

October 2020 - Breast Cancer Awareness Month



Breast cancer is the most common cancer in women in the United States, aside from skin cancer. According to the American Cancer Society (ACS), an estimated 276,480 new cases of invasive breast cancer are expected to be diagnosed among women in the United States this year. An estimated 42,170 women are expected to die from the disease in one year alone. Today, there are about 3.5 million breast cancer survivors living in the United States. *(view additional statistics for 2020 at: https://www.breastcancer.org/symptoms/understand_bc/statistics).*

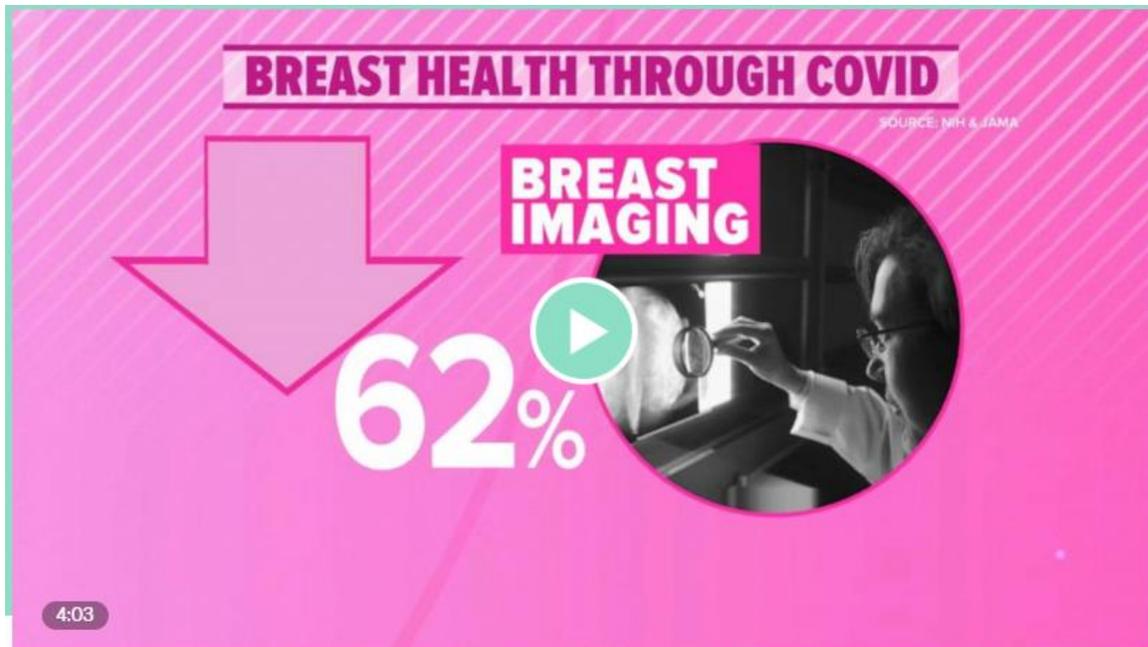
If you're worried about developing breast cancer, or if you know someone who has been diagnosed with the disease, one way to deal with your concerns is TO GET AS MUCH INFORMATION AS POSSIBLE.



Breast Cancer in the News

A word from the author—

Hello Presbytery Friends! This month I'd like to keep Breast Cancer awareness at the forefront and share valuable information from a breast cancer surgeon and medical director of Pink Lotus Breast Center, Dr. Kristi Funk, about the latest science on breast cancer with ways to support breast health amid COVID-19.



“Breast cancer isn’t sheltering in place”, describes Dr. Funk, it is merely being undiagnosed during this time of COVID. *Click on the image above to learn more!*

What IS breast cancer?

Breast cancer is a malignant tumor that grows in one or both of the breasts. Breast cancer usually develops in the ducts or lobules, also known as the milk-producing areas of the breast.

