



A Program of  
Cancer Care Ontario



# A Woman's Guide to Breast Assessment

*Making healthcare work for you.*



# About the Booklet

**If you have just found out you have a screening abnormality or a change in your breast, this booklet is meant for you.**

Most abnormalities are harmless changes in breast tissue. The important thing right now is for you and your doctor to have more information about the change that has occurred.

During the process of collecting more information, various tests such as diagnostic mammograms, special views, ultrasounds, and different types of biopsies might be done. This process is called breast assessment. You may also hear it referred to as breast follow-up or work-up.

This booklet has been designed to help you understand the various tests and the terms you may hear or read about during the assessment of your breast.

If you come across a word you don't understand, check the "Medical Words Commonly Used" section at the back of the book.

Waiting for test results is a difficult time, but there are things you can do that will make waiting a little easier. These are included in the "Waiting for Your Test Results" section.

There are "Personal Stories" found throughout the booklet where women talk about what happened to them when they found they had a change in their breast.

The booklet also features several forms to help you organize your personal records. You will find answers to commonly asked questions and further information on breast health. As well, additional sources of help and information are provided.

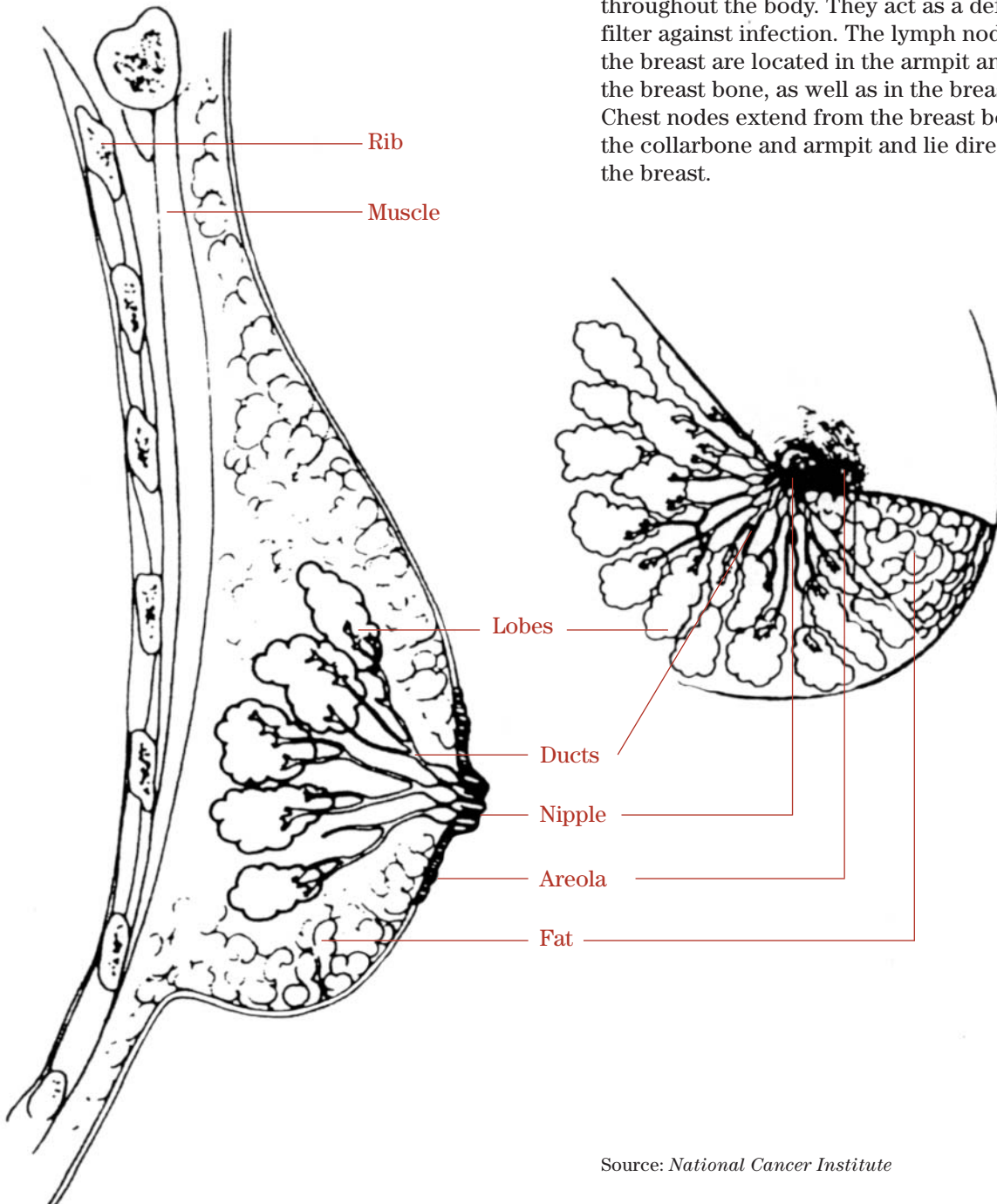
It is not a well-known fact that men can get breast cancer as well as women. Thus, there are times when men need to gather more information about their breasts. This topic is addressed in its own section.

