

# Lifestyle-related Breast Cancer risk factors

INFORMATION COURTESY OF  
AMERICAN CANCER SOCIETY

A **risk factor** is anything that affects your chance of getting a disease, such as breast cancer. But having a risk factor, or even many, does not mean that you are sure to get the disease.

Certain breast cancer risk factors are related to personal behaviors, such as diet and exercise. Other lifestyle-related risk factors include decisions about having children and taking medicines that contain hormones.

**Drinking alcohol** is clearly linked to an increased risk of breast cancer. The risk increases with the amount of alcohol consumed. Compared with non-drinkers, women who have 1 alcoholic drink a day have a very small increase in risk. Those who have 2 to 3 drinks a day have about a 20% higher risk compared to women who don't drink alcohol. Excessive alcohol consumption is known to increase the risk of other cancers, too.

The American Cancer Society recommends that women who drink have no more than 1 drink a day.

**Being overweight or obese** after menopause increases breast cancer risk. Before menopause your ovaries make most of your estrogen, and fat tissue makes only a small amount. After menopause (when the ovaries stop making estrogen), most of a woman's estrogen comes from fat tissue. Having more fat tissue after menopause can raise estrogen levels and increase your chance of getting breast cancer. Also, women who are overweight tend to have higher blood insulin levels. Higher insulin levels have been linked to some cancers, including breast cancer.

Still, the link between weight and breast cancer risk is complex. For instance, risk appears to be increased for women who gained weight as

an adult, but may not be increased among those who have been overweight since childhood. Also, excess fat in the waist area may affect risk more than the same amount of fat in the hips and thighs. Researchers believe that fat cells in various parts of the body have subtle differences that may explain this.

Weight might also have different effects on different types of breast cancer. For example, some research suggests that being overweight before menopause might increase your risk of triple-negative breast cancer.

**Not being physically active.** Evidence is growing that regular physical activity reduces breast cancer risk, especially in women past menopause. The main question is how much activity is needed. Some studies have found that even as little as a couple of hours a week might be helpful, although more seems to be better.

Exactly how physical activity might reduce breast cancer risk isn't clear, but it may be due to its effects on body weight, inflammation, hormones, and energy balance.

The American Cancer Society recommends that adults get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.

**Women who have not had children** or who had their first child after age 30 have a slightly higher breast cancer risk overall. Having many pregnancies and becoming pregnant at an early age reduces breast cancer risk. Still, the effect of pregnancy seems to be different for different types of breast cancer. For a certain type of breast cancer known as triple-negative, pregnancy seems to increase risk.

Some studies suggest that **breast-feeding** may slightly lower breast cancer risk, especially if it's contin-

ued for 1½ to 2 years. But this has been hard to study, especially in countries like the United States, where breastfeeding for this long is uncommon.

The explanation for this possible effect may be that breastfeeding reduces a woman's total number of lifetime menstrual cycles (the same as starting menstrual periods at a later age or going through early menopause).

**Some birth control** methods use hormones, which might increase breast cancer risk.

**Oral contraceptives:** Most studies have found that women using oral contraceptives (birth control pills) have a slightly higher risk of breast cancer than women who have never used them. Once the pills are stopped, this risk seems to go back to normal over time. Women who stopped using oral contraceptives more than 10 years ago do not appear to have any increased breast cancer risk.

**Birth control shot:** Depo-Provera is an injectable form of progesterone that's given once every 3 months for birth control. Some studies have found that women currently using birth-control shots seem to have an increase in breast cancer risk, but it appears that there is no increased risk in women 5 years after they stop getting the shots.

**Birth control implants,** intrauterine devices (IUDs), skin patches, vaginal rings: These forms of birth control also use hormones, which



©FOTOLIA

in theory could fuel breast cancer growth. Some studies have shown a link between use of hormone-releasing IUDs and breast cancer risk, but few studies have looked at the use of birth control implants, patches, and rings and breast cancer risk.

When thinking about using hormonal birth control, women should discuss their other risk factors for breast cancer with their health care provider.

