




breast cancer has a new face

Breast Care Basics

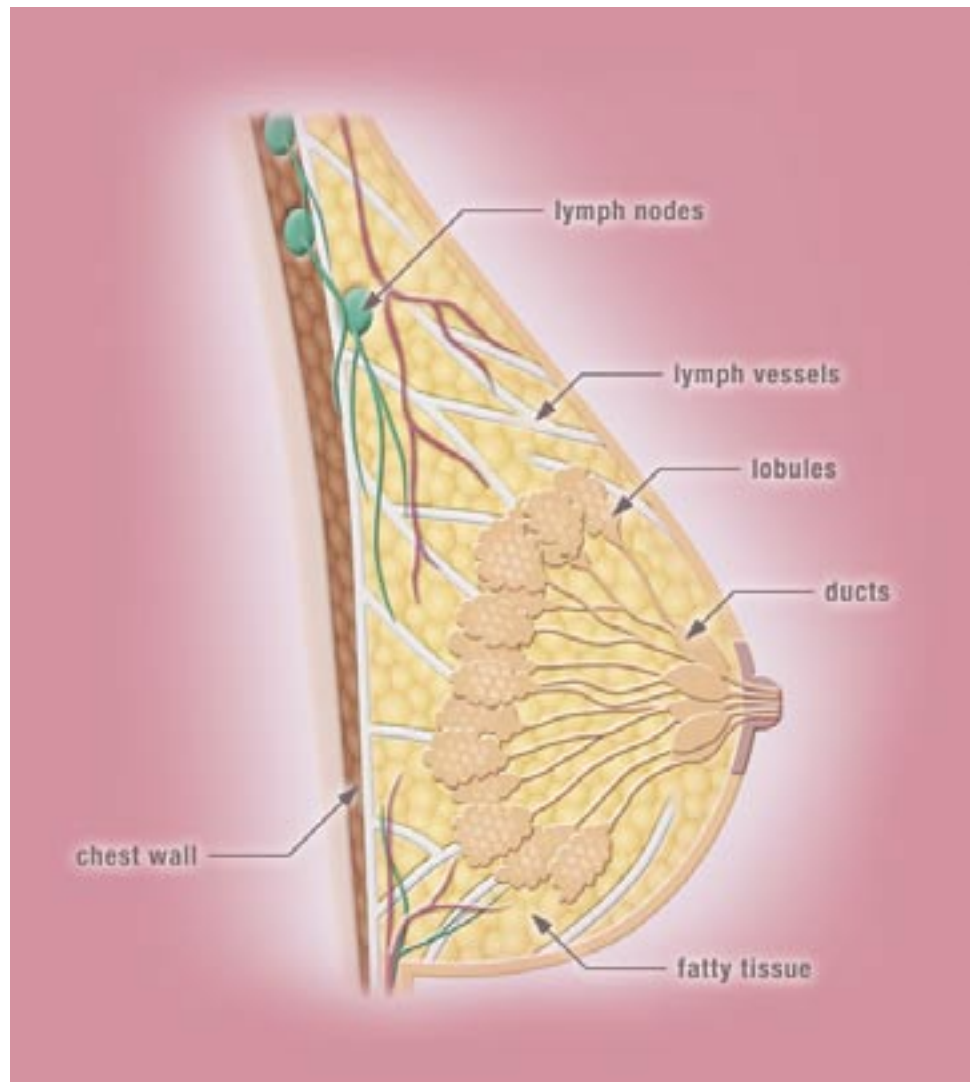
PRG realizes that until there's a cure, we must all do our part educating women about this disease and focus on the early detection of it.

Some Risk Factors for Breast Cancer

-  Being a woman
-  Age
-  Family history of breast cancer
-  Menses before age 12
-  Menopause after age 60
-  Having never been pregnant
-  Having a first baby after age 30

BREAST ANATOMY

Having been diagnosed with breast cancer, you are likely to have many questions about the changes that may be taking place in your breast. First, it is necessary to know the parts of the breast. Each breast has 15 to 20 sections, called **lobes**, which have smaller sections called **lobules**, the glands responsible for making milk.¹ Lobes and lobules are joined by thin tubes called **ducts**. The breast also contains blood vessels and **lymph vessels**; they carry a fluid called **lymph**, which contains infection-fighting cells. Lymph vessels lead to tiny, bean-shaped organs called **lymph nodes**. Lymph nodes are found throughout the body, including under the arm, above the collarbone, and in the chest.¹





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3 Steps for Early Detection

1.

