



OCTOBER

Common Myths and Concerns about Breast Cancer Screening

Myth

Fact

I don't have a family history of breast cancer so I don't think I'm at risk.

While having one first degree relative (mother, sister or daughter) with breast cancer approximately doubles a woman's risk of developing breast cancer, only about 20-30% of women with breast cancer have a family member with the disease. That means that 70-80% of women who develop breast cancer do not have a family history of the disease.

I perform routine self-exams of my breasts so I don't feel a mammogram is needed.

Having a clinical breast exam or a breast self-exam has not been found to decrease risk of dying from breast cancer. Breast self exams can miss tumors, as can other methods of screening. That's why it's important to rely on more than one method to screen for breast cancer. Only when a clinical breast exam is combined with a mammogram is the risk of dying from breast cancer significantly reduced. A combined approach increases your chances of finding breast cancer at an early, treatable stage.

I am concerned about radiation exposure.

The modern mammography machine produces breast x-rays that are high in image quality but uses a low radiation dose (usually about 0.1 to 0.2 rads per picture). To put that into perspective, the dose of radiation that you get during a screening mammogram is about the same amount of radiation from your natural surroundings (background radiation) you would average in a 3-month period.

I'm afraid that my mammogram will be painful.

You may feel some discomfort when your breasts are compressed, and for some women compression can be painful. Try not to schedule a mammogram when your breasts are likely to be tender, as they may be just before or during your period. If the positioning is painful, alert the technician so that they can reposition you, which might help make the procedure less painful.

I am confused by recent studies that claim routine mammography is not necessary.

The goal of mammograms is to find cancer when it is still too small to be felt by a woman or her doctor. Finding small breast cancers early by a screening mammogram greatly improves a woman's chance for successful treatment. When breast cancer is detected at a localized stage (it hasn't spread to the lymph nodes), the 5-year survival rate is 98%. If the cancer has spread to nearby lymph nodes (regional disease), the rate drops to 84%. If the cancer has spread (metastasized) to distant organs such as the lungs, bone marrow, liver or brain, the five-year survival rate is 27%. Therefore, it is important to have your yearly mammograms in order to detect small lumps which may not be detectable by a breast exam.

I cannot afford the co-payment.

The Center for Disease Control's (CDC) *Cancer Detection Programs: Every Woman Counts* provides clinical breast exams, mammograms, pelvic exams and Pap tests to California's underserved women. To see if you qualify for a free breast exam and mammogram, please call the CDC's information line at (800) 511-2300.

I've heard that Thermography is a better alternative to traditional mammographies.

Extensive research on thermography, a 20-year old technology, has not yet proven its viability and reliability to the medical community. As of November 2000, the Food and Drug Administration (FDA) reported that they do not approve thermography equipment for screening purposes. The position of the American College of Radiology is that thermography has not been demonstrated to have value as a screening, diagnostic or adjunctive breast cancer imaging tool. Early detection by means of mammography screening offers the best chance currently available for surviving breast cancer.

References

American Cancer Society Inc. – www.cancer.org

American Cancer Society – Mammograms and Other Breast Imaging Procedures.

Centers for Disease Control and Prevention – National Breast and Cervical Cancer Early Detection Program.

Susan G. Komen Breast Cancer Foundation – Thermography: What is it? January 4, 2001

US Preventive Services Task Force Screening for Breast Cancer: Systematic Evidence Review. Rockville, Maryland: Agency for Healthcare Research and Quality, 2002.