

BREAST HEALTH / BREAST IMAGING

BREAST SELF EXAM

Facts, Information and Frequently Asked Questions

Do you examine your own breasts for cancer?

If you perform a somewhat haphazard and superficial examination, or if you rarely examine your breasts, is it because you just don't know how to start?

This pamphlet will answer some of the most frequently asked questions we encounter when we teach women to examine their own breasts - otherwise known as Breast Self Exam—BSE.



Elizabeth Wende Breast Care, LLC

Breast Cancer Facts and Risk Factors

Breast Cancer Risk Factors

- 👉 1 in 8 women, over the course of their lifetime, will develop breast cancer. (American Cancer Society)
 - 👉 ALL women are at risk, regardless of family history. The majority of women diagnosed with breast cancer have no close relative with the disease. But, women who have a family history of breast cancer are at higher risk for developing it themselves.
 - 👉 Ninety five percent of breast cancers occur in women age 40 and over.
 - 👉 Women with breast cancer have a 5-year survival rate of over 96% if the cancer has not spread beyond the breast.
- EARLY DIAGNOSIS IS THE KEY TO SURVIVAL.

Finding Breast Cancer Early

- 👉 **Clinical Breast Exam (CBE)** – should be part of your periodic health exam performed by your doctor or nurse. CBE should be done at least once a year if you are over 40 and at least once every 3 years for women in their twenties and thirties. (ACS)
- 👉 **Breast Self Exam (BSE)** – for all women, starting in their twenties. Recommendations for BSE vary, among well-known medical and cancer organizations, but our clinic feels it is important for women to perform BSE monthly.
- 👉 **Mammography** – Yearly mammograms for all women are recommended starting at age 40 and continuing for as long as a woman is in good health.

Doctors have no single 100% effective method for detecting breast cancer because not all cancers behave in the same way. The average breast cancer takes seven years to grow big enough to feel. A mammogram can detect the average breast cancer two years earlier, in which case the cancer will be smaller and easier to cure. Not all cancers behave the same, however—some can be felt before the mammogram can see them. This is why breast self-examination (BSE) is so important.

The best way to detect breast cancer is by breast self-examination, your doctor's breast examination, and the mammogram—all together. If you or your doctor discover a breast lump, and a mammogram is performed, and you're told that the mammogram is normal, this doesn't mean that you or your doctor should forget the breast lump. If it continues to enlarge, you must contact your doctor again and notify him or her of this. If you have a normal screening mammogram, and then develop a new lump, you should have it checked by your doctor anyway because mammograms don't detect ALL cancers.

It's quite common for women to feel so nervous about performing BSE incorrectly, that they just don't do it. If this sounds like you, you can stagger your doctors' checkups and your mammogram so your breasts are being checked in some way every few months. For example, see your internist in early spring, your gynecologist in late summer, and have your mammogram in the winter. Don't be embarrassed to admit this to your doctor—about 25% of all women have the same problem, so you're not alone. If there's a significant other person in your life, show that person this pamphlet and maybe they would be willing to do the exam for you.

We recommend that women learn to examine their breasts after adolescence, preferably in their teens or early twenties. Cancer of the breast is extremely uncommon at this age, but if a woman gains enough experience at a younger age in examining her breasts, then she will be expert enough in her thirties, forties, and later life, to detect a small change more easily. However, it's never too late to learn!

A Glossary of Imaging and Diagnostic Modalities

Mammogram

X-ray pictures of breast tissue used as a screening tool to detect small cancers, or as a diagnostic tool to diagnose breast disease in a symptomatic patient.

Digital Mammogram or Full Field Digital Mammogram (FFDM)

X-ray pictures of the breast tissue using a computerized digital technology in the place of traditional film. Neither film nor digital mammography has been shown superior to the other - both methods are acceptable and interchangeable. However, a recent study has shown that FFDM may benefit some women with dense breast tissue.

Ultrasound

An imaging technique that uses sound waves to evaluate tissue. Ultrasound is often used as an adjunct to mammography to view palpable breast lumps and to determine if a lump seen on a mammogram is solid or fluid-filled (cyst).

Breast MRI

A breast imaging method that uses Magnetic Resonance. This is most often used to determine the extent of a breast cancer in a patient who has already been diagnosed, but is being used as a screening method for some women who are at extremely high risk for developing the disease because of their family histories or if they test positive for certain breast cancer genes.