Practice monthly Breast Self Exams (BSE) after the age of 20.

2.

Have a clinical breast exam from your physician every 3 years for women ages 20-39, and every year beginning at age 40.

3.

Have a mammogram annually beginning at age 40 (perhaps earlier based on certain risk factors).

BREAST CANCER STAGES

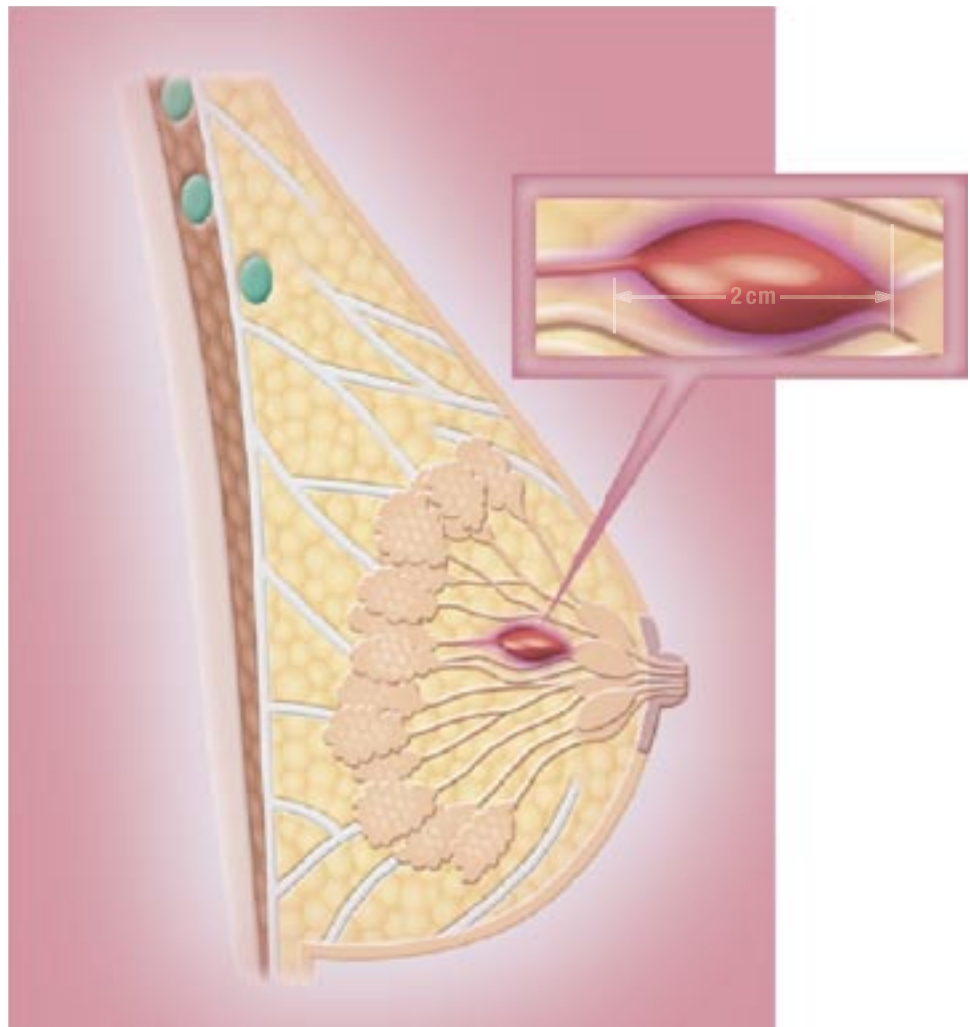
STAGE 0

(carcinoma in situ)

Ductal carcinoma in situ is very early breast cancer that has not spread beyond the duct.

STAGE 1

The cancer is no larger than 2 centimeters (about 1 inch) and has not spread beyond the breast.