Breast cancer is the second leading cause of cancer death in women (after lung cancer). Although African-American women have a slightly lower incidence of breast cancer after age 40 than Caucasian women, they have a slightly higher incidence rate of breast cancer before age 40. However, African-American women are more likely to die from breast cancer at every age. Breast cancer is much less common in males; by comparison, the disease is about 100 times more common among women. According to the American Cancer Society, an estimated 2,620 new cases of invasive breast cancer in 2020 are expected to be diagnosed among men in the United States.

Since both women and men can develop breast cancer, why do women develop breast cancer more often?

It has been found that hormones in a woman's body, such as estrogen and progesterone, can play a role in the development of breast cancer. In breast cancer, estrogen triggers cancer cells to double. In fact, estrogen can cause breast cancer cells to double every 36 hours! Also, tumors need to have a blood supply in order to have

enough food and oxygen to grow. In a woman's body, the hormone progesterone seems to trigger cells (called stromal cells) to send out signals for more blood supply more frequently, which only feeds the tumor.

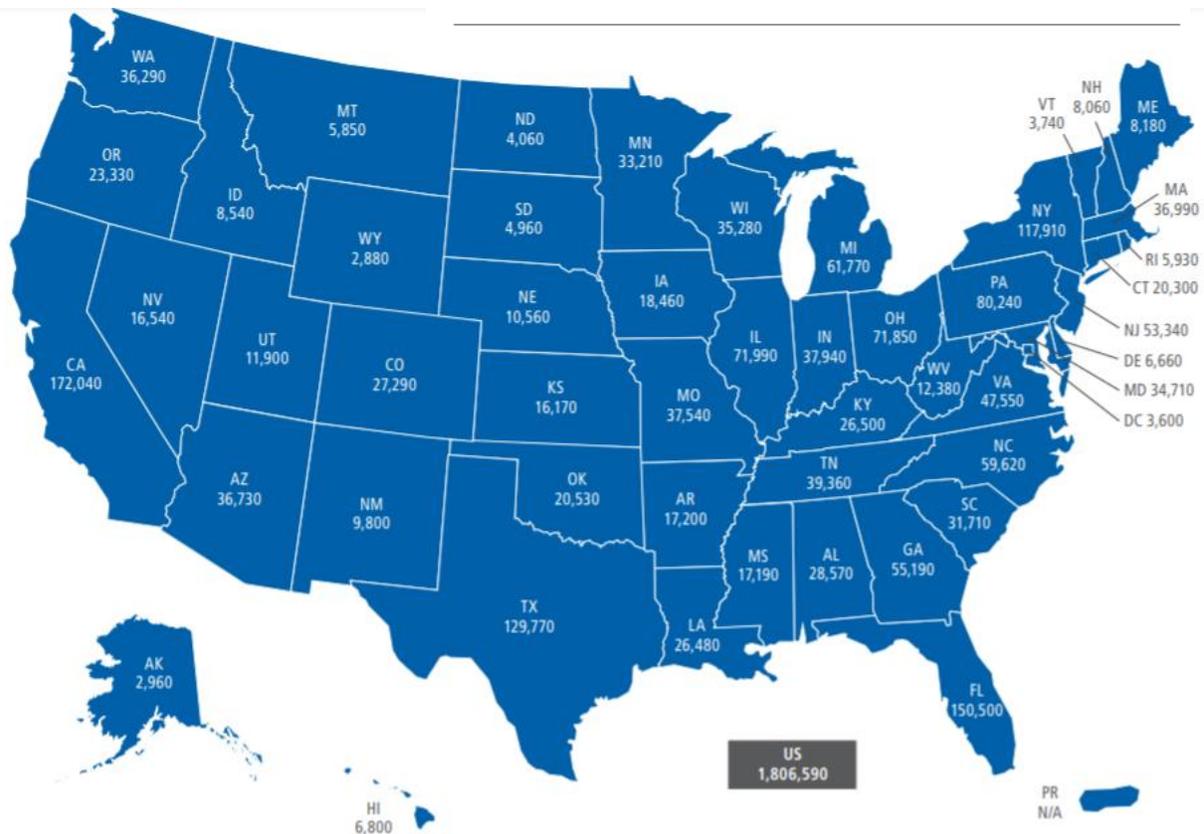
There are different TYPES of breast cancer?