**Hormone therapy** with estrogen (often combined with progesterone) has been used for many years to help relieve symptoms of menopause and help prevent osteoporosis (thinning of the bones). This treatment goes by many names, such as post-menopausal hormone therapy (PHT), hormone replacement therapy (HRT), and menopausal hormone therapy (MHT).

There are 2 main types of hormone therapy. For women who still have a uterus (womb), doctors generally prescribe estrogen and progesterone (known as combined hormone therapy or HT). Progesterone is needed because estrogen alone can increase the risk of cancer of the uterus. For women who've had a hysterectomy (who no longer have a uterus), estrogen alone can be used. This is known as estrogen replacement therapy (ERT) or just estrogen therapy (ET).

Combined hormone therapy (HT): Use of combined hormone therapy after menopause increases the

risk of breast cancer. It may also increase the chances of dying from breast cancer. This increase in risk can be seen with as little as 2 years of use. Combined HT also increases the likelihood that the cancer may be found at a more advanced stage.

The increased risk from combined HT appears to apply only to current and recent users. A woman's breast cancer risk seems to return to that of the general population within 5 years of stopping treatment.

**Bioidentical hormone therapy:** The word bioidentical is sometimes used to describe versions of estrogen and progesterone with the same chemical structure as those found naturally in people. The use of these hormones has been marketed as a safe way to treat the symptoms of menopause. But because there aren't many studies comparing "bioidentical" or "natural" hormones to synthetic versions of hormones, there's no proof that they're safer or more effective. More studies are needed to know for sure. The use of these bioidentical hormones should be considered to have the same health risks as any other type of hormone therapy.

**Estrogen therapy (ET):** The use of estrogen alone after menopause does not seem to increase the risk of breast cancer much, if at all. But when used long term (for more than 15 years), ET has been found to increase the risk of ovarian and breast cancer in some studies. At this time there aren't many strong reasons to use post-menopausal hormone therapy (either combined HT or ET), other than possibly for the short-term relief of menopausal symptoms. Along with the increased risk of breast cancer, combined HT also appears to

increase the risk of heart disease, blood clots, and strokes. It does lower the risk of colorectal cancer and osteoporosis, but this must be weighed against the possible harms, especially since there are other ways to prevent and treat osteoporosis, and screening can sometimes prevent colon cancer. ET does not seem to increase breast cancer risk, but it does increase the risk of stroke.

The decision to use HT should be made by a woman and her doctor after weighing the possible risks and benefits (including the severity of her menopausal symptoms), and considering her other risk factors for heart disease, breast cancer, and osteoporosis. If they decide she should try HT for symptoms of menopause, it's usually best to use it at the lowest dose that works for her and for as short a time as possible.

**Breast implants**

Silicone breast implants can cause scar tissue to form in the breast. Implants make breast tissue harder to see on standard mammograms, but additional x-ray pictures called implant displacement views can be used to examine the breast tissue more completely.

Certain types of breast implants can be linked to a rare type of cancer called anaplastic large cell lymphoma (ALCL). It's sometimes referred to as breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). This lymphoma appears to happen more often in implants with textured (rough) surfaces rather than smooth surfaces. If ALCL does show up after an implant, it can show up as a lump, a collection of fluid near the implant, pain, swelling or asymmetry (uneven breasts). It usually responds well to treatment.

## Breast cancer facts

COMPILED BY CAROL FORHAN,  
SURVIVOR & ADVOCATE

**Statistics**

Breast cancer is the second leading cause of cancer for all women and the overall cause of cancer death in women between the ages of 20 and 59.

In the United States, one out of seven women will develop breast cancer in her lifetime.

An estimated 178,480 new cases of invasive breast cancer are expected to occur in women in 2008, with an estimated 62,030 additional cases of in situ breast cancer.

An estimated 40,460 women are expected to die from breast cancer in 2008.

There are more than 2.4 million women in the United States with a history of breast cancer.

In the United States, breast cancer is expected to be newly diagnosed every three minutes, and a woman will die from breast cancer

every 13 minutes.