(Breast Cancer Stages continued on next page)



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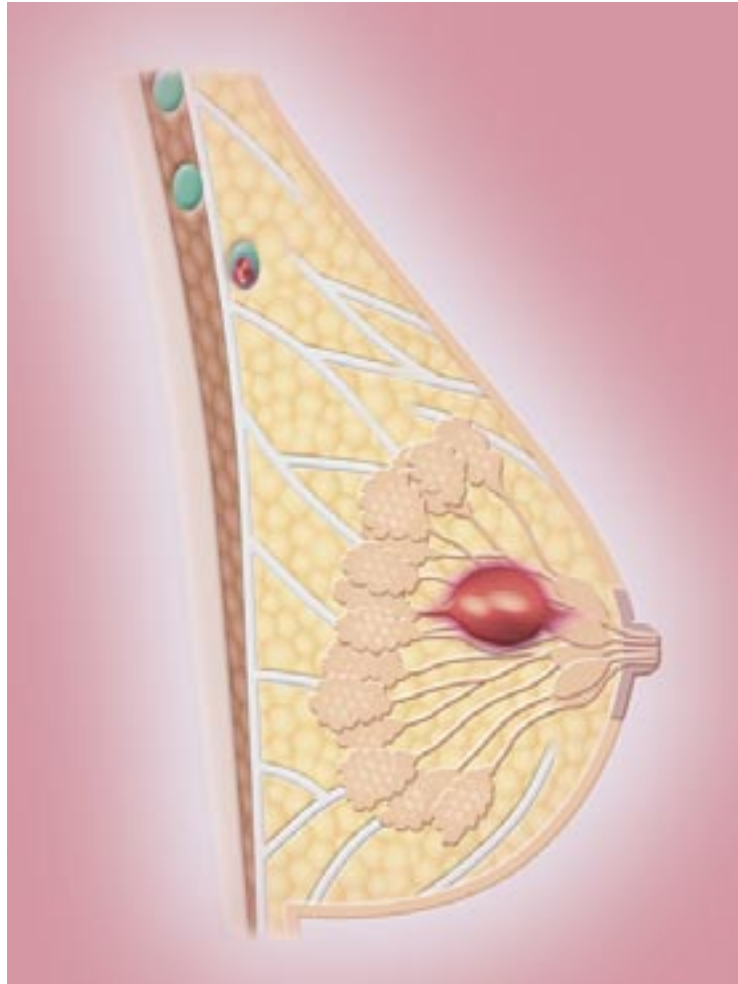
BREAST CANCER STAGES

STAGE 2 A

No larger than 2 centimeters but spread to the lymph nodes under the arm (the **axillary lymph nodes**). **[or]** Larger than 2 centimeters but smaller than 5 centimeters (1 to 2 inches), and still confined to the breast.

STAGE 2 B

Between 2 and 5 centimeters and spread to the axillary lymph nodes. **[or]** Larger than 5 centimeters but not spread to the axillary lymph nodes.



(Breast Cancer Stages continued on next page)



