

CURRENT RECOMMENDATIONS

The American Cancer Society recommends for women without breast symptoms:

- A baseline mammogram between age 35 and 40
- Repeat mammograms every year after the age of 40 or at your physician's discretion

If you have breast symptoms (breast symptoms include lumps, nipple discharge or skin changes), you should see your physician for a complete examination and follow their advice regarding the need for a mammogram.

DETECTING BREAST CANCER

Early detection of breast cancer is best achieved by mammography and physical examination.

Mammography is a specialized x-ray examination of the female breast to detect cancer too small to be detected through breast self-examination or by a doctor's examination. In large trials, it has been shown to be the most sensitive test for cancer and, in general, can detect approximately 90% of breast cancers. By contrast, physical examination can detect only 55% of such cancers. We offer both screen-film (conventional) and digital mammography.

Digital mammography offers several benefits:

- Better for imaging breast implants
- More suited for dense breasts
- Fewer callbacks, so less radiation

Physical examination is another method to detect breast cancer. Breast Self Examination (BSE) is easy to do, inexpensive and effectively performed by the woman herself. Instructions for BSE are included in this booklet. Even today, most breast cancers are still discovered by the patient. These cancers are often larger and could have been detected earlier by mammography. If you have questions about BSE, our technologists will be happy to answer your questions.

Ultrasound examination is used to evaluate lumps in the breast to ascertain if they are solid lumps or cysts. Cysts are benign; solid lumps can be benign or malignant. Ultrasound is usually used as a backup to mammography. Ultrasound is immediately available at Reno Diagnostic Centers.

Magnetic Resonance Mammography is a method for evaluating breast disease. MRM is available at Reno Diagnostic Centers as ordered by your physician after consultation with our radiologists. The most common use is in detecting breast implant rupture.

Breast Self Examination or BSE is easy to do and only requires a few minutes of your time. Diagrams and instructions are provided within this booklet.

BREAST SELF EXAMINATION INSTRUCTIONS:

1. Stand before a mirror. Inspect both breasts for anything unusual such as any discharge from the nipples or puckering, dimpling or scaling of the skin.

The next two steps are designed to emphasize any change in the shape or contour of your breasts. As you do them, you should be able to feel your chest muscles tighten.

2. Watching closely in the mirror, clasp your hands behind your head and press your hands forward.
3. Next, press your hands firmly on your hips and bow slightly toward your mirror as you pull your shoulders and elbows forward.



LOOK AND FEEL FOR CHANGES

Some women do the next part of the exam in the shower because fingers glide over soapy skin, making it easy to concentrate on the texture underneath.

4. Raise your left arm. Use three or four fingers of your right hand to explore your left breast firmly, carefully and thoroughly. Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast. Gradually work toward the nipple. Be sure to cover the entire breast. Pay special attention to the underarm, including the underarm itself. Feel for any unusual lump or mass under the skin.
5. Gently squeeze the nipple and look for a discharge. (If you have any discharge during the month, whether or not it is during BSE, see your doctor.) Repeat steps 4 and 5 on your right breast.
6. Steps 4 and 5 should be repeated lying down. Lie flat on your back with your left arm over your head and a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to examine. Use the same circular motion described earlier. Repeat the exam on your right breast.

TO LEARN MORE:

Visit herSource.com:
www.herSource.com

American Cancer Society:
www.cancer.org
800.227.2345

Food and Drug Administration:
www.fda.gov

Komen Foundation:
www.komen.org
800.462.9273

National Cancer Institute:
www.nci.nih.gov
800.4CANCER
(800.422.6237)

National Alliance of Breast Cancer Organizations:
www.nabco.org
888.806.2226

Y-ME Breast Cancer Advocacy Organization:
www.y-me.org
800.221.2141

TWO LOCATIONS IN RENO, NEVADA TWICE THE EXPERTISE IN IMAGING



625 Sierra Rose Drive
(SW Reno)



590 Eureka Avenue
(6th and Wells)



Reno Diagnostic Centers

775-323-5083
1-(800) 422-2828

www.renodiagnosticcenters.com



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BSE

BREAST SELF
EXAMINATION &
MAMMOGRAPHY



BREAST CANCER: THE FACTS

THE SECOND MOST COMMON FORM OF CANCER

Breast cancer is the second most common form of cancer among American women, (lung cancer is the first) affecting one of every nine women in the United States and accounting for 26% of all cancer in females. One-third of these cancers can be detected before the age of 50. If breast cancer is detected in its earliest stages, survival rate after treatment is nearly 100 percent.

