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Breast cancer terms to know

for Research on Cancer and collaborators estimated that 3.2 million new cases of breast cancer will be diagnosed annually across the globe by 2050. That would mark a significant increase in annual cases since 2022, when the World Health Organization reported 2.3 million individuals were diagnosed with breast cancer.

Though breast cancer affects millions of women and their support networks each year, it's not always so easy to understand all of the terminology surrounding the disease. With that in mind, people recently diagnosed with the disease or those who know someone in such a position can learn these common terms to make their journey to recovery a little easier to navigate.

• Ductal carcinoma in situ (DCIS): Many terms related to breast cancer can be scary, but

A recent analysis from the Agency DCIS is among the more welcoming surgical removal of the breast. Susan words a doctor may utter. DCIS is a non-invasive form of breast cancer that doctors may characterize as "stage 0." Breast cancers identified as DCIS are very early stage and highly treatable.

> • Invasive ductal carcinoma (IDC): Susan G. Komen®, an organization dedicated to raising breast cancer awareness, notes that IDC is a form of the disease that begins in the milk ducts but has spread into surrounding breast tissue and possibly into the lymph nodes or other parts of the body.

> • Lumpectomy: According to Susan G. Komen®, a lumpectomy is a surgical procedure that removes only the tumor and a small amount of tissue around it. Most of the breast skin and tissue is left in place during a lumpectomy.

• Mastectomy: A mastectomy is a

G. Komen® notes there are different types of mastectomy. A modified radical mastectomy removes the breast, the lining of the chest muscles and some of the lymph nodes in the underarm area. This procedure is used to treat early and local advanced breast cancer. A total mastectomy involves surgical removal of the breast but no other tissue or

• Hormone receptor status: Hormone receptor status indicates whether or not a breast cancer requires hormones to grow. Susan G. Komen® notes a significant number of hormone receptors on a breast cancer cell indicate it needs the hormone to grow.

• Family history: Family history refers to current and past health conditions of a given individual's biological family members. Family history of breast cancer is considered a risk factor for the disease.

• Ki-67 Rate: Susan G. Komen® notes this is a common way to measure proliferation rate. The more cells the Ki-67 antibody attaches to in a given tissue sample, the more likely the tumor cells will grow and divide rapidly.

• Local treatment: This refers to treatment that focuses on removing cancer from areas local to the breast, including the breast itself as well as the chest wall and lymph nodes in the underarm area.

These are just a handful of terms that women diagnosed with breast cancer and their family members can learn to better understand the disease and the various ways it's treated. Additional terminology can be found at komen.org.



The Basics of Breast Cancer

Breast cancer is a formidable disease that affects millions of individuals each year. Data fromm the World Health Organization indicates 2.3 million women were diagnosed with breast cancer in 2022, when it was the most common form of the disease in 157 of 185 countries across the globe.

The impact of breast cancer goes beyond those diagnosed with the disease, affecting friends, family members, professional colleagues, and others as well. That far-reaching impact means everyone has a vested interest in learning about breast cancer.

What is breast cancer?

The Centers for Disease Control and Prevention notes breast cancer occurs when cells in the breast grow out of control. The breast is made up of three main parts known as the lobules, ducts and connective tissue, and which type of breast cancer a person has depends on which cells in the breast turn into cancer.

Is there a typical breast cancer?

No two individuals diagnosed with breast cancer will have the same experience after being diagnosed. However, the CDC notes that most breast cancers begin in the ducts or lobules. The ducts are tubes that carry milk to the nipple and the lobules are the glands that produce milk.

What are some common risk factors?

The National Breast Cancer Foundation, Inc. notes gender is the foremost risk factor for breast cancer, as the WHO reports that 99 percent of breast cancers occur in women. Additional risk factors for breast cancer include age, with two out of three women diagnosed with invasive breast cancer being older than 55, and race, as the disease affects more Caucasian women than women of other races. The NBCF also notes that women who have dense breast tissue may be at greater risk for breast cancer because such tissue can make it harder to detect lumps.

What causes breast cancer?

The NBCF notes that most women who have breast cancer will never be able to identify an exact cause behind their disease. Common risk factors like gender and age are beyond women's control, but there are some controllable risk factors that can be avoided. The WHO notes that overconsumption of alcohol and tobacco use are two such factors.

How important is early detection?

The American Cancer Society reports that the five-year survival rate for breast cancers discovered in the localized stage is 99 percent. That underscores the significance of early detection. The NBCF notes monthly breast self-exams and routine clinical exams increase the likelihood of early detection. Women are urged to speak with their physicians regarding how frequently they should be tested, as recommendations vary depending on each individual and their respective family histories.

The basics of breast cancer provide insight into the disease and what women can do to reduce their risk of developing it.



UNDERSTAND WHAT YOU ARE FACING. Whether you are dealing with breast cancer yourself or helping a loved one, it is important to do your homework.



