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October is Breast Cancer Awareness Month

Commentary by Capt. (Dr.) Cecily E. DuPree, Evans Army Community Hospital Department of Surgery

Breast cancer is the second most common cause of death from cancer among women. Currently, there are more than 2.8 million women who have a history of breast cancer within the United States, and the American Cancer Society estimates that roughly 40,450 of those women will die from breast cancer in 2016.

The ACS also reports that in 2016 roughly 247,000 new cases of invasive breast cancer and 61,000 cases on non-invasive breast cancer are expected to be diagnosed in women in the US. Although women compose the group most commonly diagnosed with breast cancer, men have a 1 in 1000 risk of developing breast cancer, and it is estimated that approximately 2,600 new cases of invasive breast cancer in men will be diagnosed in 2016.

As reported in CA: A Cancer Journal for Clinicians, 12 percent of women in the United States will develop invasive cancer over their lifetime. A woman's risk of developing breast cancer doubles if she has a "first-degree" relative (mother, sister, daughter) who has been diagnosed with breast cancer, however, it is important to note that approximately 85% of breast cancers occur in women who have no family history of breast cancer.

Fortunately, screening exams, such as mammograms, can usually detect breast cancers before they start to cause symptoms. With screening exams, most cancers can be found before they can be felt. However, 10 percent of palpable masses identified will not be detected by breast imaging alone, so a clinical breast exam by a medical provider is a very important part of early detection. Being able to achieve early detection allows for early treatment, which helps prevent cancer from growing and potentially spreading to other parts of the body. As a whole, most cancers that are found early will have better outcomes and are easier to treat.

The ACS recommends that women ages 40 to 44 should have the choice to start breast cancer screening with annual mammograms if they wish to do so. They also recommended that women ages 45 to 54 have mammograms every year for breast cancer screening. Women aged 55 and older who have had normal mammograms can have breast cancer screening by mammogram every two years, or alternatively can decide to continue annual screening. If you have a family history of a first-degree relative with breast cancer, or if you have had an

abnormal mammogram in the past, the recommendations for screening may be different. See your Primary Care Provider for more information about screening if this applies to you.

The most common symptom of breast cancer is a new lump or a breast mass. According to the ACS, other potential signs of breast cancer include:

Swelling of one breast or an area on one breast

Skin irritation or dimpling

Breast or nipple pain

Nipple retraction (turning inward)

Redness, scaliness, or thickening of the nipple or skin of the breast

Spontaneous, bloody nipple discharge (not associated with lactation)

Swollen lymph nodes in the axilla (under the arm) or above the clavicle (collar bone)

If you think you may be due for a mammogram, or if you have symptoms or changes to your breasts that you are concerned about, see your primary care provider. The provider will obtain a personal and family medical history, do a physical exam, and will also be able to refer you for a mammogram, or to a specialist for evaluation and further testing that could include modalities such as magnetic resonance imaging or breast ultrasound.

Evans Army Community Hospital has a team of doctors, mid-level providers, nurses, ancillary staff, and administrators that are dedicated to achieving the highest level of medical care for all active duty military, veterans, and their dependents. We have several resources for screening, diagnosis, and treatment of breast cancer and other breast health concerns.

The Cindy Fowler Breast Clinic is a multi-disciplinary clinic that is located on the first floor of Evans hospital. All breast imaging, radiologic-guided biopsies, surgical exams and consultations are performed at the clinic. The Department of Radiology provides annual screening and diagnostic mammography, in addition to MRI and breast ultrasound. Breast biopsies for suspicious breast findings can also be performed by the Department of Radiology within the clinic. If biopsies are required, The Department of Pathology at Evans hospital is available to provide rapid and accurate results to help guide further care. In addition to dedicated radiology, The Department of Surgery holds appointments one day a week in the Cindy Fowler Breast Clinic. Referrals for surgical evaluation come from your primary care provider and can be for any breast issue ranging from breast pain to the evaluation of a palpable mass or suspicious finding on mammogram. In the event that surgery is necessary to remove a mass or tissue of concern, you will be scheduled for a surgery date with one of Evans hospital's board certified breast surgeons. The Department of Surgery will also be able to arrange follow up care

with medical and radiation oncology, partnered through a local civilian hospital, if you need further treatment.

Although we have special focus on breast cancer awareness during the month of October, it is important to remember that breast cancer can occur at any time. Monthly self-breast exams best performed in the week following menstruation, annual screening mammograms, and follow up with your primary care provider for any new or worsening symptoms is critical for early detection and rapid treatment. For more information on breast cancer or other breast issues, please contact your primary care provider for an appointment.

[To make an appointment, call the Access to Care Line (719) 526-CARE (2273) or Toll-Free 866-422-7391 or book an appointment on-line anytime at <https://www.tricareonline.com>]

