

“Women agonize... over cancer; we take as a personal threat the lump in every friend's breast.”

Martha Weinman Lear, *Heartsounds*

breast cancer: facts and fiction

The most common **misconceptions, rumors, and myths**—explained.

WRITTEN BY
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A SIMPLE PINK RIBBON serves as a constant reminder of the millions of women struggling with breast cancer. Yet despite the high visibility, confusion still surrounds some important basics about the disease. For instance, if your sister gets breast cancer, are there things you can do to avoid getting it yourself? If you find a change in your breast that's not a lump, could it be cancerous? “Most women think all breast cancers are the same, but they aren't,” says Katherine Lee, M.D., a breast specialist at the Cleveland Clinic Breast Center. “That may be

why there's a disconnect, and why it's so hard to understand.” According to the American Cancer Society, 213,000 American women will be diagnosed with breast cancer this year. Some of the more colorful claims (say, that deodorants and underwire bras are to blame) have already been discredited by scientists. But to address the more common misconceptions, *Real Simple* asked oncologists and breast-imaging specialists what confounds their patients most, then had them dispel the confusion with a bracing dose of truth.

too much information?

Whether you're sick or just vigilant, grasping all the facts about breast cancer is a daunting task. This chart debunks myths surrounding risk factors, detection, and treatment, then puts the facts in perspective by explaining what steps you need to take to stay as healthy as possible.

myth	truth	what it means for you
A breast cancer tumor must be removed immediately or it will spread.	Only in rare instances involving very fast-growing cancers do you need to act immediately. Breast cancer develops more slowly than most other cancers. When detected, it has typically been in the breast for anywhere from 3 to 15 years, says Gabriel Hortobagyi, M.D., a professor of medicine at the MD Anderson Cancer Center, in Houston, and president of the American Society of Clinical Oncology.	"In most cases, there's no harm in waiting a few weeks to investigate your options, such as breast-conservation therapy versus mastectomy," says Ted Gansler, M.D., director of medical content for the American Cancer Society. You can also use the time to get a second opinion, find a surgeon, and fully process the diagnosis to prepare for the emotional journey.
The majority of women who get breast cancer have a family history of the disease.	Only about 15 to 20 percent of women who get breast cancer have a family history. Even among that group, the cause isn't necessarily genetic, says Harold P. Freeman, M.D., senior adviser to the director of the National Cancer Institute. Sometimes the shared risk factors are relatives' similar lifestyles and exercise and eating habits.	Having relatives with breast cancer doesn't mean you carry a genetic mutation or that an inherited gene will cause a cancer to develop someday. But it's still important to know your family history and to be diligent about screening.
If you don't have any risk factors, you won't get breast cancer.	The overwhelming majority of women who are diagnosed don't have any known risk factors. Still, your odds of getting the disease are higher if it runs in your family; if you have never had children or have them after age 30; if you have one or more alcoholic drinks a day; if you started menstruation early or entered menopause late; or if you're overweight after menopause or sedentary.	While there's no sure way to prevent breast cancer, you can reduce your risk by exercising, controlling your weight, and limiting alcohol consumption. Women at high risk should get an annual whole-breast ultrasound or an MRI screening. Those at extremely high risk (they have a strong family history or biopsy results showing atypical cells) should consider taking anti-estrogen drugs, such as tamoxifen and raloxifene.
The first sign of breast cancer is a painless lump.	"A lot of women are diligently doing breast exams, thinking they're looking only for a lump," says Julie Gralow, M.D., an associate professor of medical oncology at the University of Washington Fred Hutchinson Cancer Center, in Seattle. "They also need to pay attention to any thickening, redness, and asymmetry that develops in the breasts." In addition, they should look for any changes in the nipples.	Begin monthly self-exams in your 20s. A full breast exam includes the area around your collarbone as well as both lymph nodes (under each armpit). Keep in mind that 8 out of 10 lumps found are benign. If you feel a lump, says Gralow, it's most likely a benign cyst (filled with fluid) or a fibroadenoma (filled with dense tissue). But don't hesitate to have your doctor check any lumps you find.

you're less likely to get breast cancer if...

- You're short. Scientists haven't figured out why, but taller women have a slightly higher risk.
- You began menstruating after age 11.
- You haven't used hormone-replacement therapy for longer than five years.
- You've given birth, especially before age 30.
- You breast-fed for at least six months.
- You're a man. (But the American Cancer Society estimates that 1,720 American men will be diagnosed with breast cancer in 2006.)
- You have less than one alcoholic drink a day.
- You're not currently taking birth control pills.
- You maintain a healthy weight.
- You exercise regularly.

myth

truth

what it means for you

Breast cancer kills more women than any other cancer.

Lung cancer kills more women than breast cancer—an estimated 72,130 American deaths in 2006, compared with an estimated 40,970 from breast cancer, according to the American Cancer Society. (Skin cancer, however, is the most common cancer.) The mortality rate for breast cancer has decreased. Today doctors see the majority of cancers earlier, when they're more treatable.