Computer Aided Detection (CAD)

A software program that uses either a digital mammogram or a digitally scanned film mammogram to aid the doctor in reading the mammogram. It has been described as a "spell check" for mammograms - it points out areas that could be a problem, but it is up to the radiologist to decide if the area truly needs more attention.

Core Biopsy

A non-surgical method of biopsying tissue that is worrisome to confirm or disprove that further treatment may be necessary. Tissue is taken from the area using either a computer, ultrasound or MRI guided needle. The alternative to this method is a surgical biopsy. When this is performed, we use local anesthesia, such as Lidocaine, to numb the tissue so that there is very little discomfort.

*If you ever have breast surgery in the future please let us know!
We need this information to know how accurate our methods are.*

Breast Self Exam (BSE)

Step 1: Stand in front of a mirror. With your shoulders straight and your hands on your hips, look at your breasts. Check for:

- 👉 breasts that are their usual size, shape and color.
- 👉 breasts that are evenly shaped without distortion or swelling.



If you see any of the following changes, bring them to your doctor's attention:

- 👉 dimpling, puckering or bulging of the skin.
- 👉 nipple that has changed position or a newly inverted nipple (pushed inward instead of sticking out).
- 👉 redness, soreness, rash or swelling.



Step 2: Raise your arms in front of the mirror and look for the same changes.
As you raise your arms, also note if both breasts move smoothly and evenly over the ribcage.

Step 3: Examine your breasts while lying down.

Use a firm smooth touch with the first few fingers of your hand, keeping the fingers flat and together. Use your right hand to examine your left breast and your left hand for the right breast. Be sure to examine your entire breast from top to bottom and side to side - from your collarbone to the top of your abdomen, and from your armpit to your cleavage.



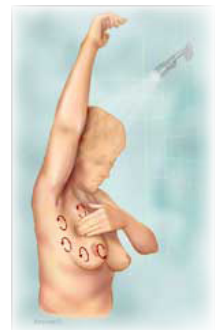
Follow a pattern to be sure you cover the entire breast. You can begin at the nipple and move your hand in larger and larger circles until you reach the outer edge of your breast. You can also move your hand up and down vertically in rows, as if you were mowing a lawn. With every spot you touch, be sure to feel all the breast tissue. Use a light touch to feel the tissue just under the skin and a firmer touch to feel the deeper tissue. Begin examining each area with a soft touch and then increase pressure so that you can feel the deeper tissue, down to your ribcage.

Whenever a lump is felt, you can compare it with the same area in the opposite breast. If both of these regions feel the same, then this is your normal breast tissue.

If you have large breasts, you should roll up on your right side when you examine the outer half of the left breast, and reverse the procedure for the other breast. Larger breasts tend to fall to the side, making them more difficult to examine. When you roll up on your side, the breast falls towards the middle, which straightens up the outer half of the breast so it's easier to examine.

Step 4: Examine your breasts while standing or sitting.

Many women find this easiest to do while in the tub or shower when their skin is wet and slippery. Use the same hand movements described in Step 4 to examine the entire breast. It's important to examine your breasts in both positions because some lumps can be felt best when lying down but others are felt best in the upright position.



Methods

To remember how your breast tissue feels and looks from one examination to the next, you can use the method that most physicians use—a diagram. This helps your physician remember the troublesome spots in your breasts. After you have left her office, she usually draws a diagram of your breasts in your patient chart and if there is an area which feels firmer in one breast, for example, than the same area in the opposite breast, she may draw an outline of the area labeled like this:



Then when you return for subsequent visits she will review your patient chart to refresh her memory. Although she may be an expert at examining breasts, she sees too many patients to be able to remember the details of each individual person's breast examination. Therefore, she needs the aid of a diagram.

There's no reason why you can't use the same method to help you remember what your own breast tissue feels like. You should draw a picture of your breasts the first time you examine them, indicating little circles or outlines of areas where you feel breast tissue. You can label these areas firm, or soft, or use any description that you think explains how the area feels. Then the next time you examine your breasts, you can compare what you feel with the prior diagram that you made.

If you're just beginning to learn how to do breast self-examination, it may help to do it more often. The first few times may take a while, but as you become familiar with the outline of your normal breast tissue, you'll be amazed at how much quicker and easier it is. Don't examine the breasts when they're tender (usually just before menstruation but often at other times too, such as during ovulation), because that means the tissue will have fluid in it, which will make it feel lumpier. The discomfort will also make the tissue seem bigger than it really is. Once you've learned, you don't need to examine the breasts as often. For many women, once a month is enough. If you find that it's easier to remember when you do it more often, however, there's no reason why you can't do it more frequently.