This booklet should answer many of your questions and help take the mystery out of the breast assessment process.

# Basic Breast Anatomy

The breast is a complex structure lying on the chest muscles. It is made up of two kinds of tissue - fatty tissue and breast tissue - which consist of ducts, glands for producing milk and supportive tissue. Your breasts may differ in size and are rarely precisely alike.

Lymph nodes are small glands located in chains throughout the body. They act as a defence or filter against infection. The lymph nodes affecting the breast are located in the armpit and close to the breast bone, as well as in the breast tissue. Chest nodes extend from the breast bone up to the collarbone and armpit and lie directly beneath the breast.



Source: *National Cancer Institute*

# When a Screening Abnormality or a Change in the Breast is Found and Assessed

## How a Breast Abnormality or Change is Found

- By a screening program (OBSP)
- By routine mammograms
- By a clinical breast examination performed by a doctor or other healthcare professional
- By women themselves
- By partners of women

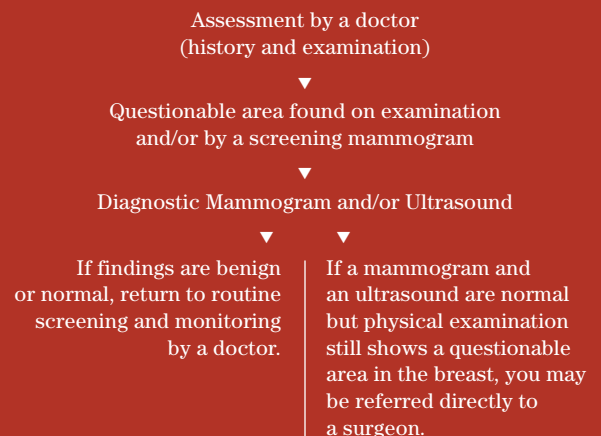
## How a Breast Abnormality or Change is Assessed

Breast changes are assessed (worked up) in different ways. The process selected will be determined by a woman's medical history and current symptoms, the doctor's usual practice and the resources available within the community.

Three common situations are demonstrated in the following examples and flow charts. They are typical of the way a breast change is assessed at a breast assessment centre.

### Example A:

The first diagnostic test performed is usually a diagnostic mammogram and/or an ultrasound. For most women, one or both of these tests are able to confirm that the breast change is benign.