**Please do not get caught up in the medical terminology. This section is meant as a reference for those diagnosed with breast cancer or those with a family history of breast cancer that have heard these terms and would like clarification about what their diagnosis means.

Yes, there are several different types of breast cancer that fall into two main categories - noninvasive cancers and invasive cancers.



Cancer Facts & Figures 2020



Estimated number of new cancer cases for 2020, excluding basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder. Estimates are not available for Puerto Rico.

Note: State estimates are offered as a rough guide and should be interpreted with caution. State estimates may not add to US total due to rounding.



Noninvasive cancer- aka "carcinoma in situ." This type of cancer is confined to the ducts or lobules and they DO NOT spread to surrounding tissues. The category of noninvasive breast cancer includes ductal carcinoma in situ (aka DCIS) and lobular carcinoma in situ (aka LCIS). The majority of non-invasive breast cancers are DCIS. In DCIS, the cancer cells are found only in the milk duct of the breast. If DCIS is not treated, it may progress to invasive cancer.

In LCIS, the abnormal cells are found only in the lobules of the breast. Unlike DCIS, LCIS is not considered to be a cancer. It is more like a warning sign of increased risk of developing an invasive breast cancer in the same or opposite breast. While LCIS is a risk factor for invasive cancer, it doesn't actually develop into invasive breast cancer in many women.

Invasive breast cancer- an infiltrating breast cancer that penetrates through normal breast tissue (such as the ducts and lobules) and invade surrounding areas. They are more serious than noninvasive cancers because they CAN spread to other parts of the body, such as the bones, liver, lungs, and brain. This "spreading" to other areas of the body is called metastasis.

There are several kinds of invasive breast cancers. The most common type is *invasive ductal carcinoma*, which appears in the ducts and accounts for about 80 percent of all breast cancer cases. There are differences in the various types of invasive breast cancer, but the treatment options are similar for all of them.

Would you like to see more information about types of breast cancer? Click on the links below!

[Inflammatory breast cancer](#)

[Male breast cancer](#)

[Metastatic breast cancer](#)

[Other types of breast cancer](#)



Not all breast cancers are alike

Not all breast cancers are alike - there are different stages of breast cancer based on the size of the tumor and whether the cancer has spread. For doctor and patient, knowing the stage of breast cancer is the most important factor in choosing among treatment options. Doctors use a physical exam, biopsy, and other tests to determine breast cancer stage.

