

# Breast Cancer

AWARENESS MONTH 2024



THE MORNING SUN

# Breast Cancer Awareness

Everyone reading these words has been touched in some way by breast cancer. Whether you have been diagnosed with the disease yourself or it has struck someone you love or know, you have been affected.

Breast cancer is the second most common cancer in women -- one in eight women will get breast cancer in their lifetime. But there is good news. Breast cancer deaths have been falling for three decades because of better screening and advances in treatment.

In this special Breast Cancer Awareness Month section, brought to you by advertisers who support the ongoing battle against this disease, we share some of the facts about Breast Cancer and offer a few tips that we hope you find helpful.

We encourage you to educate yourself further. There is a great deal of information available through reputable sources such as the American Cancer Society, the National Institutes of Health, the CDC, the National Breast Cancer Foundation, and others.

The Morning Sun

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# Advances in Breast Cancer

## Screening and Treatment Get Personal

From the National Institutes of Health (NIH)

Breast cancer is the second most common cancer among American women. Breast cancer death rates have been falling over the past 30 years. But nearly 13% of women are still diagnosed in their lifetime. Men can get breast cancer too, although it's rare.

Cancer is caused by changes to genes that control the way our cells function. These changes affect how cells grow and divide. Cancer results when cells divide uncontrollably. In breast cancer, this happens in the breast tissue.

Researchers are studying the risk factors for different types of breast cancer. They're also searching for more personalized treatments.

### Unraveling The Risks

"Breast cancer is caused by a combination of factors," says Dr. Montserrat

García-Closas, a cancer researcher at NIH. Your genes, lifestyle, and environment all contribute to your risk. Researchers are trying to better understand how each plays a role.

People with a family history of breast cancer are at increased risk for the disease. Some are born with rare versions of certain genes that put them at high risk. These include the genes BRCA1 and BRCA2.

"But the vast majority of patients have no known family history and no known gene that causes cancer," explains Dr. Margaret Gatti-Mays, a breast cancer treatment specialist at The Ohio State University.

So researchers are also searching for combinations of genes that may lead to breast cancer. "Women can inherit hundreds or thousands of common versions of genes that each have tiny

effects, but in combination can put them at substantial risk for developing breast cancer," García-Closas said. An NIH study called the Confluence Project is trying to unravel these combinations.

Other factors can increase your risk for breast cancer, too. These include your age, whether you've had children, alcohol use, and obesity.

Studies are examining how all these factors—genes, medical history, and lifestyle—interact to affect cancer risk. One is called Connect for Cancer Prevention. "It's recruiting 200,000 people in the U.S. and following them for years to see who develops different types of cancers," says García-Closas.

### Staying Ahead of Breast Cancer

Another study, called the Wisdom Study, is exploring how to best personalize breast cancer screening. Screening tests look for signs of a disease before symptoms appear. Finding

cancer early may increase the chance that it can be treated and cured.

If you're at high risk for breast cancer, your doctor may advise you to get screenings at an earlier age than most, or more often.

"Women from 40 to 50 should talk with their doctor about when they should start screening. And that should be based on their personal risks," says Dr. Brandy Heckman-Stoddard, an NIH expert on breast cancer.

Mammograms are the most common way to screen for breast cancer. These are X-ray pictures of the breast. An NIH study called TMIST is comparing whether 2D or 3D mammograms are better for screening. 2D mammograms are taken from two sides of the breast. 3D mammograms are taken from different angles around the breast. Then, a computer builds a 3D-like image.

Magnetic resonance imaging (MRI) is sometimes used to screen women at high risk of

In 2024, an estimated  
**310,720**  
new cases  
of invasive breast cancer will be  
diagnosed in women in the U.S.

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breast cancer. MRIs can create a clearer image of the breast and don't use radiation.

Researchers are looking for other ways to detect breast cancer, too. García-Closas' team is trying to detect cancer using blood samples. These "liquid biopsies" detect DNA from cancer cells, which travel around the body in the bloodstream.