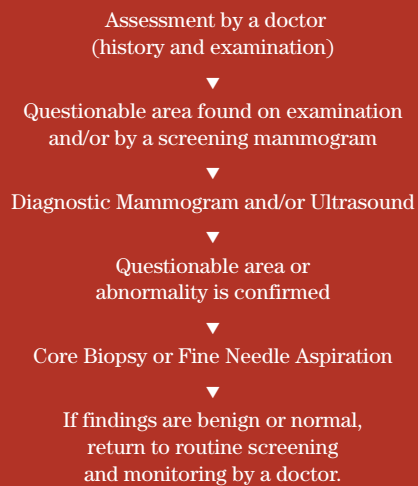
Most women will not need further testing beyond a mammogram and/or an ultrasound to find out their breast change is benign or a harmless variation of normal breast tissue.

**Note:** If you have attended a screening program (OBSP), you may find your doctor has requested that your diagnostic work be done before he or she sees you.

## When a Screening Abnormality or a Change in the Breast is Found and Assessed continued

### Example B:

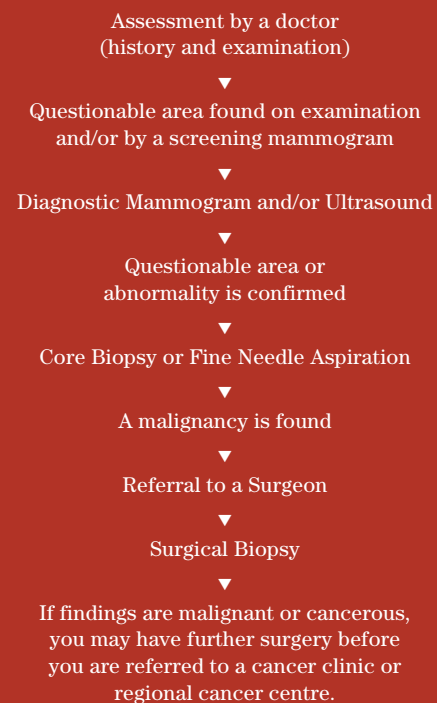
There may still be some question after a diagnostic mammogram and an ultrasound. A core biopsy or a fine needle aspiration may then be performed. In this example, the biopsy results confirm that the breast change is benign.



Although it is important to have all breast abnormalities assessed, most are not cancer. Many changes are harmless variations of normal breast tissue. This is true for over 90% of the women with a breast abnormality found at the time of their screening.

### Example C:

If the results of a core biopsy or a fine needle aspiration are malignant, a surgical biopsy will be required. A surgical biopsy is done to confirm the presence of breast cancer.



# Tests Used to Assess a Screening Abnormality or a Change in the Breast

## General Information

Specially trained technologists perform all radiology tests. The tests are then interpreted or read by a radiologist.

X-ray films from earlier tests can easily be sent from one testing place to another so that the radiologist has them available for reference. You may be asked to help by picking up and bringing these films with you.

## Mammogram

A mammogram is an x-ray picture of your breasts. During a routine or screening mammogram, two pictures are taken of each breast. Screening mammograms test for early disease in women who have no symptoms. This is different from a diagnostic mammogram, which is done specifically to diagnose an abnormality found on examination or by a screening mammogram.

The majority of breast abnormalities are too small to be felt during physical examination but can be seen on a mammogram. However, not all breast cancers can be found with this test. Mammograms are able to find over 80% of all breast cancers. A clinical breast examination (performed by a doctor or other health professional) may find breast cancers that cannot be seen on a mammogram.

### What can I Expect?

- The breast x-ray takes about 10 minutes.
- Your breast will be compressed between two plastic plates while the x-ray picture is taken.
- Your breast must be compressed to get a good picture, but compression lasts for only a few seconds. The compression of your breast also means less radiation will be used. During compression, your breast will feel tight and uncomfortable.

### How Can I Prepare?

- Book your mammogram when your breasts are least tender (one week after menstruating).
- Reduce your caffeine intake 1 to 2 weeks before your mammogram.
- If your breasts are tender, take two pain relief pills (what you would take for a mild headache) about 1 hour before your mammogram.
- Wear a two-piece outfit. You will be asked to undress from the waist up.
- Do not use powder or deodorant on the breast or underarm area the day of your mammogram. These products could produce marks on the films that look like a screening abnormality.
- Try to relax during the x-ray. If you are relaxed, the mammogram will be faster and more comfortable.