Stages of Breast Cancer

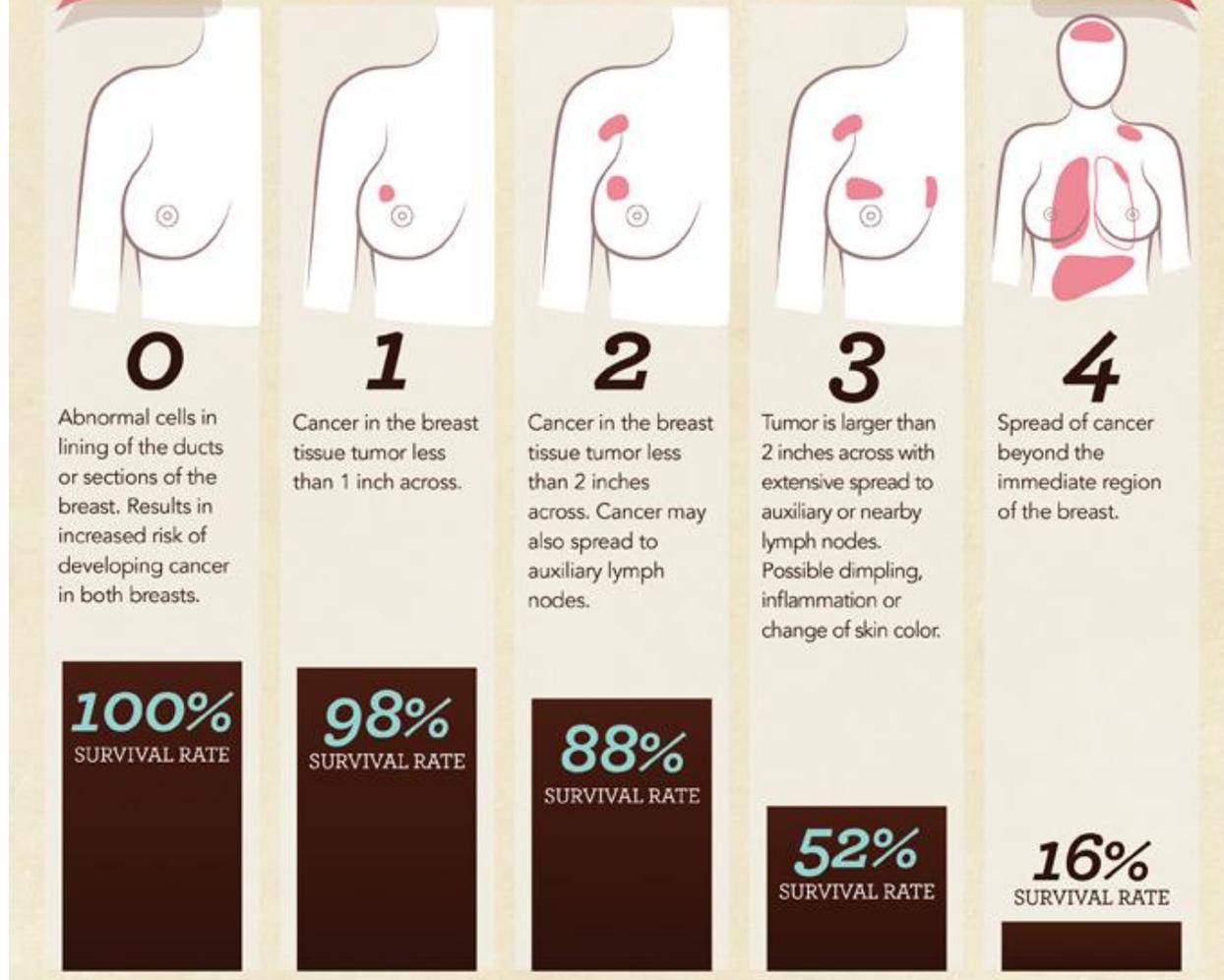
The most common system used to describe the stages of breast cancer is the AJCC/TNM (American Joint Committee on Cancer/Tumor-Nodes-Metastases) system. This system takes into account the tumor size and spread, whether the cancer has spread to lymph nodes, and whether it has spread to distant organs (metastasis).

All of this information is then combined in a process called stage grouping. The stage is expressed as a Roman numeral. After stage 0 (carcinoma in situ), the other stages are I through IV (1-4). Some of the stages are further sub-divided using the letters A, B, and C. In general, the lower the number, the less the cancer has spread. A higher number, such as stage IV (4), means a more advanced cancer.

These are the stages of breast cancer:

Stage 0 - Stage 0 is carcinoma in situ, early stage cancer that is confined to the ducts or the lobules, depending on where it started. It has not gone into the tissues in the breast nor spread to other organs in the body. Ductal carcinoma in situ (DCIS): This is the most common type of noninvasive breast cancer, when abnormal cells are in the lining of a duct. DCIS is also called intraductal carcinoma. DCIS sometimes becomes invasive cancer if not treated. Lobular carcinoma in situ (LCIS): This condition begins in the milk-making glands but does not go through the wall of the lobules. LCIS seldom becomes invasive cancer; however, having LCIS in one breast increases the risk of cancer for both breasts.

Stages of Breast Cancer



Stage I - Stage I is an early stage of invasive breast cancer. In Stage I, cancer cells have not spread beyond the breast and the tumor is no more than 2 centimeters (three-quarters of an inch) across.

Stage II - Stage II is one of the following:

- The tumor in the breast is no more than 2 centimeters (three-quarters of an inch) across. The cancer has spread to the lymph nodes under the arm.
- The tumor is between 2 and 5 centimeters (three-quarters of an inch to 2 inches). The cancer may have spread to the lymph nodes under the arm.
- The tumor is larger than 5 centimeters (2 inches). The cancer has not spread to the lymph nodes under the arm.