"Liquid biopsies should reflect what's going on in your whole body," García-Closas says, "versus when you look at a tissue biopsy, you're taking a tiny sample of tissue in a particular location."

Liquid biopsies may one day be able to detect cancer before other clinical tests, she says. "And, they might be able to better monitor what's happening in your body after cancer has been diagnosed."

### Fighting Back

When breast cancer is found, treatment depends on the type of tumor. Surgery and radiation are common. Chemotherapy may also be used. Doctors might recommend other treatments as well, depending on the type of breast cancer.

"There are three main types of breast

SEE **ADVANCES, 5C**



# New FDA rule will ensure all women have more information after cancer screenings

(THE CONVERSATION) The Food and Drug Administration implemented a rule that went into effect on Sept. 10, requiring mammography facilities to notify women about their breast density. The goal is to ensure that women nationwide are informed about the risks of breast density, advised that other imaging tests might help find cancers and urged to talk with their doctors about next steps based on their individual situation.

The FDA originally issued the rule on March 10, 2023, but extended the implementation date to give mammography facilities additional time to adhere.

The Conversation U.S. asked a team of experts in social science and patients' health behaviors, health policy, radiology and primary care and health services research to explain the FDA's new regulations about these health communications and what women should consider as

they decide whether to pursue additional imaging tests, often called supplemental screening.

What is breast density and why does it matter?

Breast density is categorized into four categories: fatty, scattered tissue, heterogeneously dense or extremely dense.

Dense breasts are composed of more fibrous, connective tissue and glandular tissue – meaning glands that produce milk and tubes that carry it to the nipple – than fatty tissue. Because fibroglandular tissue and breast masses both look white on mammographic images, greater breast density makes it more difficult to detect cancer. Nearly half of all American women are categorized as having dense breasts.

Having dense breasts also increases the risk of getting breast cancer, though the reason for this is unknown.

Because of this, decisions about breast cancer screening

get more complicated. While evidence is clear that regular mammograms save lives, additional testing such as ultrasound, MRI or contrast-enhanced mammography may be warranted for women with dense breasts.

What does the new FDA rule say?

The FDA now requires specific language to ensure that all women receive the same “accurate, complete and understandable breast density information.” After a mammogram, women must be informed:

- Whether their breasts are dense or not dense
- That having dense breasts increases the risk of breast cancer
- That having dense breasts makes it harder to find breast cancer on mammograms
- That for those with dense breasts, additional imaging tests might help find cancer

They must also be advised to discuss their individual situation with their

health care provider, to determine which, if any, additional screening might be indicated.

Why did the FDA issue the new rule?

Prior to the federal rule, 38 U.S. states required some form of breast density notification. But some states had no notification requirements, and among the others there were many inconsistencies that raised concerns by

advocates, including women with dense breasts whose advanced cancer had not been detected on a mammogram.

The FDA standardized the information women must receive. It is written at an eighth grade reading level and may address racial and literacy-level differences in women's knowledge about breast density and reactions to written

notifications.

For instance, our research team found disproportionately more confusion and anxiety among women of color, those with low literacy and women for whom English was not their first language. And some women with low literacy reported decreased future intentions to undergo mammographic screening.

SEE FDA, 9C

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## ADVANCES

CONTINUED FROM 3C

cancer,” Gatti-Mays says. “The subtype is determined by the presence or absence of three receptors.” These receptors respond to the hormones estrogen or progesterone or a protein called HER2.

“If your tumor has estrogen and progesterone receptors, then you can be treated with hormone therapies,” says Heckman-Stoddard. These block the action of hormones that can cause certain cancers to grow.

Hormone treat-

ments can also be used to prevent or lower the risk of cancer for certain women. One such drug is called tamoxifen. But it has side effects that make it unappealing for prevention. Heckman-Stoddard’s team is studying whether using the drug as a gel lessens the side effects.

