

DETECTING AND TREATING BREAST PROBLEMS

Your breasts are always changing. They change during the menstrual cycle, pregnancy, breast-feeding, and menopause (when menstrual periods end). Along with these normal changes, problems can arise. Most of the problems are minor, but a few can be serious. One serious problem, breast cancer, remains a leading cause of death in women.

Screening for Breast Problems

Screening tests are used to find health problems early. They may detect a problem even before symptoms are seen or felt. There are three screening exams for breast problems: mammography, a breast self-exam, and a doctor's exam of the breasts. For the best results, all three should be done regularly. If any one of these tests shows a problem—even if the other results are normal—it should be checked out.

Mammography

Mammography is a way to detect changes in the breast tissue by X-ray. It is useful for finding tiny lumps before they can be felt. The test is more useful in women over 40. Older women's breasts are less dense, so it is easier to detect lumps. Also, breast cancer is more likely to occur as a woman gets older. Some women feel slight discomfort during mammography. If you still menstruate, you may find that having your exam right after your period is more comfortable.

Women after age 40 should have mammography done every year. The results of the first exam are compared with later ones to detect changes. If you have a higher risk of breast cancer, your doctor may suggest you have this test done more often or before age 40. Mammography is important for all women, regardless of the size of their breasts or whether they have breast implants. Mammography should be used along with other screening tests. If you have felt a lump in your breast, it should be checked out even if your mammogram exam is normal. If your exam shows a lump or if the results are not clear, further testing may be needed. Mammography may show a spot that should be removed by a procedure known as biopsy.

Sometimes a repeat mammogram may be recommended. This does not necessarily mean that there is a problem—your doctor may just want to get another look. Ultrasound may also be helpful.

The Doctor's Exam of the Breasts

Your doctor will also examine your breasts during your routine checkups. Most women should be examined at least once a year. A breast exam by a doctor takes only a short time. The breasts are first checked for any changes in size or shape. The doctor also looks for puckering, dimpling, or redness of the skin. You should tell your doctor if you have noted any discharge from your nipples. He or she then checks each breast, carefully feeling the surface and the underlying breast tissue.

If you have noticed a change in your breasts, you should also have your doctor examine them. He or she will review when you started having symptoms and how long they have lasted. Then your doctor will look at your medical history to check for other factors that could point to an increased risk of breast cancer.

The Breast Self-Exam

About 90% of breast lumps are discovered by women checking their breasts at home. If treatment is needed, it works best when lumps are small and found early, so it is important to check your breasts once a month. It is best done a few days after the last day of your menstrual period, when your breasts are not tender or swollen. When you are not menstruating, do the exam on the same day each month, even during pregnancy. This will help you learn the normal feel and shape of your breasts and make it easier to find any changes as soon as they occur. A woman who knows the feel of her own breasts may notice a new lump or changing area before her doctor can find it.

The breast self-exam is a long-term investment in your health. Routine exams are especially important after menopause because the risk of breast cancer increases with age. About 85% of women with breast cancer are over 40. If you have breast implants of any type, you still need to do a careful breast exam, especially around the chest wall. Ask your doctor how to examine your breasts.

How Do I Examine My Breasts?

1. The self-exam should always be done in good light. Stand or sit in front of a mirror, arms at your sides. Look for dimpling, puckering, or redness of the breast skin, pulling in of the nipples, or changes in breast size or shape.
2. Look for the same signs with your hands pressed tightly on your hips, then with your arms raised high.
3. Lie flat on your back. Place a folded towel or a pillow under your left shoulder and place your left hand under or over your head.
4. With your right hand, keeping the fingers flat and together, gently feel your left breast without pressing too hard. Use small circular motions.
5. Picture your breast as the face of a clock. Begin your small circles at 12 o'clock—at the very top of your breast. Repeat the circular motion at 1 o'clock, 2 o'clock, and so on. When your hand returns to 12 o'clock, move it closer to the nipple and repeat the process. Do this in smaller and smaller circles until you have examined all the breast tissue.
6. Examine the nipple area in the same way. Gently squeeze the nipple to check for any discharge.
7. Be sure to check the area below the armpit, which may also contain breast tissue.
8. Lower your right arm and do the exam on your other breast:
Place the folded towel or pillow under your right shoulder, right hand under or over your head, and use your left hand to feel your right breast.

Steps 4-8 can also be done when you are taking a shower or bath. It is simpler to examine your breasts when they are smooth and wet with soap and water.

What to Look For

A breast is made of ligaments, fat, glands, and ducts. In many women, this makes the breasts feel "lumpy." The important thing to keep in mind is that you are looking for something new or unusual:

- New lumps
- Puckering or dimpling
- Thickening or hardening under the skin
- Pulling in of the nipple
- Bleeding or discharge from the nipple
- Anything unusual in the skin or nipple
- A change in color (redness)

****If you find any of these signs, alert your doctor as soon as possible.****

Breast Problems in Women

Benign Breast Problems

Most breast problems, especially in younger women, are benign growths (not cancer). This includes lumps (which may be felt in specific places or throughout the breast), discharge from the nipple, and areas of tenderness.

