

WHAT EVERY WOMAN SHOULD KNOW ABOUT BREAST CANCER

Breast cancer is the most common non-skin cancer among American women. Advances in breast cancer treatment mean many women today can expect to beat the disease and maintain their physical appearance.



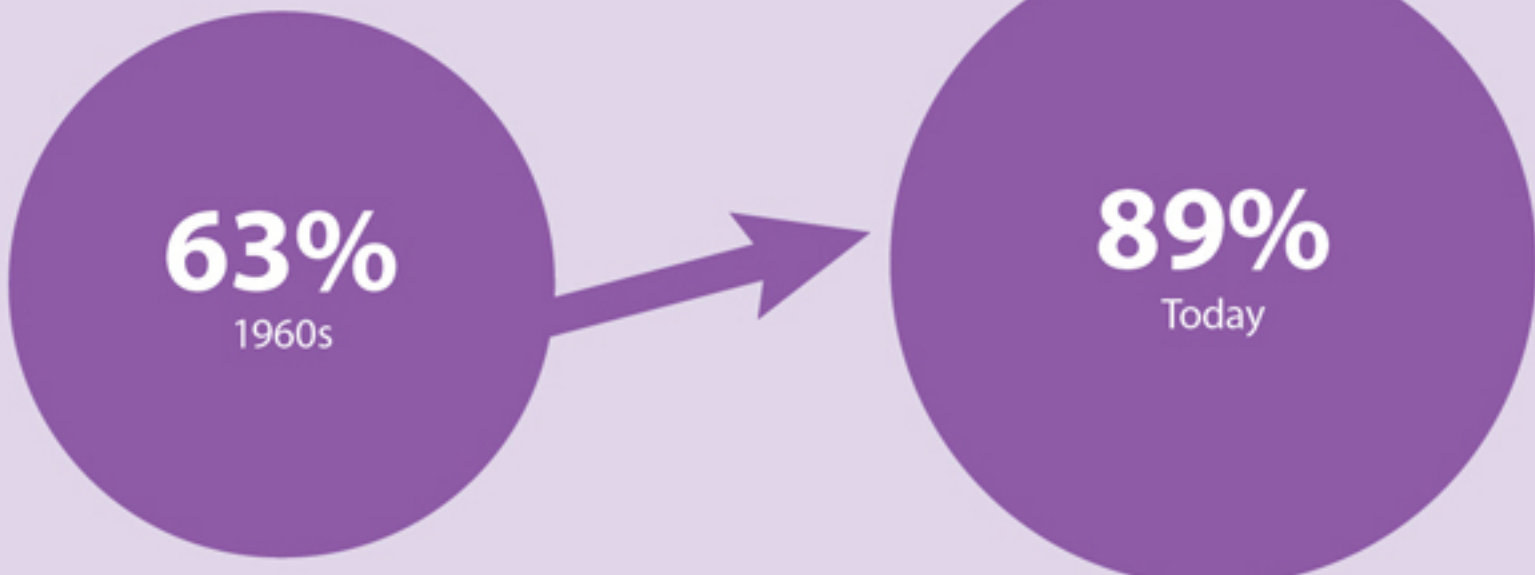
1 in 8 women will develop invasive breast cancer during her lifetime.



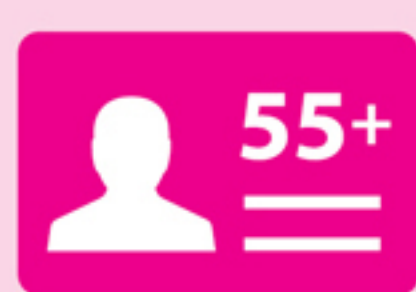
About **62,930** new cases of non-invasive carcinoma in situ, the earliest form of breast cancer, will be diagnosed in 2019.

About **268,600** new cases of invasive breast cancer will be diagnosed in 2019.

5-YEAR SURVIVAL RATE FOR WOMEN WITH BREAST CANCER



RISK FACTORS



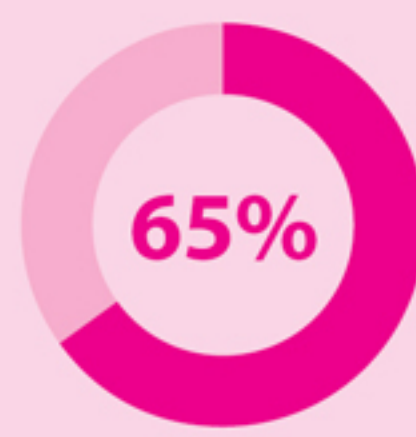
AGE
Most invasive breast cancers are found in women ages **55 or older.**



GENDER
Breast cancer is **100 times** more common in women than men. About 2,670 men will be diagnosed with invasive breast cancer in 2019.



FAMILY HISTORY
Women with an **immediate blood relative**, such as a mother or sister, who has had breast cancer are **twice as likely** to develop the disease.



