HEALTH MADE SIMPLE

Check your BREASTS

The why, what, when, where and how of breast self-exams

WHY CHECK YOUR BREASTS?

It's the most common cancer in women worldwide. While fewer women die from it today, there's a 1 – 2% increase in the rate of breast cancer incidence yearly, so more might have to live through it. Early detection increases your treatment options - and chance of survival. So start checking your breasts. Breast cancer normally shows as a painless lump. And 9 out of 10 times, a lump is noticed by the woman herself.

WHO SHOULD CHECK?

All women. Think since you have no family history of the disease, you'll be spared? Think it's only 'a white woman's disease'? Think again. "Breast cancer is neither ageist nor racist. It affects woman of all ages and races," says Professor Carol Benn, one of SA's top breast-cancer experts. While there are risk factors (family history, age, lifestyle, etc.), most women diagnosed (60%) don't have them. "Check and be checked."

WHEN SHOULD WOMEN CHECK THEIR BREASTS?

From puberty onwards, at the same time each month. Still menstruating? Do the self-exam 10 days after your period stops. After menopause, pick a time per month - the first day, say?

WHERE TO CHECK?

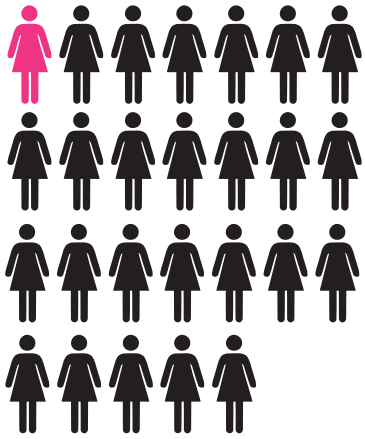
In front of the mirror, in the shower and/or lying on your bed. Get to know your breasts – their texture and consistency at various stages of the month – as well as the breast areas.

THE BREAST AREAS: Each breast has four quadrants; the nipple and surrounding areola; the axilla (armpits and their lymph nodes); and axillary tails (where the upper lateral quadrant of the breasts connect to the armpits).

HOW TO DO A SELF-EXAM IN 3 STEPS

1 Stand topless before a mirror. Raise your arms up, as if to touch the ceiling. Look out for any new differences between the breasts: Has one nipple enlarged? Is one breast hanging lower? Check for changes to breast size and shape, and for any noticeable lumps.

STATS



1 in 26

The number of South African women who will develop breast cancer

9/10

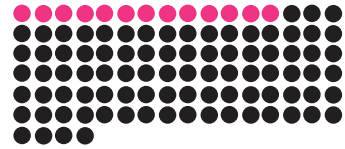
the number of benign breast lumps (i.e. not cancerous)

1 : 100

the number of men diagnosed with breast cancer relative to women

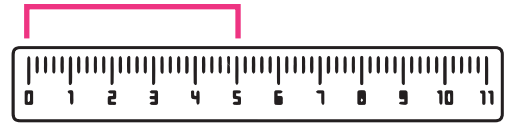
1/10

the number of malignant breast lumps (i.e. cancerous)



20%

the decrease in deaths from breast cancer, thanks to early detection and better treatments



5cm (or larger) =

the size of cancerous lumps in 60% of SA women with breast cancer. Meaning? Women aren't catching them early (small) enough.

2 Place the arm of the breast you're checking at your side, relaxed. (Use your right hand when checking the left breast, and vice versa. Body oil helps.) "Feel your breasts gently with the fat of your hand," Prof Benn advises. Go in a circular motion, from below the breast to above it. Feel all areas of each breast, gently using your fingers to explore.

3 Use the other hand to check the other breast. If you feel or see anything suspicious, see your doctor to be properly checked. "We do not have eyes on our fingers. If you feel something and your doctor doesn't, still go for an ultrasound," says Prof Benn.

WHAT TO FEEL/LOOK FOR...

• **Lumps** from small (marble size) to large (tennis ball size). Lumpy tissue may just be fibrodenosis, which can cause pain/discomfort, but isn't cancerous. Most lumps are benign, but have any checked to be sure. They may schedule an ultrasound or mammogram (for over 40s).

• **Skin changes:** puckering, tethering, dimpling or an orange-peel effect may indicate cancer, as may hot, inflamed, red breasts.

• **Nipple changes.** Have they retracted/inverted? Have they developed eczema? Does there seem to be duct thickening? Is there a nipple discharge? ("Don't squeeze your nipples," Prof Benn says. "We're worried about leaks from the nipples without squeezing.")

• **Enlarged arms or glands** in the armpit or near the collarbone.

TREATMENT

"Different types of breast cancer are treated differently," says Prof Benn. The earlier your cancer is diagnosed, the more treatments are available to you. Prof Benn says advances in treatment mean there's "less chemo, more breast-saving surgeries; and more multi-disciplinary discussions so that care is patient-centred".

Prof Benn says should be used at the right time "after discussion with the multi-disciplinary team". It can range from minor (like removing a lump) to a partial mastectomy. More aggressive cancers may require a radical mastectomy, to remove the breast and surrounding lymph glands. Some women opt to have reconstruction surgery right after.

She says "the last 10 years has brought to our attention, it's not about size but rather the 'personality' of the cancer". How the cancerous tumour/s behave (i.e. how they're growing), and which of the receptors are involved (estrogen receptor (ER), progesterone receptor (PR), Her 2 receptor) determines the best way forward for treatment.

Oncology treatment, using a combo of meds, is usually needed in addition to surgery. For instance, secondary adjuvant therapy (hormone treatment and/or chemo) will be given after surgery to help prevent the cancer from returning. Some oncologists recommend such treatment even before surgery (neo adjuvant therapy).

The Treatment Umbrella

Prof Benn uses the analogy of the umbrella to describe oncology treatment and show that one treatment's doesn't mean you won't need another.

The panels are the different types of treatment: endocrine therapy (via drugs or drip); target therapies (drugs that attach directly to specific cancer cell sites); immunotherapy (immune system drugs); other drugs (e.g. for bone care, pain etc.); chemotherapy. "You can be given more than one type of oncology treatment or only one, and you can get some types of oncology treatment before surgery; others before and after surgery; and certain types only after."

The opening mechanism is the radiological and lymph node assessment.

The handle is surgery and radiation. (If you can hold it with one hand, you only need surgery. A firmer hold (two hands) adds radiation to surgery.)

The stick is the biological characteristics of the tumour as identified by a core-needle biopsy.

The small spokes refer to genetic profiling. C

EXPERT: Prof Carol-Ann Benn heads up breast cancer centres at Helen Joseph Hospital and Netcare Milpark Hospital. In 2002, she established the Breast Health Foundation.

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LINKS:
http://www.breasthealth.co.za/selfexam.html
https://www.pinkdrive.co.za/breast-health-info/self-examinations/

Credit: Deidre Donnelly