There are newer treatment options called targeted treatments. These block specific proteins that control how cancer cells grow, divide, and spread. Targeted treatments for HER2-positive can-

cer have improved survival over the last decade.

The most recent type of cancer treatment is called immunotherapy. It trains your body to fight cancer using your own immune system.

“Immunotherapy is very promising, but the benefits are still limited to only some patients with triple negative breast cancer,” says Gatti-Mays. These cancers lack all three receptors. But researchers are trying to expand this treatment to more patients with breast cancer. They’re also

testing whether using it in combination with other treatments will work better.

Scientists continue to look for ways to improve screening, prevention, and treatment. “In the next five to 10 years, there should be better ways for women to determine their risk of breast cancer,” says García-Closas. “That should help them have a conversation with their physicians on what will be the best tailored prevention strategies.”

No matter what your personal risk

This year, an estimated **42,250** women will die from breast cancer in the U.S.

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of cancer, a healthy lifestyle is the best way to prevent it. Eat a heart-healthy diet, reduce alcohol intake, don’t smoke, and get regular exercise. See the Wise Choices box and talk with your health care provider about ways to lower your risk.

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# Breast lump 101

Information from the National Breast Cancer Foundation, Inc:

Up to half of all women will experience breast lumps in their lifetime. While finding a breast lump can be concerning, it is important to remember that not all breast lumps are breast cancer. In fact, most breast lumps are not cancerous. However, all breast lumps should be checked

immediately by a healthcare provider.

## About Breast Lumps

- A breast lump is a mass, growth, or swelling within the breast tissue.
- Breast lumps are common, affecting up to 50% of women at some point in their lives.
- 60-80% of all breast lumps are benign (non-cancerous).
- There are many conditions that may cause benign lumps

in the breast.

## Common Types of Benign (Non-Cancerous) Breast Lumps

**Fibroadenoma:** The most common type of benign breast lumps that occur primarily in women in their 20s and 30s, but can occur at any age. Fibroadenomas may feel rubbery to the touch and move around freely. They are usually painless, vary in size, and can

form anywhere in the breast tissue.

**Fibrocystic breasts:** Occurs in women with dense breast tissue and refers to changes in the breasts that naturally occur due to hormonal fluctuations during a woman's monthly menstrual cycle. These changes may lead to the breasts feeling lumpy, swollen, and sore right before a woman's period.

**Breast cyst:** A fluid-filled sac that grows within the breast tissue. A breast cyst that forms on the surface

of the breast may feel like a grape and be soft in texture. A cyst that forms deeper within the breast may feel like a hardened lump because it is covered by tissue.

**Fat necrosis:** A non-cancerous breast lump that may form if the breast has been injured. Breast injury may include a biopsy or surgery. This type of lump forms in the fatty breast tissue of the injured area.

**Lipoma:** A slow-growing, fatty lump that forms just

under the surface of the skin. Some may weigh only a few grams while others can be large enough to produce a visible bulge. Lipomas are soft to the touch and move around freely when touched.

**Mastitis:** Inflammation within the breast tissue caused by an infection. Mastitis causes breast pain, swelling, and redness of the skin. Although mastitis doesn't present as a true breast lump, symptoms like swelling can often be mistaken for a lump.

SEE LUMP, 7C



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# LUMP

CONTINUED FROM 6C

**Breast abscess:** A collection of fluid or pus pocket in the breast, most often caused by untreated mastitis. A breast abscess can be very painful and presents as a red, swollen lump in the breast.

**Milk cyst:** A fluid-filled sac, also called a galactocele, that almost exclusively occurs in lactating women. A milk cyst is filled with breastmilk and causes a blockage of the mammary duct.

**Intraductal papilloma:** A wart-like lump that may develop in the milk ducts of the breasts. Intraductal papillomas, most common in women over 40, often form close to the nipple, but can

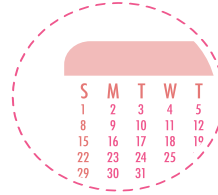
occur elsewhere in the breast as well.