Stage III - Stage III may be a large tumor, but the cancer has not spread beyond the breast and nearby lymph nodes. It is locally advanced cancer.

-Stage IIIA - Stage IIIA is one of the following:

The tumor in the breast is smaller than 5 centimeters (2 inches) and the cancer has spread to underarm lymph nodes that are attached to each other or to other structures OR the tumor is more than 5 centimeters across and the cancer has spread to the underarm lymph nodes.

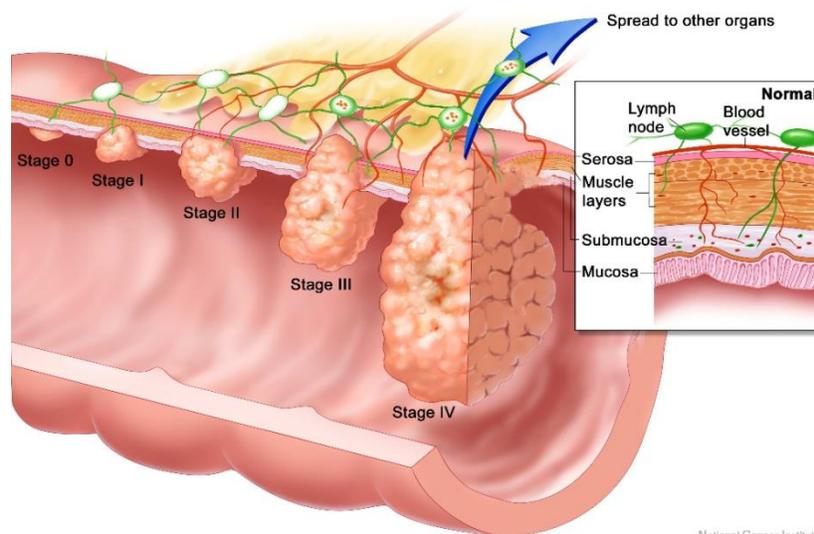
-Stage IIIB - Stage IIIB is one of the following:

The tumor has grown into the chest wall or the skin of the breast OR the cancer has spread to lymph nodes behind the breastbone OR it is inflammatory breast cancer, a rare type of Stage IIIB breast cancer where the breast looks red and swollen because cancer cells block the lymph vessels in the skin of the breast.

-Stage IIIC - Stage IIIC is a tumor of any size. It has spread either to the lymph nodes behind the breastbone and under the arm OR to the lymph nodes under or above the collarbone.

Stage IV - Stage IV is distant metastatic cancer. The cancer has spread to other parts of the body.

Recurrent cancer - Recurrent cancer is cancer that has come back (recurred) after a period of time when it could not be detected. It may recur locally in the breast or chest wall as another primary cancer, or it may recur in any other part of the body, such as the bone, liver, or lungs, which is generally referred to as metastatic cancer.



Prevention is the KEY to survival—How is breast cancer detected?