**Breast cancer in men**

Though rare, 2,030 new cases of invasive breast cancer are expected to be diagnosed, in men in 2008. Approximately 450 men will die from the disease in 2008.

**Breast cancer in ethnic groups**

African American women have a higher breast cancer death rate than women of any other racial or ethnic population.

American Indian/Alaska Native females have the lowest breast cancer incidence rates.

**Breast cancer and age**

The risk of breast cancer increases with age: About 18 percent of diagnoses are among women in their 40's and 77 percent of women with breast cancer are older than 50 when they are diagnosed.

Ninety-four percent of new case and 96 percent of breast cancer deaths reported during 1996-2000 occurred in women ages 40 or older.

White women have a higher

incidence of breast cancer than African American women after age 40, while Africa American women have a slightly higher incidence rate before age 40.

Risk and recurrence of breast cancer

Postmenopausal women with early breast cancer are at their greatest risk of disease recurrence during the first five years after diagnosis. The absolute number and percentage of recurrences in the first five years after surgery is much highest than the following five to 10 years.

Treatment received during these first five years is paramount in combating the disease.

**Early Detection**

One of the earliest signs of breast cancer can be an abnormality that shows up on a mammogram before it can be felt. The most common signs of breast cancer are a lump in the breast, abnormal thickening of the breast, or a change in the shape or color of the breast. Finding a lump or change in your breast does not necessarily mean you have breast cancer. Additional changes that


may also be signs of breast cancer include:

- Any new, hard lump or thickening in any part of the breast.
- Change in size or shape.
- Dimpling or puckering of the skin.
- Swelling, redness or warmth that does not go away.
- Pain in one spot that does not vary with your monthly cycle.
- Pulling in of the nipple, nipple discharge that starts suddenly and appears only in one breast.
- An itchy, sore or scaling area on one nipple.

It is important for women to practice the elements of good breast health. It is suggested women obtain regular mammography screening starting at the age of 40.

Obtain annual clinical breast exams, perform monthly breast-self exams and obtain a risk assessment from a physician.

*This information was acquired from the American Cancer Society, 1-800-ACS-2345. Or [www.cancer.org](http://www.cancer.org).*



**Proudly honoring all local cancer survivors.**

**You'd do anything for your family.**

Protect their future with life insurance.



**AUTO | HOME | LIFE | BUSINESS | RETIREMENT**

**Ryan & Tracy Greene • 509-682-1433**

**144 E. Woodin Ave, Chelan**



**TOWN FORD SUPPORTS BREAST CANCER AWARENESS**

**WE WILL DONATE \$50 TOWARDS BREAST CANCER RESEARCH FOR EVERY VEHICLE SOLD IN THE MONTH OF OCTOBER !**



**509-663-2111 • [YOURTOWNFORD.NET](http://YOURTOWNFORD.NET)**

# The Self-Breast Exam

Because breast cancer is the most common cancer for women today, routine self-examination is an essential step in catching the disease early.

In fact, according to the National Breast Cancer Association, 40 percent of diagnosed breast cancers are detected by women through self-examination.

By examining yourself on a monthly basis, you will quickly become familiar with your breasts and the surrounding tissue and will easily be able to see or feel an abnormality, such as an unusual lump, changes in the skin or any sort of discharge.

### HOW TO LOOK

While physically looking down at your breasts is a good start, it is not adequate for a full examination. To view each section of your breasts equally, you must stand in front of a mirror.

Check for dents, pulls and any sort of odd coloring. Be sure to check your breasts standing straight ahead with your arms resting at your sides, again straight ahead with your arms raised above your head, and again leaning slightly forward with your hands on your hips.

### HOW TO FEEL

Just as you do with a visual examination, to properly feel your breasts for abnormalities, you must examine them in several positions.

The shower is an excellent location for an exam, because the water helps your fingers glide over the tissue easily. Use the middle part of your first three fingers (rather than the fingertips) to gently move the breast.