## Breast Lump Warning Signs

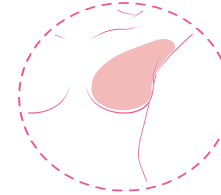
Although breast lumps are common and many are non-cancerous, there are several breast lump warning signs to be aware of. See your healthcare provider right away if you notice:

- A new lump, thickening, or swelling of the breast tissue not previously noticed by you or your doctor
- A lump that feels hard to the touch or different from the rest of the breast tissue
- A known lump that begins to grow or change
- A lump that does not go away after menstruation
- A lump that causes pain or discomfort

# BREAST SELF EXAMINATION



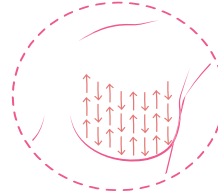
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2-3 DAYS AFTER PERIODS



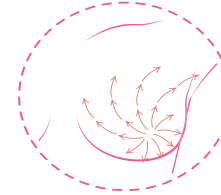
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WITH RAISED ARM



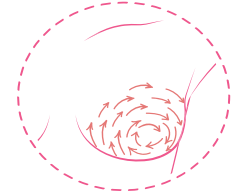
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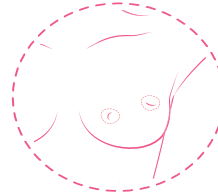
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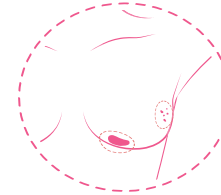
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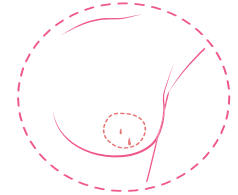
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## FDA

CONTINUED FROM 4C

What is the value of additional screening?

Standard mammograms use X-rays to produce two-dimensional images of the breast. A newer type of mammography imaging called tomosynthesis produces 3D images, which find more cancers among women with dense breasts. So, researchers and doctors generally agree that women with dense breasts should undergo tomosynthesis screening when available.

There is still limited scientific evidence to guide recommendations for supplemental breast screening beyond standard mammography or tomosynthesis for women with dense breast tissue. Data shows that supplemental screening with ultrasound, MRI or contrast-enhanced mammography may detect additional cancers, but there are no prospective studies confirming that such additional screening saves more lives.

So far, there is no data from randomized clinical trials showing that sup-

plemental breast MRIs, the most often-recommended supplemental screening, reduce death from breast cancer.

However, more early stage – but not late-stage – cancers are found with MRIs, which may require less extensive surgery and less chemotherapy.

Various professional organizations and experts interpret the available data about supplemental screening differently, arriving at different conclusions and recommendations. An important consideration is the woman's individual level of risk, since emerging evidence suggests that women whose personal risk of developing breast cancer is high are most likely to benefit

from supplemental screening.

Some organizations have concluded that current evidence is too limited to make a recommendation for supplemental screening, or they do not recommend routine use of supplemental screening for women based solely on breast density. Others recommend additional screening for women with extremely or heterogeneously dense breasts, even when their risk is at the intermediate level.

What should women consider about added screening?

Because personal risk of breast cancer is a crucial consideration in deciding whether to undergo supplemental screening, women should understand their own risk.

The American College of Radiology recommends that all women undergo risk assessment by age 25. Women and their providers can use risk calculators such as Tyrer-Cuzick, which is free and available online.

Women should also understand that breast density is only one of several risks for breast cancer, and some of the others can be modified. Engaging in regular physical activity, maintaining a healthy weight, limiting alcohol use and eating a healthy diet rich in vegetables can all decrease breast cancer risk.

Are there potential harms?

Amid the debate about the benefits of supplemental breast screening, there is less discussion about its pos-

sible harms. Most common are false alarms: results that suggest a finding of cancer that require follow-up testing. Less commonly, a biopsy is needed, which may lead to short-term fear and anxiety, medical bills or potential complications from interventions.

