



U.S. PREVENTATIVE SERVICES TASK FORCE: SCREENING FOR BREAST CANCER

by Deborah Day, MD

Breast cancer is the most common cancer diagnosed in women and the second most common cause of cancer death among women in the United States. Because of improved technology, mammography has detected more breast cancers and at an earlier stage. This, combined with improved treatment methods, has resulted in lower mortality rates between 1975 and 1999.

Although screening mammography is the best tool we have for detecting breast cancer, it is not perfect. Up to 20 percent of breast cancers are missed on mammography, especially those in young women who tend to have denser breast tissue that makes images more challenging to read. As breast density changes with age, the images show abnormalities more clearly—which correlates with the increasing risk of breast cancer in the aging population.

Last November the U.S. Preventative Services Task Force (USPSTF) released guidelines recommending against routine screening in women aged 40–49. Although this is not an official policy of the U.S. Department of Health and Human Services, the recommendations generated a strong response from professional health care

organizations. The American Cancer Society, American College of Radiology, American College of Obstetrics and Gynecology, and American College of Surgeons were among the groups who disagreed with the recommendations.

At the Piper Breast Center, we also do not agree with USPSTF's recommendation that—rather than undergo routine screening—this group of women should discuss the need for screening with their health care providers. Since 75–80 percent of women with newly diagnosed breast cancer have no known risk factors, it will be difficult for providers to determine who should be screened and who should not. Since breast cancer in younger women tends to be more aggressive, this population will benefit most from early detection.

The arguments against routine mammographic screening and for less frequent screening are:

- a. the impact of false positive studies (false alarms)
- b. radiation exposure from the mammogram
- c. over diagnosis and over treatment of slow-growing cancers.

These are legitimate concerns. False positive screens may result in additional mammography, ultrasound studies and possible biopsies that end up being normal (negative). The theoretical risk of developing cancer from mammography radiation is minimal, especially in older women. Slow-growing cancers may be found on screening mammography, but it is not possible to know which cancers are definitely life-threatening. For these reasons, we will continue to recommend that women begin getting yearly mammograms starting at age 40.

If you're a woman between 40–49, we encourage you to talk to your health care provider about your family health history and any concerns you might have. If you have questions, please call the Piper Breast Center. We welcome the opportunity to answer additional questions and talk with you about the services we provide.



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PIPER BREAST CENTER IS EXPANDING

by Carol Bergen, RN, manager of Piper Breast Center

A long-anticipated expansion of the Piper Breast Center is expected to begin this Spring with completion scheduled for later this Fall. Physicians and staff members look forward to welcoming patients and visitors into fresh, new areas that will provide comfort and privacy. Enhancements will include additional full-field digital mammogram and breast ultrasound systems. Breast-specific gamma imaging will be introduced to complement the Center's existing range of diagnostic capacity. Further refinements include spacious consultation rooms and a meeting room for larger family conferences.

Minnesota Oncology, which currently resides on the fourth floor of the Piper

Building, will move across 26th Street to larger offices in the 910 Medical Building to meet their need for more space. The west and north sides of the Piper Building will then be available for remodeling to accommodate the Piper Breast Center. Construction will continue throughout the summer months. The work is not expected to interfere with patient care in the Breast Center.

By this time next year, the Piper Breast Center's renowned hospitality, superlative care and advanced technology will be delivered in an expanded space that extends our focus on providing the most positive patient experience possible.

BREAST SELF EXAM

by Christina Braatz, MSN, RN, CNP

The American Cancer Society currently recommends that women begin monthly breast self-exam (BSE) at age 20. While BSE is optional, it can help a woman familiarize herself with how her breasts look and feel so that she can be aware of any changes.

BSE should be performed when your breasts are not tender or swollen. For premenopausal women, the best time would be a week after your period ends. If you are postmenopausal, perform the exam on the same day every month.

To perform BSE, lie down with a pillow under your right side and your right arm raised above your head. This helps breast tissue spread out, making it easier for you to examine. Beginning in your right armpit, use the pads of the left three middle fingers to feel for lumps in the breast tissue. Using dime-sized circular motions of the finger pads, use three different levels of pressure to feel all the breast tissue. Continue up and down in a vertical pattern to examine the tissue from your armpit to the center of your chest, and from the collarbone down until you feel only ribs. Repeat the same

procedure on the left breast using your right hand.

You should also examine your breasts in a mirror with your hands raised above your head and with hands on hips, pressing your shoulders forward, looking for changes in size and any skin or nipple changes. Be sure to examine along the sides of your breasts as well as under your breasts.

If you notice any hard lumps in the armpit or breast, changes in size, skin discoloration, dimpling or thickening, nipple discharge or scaliness, or new nipple inversion (nipple pushed in instead of sticking out), you should see your health care provider for a clinical exam. Remember, not all abnormalities found on self exam are cancers.

BSE does not replace clinical breast exam (CBE) which should be performed at least every three years from ages 20–40 and yearly after age 40 with yearly mammograms starting at age 40. If you are at high risk for developing breast cancer, yearly CBE and mammograms should begin earlier, so ask your health care provider what is right for you.

DID YOU KNOW?

The *Communique* is going green! In order to serve our readers more efficiently and make better use of our resources, this newsletter is converting to electronic format only with our May issue. If you would like to receive *Communique* by e-mail, please go to allina.com/communique to subscribe.

REMINDER!

Visit us at the 2010 Susan G. Komen Race for the Cure. This year's event will be held Sunday, May 9 at the Mall of America in Bloomington, Minn.

NEW SUPPORT PROGRAM HELPS MOTHERS WITH BREAST CANCER

One of the many dilemmas mothers with breast cancer face is how to help their children cope when cancer becomes a part of their family life. A new support program is being offered through the Piper Breast Center to address those concerns. Enhancing Connections is a program designed to assist women who have breast cancer and their children. It was created as a response to the challenges mothers said they experienced in responding to their children during treatment and recovery from breast cancer.

Enhancing Connections will help women talk about breast cancer, draw out children's feelings and concerns about breast cancer, support children and their stress related to the breast cancer, and develop individuals' skills and confidence in communicating with children. The program's counselors are specially trained clinicians who are experienced in working with families with children.

Enhancing Connections consists of five clinic sessions at one- to two-week intervals with a psychologist or social worker. The program is available to women who have children ages five to 12, are diagnosed with stage 0, 1, 2 or 3 breast cancer and are within one year of diagnosis.

To learn more about Enhancing Connections or to register for the group, please call Anne Hannahan at 612-863-1635.