## Special Mammography Views

Special mammography views are also called a diagnostic mammogram. The most common special views are spot compression views and magnification views.

### Spot Compression Views

Spot compression views are special views or pictures of one small area in the breast. You may also hear this referred to as cone compression. Sometimes these views are magnified. By using a small compression plate that only presses on a tiny area, the picture is clearer and the edges of the breast abnormality are easier to see.

### Magnification Views

Magnification views are “blown up pictures” of an area in the breast. Calcifications, or tiny deposits of calcium that can show up on a mammogram, are often magnified so they can be better assessed.

## Digital Mammogram

A Digital Mammogram is a new technology now being developed and tested. Unlike a regular or conventional mammogram that produces an image on film, a digital mammogram produces a computerized image. The image can then be adjusted in different ways (e.g., lightened or darkened) by the radiologist.

Digital mammography could be used for assessment or diagnostic workup. However, for routine or screening mammograms, there is still debate as to whether digital mammography can match or improve on the current high quality of film mammography. Researchers are now involved in a large study to find this out.

A mammogram is performed exactly the same way on both a digital machine and a conventional machine.

## Ultrasound

An ultrasound uses high frequency sound waves, which are “bounced” off the breast and converted to images on a screen.

Ultrasound helps determine if a breast abnormality is a cyst/cystic or solid. A cyst is a fluid-filled sac which is not cancerous.

Ultrasound is not useful for routine screening of women because certain types of cancers and micro-calcifications are not visible by this method.

### What Can I Expect?

- An ultrasound takes about 15 to 20 minutes.
- Lubricating jelly is put on the skin. A small hand-held device is then held against the skin while the sound waves pass through the breast and back to the ultrasound machine. The jelly helps the movement of the sound waves and washes off easily. The procedure is painless.

### How Can I Prepare?

- Wear a two-piece outfit since you will be asked to undress from the waist up.



## Katherine Hull

Two years ago, I went to see my doctor about a lump in my breast. He found another area he was more concerned about. I had a mammogram, an ultrasound and finally a core biopsy, which was benign. My husband and I asked lots of questions and learned exactly what to expect. My family doctor was terrific and helped me plan for what I would do whether the results were benign or malignant. Having a plan helped me to relax and not worry as much.

*Katherine is age 45 – she lives in Mt. Brydges, Ontario*

## Biopsy

During a biopsy, a small sample of suspicious tissue is removed either by needle or surgically, so that the tissue can be examined under a microscope. There are many different types of biopsies (e.g., fine needle aspiration, ultrasound guided core biopsy, x-ray or stereotactic guided core biopsy and surgical biopsy). The following descriptions explain these different types of biopsies.

### Fine Needle Aspiration (FNA)

A radiologist may or may not freeze the suspicious area of your breast. During the test, a very thin needle is inserted into the area. Ultrasound may be used to guide the needle placement. If fluid is drawn out and the suspicious area disappears, this confirms the presence of a cyst. If no fluid is withdrawn, the area may be solid and the radiologist will try to withdraw some cells to send to pathology for examination.

#### What Can I Expect?

- The procedure takes about 10 to 15 minutes.
- You may experience a little discomfort.

#### How Can I Prepare?

- You may eat or drink before the examination.
- If you are taking anticoagulants or blood thinners, talk to your family doctor before your biopsy to see if your dosage should be changed for a short time.
- If possible, arrange to have someone drive you home after the test.

## Ultrasound Guided Core Biopsy

This is a special procedure used to obtain a sample of breast tissue. A suspicious area is located with the use of ultrasound. Then a needle biopsy is performed to remove a small core of breast tissue for microscopic examination.