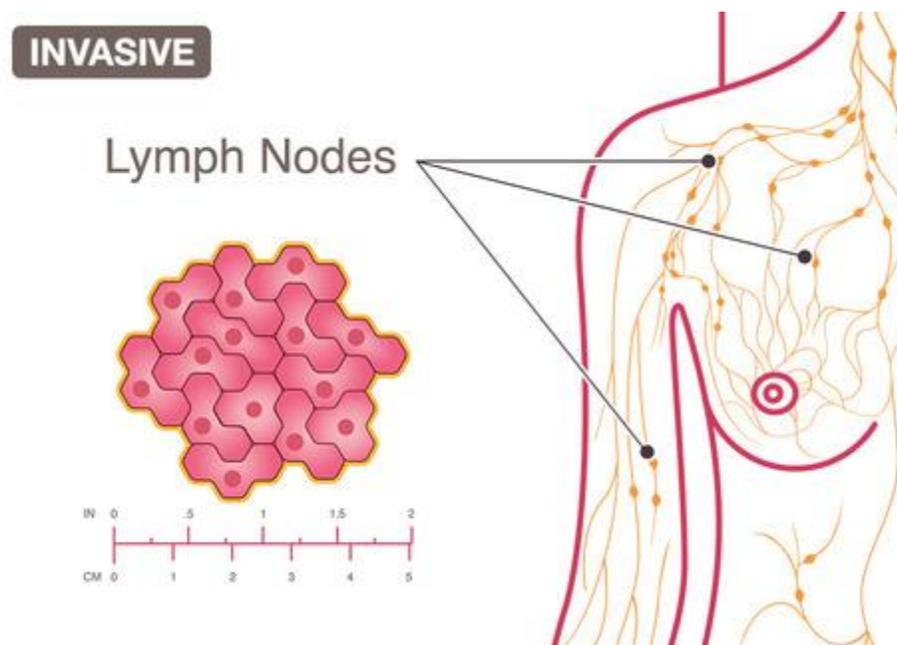
One of the earliest signs of breast cancer can be an abnormality that shows up on a mammogram before it can be felt. The most common signs of breast cancer are a lump in the breast; abnormal thickening of the breast; or a change in the shape or color of the breast. Finding a lump or change in your breast does not necessarily mean you have breast cancer. Additional changes that may also be signs of breast cancer include:

-Any new, hard lump or thickening in any part of the breast

- Change in breast size or shape
- Dimpling or puckering of the skin
- Swelling, redness or warmth that does not go away
- Pain in one spot that does not vary with your monthly cycle
- Pulling in of the nipple
- Nipple discharge that starts suddenly and appears only in one breast
- An itchy, sore or scaling area on one nipple

See the link below for more detailed information about mammograms.

[Mammogram screening](#)



How is breast cancer treated?

Treatment options vary and a woman and her doctor will choose the treatment that is right for her. The most common treatment options include: surgery, radiation, chemotherapy, and hormonal therapy.

See the link below for more specific treatment information.

[Treatments for breast cancer](#)

Why is it important to be compliant with your treatment plan?

The World Health Organization (WHO) defines compliance as "the extent to which a person's behavior - taking medication, following a diet, and/or executing lifestyle changes - corresponds with agreed recommendations from a healthcare provider."

Breast cancer survivors are faced with the possibility of the cancer coming back (recurrence), as well as an increased risk of developing a new breast cancer. For this reason, compliance with a physician-prescribed healthcare regimen is critical for best outcomes.

There are now about 2.5 million breast cancer survivors living in the United States. Clinical data indicate that approximately 80 percent of these survivors may be in the category of postmenopausal women with estrogen receptor-positive breast cancer. It is this sub-group, approximately 1.3 million women, that is most affected by compliance to oral therapy.

For the two-thirds of women with early stage breast cancer whose disease is hormone receptor-positive, a five-year course of adjuvant hormonal therapy significantly reduces the rate of recurrence and increases the 10-year survival rate.

Stage	5-year Relative Survival Rate
0	100%
I	100%
IIA	92%
IIB	81%
IIIA	67%
IIIB	54%
IV	20%

Table 2-1 - Breast cancer mortality rate by stage. Source: American Cancer Society