Move your hand from the outside of the breast towards the nipple and then back out to the edge. Do not ignore the fleshy part of your armpit, as this is also technically breast tissue and should not be overlooked.

The other position you should perform a breast exam in is flat on your back. When you are lying down, the breast tissue lays evenly along the wall of your chest.


Lift the arm coinciding with the breast you are examining above your head (left arm with the left breast, right arm with the right breast),



and perform the same movements as in the shower.

Use both light and firm pressure and be cognizant of any pain. Keeping a journal of any abnormalities and follow-up doctor visits is a great way to stay on top of your overall breast health.

© FOTOLIA



**THREE RIVERS FAMILY MEDICINE**

## Annual Exams

### Save Lives


**415 Hospital Way**

**509-689-3749**

Schedule your annual exam today with Dr. Ty Witt in our brand new clinic space

- Well-Woman Exams
- PCT, IUI, HSG, IUD, & LEEP
- Hysteroscopy

**[brewsterclinic.org](http://brewsterclinic.org)**





**THINK PINK**

October is Breast Cancer Awareness Month!

**SUPPORT THE FIGHT!**

We are proud to support all Cancer Survivors

**LAKE CHELAN PHARMACY**

 Paul Volkman, R.Ph. • Chase Anderson, Pharm. D

**682-2751 • 223 E. Johnson Ave. • Chelan**





# Honoring Breast Cancer Survivors



**Linda DeLeon**  
Is retired and likes to sew. She is a 47 year survivor.



**Joyce Steele**  
Is a housewife and loves candy making. She is a 37 year survivor.



**Carol L. Forhan**  
Is NCW Media co-owner and ad manager, and an ordained Episcopal Deacon. Interests: Working with Autumn Leaf. Being with my 5 grandchildren! She is a 28 year survivor.



**Orlanna Keegan**  
Is a United States Postal Clerk, at Lake Chela Post Office. Her interests include church, time with family, travel, and Disney. She is a 25 year, 10 month survivor.



**Barbara Rist**  
Blankenship Is retired, She likes gardening, reading, yard work, her grandkids, Chelan Senior Center. She is a 21 year, 1 month survivor.



**Suzanne Newby**  
Is retired from Safeway. Her interests include cooking, crafts, and camping. She is a 21 1/2 year survivor.



**Sandi Gruenberg**  
In now retired. Interests are family, Soprano of Chelan, Chelan Chase, raising money for Breast Cancer Research. She is a 19 year, 2 month survivor.



**Nancy Baum**  
Is retired and loves kayaking, biking, golfing and boating. She is a 18 year, 10 month survivor



**Vicki Hoffman**  
Is a music assistant with the with Lake Chelan School District; and likes being with her family, especially her granddaughter. She is a 18 year, 4 month survivor.



**Karen Gordon**  
Interests include singing, music, reading and walking. She is 17 year, 8 month survivor.



**Carol Simpson**  
Is retired and her interests include walking, yoga/pilates, knitting and reading. She is 17 year, 2 month survivor.



**Joan Lester**  
Is retired and she is a 16 year survivor.



**Lynda Kennedy**  
Is the owner/operator of Yogachelan Yoga Studio. Her interests include yoga, golf, hiking and gardening. She is a 15 year survivor.



**Karen Webb**  
Is a retired LPN and medical transcriptionist. Her interests including scrap book- ing. She is a 14 year survivor.



**Anne Brooks**  
Is a school bus driver. Interest includes electric vehicles, being outside and quilting. She is a 13 year, 6 month survivor.



**Teresa Flores Beason**  
Is retired and likes camping with family, cross stitching and crocheting. She is a 13 year survivor.



**Eilene Brown**  
Is retired and likes decorating, volunteers at the museum, yoga and reading. She is a 9 year, 8 month survivor.



**Heather Smith**  
Is a Office Manager and her interests include snowmobiling, reading and camping. She is a 8 1/2 year survivor.

Among U.S. women in 2018, there will be an estimated 252,710 new cases of invasive breast cancer, 63,410 new cases of breast carcinoma in situ, and 40,610 breast cancer deaths.