#### What Can I Expect?

- The procedure takes about 30 to 40 minutes.
- A radiologist will clean the skin surface with an antiseptic solution. The area will be frozen so that it feels numb. This makes the procedure more comfortable.
- The biopsy needle is inserted using a spring-loaded device and a core of tissue is quickly removed. Several cores may be taken. The biopsy sample is sent to Pathology for testing.
- After the test is completed, ice and pressure will be applied to the area for 5 to 10 minutes to control the bleeding. You should not do strenuous activity for up to 48 hours.
- There may still be a small amount of bleeding as well as a tingling sensation or discomfort in your breast as the freezing wears off.
- Most women will not have a permanent scar.

#### How Can I Prepare?

- You are encouraged to eat and drink before the examination.
- If you are taking anticoagulants or blood thinners, talk to your family doctor before your biopsy to see if your dosage should be changed for a short time.
- Wear a two-piece outfit since you will be asked to undress from the waist up.
- If possible, arrange to have someone drive you home after the test.

Tip: Ask how long you can expect to wait for your test results.



## X-ray or Stereotactic Guided Core Biopsy

Sometimes, a suspicious area can be better located by x-ray guidance rather than ultrasound. This is called stereotactic guidance and is quite often used to biopsy very small calcifications as well as other suspicious areas that cannot be biopsied under ultrasound.

Special stereotactic features on a mammography machine allow x-ray pictures to be taken at two different angles. These pictures are used to guide the placement of a biopsy needle.

### What Can I Expect?

- The procedure takes about 30 to 40 minutes.
- The biopsy may be performed in two different ways depending on the equipment available. You will either be sitting in a chair in front of the mammography machine or you will be asked to lie face down on a special biopsy table that has an opening for your breast (the table will then be raised so the radiologist and technologist can work from below). Your breast is compressed between the two plates on the mammography machine as it was during your mammogram. The radiologist will clean the breast with an antiseptic solution and inject freezing into the biopsy area.
- Compression of your breast may be uncomfortable but the use of local anaesthetic or freezing allows most women to tolerate the procedure very well.
- A needle is inserted into the suspicious area of the breast to obtain tissue samples. These samples are then sent to Pathology for examination. A number of samples may be taken.
- After the test is completed, ice and pressure will be applied to the area for 5 to 10 minutes. You should not do strenuous activity for the next 48 hours.
- There may be a small amount of bleeding as well as a tingling sensation or discomfort in the breast as the freezing wears off.
- You may have a small amount of bruising afterwards.
- Most women will not have a permanent scar.

### How Can I Prepare?

- You are encouraged to eat and drink before the examination.
- If you are taking anticoagulants or blood thinners, talk to your family doctor before your biopsy to see if your dosage should be changed for a short time.
- Wear a two-piece outfit since you will be asked to undress from the waist up.
- If possible, arrange to have someone drive you home after the test.

Tip: Ask how long you can expect to wait for your test results.

## Surgical Biopsy

During a surgical biopsy, a surgeon will remove breast tissue, usually while you are asleep under a general anaesthetic. Surgical biopsies are done for two reasons. One is to obtain a sample from a suspicious area so that it can be sent to Pathology for testing. The other is to remove a suspicious area to confirm a cancer diagnosis which has been made from the results of a core biopsy. The removed tumour or tissue is then sent to Pathology for testing.

## Lymph Node Biopsy

Several lymph nodes from under the arm are removed by a surgeon for microscopic testing. This is done to determine whether or not the breast cancer has spread to the lymph nodes.

Lymph node biopsy is often done at the same time that a lumpectomy is performed.

## Needle Localization

When the suspicious area is small and can't be felt (non-palpable), its location is marked with a fine wire for the surgeon. The procedure is called a needle localization and is done in the X-ray Department by a radiologist before surgery. Under X-ray or ultrasound guidance, a radiologist will freeze the area of concern seen on the mammogram. A needle is then inserted into the suspicious area. The position of the needle is checked and when the radiologist is sure it is in the right place, a fine wire is inserted through the middle of the needle. The needle is removed and the wire is left in place until surgery.