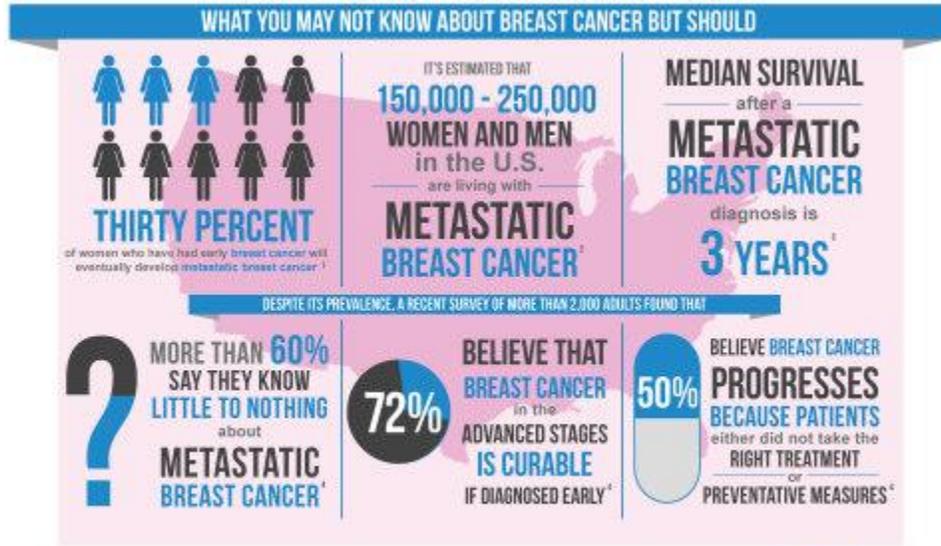
What are Breast Cancer Clinical Trials?

Clinical trials are research studies conducted with individuals who volunteer to take part. Each study answers scientific questions and tries to find better ways to prevent, screen for, diagnose, or treat a disease. These trials are carefully monitored and evaluated to test the safety and efficacy of a particular therapy or treatment regimen. A clinical trial is one of the final stages of the research process and is conducted in four trial phases. Studies are done with cancer patients to find out whether promising approaches to cancer prevention, diagnosis, and treatment are safe and effective.

People that are unfamiliar with cancer clinical trials tend to believe that a placebo (or non-active drug) is sometimes administered in the control group. However, this is a myth - in all cancer trials, the new treatment being tested is always evaluated against the current "standard of care," or best treatment currently available - so all cancer patients in a clinical trial are assured of receiving an active drug.

See the link below to find out more about the various clinical trials and clarify some common misconceptions about research trials!

[Clinical trials](#)



Questions to Ask Your Doctor and Why Communication is ESSENTIAL

In healthcare settings, miscommunication can have serious repercussions. It is important that you have a successful exchange with your healthcare provider on your individual tumor type, prescribed course of therapy and side effect management. Bring a friend or family member with you, and a notepad and pencil or pen. During your scheduled appointment, always ask for clarification if you don't understand something - and call your doctor's office immediately, if necessary, should a question arise once you've left.



Your spouse, partner, family members, and/or co-workers can be a huge support network for you as you journey down your road to recovery. Keep them informed of your progress - they care for you and as a result, are suffering right along with you. Learning about the diagnosis and treatment options available may help you to make decisions about your care. The first step in the learning process is a conversation with your physician. Every woman's breast cancer diagnosis is different. What a physician recommends for one woman may not be right for another. Developing a list of questions to ask is a good first start to addressing concerns and getting information. Here is a list

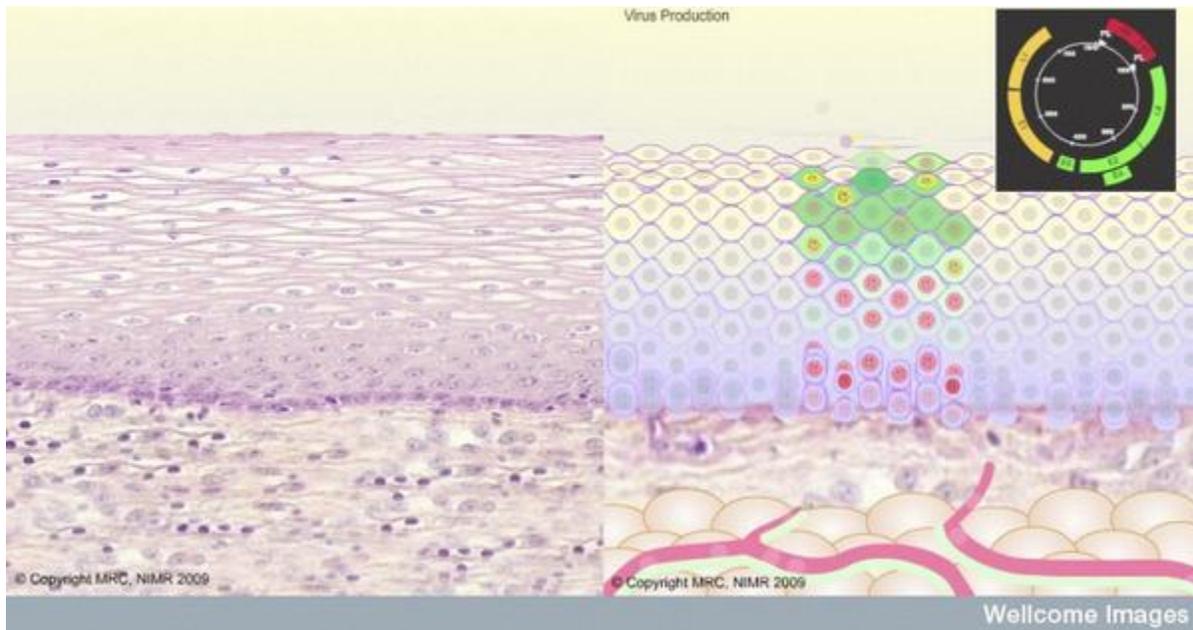
of basic questions on advanced breast cancer to get the conversation started.