- After skin cancer, breast cancer is the most common cancer among women in the United States.
- More than 230,000 new cases of invasive breast cancer, and more than 60,000 new cases of breast carcinoma in situ (cancer that has not invaded nearby breast tissue) were diagnosed in 2015.
- More than 40,000 women in the United States will die each year from breast cancer.
- 440 men will die each year from breast cancer.
- There are more than 2.8 million breast cancer survivors in the United States. This includes people who are still being treated and those who have completed treatment.

*In memory of those who lost the battle.*



## Breast Cancer Glossary

COMPILED BY CAROL FORHAN, 26 YEAR SURVIVOR

Educate yourself on these terms when your doctor talks to you about breast cancer  
**Adjuvant therapy:** Treatment such as chemotherapy, hormonal therapy, or radiation used following surgery to cure, reduce, or control cancer.

**Aspiration:** The use of a hollow needle and syringe to suction out fluid or cells from a cyst or tumor.  
**Atypical lobular hyperplasia:** Abnormally shaped cells multiplying excessively in the normal tissue of a breast lobule.  
**Axillary:** In the armpit.  
**Benign:** Not cancerous.  
**Biopsy:** Tissue or cells removed from the body and examined microscopically to determine whether cancer is present.  
**Calcifications:** Small calcium deposits in breast tissue that can be seen by mammography.  
**Carcinoma:** Cancer that arises from epithelial tissue (tissue that lines a cavity or surface); occurs often in the

breast.  
**Chemo-prevention:** The use of drugs or chemicals to prevent cancer.  
**Chemotherapy:** Treatment of cancer with powerful drugs that destroy cancer cells.  
**Core needle biopsy:** Use of a hollow needle to extract a sample of a lump or other suspicious tissue for examination.  
**Cyst:** A lump or swelling filled with fluid or semifluid material.  
**Duct:** A channel in the breast that carries milk from the lobule to the nipple during lactation.  
**Estrogen:** A female sex hormone produced chiefly by the ovaries.  
**Estrogen receptor:** A site on the surface of some cells to which estrogen molecules attach.  
**False negative:** Test results that incorrectly indicate that the tested disease or substance is not present.  
**Fibroadenoma:** A benign, fibrous tumor commonly found in the breast.  
**Free radicals:** Toxic atoms produced by chemical reactions within a cell.  
**Hematoma:** A swelling formed of blood. Infrequently occurs at the site of surgery, such as in a biopsy cavity after a lumpectomy.  
**Hyperplasia:** Excessive cell growth.  
**Infiltrating cancer:** A cancer that has spread from its site of origin into surrounding tissue.

**In situ:** Latin for "in place." As part of the term "ductal carcinoma in situ," it means that cancer cells exist and are still contained within the ducts of the milk-producing gland.  
**Lobules:** Milk-producing glands of the breast.  
**Lymphedema:** An accumulation of lymph fluid in the arm, hand, or breast that may develop when lymphatic vessels or nodes have been removed or blocked by surgery, or after radiation therapy. It can appear immediately after treatment or many years later.  
**Lymph nodes:** Small, bean-shaped organs linked by lymphatic vessels. As part of the immune system, they filter out germs and foreign matter. Also called lymph glands.  
**Malignant:** Cancerous.  
**Metastasis:** The spread of cancer cells from the site of origin to another part of the body.  
**Metastases:** Secondary cancers that form after cancer cells spread to other parts of the body.  
**Neoadjuvant therapy:** Therapy with anticancer drugs or radiation given before surgery in order to shrink a tumor.  
**Palpable:** Able to be felt.  
**Progesterone:** A hormone produced by the ovaries and adrenal glands; essential for healthy functioning of the female reproductive system.

