Breast Health Guidelines: Setting the Record Straight

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Breast health and breast cancer screening are continuously evolving healthcare topics. For most women, these topics are of great concern, and at times can be overwhelming. Recently, there has been increased controversy regarding conflicting breast health guidelines and recommendations. Since these views vary drastically between medical professional organizations, it is difficult to settle on universal recommendations. These differences arise from varying viewpoints related to risks, benefits, and costs of screening. For all individuals, it is important to understand these differences to help determine what individualized approach is best for them. Along with becoming more aware of the recommendations, women are encouraged to discuss their screening options with their healthcare provider(s). Below is a brief review of the different recommendations.

In the United States breast cancer affects almost 1 out of every 8 women. For all women, it is important to be aware of risks that may be linked to causing breast cancer. There are many factors linked to breast cancer, with some causing greater concerns than others. Some risk factors cannot be changed, such as being a female, increasing age, and family history. Other risks can be controlled by making healthy lifestyle modifications. For women with risk factors, earlier and/or more frequent screening may be recommended.

Breast cancer risk factors:
- Having a known breast cancer gene mutation (personal or familial)
- Family history of breast cancer (greater than 12 relatives with breast or other female related cancers)
- Breast cancer in a primary family member
- Personal or family history of breast cancer
- Increased breast density
- Postmenopausal obesity
- Use of some hormone therapies
- Consuming more than 2 alcohol beverages daily
- Smoking before having children
- Sedentary lifestyle
- Being a Caucasian female
- Early onset of menses before age 12
- Early onset of menopause after age 55
- Late onset of menopause
- Having a known breast cancer gene mutation (person or familial)
- Breast ultrasound, MRI, tomography, and thyroid imaging screening options. Traditionally screening has included breast imaging, clinical breast exams, and patient self breast screening. Since 1990, breast cancer related deaths in the U.S. have been decreasing in part by an increase in the use of screening mammograms, along with advances in adjunct therapies. Some adjunct therapies have included breast ultrasound, MRI, tomography, and thermography. These options remain controversial between several medical organizations, along with appropriate age to start screening, when to stop screening, and frequency of screening.

Different screening mammogram recommendations can include:
- Mammograms every year starting at age 40 (American College of Obstetricians & Gynecologists, American Cancer Society, and National Comprehensive Cancer Network)
- Mammograms every 1-2 years starting at age 40 (National Cancer Institute)
- Mammograms every 2 years ages 50-74 (U.S. Preventive Services Task Force)

Clinical breast exams (CBE) are traditionally started prior to screening mammograms. The exams are performed by health care providers, and are recommended at different ages and intervals. An important component of clinical breast exams is technique. Technique includes positioning during exam, pressure during exam, and motion in which exam is performed. Research done on CBE does show some improvement in earlier detection of breast cancer when performed in addition to a mammogram. Alone clinical breast exams are not reliable screening tools, unless mammography is not available. The variations in recommendations for clinical breast exams range from insufficient evidence to support performing, starting at age 20 and performing yearly to every 3 years, or starting at age 40 and performing yearly.

Historically self breast exams were encouraged by most medical professional organizations. Currently there has been evolving trends towards the concept of self breast awareness, which in some instances still include self breast exams. Self breast awareness encourages women to focus on normal breast appearance along with normal feeling breast tissue. This idea arose from evidence showing that 50% of breast cancer abnormalities are found by women themselves, often as an incidental finding. Women who choose to perform self breast exams should be instructed on appropriate techniques, and are encouraged to report any breast changes to their health care provider. The varying viewpoints on self breast exams include making self breast exams optional starting at different ages, to not recommending self breast exams at all.

Breast signs that should be evaluated by a health care provider include:
- firm, hard lumps inside the breast or underarm
- thickening of tissue
- swelling, warmth, redness, or discoloration of tissue
- change in size or shape of breast(s)
- dimpling or puckering of tissue
- itching, scaling or rash on nipple region
- inversion of the nipple that has not been previously noted
- nipple discharge
- new persistent breast pain

Overall, even with varying perspectives on breast health and cancer screening, the decision for screening should be individualized. Women and their health care providers should look at the risks and benefits of screening, along with a woman’s lifetime risk based on her identified risk factors. At Beaver Dam Women’s Health we promote breast health and breast cancer screening and provide care to meet each individual’s needs. We also provide genetic counseling and testing for high risk women who meet testing criteria.

The next area of importance is understanding the different breast cancer screening options. Traditionally screening has included breast imaging, clinical breast exams, and patient self breast screening. Since 1990, breast cancer related deaths in the U.S. have been decreasing in part by an increase in the use of screening mammograms, along with advances in adjunct therapies. Some adjunct therapies have included breast ultrasound, MRI, tomography, and thermography. These options remain controversial between several medical organizations, along with appropriate age to start screening, when to stop screening, and frequency of screening.

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