Thanks to early detection and improved therapies, many cases of breast cancer are successfully treated. However, the Susan G. Komen® organization reports breast cancer survival rates vary depending on the stage of the disease at the time of diagnosis. Those diagnosed as having stages 0, I and II tend to have better survival rates than those whose disease was discovered after the cancer had already advanced to stages III and IV. Although each situation is unique, the five-year survival rate among those diagnosed with breast cancer stage I or lower is between 98 and 100 percent. Stage II falls between 90 and 99 percent. The five-year survival rate for stage III patients is between 66 and 98 percent. While the organization does not provide survival data for stage IV, according to the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER), the five-year relative breast cancer survival rates for women with a SEER stage of Distant (the cancer cells have spread to other parts of the body) is 33 percent. If cancer cells have spread beyond the breast but it is limited to nearby lymph nodes (Regional), the survival rate is 87 percent.

Possible early warning signs for breast cancer

Women are often their own strongest allies in the fight against breast cancer. While a strong support network can be vital when receiving treatment for breast cancer, women who have not been diagnosed with the disease still have an important role to play in combatting it and potentially reducing its impact on their

The World Cancer Research Fund reports that breast cancer is the second most common cancer

worldwide and the number one cancer in women across the globe. But women are not helpless against breast cancer. In fact, various organizations encourage women to take a proactive approach in relation to the disease and begin conducting routine self-examinations in young adulthood. Self-exams can uncover signs of the disease and propel treatment when it's in its earliest stages, a point in time when breast cancer is most treatable. Though

the disease does not always produce symptoms in its early stages, women can keep an eye out for these signs each day, including when conducting self-ex-

• New lump or mass: This is perhaps the most widely known symptom of breast cancer, but it's important that women avoid jumping to conclusions should they uncover a new lump or mass during a selfexam. That's because most breast lumps are not cancer

according to the American Cancer Society. The ACS notes a painless, hard mass with irregular edges is more likely to be cancer but also acknowledges cancerrelated lumps or masses can be soft, round, tender, or painful.

• Swelling of all or part of a breast: Swelling may be a sign of breast cancer even if no lump is felt.

• Skin dimpling: The dimpling that may be symptomatic of breast cancer can look like the exterior of an orange peel.

• Pain: Some women experience pain in the breast or nipple before a breast cancer diagnosis.

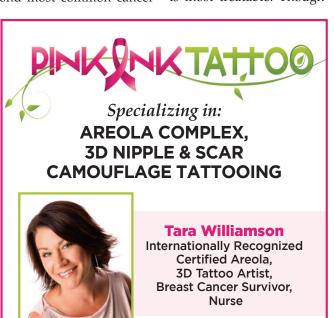
• Nipple retraction: This symptom is marked by the nipple turning inward.

• Skin issues on the nipple or breast: Skin on the nipple or breast may redden, dry, flake, or thicken when a woman has breast cancer.

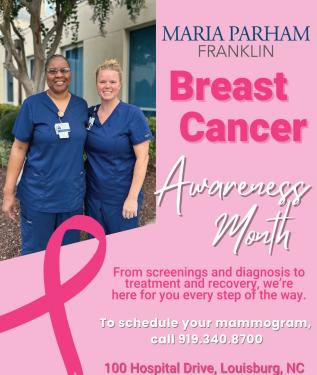
• Nipple discharge: The discharge will be something other than breast milk.

• Swollen lymph nodes under the arm or near the collar bone: This swelling may indicate the breast cancer has spread even before the original tumor in the breast reached a size large enough to be felt.

The ACS urges women who discover any of these symptoms to report them to a health care professional immediately. Though each symptom is not necessarily indicative of the presence of breast cancer, it's still important to seek treatment.



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ACS Breast Cancer Screening Guidelines

American Cancer Society Recommendations for the Early Detection of Breast Cancer. These guidelines are for women at average risk for breast cancer. For screening purposes, a woman is considered to be at average risk if she doesn't have a personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known to increase risk of breast cancer (such as in a BRCA gene), and has not had chest radiation therapy before the age of 30.

- Women between 40 and 44 have the option to start screening with a mammogram every year.
- Women 45 to 54 should get mammograms every
- Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- All women should understand what to expect when getting a mammogram for breast cancer screening what the test can and cannot do.
- Clinical breast exams are not recommended for breast cancer screening among average-risk women at any age.
- Women should also know how their breasts normally look and feel and report any breast changes to a health care provider right away.
- Some women because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.)
- Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

Courtesy American Cancer Society



Explaining metastatic breast cancer

Breast cancer remains a formidable foe, but the tireless efforts of researchers and organizations that raise awareness of the disease have helped improve the prognosis for millions of women across the globe. Thanks to those efforts, the American Cancer Society can report the five-year survival rate for localized breast cancers is now greater than 99 percent.