### What Can I Expect?

- Surgical biopsies are often done as a day surgery procedure. If a lumpectomy and a lymph node biopsy are being performed, these may be done either as a day surgery procedure or as an overnight hospital stay.
- Depending on your reaction to general anaesthesia, the symptoms you may experience could include nausea, vomiting, grogginess and fatigue.
- There will be bandages placed over the surgical areas. If lymph nodes are removed, a temporary drain may also be inserted in the underarm area.
- Pain and tightness will be controlled with pain medication.
- There may be some bruising and there will be a permanent scar on your breast and under the arm if lymph nodes are removed.
- You will receive more detailed information at the time of surgery from your surgeon and from the hospital staff.

### How Can I Prepare?

- Eating and drinking will be restricted before your surgery. You will receive specific instructions about this.
- You will need to arrange for someone to drive you home from the hospital.
- Make plans at home and work for the time you will be away. Your surgeon will give you a more detailed picture of what restrictions to expect.

## Galactogram

During a galactogram a dye is injected into the milk duct system of the breast. This test may be used to investigate when there is spontaneous (not expressed), one-sided nipple discharge, especially when the discharge is bloody or bloodstained.

There must be active nipple discharge before this test can be done.

A radiologist threads a special blunt catheter into the milk duct, injects dye into it and then takes some mammographic pictures. The dye produces a visual "map" for tracing the source of the discharge and will help the doctor diagnose the problem.

### What Can I Expect?

- The procedure takes about 20 minutes.
- The test may be uncomfortable for some women.

### How Do I Prepare?

- You may eat or drink ahead of time.
- Wear a two-piece outfit, as you will be asked to undress from the waist up.
- Do not express fluid from the nipple by pinching or squeezing for several days before the test.

## Magnetic Resonance Imaging (MRI)

MRI is a specialized test. It creates images of tissue and structures inside the body. MRI uses a special device to measure how the body's hydrogen atoms react to powerful magnets. A computer then converts the measurements to photo images.

MRI is not a routine screening test. It is still being researched and tested for use in diagnosing breast cancer. It seems to have advantages in determining if a silicone implant has leaked and possibly the extent of a known breast cancer.

### What Can I Expect?

- The test will take 40 to 45 minutes.
- A special dye will be injected into a vein.
- You will lie on your stomach on a special table.
- The table will then be pushed into a large round tube.
- You will need to be very still during the procedure.
- As the machine is quite loud, you may want to ask for earplugs if they are not offered to you.

### How Can I Prepare?

- A MRI can be a difficult test if you suffer from claustrophobia.
- Close your eyes as you enter the tube. You may want to keep them closed during the entire test.
- Deep breathing or other relaxation methods may help if you are feeling anxious.
- If you are having a MRI done, the staff will carefully explain the procedure and answer your questions.

## Sentinel Node Biopsy

Sentinel Node Biopsy is a highly specialized procedure in which a surgeon removes the sentinel lymph node(s) for microscopic examination. The sentinel lymph node is the first lymph node(s) to which cancer cells spread after leaving the area of the primary tumour in the breast.

A blue dye or a radioisotope solution is injected in the breast around the tumour. After a period of time, a hand-held device is able to “pick up” where the injected fluid has drained. This identifies the sentinel node(s). The area of the node is then marked to guide the surgeon during surgery.

Studies are being done to determine the effectiveness of this procedure. It has the potential to reduce the number of axillary lymph node biopsies performed. At present, axillary lymph node biopsy is the standard medical practice.

## Axillary Lymph Node Biopsy

After breast cancer has been diagnosed, a surgeon will remove several lymph nodes from under the arm (on the same side as the breast cancer) for testing. A pathologist will determine if any cancer cells are present in the nodes. This information will be used to decide on the best treatment for you to receive.