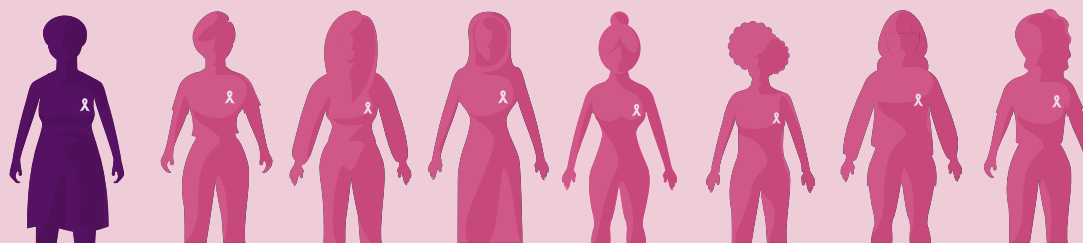
Supplemental screening can also lead to overdiagnosis and overtreatment – the small risk of identifying and treating a cancer that would have never posed a problem.

MRI screening also involves use of a chemical substance called gadolinium to improve imaging. Although tiny amounts of gadolinium are retained in the body, the FDA considers the contrast agent to be safe when

given to patients with normal kidney function.

MRIs may also identify incidental findings outside the breast – such as in the lungs – that warrant additional concern, testing and cost. Women should consider their tolerance for such risks, relative to their desire for the benefits of additional screening.

The out-of-pocket cost of additional screening beyond a mammogram is also a consideration; only 29 states plus the District of Columbia require insurance coverage for supplemental breast cancer screening, and only three states – New York, Connecticut and Illinois – mandate insurance coverage with no copays.



# 1 IN 8 WOMEN

in the united states will develop  
breast cancer in her lifetime

# Breast cancer myths, busted

As with any serious medical issue, there are a lot of myths and bad information surrounding breast cancer. Here are some of the most common and the facts, courtesy of the National Breast Cancer Foundation, Inc. (NBCF)

## Finding a lump in your breast means you have breast cancer

**The Truth:** One of the most effective tools women have in the fight against breast cancer is routine self-exams. But finding a persistent lump in your breast doesn't mean you have breast cancer. In fact, according to the NBCF, only a small percentage of breast lumps turn out to be cancer. Finding a lump means you need to schedule an appointment with your healthcare provider for further testing.

## Men do not get breast cancer; it affects women only

**The Truth:** Although the number of women who get breast cancer far outnumbers that of men who get the

disease, men can get breast cancer, too. The NBCF estimates that 2,800 men in the U.S. will be diagnosed with breast cancer this year. Unfortunately, because the level of awareness is lower among men, which leads to delays in seeking treatment, they carry a 19 percent higher mortality rate than women do.

## A mammogram can cause breast cancer or spread it

**The Truth:** Neither the compression of the breast required for a mammogram or the amount of radiation used to image the breast causes cancer or spreads existing cancer. According to the National Cancer Institute, the benefits of early detection far outweigh any potential risks and the mammogram is the gold standard for early detection. Currently, the recommendation is that annual mammogram screening for women should begin at age 40, but check with your healthcare provider. Some women with cancer risk factors

may benefit from mammograms before age 40.

If you have a family history of breast cancer, you are likely to develop breast cancer, too

**The Truth:** Most women diagnosed with breast cancer have no family history of cancer. According to the NBCF, about 5 to 10 percent of persons diagnosed with breast cancer have a family history of the disease.

## That said, there are some things to be aware of:

Experts recommend that anyone with a first-degree relative (mother, sister, daughter) who developed breast cancer before the age of 50 should consider mammograms beginning 10 years before that relative was diagnosed. For example, if your mother was diagnosed with breast cancer at the age of 45, you should begin screening mammograms at the age of 35.