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BREAST CANCER STAGES

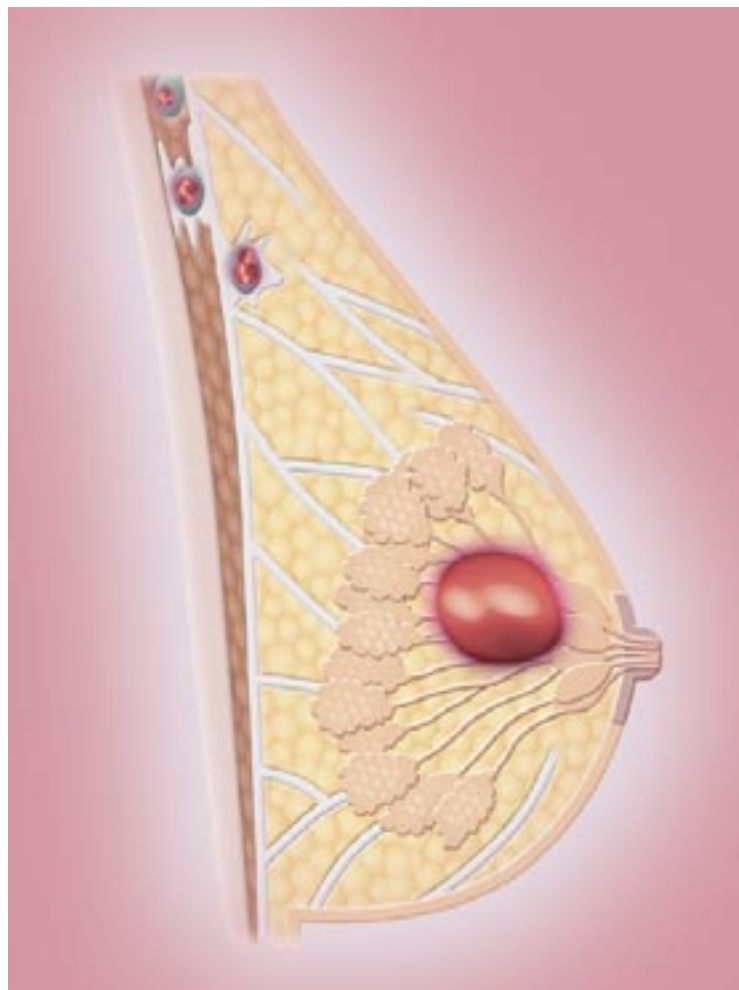
STAGE 3 A

(considered the starting point for advanced breast cancer)

Smaller than 5 centimeters and spread to the axillary lymph nodes, which have grown attached to each other or to other structures. **[or]** Larger than 5 centimeters and spread to the axillary lymph nodes, which may or may not be attached to each other or to other structures.

STAGE 3 B

Spread to tissue near the breast (the skin or chest wall, including the ribs and chest muscles). **[or]** Spread to lymph nodes inside the chest wall along the breastbone.



(Breast Cancer Stages continued on next page)



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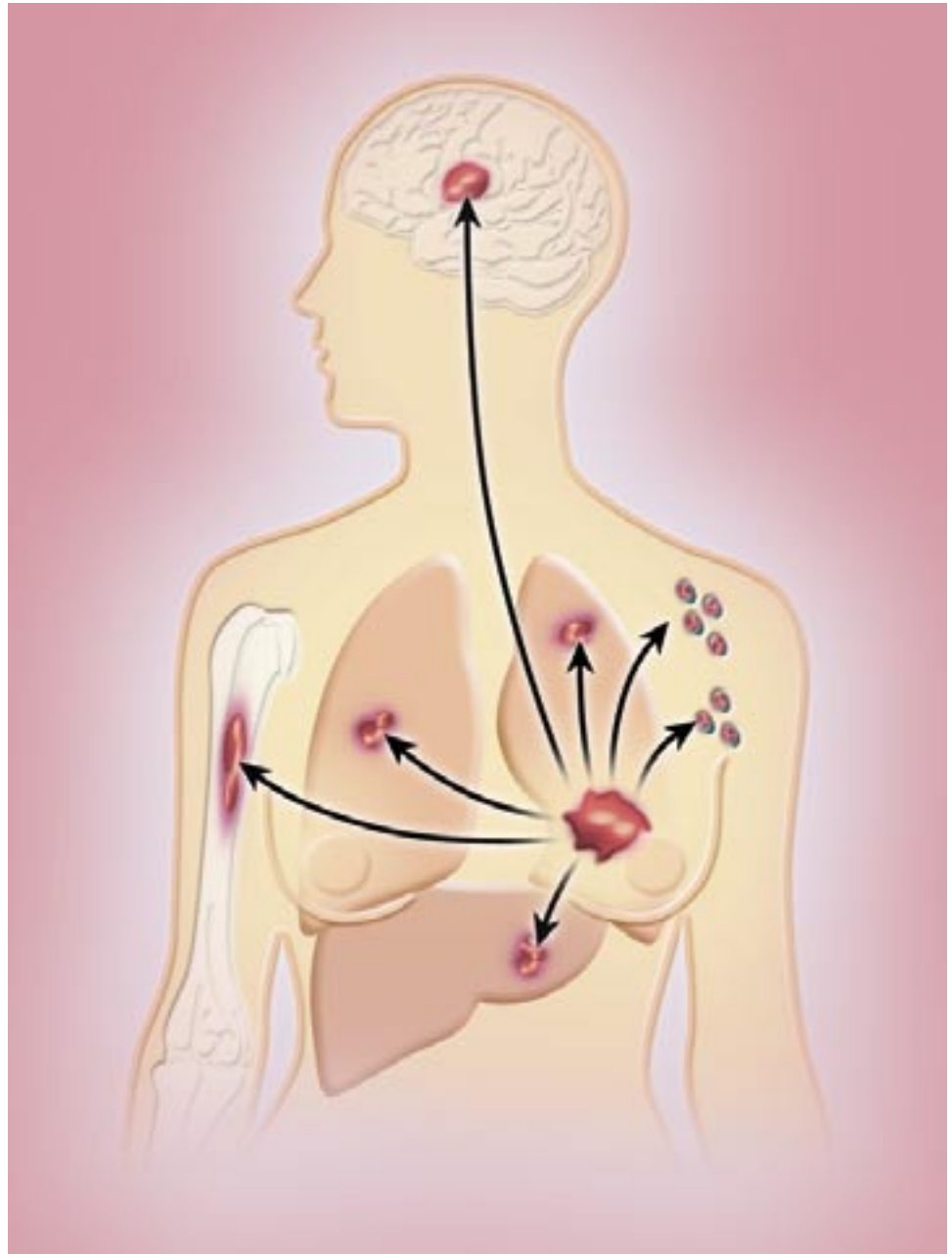
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BREAST CANCER STAGES

