at the Family Health and Wellness Center at Bedford in New Hampshire, says she adopted the guidelines last year, trading a one-size-fits-all mammogram regimen for individual discussions with her patients about the procedure. Results so far have been mixed. “Women come in with a lot of confusion about the new guidelines,” Dr. Shanahan reports. “So I explain that getting a mammogram means potentially finding and treating something that isn’t cancer or is a nonaggressive type of cancer that would otherwise go away on its own. On the other hand, not getting a mammogram means potentially missing a cancer that will kill you. After considering all these factors, many of my patients ultimately decide to forgo annual mammograms. But some just look at me like I’m crazy and want one every year.”

Self-Exams: Beneficial or Bunk?

The answer hangs somewhere in the middle. Last year the U.S. Preventive Services Task Force determined that monthly breast self-exams don’t save lives. In fact, research shows that such exams often lead to unnecessary mammograms and biopsies. That said, it’s important for women to be in tune with their bodies, says Laura Esserman, M.D., a breast surgeon at the University of California in San Francisco. To that end, she recommends doing a self-check after a clean mammo or clinical exam to get a sense of what “normal” feels like. “Breasts can be naturally lumpy and bumpy,” Dr. Esserman notes. If at any point afterward you notice changes in your breasts or underarm area—including lumps, pain, nipple discharge, or skin discoloration—alert your doctor immediately.

“Getting a mammogram is a choice that should involve an in-depth conversation with your doctor.”

Eric Winer, M.D.

Results of a doctor-patient online survey recently published in the *Annals of Internal Medicine* mirror Dr. Shanahan's experience. Fully 67 percent of doctors who responded said they would stop offering routine mammograms to women in their 40s. Meanwhile, only 29 percent of female patients said they would willingly scale back the frequency of their screenings—no matter what their doctors advised. One patient who responded couldn't contain her disbelief, writing, “I really have to wonder what members of the task force were smoking when they came up with these recommendations.”

Perhaps even more unsettling is that some women seem to be giving up on mammograms without consulting their doctors. A February 2010 questionnaire from the Avon Foundation for Women found that among breast cancer health educators around the country, about a quarter have noticed fewer patients under 50 seeking mammograms since the task force guidelines went public. How many at-risk women are falling through the cracks?

AN IMPERFECT APPROACH

Make no mistake: In terms of cost, availability, and accuracy, mammography is among the best tools for detecting breast cancer. But it's far from perfect. For every 2,000 women who undergo annual mammograms in their 40s, roughly half will get a false positive result at some point. This often leads to unnecessary follow-up procedures such as biopsies, plus general anxiety that can persist for years, according to one study at the University of North Carolina. Cumulative radiation exposure is another concern.

An interesting picture starts to emerge when you compare that with the cancer stats. For every 1,904 women who receive annual mammograms in their 40s, one woman's life

will be saved. (At the same time, testing 1,339 women in their 50s saves one life.) The task force looked at these numbers and concluded that for younger women overall, mammograms deliver more minuses than pluses. Problem is, not everyone agrees. Organizations such as the American Cancer Society examined the same data and had a different take. Otis Brawley, M.D., the society's chief medical officer, asserted in a statement, “...In both cases, the lifesaving benefits of screening outweigh any potential harms.”

PERSONALIZED PROTOCOL

Now health experts are trying to move beyond the brouhaha and rally around a simple message: When it comes to mammograms, don't make any sudden decisions before talking to your doctor about your breast cancer risk factors, lifestyle, and comfort level with the possibility of false positives. (For an approximate look at your breast cancer risk, take the quiz on page 267.) “The task force guidelines were never meant to be prescriptive,” explains Eric Winer, M.D., chief of the women's cancer division at Dana-Farber Cancer Institute in Boston. “The decision to get a mammogram is an individual—and sometimes difficult—choice that should involve an in-depth conversation with your doctor.”

Kathy Smith, for one, is grateful she decided to get screened in her 40s. Today she is working with a nonprofit group called A Silver Lining Foundation, which helps provide breast cancer education and free mammograms to underserved women. “I was one of the lucky ones,” Kathy says. “Now I'm committed to ensuring all women are informed about their options.”

Elizabeth Whittington is the managing editor of *CurrToday.com*.

BEFORE YOU GO Screening Savers

While no diagnostic technique will ever be perfect, there are some steps you can take to make your mammogram as accurate as possible.

- 1 Schedule your screening for the first two weeks of your cycle, when breasts are less dense. If you're postmenopausal, schedule your appointment for the same time every year.
- 2 Try to make an appointment at a facility dedicated to breast screening; such centers have better accuracy rates.
- 3 Research links caffeine to lumpy breasts, so avoid coffee, tea, and other caffeinated drinks for about a week before your screening.
- 4 The day of your mammogram, avoid wearing deodorant, perfume, powder, or lotion. These substances can interfere with the X-ray, altering the image.
- 5 Studies show that comparison aids in reading accuracy, so make sure the lab has copies of previous mammograms and ask that new images are read against those.

What's your risk?

One in eight women will be diagnosed with breast cancer during her lifetime—it's a statistic we've heard often. But this number leaves out a lot of details.