While the vast majority of women with breast cancer are diagnosed when the disease is in its earliest and most treatable stages, some develop metastatic breast cancer, which is an advanced form of the disease.

What is metastatic breast cancer?

The National Breast Cancer Foundation, Inc. notes that "metastatic" is a medical term used to define the process by which cancer cells spread to other parts of the body. Metastatic breast cancer occurs when breast cancer cells spread to other parts of the body beyond the breast and nearby lymph nodes.

Which stage is metastatic breast cancer?

Metastatic breast cancer can indicate recurrence, and women confronting such situations may recall that staging is an important part of



RESEARCH IS VITAL. While there is no cure for metastatic breast cancer, thanks to research and new treatments, women are living longer, productive lives.

The ACS notes that staging helps doctors identify while there may be no if the cancer has spread cure for metastatic breast and, if so, how far. The cancer, Susan G. Komen® earliest stage breast cancer is stage 0, and the als may provide women most advanced stage is with an opportunity to stage IV. Metastatic breast try new treatments. In cancer is considered to be addition, various studies stage IV.

metastatic breast cancer?

The organization Susan G. Komen®, which advocates for women with breast cancer and supdisease while aiming to raise awareness of it, notes that there currently

confronting the disease. help women to maintain their quality of life. And notes ongoing clinical triare currently being conducted in the hopes of **Is there a cure for** improving treatment.

What are the symptoms of metastatic breast cancer?

The NBCF notes that the symptoms of metaports research into the static breast cancer can vary depending on how far the cancer has spread and where in the body it is no cure for metastatic has progressed to. But the breast cancer. Treatment experts at Johns Hopkins for metastatic breast can- note women who previcer aims to extend life and ously have been treated sis.

for breast cancer can keep an eye out for these symptoms that suggest the disease has spread.

- Unusual or persistent back or neck pain that cannot be explained by an injury or exercise
- Pain in the bones • Unexplained shortness
- of breath • Profound fatigue or
- malaise • Headache
- Seizures
- Mood changes
- Difficulty with speech

• Changes with vision

What is life like after a meťastatic breast cancer diagnosis?

No two women are the same, so each experience with metastatic breast cancer will be different. However, Susan G. Komen® notes that managing side effects, including controlling pain, is an area of focus when living with metastatic breast cancer.

Supportive care aimed at improving quality of life, including tending to the physical, emotional, social, and spiritual needs of a person diagnosed with metastatic breast cancer, also is part of life after a diagnosis.

Knowledge of metastatic breast cancer can help women and their loved ones navigate the disease more effectively in the event of a diagno-

Ways to reduce breast cancer risk

tial for developing breast breast cancer risk. cancer in their lifetimes. breast cancer.

genetic markers like gene mutations that increase breast cancer risk, the fol-

maintain a healthy weight. Physical activity and monitoring calories can Mayo Clinic recommends at least 150 minutes per week of moderate aerobic activity or 75 minutes per week of vigorous aerobic activity. Strength training at least twice a week also is recommended. Being overweight or obese increases a woman's risk for breast cancer.

2. Consume a healthy diet. The link between diet and breast cancer risk is still being studied. However, research suggests that a diet high in veg-etables and fruit, and calcium-rich dairy products,

Many women are con- but low in red and pro- women may increase risk

drinks, the greater her risk hormones. While it is impossible to of developing breast can-

Women concerned about veloping breast cancer. lowing are seven ways a genetic connection or women can lower their family history of breast cancer. Women should cancer can speak to their get to know their bod-1. Exercise regularly and doctor about testing and ies so they can determine naintain a healthy weight. counseling that could help if something is awry as them reduce their risk. early as possible. Early Preventive medicines and detection of breast cancer keep weight in check. The surgeries might help those increases the chances that at elevated risk for breast treatment will prove succancer.

5. Limit hormone therapy. Combination hor- various strategies to remone replacement therapy for post-menopausal ing breast cancer.

cerned about the poten- cessed meats may lower of breast cancer, indicates the Centers for Disease 3. Avoid or limit alcohol Control and Prevention. Breast cancer is the sec- consumptions. Alcohol in- Similarly, taking oral ond-most common can- creases risk of breast can- contraceptives during recer among women in the cer, even in small amounts. productive years may in-United States and Canada. For those who drink, no crease risk. Women can Despite that prevalence, more than one alcoholic speak with their physithere are ways for women drink a day should be the cians to weigh the pros to reduce their risk for limit. The more a woman and cons of taking such

6. Breastfeed children, change family history or cer, states the Mayo Clinic. if possible. Breastfeeding 4. Undergo genetic has been linked to reduc-counseling and testing. ing a woman's risk of deing a woman's risk of de-

7. Learn to detect breast cessful.

Women can embrace duce their risk of develop-









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