STAGE 4

Spread to other organs of the body, most often the bones, lungs, liver, or brain.

Spread to the lymph nodes in the neck, near the collarbone.





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GLOSSARY OF TERMS

Alopecia: Hair Loss.

Areola: The circular field of dark-colored skin surrounding the nipple.

Aspiration: The withdrawal of fluid or tissue from a cyst or tumor with a needle and syringe.

Axillary dissection: The removal of some of the lymph nodes in the armpit.

Benign: Non-cancerous.

Biopsy: The removal of a sample of tissue or cells for microscopic diagnosis. Biopsy can be done as fine needle biopsy, aspiration biopsy, core needle biopsy, incisional biopsy, and excisional biopsy.

Breast Conservation: Breast cancer treatment involving removal of a malignant breast lump and a small margin of surrounding normal tissue. This is generally followed by radiation treatments to the breast. A separate incision is made for the axillary dissection.

Breast Self Examination (BSE): BSE is a method used by women to become familiar with the normal appearance and feel of their breast tissue, so that if a change occurs it will be detected early.

Chemotherapy: Treatment with drugs to destroy cancer cells. This is the most often used supplement surgery and/or radiation therapy.

Clinical Breast Exam (CBE): CBE is the inspection and palpation of the breast by a health care professional.

Core Needle Biopsy: The removal of a cylinder of tissue with a large-diameter needle, from a growth or mass, for microscopic examination.

Cyst: A fluid filled sac or cavity, usually benign. The fluid can usually be removed with a hypodermic needle. (*See aspiration*)

Duct: A pathway in the breast through which milk passes from the lobes in the breast to the nipple.

Ductal Carcinoma IN Situ (DCIS): DCIS is considered pre-cancer or non-invasive cancer because cancer cells are contained in the ducts and do not have the ability to spread.

Ductal Papilloma: A non-cancerous breast tumor, arising in the breast duct, that usually cannot be felt. It generally appears as either a bloody or clear nipple discharge.

Estrogen: A female hormone produced by ovaries and adrenal gland, important to reproduction, and which may stimulate some cancers to grow.

Estrogen Receptor Assay: A laboratory test performed on a malignant breast tumor to determine if the tumor is stimulated to grow by estrogen to grow.



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Excisional Biopsy: The surgical removal of the entire growth or mass for diagnosis.

Fibroadenoma: A common benign lump that is generally firm, round and movable. It is made of fibrous and glandular tissue in the breast. This noncancerous lump may occur at any age but is more common in young adulthood.

Fibrosystic Condition: A non-cancerous breast condition, sometimes resulting in painful cysts or lumpy breasts, also referred to as benign breast disease.

Fine Needle Aspiration Biopsy: The removal of cells with a small-diameter needle, from a growth or mass, for microscopic diagnosis.

Frozen Section: A method of rapid tissue diagnosis. During a biopsy, a portion of the biopsy tissue is frozen and a thin slice of the tissue is mounted on a slide. The slide is sent to the laboratory to be looked at under a microscope and viewed by the pathologist. A preliminary interpretation is then given to the surgeon.

Hormone Receptor Assay: A diagnostic test to determine whether a breast cancer's growth is influenced by hormones.

Hormones: Substances made by the body which regulates the activity of certain cells or organs, i.e. sex hormones are largely responsible for sexual function and the physical characteristics that distinguished the sexes.

Immunotherapy: The treatment of cancer by stimulation of the body's own immune defense system.

Implant Breast: An "envelope" containing silicone, saline, or both, used to restore breast form.

In Situ: Literally means "in the site of." In regard to cancer, it refers to tumors that have not grown beyond the site of origin, into neighboring tissue.

Incisional Biopsy: The surgical removal of a portion of the growth or mass for microscope diagnosis.