ARE YOU AT RISK?

Being female puts you at the greatest risk of developing breast cancer. Other factors that can compound your risk include:

- Age. Your chances of developing breast cancer increase as you grow older. Two-thirds of women who develop breast cancer will be more than 50 years old, but breast cancer does occur in younger women.
- A prior history of breast cancer, cancer in the opposite breast or other cancer. The risk of developing cancer in the other breast is about three times higher than the average.
- Mother, sister or daughter with breast cancer. Studies show that women with a family history of breast cancer develop the disease at about twice the average.
- Early menstruation or late menopause.
- No full-term pregnancies or first birth before age 30.

VISUAL WARNING SIGNS OR BREAST SYMPTOMS

Possible visual warning signs of breast cancer include:

- Lump: often solitary, firm to the touch and not painful
- Inverted nipple: in a previously normal breast
- Skin thickening: a portion of the skin on the breast may look like an orange peel
- Superficial veins: a prominence of surface veins on one breast
- Skin dimpling: a depression in the skin on your breast

If you have any of these symptoms, make an appointment to see your physician immediately and follow his/her recommendations for a mammogram or other diagnostic procedure.

BREAST CANCER: Q&A'S



HOW DO I TELL NORMAL BREAST TISSUE APART FROM THE TYPE OF LUMP I AM SUPPOSED TO SEE MY DOCTOR ABOUT?

Fortunately, mother nature has distributed each woman's breast tissue in mirror image fashion so that the right breast should feel exactly like the left. If you compare the breast tissue in any area of one breast with the same area in the other breast, the breast tissue should feel the same. For example, let's suppose you are examining your breasts and you feel a lump in the upper portion of your right breast. Check the same area in the upper portion of the left breast. If it feels the same, then this is undoubtedly your normal glandular breast tissue. The same applies to the other areas of your breasts.

HOW CAN I TELL IF I AM FEELING MY BREAST TISSUE, RIB OR MUSCLE INSTEAD?

You don't have to know what you're feeling as long as it feels the same in the matching area of the other breast. Everything is a mirror image on the other side, even the ribs and muscles. The only trick in learning to compare is to make sure you examine the exact same area on the other side. You might have to look in the mirror to make sure. Otherwise, it might not feel quite the same. Report to your doctor any lump that doesn't match with the other, even if it feels no harder than your normal glandular tissue and is easily moveable. At an early stage all breast cancers are small and soft and easy to move. The idea is to catch a breast cancer in an early stage, not later.

WHAT IF IT DOESN'T FEEL THE SAME WHEN I COMPARE SIDES?

Many times there will be a difference between the size of your breasts just as one foot is slightly larger than the other. The breast tissues in the larger breast will, of course, also be slightly more prominent. If one area of the breast feels unusually prominent and there is no corresponding prominent area in the opposite breast and you have not had a breast examination for at least several months, you should make an appointment with your physician and have him/her check this area. Most of the time, since the majority of lumps are not cancer, he/she will be able to assure you that the slight difference from one breast to the other is what doctors refer to as "normal variation."

ARE ALL NON-MATCHING LUMPS CANCER?

Most breast lumps are due to fatty tissue which can become lumpy as we get older (like the fatty tissue in our legs). Lumps can also be due to cysts.



WE WILL HAVE YOUR RESULTS BACK TO YOUR DOCTOR WITHIN 24 HOURS.

HOW CAN I REMEMBER HOW MY BREASTS FEEL FROM ONE EXAMINATION TO THE NEXT?

