



PIPER BREAST CENTER *Communiqué*

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SCREENING FOR BREAST CANCER

~ by Deborah L. Day, MD

The staff at Piper Breast Center advocates breast cancer screening, especially during the month of October, which is Breast Cancer Awareness Month.

Screening is the evaluation of the breast(s) in a woman with no breast symptoms, meaning she has no lumps, new localized pain, nipple discharge or skin changes.

At the Piper Breast Center, we follow the American Cancer Society guidelines for breast cancer screening. These guidelines are for average-risk women and include the following recommendations:

- Age 20-39: Clinical breast exam (CBE) by a doctor or nurse every three years and monthly breast self-examination (BSE).
- Age 40 and older: Annual mammogram, annual CBE by a doctor or nurse, and monthly BSE.

Some women are at high risk for developing breast cancer. High risk is usually indicated by a breast or ovarian cancer diagnosis before age 50 in one or more close relatives, such as a mother or sister. Other indicators of increased risk include a known breast cancer (BrCa) gene mutation in the family, a personal history of breast or ovarian cancer, a breast biopsy showing a precancerous lesion, or a history of radiation therapy to the chest as a young woman. A genetic counselor is available at the Piper Breast Center to help assess an individual's breast cancer risk.

More rigorous screening is advocated for women at high risk. Our screening recommendations include annual mammogram starting 10 years prior to the age of the youngest affected first degree relative (mother, sister or daughter), CBE every six months, and monthly BSE. Screening magnetic resonance imaging (MRI) may also be helpful for high risk women with dense breasts. For these women, we recommend alternating mammography and MRI at six month intervals. We currently do not recommend screening breast ultrasound because of the high rate of false positive findings.

Screening studies are usually covered by insurance. However, each woman should check with her insurance company for information about coverage for imaging studies and genetic counseling.

Did You Know ...

~ by Stephanie Remark, RT (R)(M)

Although American Cancer Society guidelines state that women who have had bilateral mastectomies (surgical removal of both breasts) no longer need to have a routine screening mammogram, they still need to be diligent about maintaining breast health and should discuss any new breast concerns with their health care provider.



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WHAT HAPPENS IF I GET CALLED BACK AFTER MY MAMMOGRAM?

~ by Lisa J. Schneider, MD

After a screening mammogram, some women may be called back to undergo additional imaging. If this happens to you, don't panic. Additional imaging is usually necessary for a more thorough and accurate breast evaluation, and does not necessarily mean you have a serious breast health issue. The need for additional imaging is rare. Approximately four percent of Piper Breast Center patients are called back, which is well below the FDA's recommended call back rate of 10 percent or less.

If you require additional imaging, a Piper Breast Center lead technologist will contact you within three business days of your screening mammogram and explain the imaging recommendations before you return for the procedures.

Oftentimes, a patient requires additional imaging after a mammogram shows overlapping tissue in the breast, which could obscure a potential underlying abnormality. During a call back appointment, technologists use specialized paddles and angles to "spread out" or "cone compress" that breast tissue. If an

underlying abnormality persists, an ultrasound of the breast is performed. A radiologist then checks the additional images and ultrasound. If further evaluation is needed, a biopsy can usually be performed at that time.

Sometimes a woman is called back for further evaluation of calcifications in the breast. Calcifications frequently are benign but can be a sign of an early breast cancer. During a call back appointment, magnification or other specialized views are obtained, which are fully evaluated by a radiologist. If needed, a biopsy is also performed, usually at that time.

It is also common for a woman to need additional imaging after her baseline mammogram or if previous mammograms performed elsewhere are not available for comparison.

Women who undergo additional imaging at the Piper Breast Center receive their results that same day. If you have any questions or concerns about why additional imaging is needed, talk with your radiologist.

WEARING A BREAST PROSTHESIS AFTER A LUMPECTOMY OR MASTECTOMY

~ by Rachel Fry Cunningham, RN, and Susan Lombardi, RN

Women who have breast cancer surgery are not only dealing with a breast cancer diagnosis but also changes in their body image. Surgical reconstruction is one viable option. However, some women choose not to have breast reconstruction surgery and, for others, it is simply not an option.

Fortunately, there is another solution. Breast prostheses are available for women who have had a lumpectomy or mastectomy. There are numerous types of prostheses in different shapes, sizes and colors to replicate the natural breast.

Most insurance companies cover the costs of a new breast form every two years and a new bra every year. Breast forms carry a two-year

warranty. Most insurance companies will also cover swim forms and post-surgical garments.

Prostheses should be fitted by certified fitters. A certified prosthesis fitter will typically fit the breast prosthesis four to six weeks after surgery, when most surgical swelling has subsided. These fitters can also assist with a wide variety of swim wear, tank tops, bras and intimate apparel. Several prosthesis shops also offer in-home fittings.

For more information or to receive a list of prosthesis shops, visit the American Cancer Society online at www.cancer.org or call the Piper Breast Center at 612-863-3150.

PREGNANCY AFTER BREAST CANCER

~ by John Seng, MD

Breast cancer is the most common malignancy in women and is the most frequently diagnosed cancer in women of childbearing age. However, pregnancy is possible after successful treatment of breast cancer.

Breast cancer therapy has become more complex and is often a concern for women who wish to become pregnant after treatment. Patients who have undergone breast surgery typically receive chemotherapy and radiation to decrease the risk of recurrence. Common pregnancy concerns for women who have had breast cancer include the effects of pregnancy on recurrence and survival, and the effects of chemotherapy on fertility and on children conceived after treatment.

Fortunately, several recent studies indicate there is no clear evidence that pregnancy after breast cancer treatment leads to an increase in recurrence rates or a decrease in survival. Also, other research shows there is no increase in the rate of birth defects in children of women who have been treated with chemotherapy.

The most frequently used chemotherapy drugs given to women who have had surgery for breast cancer – doxorubicin and cyclophosphamide – may be associated with infertility, with an increased risk for women 35 years of age and older. The majority of women under the age of 35 will not experience permanent menopausal changes related to chemotherapy.

Fertility may be preserved in women who take tamoxifen for prevention of recurrence. However, tamoxifen should not be taken during pregnancy because of potential health risks to the fetus.

If you have questions about pregnancy after treatment of breast cancer, talk with your physician.