When you first begin doing BSE, you may find all sorts of things that concern you and will want to have your doctor check. Normal breast tissue usually has a lumpy feeling to it. Learning to examine your breasts just before your doctor's regular examination will make it more convenient for you to ask questions. Don't be afraid to ask your doctor anything - this is important!

Breast -to- breast comparison

When doing BSE, you don't have to know what you're feeling as long as it feels the same as the matching area in the other breast. Like the wings of a butterfly, everything in one breast is a mirror image of 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 side, even if it feels no harder than your normal glandular tissue, and is easily movable. Breast cancers are often small, soft feeling, and easier to move at an early stage—they only get harder and bigger later on. The idea is to catch breast cancer at an early stage, not later.

If you've had previous surgery on one or both of your breasts, the tissue may vary from one breast to the other. If one breast has had tissue removed, it may feel different in this region, compared with the opposite breast in the same area. Again, this is a good time to draw a diagram of both breasts. You can refer to these pictures when you examine your breasts the next time, which will help you remember the differences due to surgery. The diagram is also very helpful if one breast has been removed since it's no longer possible to compare both breasts.

"I have a question about..."

Lumps

Most breast lumps are due to fatty tissue that can become lumpy as we get older (like the fatty tissue in our legs). Lumps can also be due to cysts. Occasionally, particularly in young women, a lump can be caused by a **fibroadenoma**, which is a non-cancerous overgrowth of the breast tissue (like a mole on the skin). Therefore, if you find a lump, it's most likely not a cancer, but it still has to be checked by your doctor.



Cysts

In some women the female hormones can cause balloon-like pockets of fluid to be trapped in the breast tissue. This is sometimes referred to as fibrocystic disease, or cysts. These can be felt as lumps, which do not turn into cancer, but which can sometimes feel like a lump formed by cancer. This makes BSE and your doctor's examination more difficult. Cancer can develop elsewhere in the cystic breast, just as it can develop in any woman. Since the lumps caused by cysts make it difficult to perform physical examination, your doctor may order mammography if you have cystic disease.

This condition is most likely to occur between the ages of 40-50, but can occur at other ages. Also, mental stress and worrying can make the fluid retention worse. Discontinuing coffee, tea, cola and chocolate can sometimes cause these lumps to disappear. Although caffeine should be stopped for at least two months to be fully effective, improvement in breast pain and lumps is sometimes noted in as few as two or three days. Stopping caffeine may not get rid of fibrocystic disease entirely, since irregular periods and mental stress can also be associated with cysts, but it usually takes the edge off the worst of the cystic activities. If the cysts are unusually lumpy and painful, it's sometimes necessary to stop drinking even decaffeinated coffee and tea, because the decaffeinating process can't eliminate all the caffeine without removing the flavor. About 10% of

the caffeine remains. It may be necessary to use caffeine-free substances such as herbal teas, or caffeine-free colas, which have no caffeine at all.

Often, your doctor can extract the fluid from these cysts with a small needle. Surgery isn't necessary in most cases, but sometimes needs to be performed in order to be certain that a small cancer is not also present nearby. The cysts tend to get worse as you approach menopause, particularly if you skip periods. Fortunately, after menopause, when there are fewer female hormones, fibrocystic disease should stop and the breasts will become easier to examine. They may remain cystic, however, if certain medications prescribed by your doctor continue to be taken. If Hormone Therapy is prescribed by your doctor, the cysts may return, but these can be controlled by taking less of the hormones. Also, sometimes not taking hormones for 5-6 days each month will help the fluid to leave the breasts.



Pain

Breast pain is a common occurrence. Most women have breast pain at one time or another, often more in one breast than the other. Sometimes the pain is only in one breast, often in only one area of one breast. Since this is such a common complaint, it can't be used as an indication of whether cancer is present. Sometimes pain seems to be coming from the breast, when actually it's really coming from a nearby place, such as the shoulder or neck (usually caused by arthritis). For this reason, the mammogram is often normal when breast pain is present.

Most women feel some breast discomfort before their period (menstruation) starts. This is because the hormones (estrogen and progesterone) stimulate the glandular tissue to practice making milk. This causes fluid collections in the tissue, which can make the tissue more lumpy and uncomfortable or even painful. When the period starts, the fluid leaves the breast, and the discomfort should decrease. The underarm area

drains some of the fluid from the breast, so this area may stay uncomfortable for a few extra days.