Your chances of surviving depend in large part on the stage at which the cancer is discovered. Regular breast exams and mammograms help catch the disease while it's still treatable. But it's just as important to be vigilant about factors, such as smoking and exposure to the sun, that contribute to other common cancers.

Anyone who is diagnosed with breast cancer will have to have chemotherapy.

Chemotherapy may not be needed. Certain types of breast cancer are treated with surgery or radiation, followed by hormone therapy. "Breast cancer isn't just one disease," says Nancy Lin, M.D., an instructor at the Harvard Medical School and an oncologist at the Dana-Farber Cancer Institute, in Boston. "We call them all breast cancer, but different types respond very differently to treatments."

Early detection generally means there's less of a chance that you'll need chemotherapy. But if it is part of your treatment, that doesn't necessarily mean the cancer is advanced. Chemotherapy can rid the body of cancer early on or, in a more advanced stage, improve quality of life by keeping the disease from spreading.

If you carry a gene for breast cancer, there's nothing you can do to prevent the disease—it's inevitable.

Mutations of certain genes, particularly BRCA1 and BRCA2, increase your lifetime risk to as much as 85 percent. But carrying the genes indicates an increased risk, not the disease itself. Some doctors may advise close monitoring (checkups, mammograms, monthly breast self-exams), while others may recommend preventive surgery or drugs.

If your relatives have had breast cancer, you might consider testing for the presence of relevant genetic mutations. If you test positive, there are a number of options—all of them drastic—that significantly lower your chance of getting the disease. These include having a total mastectomy before cancer develops and taking preventive drugs, like tamoxifen and raloxifene, which can have serious side effects.

An annual mammogram will expose you to too much radiation, which could actually cause breast cancer.

"Never say never in medicine, but the likelihood of getting breast cancer from regular mammograms is very, very low," says Jane Tuvia, M.D., a breast-imaging specialist at Manhattan Women's Imaging, in New York City. "Mammography is a safe procedure with minimal levels of radiation, monitored by strict government guidelines."

Begin yearly mammograms at age 40. If you're under 40 and at average risk for breast cancer, you don't need mammograms yet. If you're under 40 and at high risk, talk to your doctor about whether you need mammograms along with other screening methods, such as an ultrasound and an MRI.

tip Don't use deodorant, powder, lotion, or perfume on the day of your mammogram. Ingredients in these products may interfere with the quality of the mammogram and confuse the results.

myth	truth	what it means for you
Standard mammograms are outdated and not as effective as other screening tests.	Studies suggest that regular mammograms reduce your chances of dying by up to 44 percent. “We know that they miss about 10 to 15 percent,” says Madelon L. Finkel, M.D., author of <i>Understanding the Mammography Controversy</i> (Praeger, \$40). Although flawed, this is the best test available for routine screening. As a follow-up to a suspicious mammogram, many patients benefit from an ultrasound or an MRI.	Ask your doctor about digital mammography (which uses a computer, rather than X-ray film, to record images of the breast) only if you’re under age 50, have very dense breasts, or are still menstruating (regardless of age). Talk to your doctor about getting an ultrasound following a suspicious mammogram to prevent a potentially unnecessary biopsy, which could leave scar tissue that hinders future detection.
Once you’ve been cancer-free for five years, you’re in the clear.	Although most recurrences happen in the first three to five years, breast cancers can recur at any time. Some patients have relapsed after 30 years. “The record in my practice was 32 years,” says Carolyn Kaelin, M.D., a director at the Brigham and Women’s Hospital, in Boston, and a coauthor of <i>The Breast Cancer Survivor’s Fitness Plan</i> (McGraw-Hill, \$19).	Twenty-five percent of recurrences happen more than five years after the initial diagnosis, says Daniel F. Hayes, M.D., clinical director of the Breast Oncology Program at the University of Michigan Comprehensive Cancer Center, in Ann Arbor. “So if you have had breast cancer, even if it was in the remote past, and you have new symptoms that might suggest a recurrence,” he says, “you should be certain to see your doctor.”

your chances of getting breast cancer

For at least a decade, we’ve heard about the one-in-eight chance that a woman will get breast cancer. Scary. But it sounds worse than it is.

“Some people might think the one-in-eight chance reflects the likelihood of their getting cancer in the next few years,” says Ted Gansler, M.D. “But what it actually means is that your lifetime risk, from birth to the average life expectancy of 80, is one in eight.”

Another way of looking at it is that out of all women born today, 12.7 percent (about one in eight) will be diagnosed with breast cancer at some point in their lives. The older you are, the higher your chances are of developing breast cancer over the next few years. The average age at detection is 61.

Here’s a breakdown from the National Cancer Institute of what the numbers are for your actual risk.

- From age 30 through 39, you have a 0.43 percent (1 in 233) chance.
- From age 40 through 49, you have a 1.44 percent (1 in 69) chance.
- From age 50 through 59, you have a 2.63 percent (1 in 38) chance.
- From age 60 through 69, you have a 3.65 percent (1 in 27) chance.

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