Similarly, if you have multiple generations on the same side in your family or if there

are several first-degree relatives to one another or several family members under the age of 50 who were diagnosed with a breast cancer, the probability increases that there is a breast cancer gene that may be contributing to the cause of this familial history. It may be a good choice, in these circumstances to get tested for breast cancer gene mutations.

## Breast cancer is contagious

**The Truth:** The short answer is, no. You cannot catch or transfer breast cancer to someone else's body.

## If the gene mutation BRCA1 or BRCA2 is detected in your DNA, you will definitely develop breast cancer

**The Truth:** According to the Centers for Disease Control, not every woman who has a BRCA1 or BRCA2 gene mutation will get breast or ovarian cancer. Having a gene mutation does put you at an increased risk for these cancers, however. About 50

This year,  
**an estimated 2,800 men**  
will be diagnosed with breast cancer.

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percent of women with a BRCA1 or BRCA2 gene mutation will get breast cancer by the age of 70. There are proactive measures that women with these mutations can take to reduce the risk of cancer, including hormone therapy and surgery. Your healthcare provider can explore those with you.

## Antiperspirants and deodorants cause breast cancer

**The Truth:** Another short answer. No. According to the American Cancer Society, "There are no strong epidemiologic studies (studies in people) that link breast cancer risk and anti-

perspirant use, and very little scientific evidence to support this claim."

## A breast injury can cause breast cancer

**The Truth:** No. It is possible that a breast cancer diagnosis may follow an injury, just because the injury has drawn attention to a lump that was already there.

## Breast cancer is more common in women with bigger breasts

**The Truth:** There is no connection between breast size and breast cancer risk. The risk of breast cancer does



## MYTHS

CONTINUED FROM 10C

increase, however, with obesity and breast density.

### Breast cancer only affects middle-aged or older women

**The Truth:** While it is true that the risk of developing breast cancer increases with age, a breast cancer diagnosis may occur at any stage of life. According to the CDC, about 9 percent of new breast cancer cases in the U.S. are found in women under the age of 45, and these cases are more likely to be found at a later stage. According to the American Cancer Society, women in the U.S. have a 1 in 8 chance of developing breast cancer in their lifetime.

### Breast pain is a definite sign of breast cancer

**The Truth:** Pain is usually not the first sign of breast cancer, according to the American Cancer Society. The most common symptom is a new breast lump, although most lumps are neither cancerous nor painful. Other possible breast cancer symptoms may include swelling, changes in the nipple or skin, discharge, swollen

lymph nodes and sometimes breast or nipple pain. These same symptoms, however, could also be the result of benign issues such as an injury, hormones or even an unsupportive bra. All breast changes, including pain (especially focal pain that is located in one area of the breast and doesn't go away), should be reported to your medical doctor as soon as possible.

### Consuming sugar causes breast cancer

**The Truth:** There are many reasons to cut back on your sugar consumption, but it doesn't by itself cause breast cancer. Obesity is a risk factor in developing breast cancer and other types of cancer, however, so reducing your sugar intake may be part of a healthy diet plan for you.

### Carrying a phone in your bra can cause breast cancer

**The Truth:** There may be many reasons not to carry your cell phone in your bra, but preventing breast cancer isn't one of them, according to the National Institutes of Health (NIH) and Food and Drug Administra-


tion (FDA).









### All breast cancers are the same

**The Truth:** There are actually many different types of breast cancer, according to the American Cancer Society. The most common type, accounting for about 70 to 80 percent of all breast cancer diagnoses in women, is invasive ductal carcinoma (IDC). Other types include inflammatory breast cancer (IBC), triple negative breast cancer (TNBC), Stage 4 metastatic breast cancer, and others.

## Breast Cancer

preventions



			
don't smoke	limit alcohol	breast - feed	keeping healthy weight
			
exercise regularly	healthy food	good emotional	get enough sleep



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1 in 8 women in will develop breast cancer in her lifetime. 3D mammograms offer more detailed images than traditional mammograms, making it easier to detect cancer at earlier stages, especially in women with dense breast tissue.

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