GENETICS
Women with a mutated BRCA1 gene have about a **55-65 percent** lifetime risk of developing breast cancer. **The average woman's lifetime risk is 12%.**



HIGH BREAST DENSITY
Women with less fatty tissue and more glandular and fibrous tissue may be at **higher risk for developing breast cancer.**



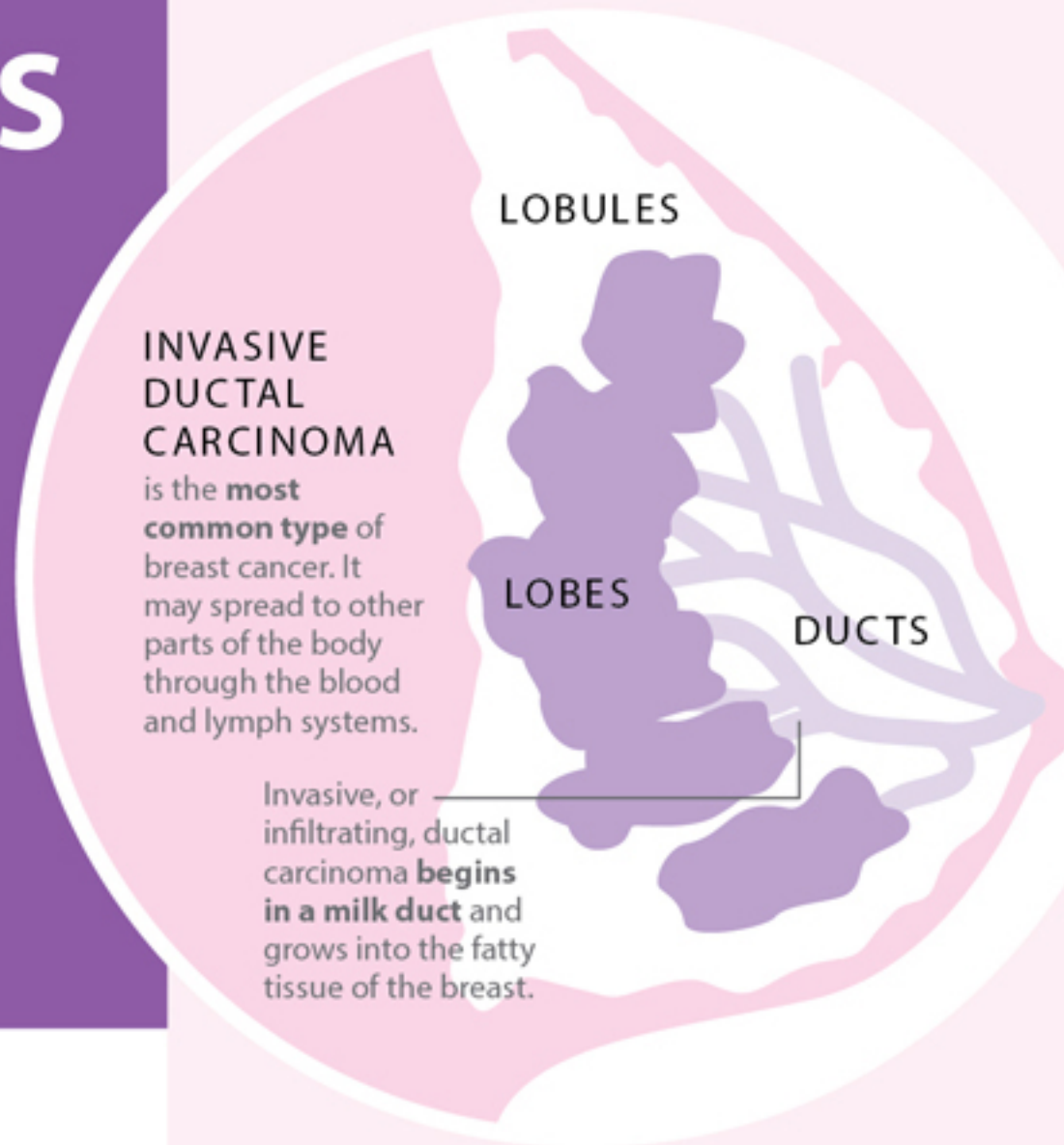
OBESITY
Fat tissue may contribute to increases in estrogen levels, and high levels of estrogen may increase the risk of breast cancer.



HEAVY DRINKING
Alcohol use is linked to an increased risk of developing breast cancer. The risk increases with the amount of alcohol consumed.