An axillary lymph node biopsy may be done at the same time as a lumpectomy or as a separate surgery.



### Kate Tervit

I had a sore spot on my breast for a long time but I ignored it. Finally I went to my doctor for a routine medical and he sent me for some tests. I was diagnosed with infiltrating ductal carcinoma, had a mastectomy and was treated with chemotherapy. The nurse at the Breast Assessment Centre I attended was a tremendous help. She not only supported me but also explained to my family and me exactly what would happen next. I could always call her with any questions. I want women to know how important it is for them to check their breasts regularly and bring changes to their doctor's attention immediately – don't put it off!

*Kate is age 43 – she lives in Drayton, Ontario*

# Breast Cancer in Men

Men can be diagnosed with breast cancer. About 1% of all breast cancers are found in men. Since it is not a common occurrence, it is not recommended that men be screened for breast cancer on a regular basis.

If you are a man with a breast abnormality or change that is being investigated, this booklet will provide the help and information you need. You will experience the same tests described in “Tests Used to Assess a Screening Abnormality or a Change in the Breast” and you will find many helpful suggestions in the section “Waiting for Your Test Results.” The section “Further Information about Breast Health” will also be useful.

As so few men are diagnosed with breast cancer, it’s difficult to find someone to talk to who has had a similar experience. Most of your support will come from your family and close friends. It is also important for you to have all your questions answered by your doctor or other healthcare providers.



## Larry Berard

Two years ago I experienced breast tenderness and thickening behind my nipples. My doctor sent me for a mammogram. The results were benign and the breast changes were simply a result of hormonal changes which were easily treated. Going for a mammogram was a strange experience, but I knew it was something I had to do. I actually expected the test to be far worse than it was. I found it wasn't any more uncomfortable than having your teeth cleaned. Breast assessment for men may not be common but it's just another health check. The best advice I can give is to simply relax.

*Larry is age 55 – he lives in Windsor, Ontario*

# Waiting for Your Test Results

Waiting to hear the results of your test(s) can be a very difficult time. Everyone reacts differently, but it is common to feel worried or upset.

## There are some things you can do to make waiting a little easier.

- At the time of your test, ask when and how you will be told about your test results. This will prepare you for how long you will have to wait to get your test results.
- Keep doing all the everyday things you would normally do. Following your routine and keeping busy gives you other things to think about and helps to pass the time.
- Take care of yourself. Often, good health habits are neglected during stressful times. This will lower your energy level as well as your sense of well-being. Your body needs energy to help you cope with stress.
- Eat a well balanced diet.
- Get a good night's sleep.
- Avoid excessive amounts of caffeine and alcohol. These will make it harder for you to sleep well.
- Go for a walk. Exercise or physical activity may help you relax.
- Take a long relaxing bath or meditate. Do whatever helps you relax!
- Talk about what's happening and how you are feeling. Who you talk to and what you say is a personal decision. Family, close friends and colleagues are all people you might want to turn to and talk about what you are going through. Their support could be very helpful. Sometimes, women decide not to talk to others because they don't want them to worry. When you are making this decision, it might help to think about what you would like family and friends to do if they were having the same tests done.
- Talk to others who have had tests for a screening abnormality or a change in their breast. You may know someone yourself or a friend or family member might know someone – give them a call!
- Consider having someone go with you to your appointments. It's hard to remember all the details of new experiences and new information, especially when you are very anxious. A second pair of eyes and ears will help. You also will have the support of someone who knows and cares about you!
- You may like to talk to your family doctor. Give the office a call and let them know how you are feeling and what is happening. Your family doctor may be able to help you during this anxious time.



## Kathleen Smyth

I went for breast screening when I was 71 years old. The mammogram showed an area that needed to be checked. I had special views and an ultrasound and found out I had a cyst in my breast. The cyst didn't bother me so it didn't require any treatment. Naturally I was anxious going for more tests, but I've learned after 53 years of marriage not to worry until you know you need to worry!