ABOUT BREAST CANCER

What stage is my breast cancer? What does this mean?
What are my chances of responding to treatment?

ADVANCED BREAST CANCER

Is my breast cancer hormone receptor positive?
Why has my breast cancer recurred? Does this mean my treatment will have to change?
What are my chances of responding to treatment?



TREATMENT OPTIONS

What are the treatment options for my stage of breast cancer? Why or why not would these treatments help me?

- Surgery
- Radiation
- Chemotherapy
- Hormonal therapy
- Biologically targeted therapy
- Clinical trial participation

What treatment options, oral or injectable, are available for me as an advanced breast cancer patient?

What treatment do you feel will work best for me? Why are you recommending this treatment?

What are the possible side effects of this treatment? Will it make me feel sick? What kinds of food will help me? Or where can I get advice on meal planning?

-Will this treatment allow me to continue to be involved in my normal daily activities? If not, would another treatment be better for me so I can remain active?

-Will the treatment affect my family? What do they need to know?

-Will the treatment affect my appearance? If so, are there other options that will not change the way that I look?

-What if my current therapy does not continue to benefit me? Are there any other options?

-What types of hormonal therapies are available to me? Will it be beneficial? Is there any treatment I could be prescribed that does not have to be taken daily?

-What are the latest advances in hormonal therapies?

-How often will I be able to see my health care professional?

-How will I know if the treatment is working?

-What are the side effects?

-How can I manage side effects?

-What side effects should I tell you about?

-Will I need follow-up care?



OTHER CONSIDERATIONS

What studies are currently under way for women with advanced stage breast cancer?

Do you recommend a clinical trial for me? How can it help?

Where can I get further information on my stage of breast cancer?

Where can I find additional support?

Please be sure to let your doctor know all the medications (prescription, over-the-counter, and herbal supplements) you currently take. Also, check with your doctor before starting any other medication.

Patient Services- Reference Links

[Newly diagnosed](#)

[For survivors](#)

[How to read a pathology report](#)

[Find support](#)

[Stay informed](#)

[Free information](#)

[Patient assistance](#)

[Breast Cancer Q&A](#)

[Recipe Corner](#)

What Can I do to Help?- Reference Links

[Promote NBCAM](#)

[Become a Program Leader](#)

[Get Media Attention](#)

[Work site Initiatives](#)

Learn More About Breast Cancer

[American Cancer Society's website](#)

[National Health Institute's website](#)

[Breast Cancer Research News articles](#)

[National Breast Cancer Foundation](#)

Sources:

<http://www.local10.com/health/breast-cancer-awareness/breast-cancer-awareness-month-mammogram-monday-begins>

<http://www.nationalbreastcancer.org/breast-cancer-awareness-month>

<http://www.everydayhealth.com/breast-cancer/breast-cancer-awareness-month/>

<http://ww5.komen.org/>