TREATMENT OPTIONS

- Treating breast cancer has advanced significantly in the past 30 years.**
Most women today do not need a mastectomy and can be treated just as effectively with a lumpectomy. Modern radiation techniques are better at avoiding damage to healthy tissue and chemotherapy has less serious side effects.
- Treatment has become more personalized thanks to recent discoveries.**
Researchers have identified estrogen receptor-positive (ER+) breast cancer and the link between the human epidermal growth factor receptor 2 (HER2) protein and breast cancer growth. An understanding of the biological type of breast cancer informs treatment options today. Healthy breast cells contain receptors for the hormones estrogen and progesterone. They also contain receptors for a protein called HER2, which stimulates normal cell growth.



2 in 3 women with breast cancer have cells with receptors for estrogen and progesterone.

1 in 5 of breast cancers have too many HER2 receptors.

10-20% of all breast cancers do not contain receptors for estrogen, progesterone, or HER2. This type of breast cancer is triple-negative.

UNDERSTANDING THE DISEASE

Breast cancer forms in tissues of the breast. About 1 in 5 new breast cancer cases are ductal carcinoma in situ. This type of breast cancer begins in the milk ducts, the tubes that carry breast milk from the lobules to the nipple. Nearly all women treated at this early stage can expect to be cancer-free.

Common breast cancer signs and symptoms:

- Skin changes, such as swelling and redness
- Nipple discharge other than breast milk
- An increase in size or change in shape of the breast(s)
- General pain in/on any part of the breast
- Changes in the appearance of one or both nipples
- Lumps or nodes felt on or inside of the breast

Symptoms specific to invasive breast cancer

- Irritated or itchy breasts
- Changes in touch (may feel hard, tender or warm)
- Change in breast color
- Peeling or flaking of the nipple skin
- Increase in breast size or shape over a short period of time
- Redness or pitting of the breast skin (like the skin of an orange)
- A breast lump or thickening

PREVENTION AND SCREENING GUIDELINES

In 2009, the U.S. Preventive Services Task Force recommended that women begin routine mammograms at age 50, and then get the test every two years. The American Cancer Society and many physicians say women still should begin annual mammograms at age 40. Women at higher risk for breast cancer, such as those with a family history, should discuss the most appropriate screening plan with their doctor.



7 THINGS TO KNOW ABOUT GETTING A MAMMOGRAM

Mammograms (breast x-rays) are the best screening tool we have to find breast cancer early, when it may be easier to treat. After you and your health care professional establish a screening schedule, it'll help to know what to expect so it can go as smoothly as possible. Here's what you need to know.

A mammogram is an x-ray of the breast that's used to find breast changes. X-rays were first used to examine breast tissue nearly a century ago. Today, the x-ray machines used for mammograms produce lower energy x-rays and expose the breast to much less radiation compared with those in the past.

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WHAT IS A MAMMOGRAM?

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Find a center that specializes in mammograms. The US Food and Drug Administration (FDA) certifies mammogram facilities that meet high professional standards of quality and safety. Ask to see the FDA certificate if one isn't posted near the receptionist's desk. And when you find a facility you like, stick with it. Having all your mammograms at the same facility will make it easier for doctors to compare images from one year to the next. If you've had mammograms done at other facilities, have those images sent to your new facility.

WHERE TO GET IT

It's best to schedule your mammogram about a week after your menstrual period. Your breasts won't be as tender or swollen, which means less discomfort during the x-ray.

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WHEN TO SCHEDULE IT

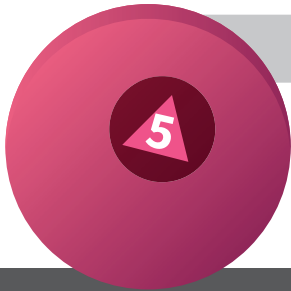


MAKING STRIDES
Against Breast Cancer®

Wear a 2-piece outfit because you will need to remove your top and bra. Do not apply deodorant, antiperspirant, powder, lotion, or ointment on or around your chest on the day of your mammogram. These products can appear as white spots on the x-ray.



WHAT (AND WHAT NOT) TO WEAR



WHAT TO EXPECT

The entire procedure takes about 20 minutes. The breast is compressed between two plastic plates for a few seconds while an x-ray is taken. It's repositioned (and compressed again) to take another view. This is then done on the other breast. Flattening the breast can be uncomfortable, but is needed to provide a clearer view.

You should get your results within 10 days. If you don't, you should call to ask about them. If doctors find something suspicious, you'll likely be contacted within a week to take new pictures or get other tests. But that doesn't mean you have cancer. A suspicious finding may be just dense breast tissue or a cyst. Other times, the image just isn't clear and needs to be retaken. If this is your first mammogram, your doctor may want to look at an area more closely simply because there is no previous mammogram for comparison.



GETTING THE RESULTS



WHAT YOU PAY

For uninsured or low-income women, free or low-cost mammogram services are available. Some of these programs are held during National Breast Cancer Month in October, while others are offered year round. Call the American Cancer Society at **1-800-227-2345** to find a program near you.



Visit cancer.org/FightBreastCancer for more breast cancer information and support.