If too much fluid builds up, some may remain after the period ends. When the breast produces fluid in the next month, this fluid, combined with the leftover fluid, produces more pressure than usual which may remain for a month or so. This can be caused by too much hormone production by your ovaries, by emotional stress, or by the intake of various medications or foods.

It has been shown that substances which contain caffeine or caffeine related products such as theobromide (chocolate) or theophylline (tea) can make the fluid retention in the breast worse. If your breast tissue tends to retain more fluid than usual, discontinuing these substances may help decrease the fluid retention. Birth control pills, some types of asthma medicine, stomach medicines to prevent acid formation like Tagamet and Zantac, heart medicine, and blood pressure medicine, including diuretics and beta-blockers like Inderal and Tenormin, can also cause fluid build up. **Medicine prescribed by your doctor for any illness should not be discontinued.** The fluid build-up caused by the above is not harmful to your breasts.



Hormone Therapy

There are no easy answers to questions about hormone therapy. Many doctors believe that estrogen should be taken to help prevent thinning of the bones, arthritis, hot flashes, bladder infections, and thinning of the wall of the vagina with associated discomfort. Progesterone is often added to estrogen if the uterus has not been removed, to help protect against cancer of the uterus. In a small percentage of women, the average dose of replacement hormones causes the breast glandular tissue to become more active, and cysts can develop.

If these cysts become large or painful, they can interfere with an accurate physical examination of the breast and can also interfere with accurate interpretation of the mammogram. In

this case the dose may need to be lowered a little.

Sometimes women who are smaller need less than the average amount of hormones. There are many different types of hormones and different ways to take it. There is no single method that works perfectly for all women. No one knows which is the best method so you should let your gynecologist know if you are having any problems with the hormone replacement therapy that he or she has prescribed for you.



Nipple Discharge

Most nipple discharges are not worrisome. However, a nipple discharge should be reported to your doctor if it occurs in one breast only, and is spontaneous (comes out without the breast being squeezed). This isn't usually due to anything serious, but should be investigated. A ductogram (an extra test to see the breast ducts) may have to be performed. The most common cause of this type of discharge is a **papilloma** (a non-cancerous overgrowth of one of the cells lining the ducts).

Injury

Injury in itself does not cause breast cancer. Occasionally when a cancer is too small to be felt as a lump, a slight injury may cause it to bleed. The blood vessels supplying cancers are not as well constructed as ordinary blood vessels, and for this reason, it's easier for cancers to bleed when injured. The area of bleeding forms a lump which can be felt. The injury, in other words, didn't cause the cancer, it just made it bleed. In this way, the injury may enable a cancer to be discovered earlier when it is easier to treat.

Most of the time when a lump forms after an injury it is due to a collection of blood, not a tumor. You should have your doctor check it, nevertheless, if it doesn't go away in a few weeks.



Caffeine

One cup of coffee, one chocolate bar, one cup of tea a day is enough to produce lumpiness and tenderness in some women who are sensitive to caffeine. Your desire to stop caffeine depends on how uncomfortable your breasts are. You may want to stop using caffeine only before your periods when your breasts are more tender.

There is no proof that caffeine-related substances cause cancer, but they do cause confusion when fluid accumulates in the breast. For this reason, if you or your doctor find a lump, we would recommend stopping caffeine to see if the lump goes away. If it does, then the lump was due to fluid retention—not cancer.

Whenever you're having a routine examination with your doctor, it may help to schedule the appointment for a date that will fall after you have finished menstruating and after approximately two weeks without any caffeine. This makes the tissue soft and easy to examine, helping the doctor considerably. Many people can consume caffeine without getting breast lumps. It's certainly all right for those people to have caffeine. Also, after menopause, ingesting caffeine is less likely to cause breast pain or lumps (although it can happen then, too).

If you get caffeine-withdrawal headaches, cut down on the caffeine ingestion slowly instead of quitting "cold turkey." There are many substitutes for caffeine. Decaffeinated coffee can be substituted for regular coffee. Carob (a substitute for chocolate) and carob recipes can be obtained at health food stores. Decaffeinated tea can be substituted for regular tea. Herbal teas can be substituted for regular tea, but some of these contain caffeine. You should read the labels to make sure that no caffeine is present. Many caffeine-free colas and sodas are now available.

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