The most common breast problem by far is a benign condition called fibrocystic changes. These changes include lumpy breasts and thickened (fibrous) and tender areas. They may include cysts. A cyst is a small, fluid-filled cavity that can be almost any size, from a fraction of an inch to almost the size of a golf ball. Cysts usually occur in women over 25 years old and appear most often between the ages of 25 and 50. Often cysts will vary in size depending on the menstrual cycle. In many cases, they decrease in size after a menstrual period or at the time of menopause. Most women who have fibrocystic changes do not have a greater chance of getting breast cancer.

Symptoms of fibrocystic change include pain and tenderness, usually in both breasts. It occurs most often in the upper, outer part of the breast and is most severe 7-14 days before a menstrual period. Any symptom of breast problems should be brought to your doctor's attention right away. Some women are sensitive to caffeine. Some find that cutting out or cutting down on drinks that contain caffeine (e.g., coffee, tea, and colas) may help.

Fibroadenomas are another common type of breast lump. They are solid, benign lumps that occur most often in young women. There are other types of breast problems that may occur, too. Ask your doctor.

Breast Cancer

Breast cancer is the leading cause of death from cancer in women aged 34-50. If breast cancer is found and treated early, most women can be cured. This is why regular breast self-exams, mammography, and checkups by your doctor are so important

Factors Affecting the Risk of Breast Cancer

DECREASES RISK:

- Pregnancy early in life (before age 20)
- Ovaries removed before age 40
- Early menopause (before age 50)

INCREASES RISK:

- Older age
- Family history of breast cancer, especially mother, daughter, or sister
- No pregnancies or pregnancy later in life (after age 30)
- Early menarche—the time in a young woman's life when menstrual periods begin
- Late menopause
- Obesity, especially in older women

These risk factors are not found in all women who have breast cancer. Many women have none of them. Again, the best way to find breast cancer early is to examine your breasts every month, visit your doctor regularly and report any changes, and have regular mammography.

Some women worry about a link between breast cancer and the hormones that are used in oral contraceptives and hormone replacement therapy. It does not appear that oral contraceptives increase the risk of breast cancer in most women. It appears that some forms of hormone replacement therapy used in menopause may increase the risk of breast cancer. You should discuss this with your doctor if you are considering using hormone replacement therapy.

Tests

If you have found a lump in your breast or the results of your mammogram are not normal, other tests may be used to help diagnose breast problems. Sometimes, these tests are done by your doctor. Other times, you will be referred elsewhere.

Ultrasound

In ultrasound, sound waves are used to create pictures of the inside of some body organs or tissues, like the breast. This painless method can tell your doctor about certain types of breast lumps. These pictures can show whether the lumps are solid or filled with fluid, such as with a cyst. They are not, however, accurate enough to be used alone for screening.

Aspiration

Sometimes, when a cyst is suspected, fluid or tissue is withdrawn through a needle for study (right). This is called needle aspiration. If the fluid is clear and the cyst disappears, no more tests will probably be needed. Aspiration can also be used to drain a cyst. Ultrasound may be used to help guide the needle. The sample may be sent to a lab to be checked.

Biopsy

The only ways your doctor can find out the exact nature of a lump is to examine cells from it or take a piece of it. To check a solid mass or a suspicious area, your doctor may advise a biopsy. This is the surgical removal of all or part of a breast lump. A biopsy may be done if a lump feels abnormal, even if a mammogram is normal. In a fine-needle biopsy (aspiration biopsy), a small sample of cells from the mass is withdrawn through a needle. When a fine-needle biopsy is needed, it can usually be done in a doctor's office.

Two other types of biopsy involve a surgical incision (cut). With a portion biopsy, part of the mass is removed. In an excisional biopsy, all of it is removed. A surgical incision biopsy is generally done in a surgical clinic or a hospital. Biopsy can be done under local or general anesthesia.

When a biopsy is performed, cells taken from it are looked at under a microscope. Results will be negative (no cancer) or positive (cancer). When biopsy results are available, the doctor will discuss the results with you fully. You and your doctor will then be able to discuss what treatment is best for you.

Treatment

Benign breast disease often goes away on its own over time. If not, it often can be treated with drugs or minor surgery. The treatment of breast cancer depends a great deal on what type of cells there are, the size and location of the tumor, and how much the cancer may have spread. Most initial treatments include either removal of the lump (lumpectomy) plus radiation treatment (with X-rays), or complete removal of the breast and the lymph nodes in the armpit (modified radical mastectomy). Treatment with either limited surgery and radiation or modified radical mastectomy is now standard for breast cancer in early stages. Radical mastectomy, in which the chest muscles are also removed, is rarely done.

In some cases, cancer may also be treated with drugs once the lump has been removed. For example, some patients may receive chemotherapy after completing surgery and radiation. This is especially true in younger women whose cancer has spread to the lymph nodes in the armpits. Several treatments may be needed. Chemotherapy may help to prevent the cancer from returning. Other times, hormones may be given. For example, the hormone tamoxifen may be used.

Finally...

Remember, most breast problems are benign. Still, women must always be aware that breast cancer can occur. Check your breasts monthly. Use this hand-out as a guide to performing the self-exam. Visit your doctor promptly at the first sign of any problem. Follow your doctor's advice about mammography. While mammography is very important, it is not enough by itself. If you have it done, discuss the results with your doctor. Breast problems can be treated with success if they are found early enough.