It is easier than you think! You can use the method that most physicians use: a diagram. This helps you and your physician remember the troublesome spots in your breasts. Draw a picture of your breasts the first time you examine them and shade in any area or mark an "X" on the diagram where you feel your breast tissue. You can label these areas firm or soft or any other method you feel explains how this area feels to you. Then, the next time that you examine your breasts, you can compare what you feel with the prior diagram that you made.

WHAT IF I HAVE HAD PREVIOUS SURGERY ON ONE OR BOTH OF MY BREASTS? WON'T THE TISSUE VARY FROM ONE BREAST TO THE OTHER?

Yes. There may be a difference if one breast has had more tissue removed. It may feel different in this area, compared with the opposite breast in the same area. Again, this is a good time to draw a diagram of both breasts. Label the areas that feel different to you and indicate the areas of surgery on your breasts. It is also important to indicate the sites of any breast surgery to your mammographer.

IS IT WORRISOME TO HAVE A NIPPLE DISCHARGE?

A nipple discharge should be reported to your doctor if it occurs in one breast only and is spontaneous; that is, comes out without the breast being squeezed. Most nipple discharges, especially clear, are not indications of anything serious but should be investigated. All bloody discharges should be examined by your physician, spontaneous or not.



Q&A'S ABOUT BREAST PAIN AND TENDERNESS

DOES PAIN IN MY BREAST MEAN THAT I HAVE CANCER?

Most women have breast pain at one time or another, often more in one breast than in the other. Since this is such a common complaint, it can't be used as an indication of whether cancer is present.

BEFORE MY PERIOD, MY BREASTS ARE EXTREMELY LUMPY AND PAINFUL. SHOULD I BE CONCERNED ABOUT THIS?

Most women feel some breast discomfort before their period starts. This is because the female hormone estrogen stimulates the glandular tissue in the breast. This causes fluid collections in the breast which makes them larger, more lumpy and uncomfortable or even painful. When the menstrual period starts, the fluid leaves the breast and the discomfort should decrease. The underarm area drains the fluid from the breast so this area may stay uncomfortable for a few extra days.

I HAVE TIMES WHEN MY BREASTS STAY TENDER FOR A MONTH OR SO. IS THIS COMMON?

Yes. This is usually the result of a hormone irregularity. If too much fluid builds up, some may remain after your period ends. When the breast produces fluid in the next month, this fluid combines with the leftover fluid, producing more pressure than usual. This pressure may remain for a month or so. This usually is due to a hormone irregularity. Wait until the discomfort goes away before you examine your breasts; otherwise you are likely to find all sorts of lumps.

WHAT ARE FIBROCYSTIC CHANGES OF THE BREAST?

The female hormones in some women can cause balloon-like pockets of fluid to be trapped in the breast tissue (referred to as cysts). When you examine your breast, these cysts can feel like lumps. The cysts make breast self-examination, both for you and your doctor, more difficult. This condition usually occurs between the ages of 35 and 50. Currently, there is no proven method for preventing cystic changes, but research suggests ways to treat the symptoms. Some studies indicate that you can reduce your symptoms if you reduce your intake of caffeine from coffee, tea, cola drinks and chocolate. Although caffeine has to be stopped for at least two months for a full effect, improvement in breast pain and lumps is sometimes noted in as few as two or three days. Stopping caffeine may not eliminate fibrocystic changes entirely since irregular menstrual periods and mental stress can also be associated with cysts, but it will usually decrease the amount of discomfort you feel. Fortunately, after menopause, there are less female hormones present and fibrocystic changes often go away, making the breasts easier to examine. However, the symptoms can persist if female hormones are necessary and prescribed by your doctor. If you're taking hormones, discuss with your doctor the possibility of not taking them for five days each month to allow any fluid to leave the breast.

CAN CYSTS BECOME CANCEROUS?

No. But cancer can develop elsewhere in the same breast. Since the lumps caused by cysts make it difficult to perform physical self-examination, your doctor may order a mammogram and ultrasound of the breast to aid in his physical examination.

For more information on this and any of our exams, visit us on the web at renodiagnosticcenters.com