



How to Protect Yourself from Breast Cancer

If you're confused about your mammography needs, talk with your doctor. If you're at a high risk for the disease, your screening needs may differ from other women.

If you're a woman, how old should you be when you start getting mammograms? How often should you get them?

Until two years ago, the answers were simple. Unless you faced a particularly high risk for breast cancer, the standard advice was to begin regular mammograms at age 40, as often as once a year.

But in 2009, the U.S. Preventive Services Task Force (USPSTF) recommended that most women should start getting mammograms only at age 50. They should have them just once every two years until age 74, the panel added.

Why? Mammograms beginning at age 40, the USPSTF said, result in too many false positives, unnecessary worry, additional imaging tests, and invasive procedures such as biopsies—with relatively few lives saved.

Others Disagree

However, that's not the last word on the subject. The American Cancer Society (ACS), the American College of Obstetricians and Gynecologists, and the National Comprehensive Cancer Network recommend that most women begin having mammograms each year at age 40. And from age 40 onward, the National Cancer Institute advises such screenings every one or two years.

Most American women agree. In a poll this spring by Harris Interactive/HealthDay, 57 percent believed mammograms should start at age 40. Only 12 percent felt 50 was the right age to begin.

Even the USPSTF says the decision to start regular screenings before age 50 is an individual matter. The decision should consider each patient's health, family history, and feelings about mammograms' potential benefits and drawbacks.

The bottom line: If you're not sure when you should begin getting mammograms, talk with your doctor.

Breast Cancer Is Declining

By paying attention to your screening needs, you could contribute to declining breast cancer rates.

Breast cancer is the number two cause of cancer deaths in women, second only to lung cancer. However, after rising for more than two decades, female breast cancer rates began to fall in 1998.

Likewise, according to the ACS, breast cancer death rates have been dropping since about 1990—with larger decreases among women younger than 50. The ACS suspects these decreases result from earlier detection and improved treatment. Screening and increased awareness both play a part.

You Can Lower Your Risk

There's no sure way to prevent breast cancer. The ACS suggests reducing the risk factors that you can control:

- Limit alcohol use.
- Exercise regularly.
- Maintain a healthy weight.
- Breast-feed for at least several months after having a child.
- Avoid hormone therapy after menopause, although delaying it for five years might be enough.

(See *With Hormone Therapy, Timing Seems to Matter*, at right.)

If Your Risk Is High ...

What if your family history may put you at a higher risk for breast cancer? For starters, the ACS says, you should consider an annual MRI screening in addition to a mammogram.

The ACS also recommends that women at high risk talk with their doctors about the following options:

■ **Genetic testing:** The USPSTF recommends such testing only for women whose families have a strong history of breast cancer caused by BRCA gene mutations. This includes only about 2 percent of U.S. women, so even if you have relatives with breast cancer, most cases weren't

due to BRCA mutations. If you're considering genetic testing, the ACS stresses, talk first with a qualified genetic counselor, nurse, or doctor who can describe the testing, what it can and can't tell you, its benefits, and its risks.

■ **Preventive drugs:** Tamoxifen, long used to treat some types of breast cancer, has been shown to reduce the odds of the disease in women at high risk. Raloxifene can also help prevent breast cancer among high-risk women after menopause. Both drugs can cause serious side effects, although they appear less likely with raloxifene. Other drugs are being studied too, the ACS says.

■ **Preventive surgery:** A few women with a very high breast cancer risk may consider removal of the breasts or ovaries. Some women with cancer in one breast opt for removal of the healthy breast—particularly if they have BRCA mutations, which make their risk for more breast cancer very high. Some women have two healthy breasts removed. And women with BRCA mutations may have their ovaries taken out, since their ovarian cancer risk is also high. But few women ever have to consider such procedures.

What's right for you? Research your family history and talk with your doctor about screening and other options that best fit your needs. Control the risk factors you can change. Be alert to any physical changes in your breasts, the ACS suggests. After 40 (for most women), get a clinical breast exam yearly.

Don't put off screenings out of fear. Here's a statistic to ease your anxiety: Only two to four out of every 1,000 mammograms leads to a cancer diagnosis.

□ By Bruce E. Beans, a feature writer for *Vitality*. To learn more, visit the American Cancer Society at www.cancer.org.

WITH HORMONE THERAPY, TIMING SEEMS TO MATTER



Many women no longer take hormone therapy after menopause because the therapy increases the risk for breast cancer. But *when* a woman starts hormone therapy can be a significant factor in her risk.

That's the conclusion of a study published online this year in the *Journal of the National Cancer Institute*. The study looked at data from the Million Women Study in the United Kingdom. This pool included more than 1.1 million postmenopausal women—one of every four UK women between ages 50 and 64 when they joined the study.

The study concluded that women who started hormone therapy five years or more after menopause had little or no increased risk for breast cancer. According to Oxford University researchers, that held true regardless of the type of hormone therapy they used, how long they used it, or whether they weighed too much.

On the other hand, the authors wrote, "we found greater risks of breast cancer if hormonal therapy use began either before or soon after menopause than after a longer gap."

A study that appeared in the *American Journal of Epidemiology* two years ago reached similar findings. That study analyzed the benefits and risks of postmenopausal hormone therapy that begins soon after menopause.

Are you wondering whether or not hormone therapy makes sense for you after you reach menopause? Talk with your doctor.