**Radiation therapy:** The use of x-rays at very high doses to treat or control disease.  
**Seroma:** An accumulation of lymphatic fluid under an incision.  
*Content provided by MammoSite Breast Cancer Information. www.mammosite.com*  
**Finding breast cancer early can mean more treatment options.**  
The American Cancer Society recommends annual mammograms for women over 40  
Despite this recommendation and the availability of free or low-cost mammograms in the U.S.:  
\* 40% of women between the ages of 40-64 do not get annual mammograms.  
\* 36% of women age 65+ do not get annual mammograms.  
Screening saves lives by helping find breast cancer early.  
Finding cancer early may give you more treatment options, including Breast Conserving Therapy instead of a mastectomy.  
Get your mammogram. Tell your friends, mothers, sisters, aunts and daughters to do the same.  
Be a Friend. Tell a Friend. Get Your Mammogram.

## 5K Chelan Chase to be held Oct. 20

CHELAN - Registration is now open for the Chelan Chase which will be held Saturday, October 20. Proceeds benefit the Lake Chelan Community Hospital Mammography Department and the Wellness Place to provide mammograms at no cost to uninsured/underinsured patients, and also supports the needs of North Central Washington cancer patients.  
This 5K chip timed event starts at 10 a.m. and is open to runners, walkers, wheelchairs, and strollers, with awards to top three finishers by age group. The first 200 to register will receive a free t-shirt.  
Race meeting Sat., Oct. 20, 9:45 a.m., Riverwalk Park Shelter with start 10 a.m. on the "Old Bridge". Packet pick-up at St Andrew's Parish Hall Saturday 8-9:30 a.m.  
Open to all: runners, walkers, wheelchairs, strollers, families and teams. Divisions: under 8, 9-12, 13-19, 20-35, 36-50, 51-65, 66-75, 76 and over.  
Register, donate, collect pledges or buy a t-shirt to support this important cause at [chelanchase.com](http://chelanchase.com)

## Pink Ribbon Classic - Golf Scramble, Oct. 21

CHELAN - The Pink Ribbon Classic Golf Scramble will be held Sunday, Oct. 21 at the Lake Chelan Golf Course. All golfers are welcome to sign up with a partner or have one assigned. Entry fee is \$30, includes lunch, but not green fees. Call the Pro Shop (509) 682-8026 or email Mark Lawrence [mlawrence@cityofchelan.us](mailto:mlawrence@cityofchelan.us) for entry forms.  
**Cancer Support Groups**  
CHELAN - The Women's Wellness Group, cancer support group, now has 2 support groups, the second Tuesday of each month for lunch, with lunch provided by the Wenatchee Wellness Place, at the Lake Chelan Community Hospital Board Room at 11:45 a.m. and the fourth Wednesday of each month at LaBrisa at 5 p.m. For more information, contact Anne at 682-8718.



**Carolyn Cockrum**  
Is an office assistant and her interests include golf and gardening. She is a 3 1/2 year survivor.



**Mildred Reece**  
Is a grandmother of 10, and great-grandmother. Her interests include reading, camping, drawing, taking care of her cat. She is a 8 year survivor.


## Protecting you for Life!

- Health Insurance
- Medicare Supplements, Advantage & RX plans
- Disability Income Protection
- Life Insurance
- Long-Term Care




509-888-9038

[Kelly@KellyAllenAgency.com](mailto:Kelly@KellyAllenAgency.com)  
[www.KellyAllenAgency.com](http://www.KellyAllenAgency.com)




## Early Detection is the Best Protection.

### Breast Cancer

 AWARENESS MONTH

[confluencehealth.org](http://confluencehealth.org)





Call 682-3300 to schedule your mammogram today!

**Lake Chelan Clinic**  
Women's Health, Family Physicians & Specialists  
219 E. Johnson Avenue, 682-2511  
[www.LakeChelanHospital.com](http://www.LakeChelanHospital.com)

**Hospital:** 503 E. Highland Ave.  
682-3300 | [info@lcch.net](mailto:info@lcch.net)  
[www.LakeChelanHospital.com](http://www.LakeChelanHospital.com)

**LAKE CHELAN COMMUNITY HOSPITAL CLINICS**

*Caring for women in our community for more than 65 years.*