BY LAMBETH HOCHWALD

Fact is, breast cancer risk varies widely depending on age, genetics, medical history, and maybe even diet. Sound confusing? It is. So we asked several top cancer specialists to help develop a quiz that weighs these variables for a more personalized take. Just bear in mind that this is not a scientific tool. "No matter what your breast cancer risk, it's critical to be in the loop with your doctor," says Richard L. Shapiro, M.D., a breast surgeon and associate professor at New York University Langone Medical Center in New York City. To get the conversation started, answer the questions below and add up the point values of your answers. Then turn the page for need-to-know info on screening and risk reduction.

1. Your family history includes:

- a) No cases of breast or ovarian cancer on your mother or father's side **+1**
- b) A second-degree relative (such as an aunt or grandmother) who has/had breast cancer or ovarian cancer **+4**
- c) A first-degree relative (such as mother, sister, or daughter) who has/had breast cancer or ovarian cancer **+8**

2. Your personal health history includes:

- a) Routine mammograms with no unusual findings **+1**
- b) Routine mammograms in which you were told you had dense breasts **+3**
- c) A breast biopsy that revealed atypical cells **+7**

3. Your age is:

- a) 40-49 **+1**
- b) 50-59 **+3**
- c) 60 or older **+7**

4. You started getting your period at age:

- a) 15 or older **+1**
- b) 12-14 **+3**
- c) 11 or younger **+5**

5. You had your first child at age:

- a) 30 or younger **+1**
- b) 31-39 **+3**
- c) 40 or over (or have never had children) **+5**

6. You are:

- a) Underweight **+1**
- b) Average weight **+3**
- c) Overweight **+5**

7. You have an alcoholic drink:

- a) Socially or never **+1**
- b) Once or twice a week **+3**
- c) Every day **+5**

8. You enjoy fast food and other foods high in saturated fat:

- a) Once in a blue moon **+1**
- b) Once a week **+2**
- c) Once a day **+3**

What your answers reveal— and what to do next

Low Risk
8–11

Low Risk

Continue seeing your doctor once a year for a clinical (manual) breast exam. Ask how often you should be going for a mammogram—the old advice of every year starting at age 40 might not apply to you. Your doctor will likely discuss the benefits of mammograms (early detection of malignancies) and the drawbacks (radiation exposure, risk of false positives) to develop a screening schedule that reflects your priorities and concerns. Another suggestion is to perform occasional self-exams—not necessarily to find problems, but to familiarize yourself with the normal look and feel of your breasts, says Robert Legare, M.D., director of the Cancer Risk Assessment and Prevention Program at Women & Infants Hospital of Rhode Island in Providence. And no matter how low your risk, alert your doctor right away if you experience warning signs such as lumps, bumps, nipple discharge, skin changes, or unusual pain.

Moderate Risk
12–26

Moderate Risk

Chances are you're facing a few risk factors that aren't within your control, such as age: "The average woman's risk of getting breast cancer is .2 percent in her 40s; it's 5 percent in her 70s," explains Katherine Lee, M.D., an assistant professor of surgery at the Cleveland Clinic Breast Center in Cleveland. Still, plenty of women in this category never get breast cancer, so it pays to focus on what you can control: Work out for 30 minutes at least three times a week—research suggests vigorous exercise (jogging, aerobics) has a protective hormonal benefit on top of keeping weight in check. Because preliminary studies link a high-fat diet to breast cancer risk, do stick to fresh produce, lean protein, and whole grains as much as possible. Alcohol intake may also up breast cancer risk; play it safe and limit consumption to a drink or two a week. Finally, review with your doctor how often you need a mammogram—if you've been getting screened less often than once a year, it might be time to increase the frequency.

Elevated Risk

If breast or ovarian cancer runs in your family, consider genetic testing to find out if you've inherited a mutation in the gene BRCA1 or BRCA2 (which can contribute to both cancers). Women who test positive have an 85–90 percent lifetime risk of developing breast cancer. "Heredity trumps every other risk factor," notes Dr. Legare. Find a genetic specialist at the National Society of Genetic Counselors website at NSGC.org. Even if you test negative, high-risk status warrants close monitoring—your doctor likely will advise rotating a mammogram with a breast MRI every six months. You also might be a candidate for chemoprevention (taking an anticancer drug to help thwart the disease) or prophylactic surgery (removing breasts and/or ovaries before cancer can occur). Your doctor can work with you to determine the best course of action. Just don't lose sight of what you can do on your own, Dr. Legare says. See the "moderate risk" section at left for simple lifestyle measures that can optimize your health. ■

Elevated Risk
27–45

Every
69 SECONDS
a woman
DIES of breast cancer.

Susan G. Komen for the Cure® is working to change this. Last year alone we funded 500,000 breast screenings. We helped 100,000 people financially through treatment. We educated 4 million about breast cancer. We invested \$60 million in breast cancer research. And we did it in more than 50 countries around the world. Komen for the Cure is the only organization fighting breast cancer on every front: education, advocacy, research and community support. But we still have far to go to stop the ticking clock.

Don't wait another 69 seconds to save a life. We're making progress, but there's much more to do, and we need your help.

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