Intraductal: Means within the milk duct.

Invasive Breast Cancer: The cancer has broken out of the ducts of the breast into the surrounding tissue. (*This does not mean it has metastasized or spread to other parts of the body*)

Lactation: The process of producing milk and breastfeeding a child.

Lobes: Groups of glands in the breast which produces milk.

Lobular Carcinoma In Situ (LCIS): LCIS is a marker for an increased risk in cancer but is not in itself precancerous.

Lump: Any kind of mass in the breast or elsewhere in the body.



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Lumpectomy: The surgical removal of a cancerous lump and a small margin of surrounding normal tissue.

Lymphatic System: It moves protein and fluid from the body back into the blood stream; and the lymph nodes act as filters removing malignant and bacterial cells, as well as, foreign substances from the lymph fluid before entering the bloodstream. Lymph tissue is also found in the tonsils, spleen, intestinal wall, and bone marrow.

Lymphadema: The swelling of the arm caused by excess fluid. This condition may occur after lymph nodes and vessels have been surgically removed.

Lymph Nodes: Bean-shaped structures scattered along the vessels of the lymphatic system that act as a filter to remove malignant cells, bacterial cells, and foreign substances. The lymph nodes found in the underarm (*axilla*) are those most likely to be invaded by breast cancer cells. Some are usually removed during breast surgery for pathologic examination.

Malignant: Cancerous.

Mammograms/Mammography: An x-ray image of the breast used for screening or diagnosis of breast cancer. Mammography has the ability to detect breast cancer two years before it reached the size that can be felt in the breast.

Modified Radical Mastectomy: Most common type of mastectomy performed today. The breast and some of the underarm lymph nodes are removed, while the chest muscles are saved.

Partial Mastectomy: Surgical removal of a portion of the breast including the cancer and a surrounding margin of normal tissue. (*See lumpectomy*)

Prophylactic Mastectomy: A (*literally means preventative*) procedure sometimes recommended for a patient at high risk of developing breast cancer in one or both breasts. Breast tissue is removed without removing skin or muscle.

Radical Mastectomy: The surgical removal of the breast, chest muscles, and underarm lymphnodes.

Mastitis: An inflammation of the breast usually occurring during lactation. Symptoms include pain, nipple discharge, fever, and redness and/or hardness over an area of the breast.

Microcalcification: Tiny specks of calcium in the breast, which may be seen on a mammogram. They can be related to a benign breast condition or breast cancer.

Oncologist: A physician who specializes in the diagnosis and treatment of cancer.

Medical Oncologist: A physician who specializes in the treatment of cancer using chemotherapy or hormone therapy.



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Radiation Oncologist: A physician specializing in the treatment of cancer using high energy x-rays.

Surgical Oncologist: A physician specializing in the treatment of cancer using surgical procedures.

Pathologist: A physician who specializes in the diagnosis of disease from blood and tissue samples.

Progesterone Receptor/Assay (PRA): An additional test (*to the estrogen receptor assay, or ERA*) that indicates whether a breast cancer is stimulated by female hormones to grow.

Prosthesis Breast: An artificial breast form that can be worn under clothing after a mastectomy.

Radiation Therapy: The use of high-energy x-rays to treat cancer.

Reconstruction: A method used to recreate the breast's shape after a natural breast has been removed. This may be achieved by the use of implants or by using tissue from another part of a woman's body.

Recurrence: The reappearance of cancer at the same site (*local*), near the site (*regional*), or in other areas of the body (*distant*).

Remission: The measurable decrease or disappearance of cancer following treatment: also used to refer to the duration of time over which this change occurs.

Screening Mammogram: A mammogram which is used to identify early signs of breast cancer in a woman who does not have symptoms. It provides a baseline x-ray to compare all future mammograms. It involves two x-ray views of each breast.

Staging: Certain test and examinations done before any type of treatment is initiated to determine if the cancer has spread.

Tamoxifen: (Nolvadex) The hormone treatment drug used to prevent recurrence of certain breast cancers by blocking estrogen receptor sites.

Tumor: An abnormal growth or mass of tissue which may be benign (*non-cancerous*) or malignant (*cancerous*).

Ultrasound: A non-invasive procedure using high frequency sound waves. The probe is held against the breast tissue and a visual image projects on to a monitor. It is used to determine if lumps are solid or filled with fluid (*cysts*).

This information was taken in part from the YWCA Breast Health Guide