

Breast Cancer

# The Many Views On Screening

Women Of All Ages,  
Doctors Can Tailor A  
Testing Approach  
Based On Risk Factors

BY ALEXIA ELEJALDE-QUIZ  
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CHICAGO — Women with no history of breast cancer have to muddle through conflicting recommendations from medical and advocacy groups on when, how and how often to screen for tumors, as the efficacy of routine mammograms continues to raise hot debate.

The U.S. Preventive Services Task Force, an independent advisory panel appointed by the government, sticks by its controversial 2009 decision to recommend mammograms every two years for women ages 50 to 74, though women who wish to start before then can talk to their doctor about it. The panel also advises doctors against teaching patients how to examine their own breasts.

But several other organizations — including the American Cancer Society, the American College of Obstetricians and Gynecologists and the National Comprehensive Cancer Network — recommend that women at normal risk for breast cancer get a yearly mammogram and annual clinical breast exam starting at age 40.

For women 20 through 39, these groups say, clinical breast exams should be performed every one to three years, and breast self-exams are optional for women starting at age 20, though everyone should be breast-aware and report changes to their doctor.

The National Cancer Institute, part of the National Institutes of Health, recommends mammograms every one to two years for women older than 40. It has no recommendations for clinical breast exams or self-exams.

Meanwhile, the National Breast Cancer Coalition, a grass-roots advocacy group, believes there is “insufficient evidence to recommend for or against universal screening mammography in any age group of women,” and “the decision to undergo screening for asymptomatic women must be made on an individual level based on a woman’s personal preferences, family history and risk factors.”

The debate about mammograms revolves around whether screenings do more harm than



HEATHER CHARLES/CHICAGO TRIBUNE/MCT  
**Betty Daniel, right, of Chicago, gets her routine yearly mammogram from Lead Mammography Tech Stella Palmer at Mt. Sinai Hospital in Chicago in February.**

good among women younger than 50, who are more likely to have false positives and overtreatment of cancers that would never cause symptoms or threaten a woman’s life. Mammograms also are more likely to miss cancer in younger women because their breast tissue is denser, making tumors harder to spot.

In women with the densest breasts, mammography can miss half of cancers later found on ultrasound, according to a 2002 report in the journal Radiology that reviewed screening sessions per-

formed on more than 11,000 women.

The screening guidelines change for women considered at high risk for breast cancer, which means their lifetime risk of getting breast cancer is greater than 20 percent. Among the factors that can contribute to being high risk are having a BRCA1 or BRCA2 genetic mutation or having a first-degree relative with that genetic mutation; having had radiation therapy to your chest between ages 10 and 30; and strong family history of breast or ovarian cancer.

Additional assessment tools help determine risk, and all screening decisions should be made in consultation with your doctor.

According to the American Cancer Society’s guidelines, women at high risk should get an MRI in addition to a mammogram every year starting at age 30. Women at moderately increased risk, which includes having a lifetime risk of 15 to 20 percent, having a personal history of breast cancer or having “extremely dense” breasts, should talk to their doctor about adding an annual MRI screening.

## Breast Cancer Talk: Navigating Awkward Work Conversations

You Have To Decide Best Approach To Take In Office Interactions

BY REX W. HUPPKE  
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There are few secrets in the workplace.

People are too curious, too gossipy, too talkative. The details of our personal lives invariably spill over and co-workers are drawn to sympathize, empathize, celebrate — whatever response seems appropriate.

So if you’re returning to work as a breast cancer survivor, or if your diagnosis is new or treatment is on-going, it’s likely you’ll have to choose how to discuss your health with people at work.

This is the most important advice I can give: Do what makes YOU the most comfortable — nothing more and nothing less.

You see, there is no single correct approach. One cancer survivor will find solace in opening up to co-workers and sharing all the details of the experience. Another will feel wholly uncomfortable discussing personal matters and will, for the sake of their own recovery, reveal only the smallest amount of information, if any.

“Some women want to put this behind them and don’t want that public discussion about their medical condition,” said Bonnie Gordon, a breast cancer

survivor and board member of the Chicago affiliate of Susan G. Komen for the Cure. “Others want to share. It’s a very private and individual decision.”

Gordon is director of cause marketing for Walgreens. She was diagnosed with breast cancer for a second time in 2009. She decided to be open about it.

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BONNIE GORDON

“I had to say to my bosses, ‘Guess what, I have breast cancer again,’” Gordon said. “I had to tell them that this time I had to have a double mastectomy. I had six people working under me and I had to sit them down and say, ‘Guys, I’m going to be OK, but I’m going to be out for a while.’”

Gordon’s staff was younger, in their 20s and 30s, and she felt they were looking to see how she would react — they were taking cues from her.

“I told them, ‘I’m going to tell you exactly what’s happening. I’m going to be honest. And when I come back, you can ask me anything you want.’”

Undoubtedly, there are advantages to this approach. It allows a person to confront the inevitable

curiosity and concerns of co-workers head on and, in a sense, dictate the rules of engagement.

However, if being this open and direct isn’t your style, take a different path. Maybe you just want to say: “Thanks so much for your concern, but I’m really not ready to talk about it right now.”

A smart tip from the American Cancer Society is to jot down responses to potential co-worker questions and comments ahead of time. Remember, this is something you control. Make a decision that suits you emotionally — and don’t let anyone else dictate what you share.

20 percent of survivors face work limitations two to three years after their diagnoses, evidence suggests. They often return to work only to find a “culture of ignorance,” according to 2011 research published in the European Journal of Cancer Care. The study showed most employees didn’t realize that up to a quarter of breast cancer survivors experience residual fatigue for many months after treatment.



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