*Kathleen is age 73 – she lives in Warton, Ontario*

## Some suggestions to get ready for your doctor's appointment:

- Write questions down ahead of time so you won't forget to ask them (see special forms in the "Personal Records" section).
  - Have a family member or friend come to the appointment with you. Ask them to write down the answers to your questions so you can listen to what is being said.
  - You may want to consider using a tape recorder. Check with your doctor first. Ask if he or she would mind having a tape recorder turned on as you talk. Explain that it's hard for you to remember so much information.
  - Each appointment and test is different. Some may be more stressful for you than others. You may find you don't need to follow these suggestions for every test or appointment. However, they are useful if you are preparing for your first visit to a surgeon.
  - Ask your questions and make sure you have enough information. This booklet will provide you with a great deal of information. You may want to take it with you to your appointments.
  - Talk to your doctor and other healthcare providers. They are there to help you!
  - If you are going for testing at a Breast Assessment Centre, you will be given the name of a person you can call with any questions or concerns. This person is often referred to as a navigator or coordinator.
- If you decide to look for information in other places such as the Internet, pamphlets or magazines, be careful that you are getting accurate and up-to-date information (see other sources of information on page 25).
  - Some women find comfort in their faith and prayer. Talking to a priest, rabbi, minister, mullah or pastoral care advisor may also be very helpful.

Remember, although it is important to have all breast abnormalities assessed, the majority are not cancerous. Most are harmless variations of normal breast tissue. This is true for more than 90% of women with a breast abnormality found at the time of their screening.

# Questions & Answers

**How quickly should something be done if I find a change in my breast or have a screening abnormality?**

All breast changes should be checked by a doctor. If further tests are needed, your doctor will book them for you as soon as possible. Sometimes, there are delays while you wait for the next available appointment, especially with the more specialized tests.

All healthcare providers try to have a breast abnormality diagnosed as quickly as possible. If your community has a Breast Assessment Centre or program, an assessment is commonly completed in two weeks.

If you are experiencing delays and are worried about them, talk to your doctor. Your doctor will be able to reassure you and may be able to “move things along” more quickly.

**What can I do to work with my healthcare providers while my breast abnormality or change is being diagnosed?**

Ask your questions. Listen carefully to the instructions and advice you are given. Read this booklet for information about the tests you are having and for help while you wait for your test results.

Try not to jump too far ahead – take things one step at a time!

Your healthcare providers are there to help you, so let them know how you are feeling. Remember, the majority of screening abnormalities prove to be harmless breast tissue changes.

**Will compressing my breast during a mammogram make a cancer spread if a tumour is already there?**

No, it will not. A mammogram is the best tool available to diagnose a breast cancer.

Compressing the breasts is necessary during a mammogram to get a clear picture. Compression also reduces the amount of radiation used.

**I'm feeling nervous and scared, is this normal?**

Everyone is different but it's common to feel worried or upset. People act in different ways when they are upset. They may have trouble sleeping, become irritable, cry easily, lose their appetite or eat more than usual. Read the “Waiting For Your Test Results” section in this booklet for some helpful suggestions.

**Should I tell my husband, children, family members or friends what's happening?**

The support of family and close friends can be very helpful. Who you talk to is a personal decision and what you say may be different for each person you talk to. As you tell others, you may find it helps you understand some of the information you have been given. If you are worried and acting differently, telling others will also help them understand the reason why. They will be able to support you better.

If you are explaining to children what is happening to you, be sure to use words they will understand and answer their questions as honestly and as simply as you can. Don't give more information than the child is asking for. Children often worry more about what they don't know than about what they do know! You know your child best. Trust your judgement. You may also ask your doctor or health provider for suggestions of different ways to tell children.

If you are having a hard time making a decision about who to talk to, it might help to think about what you would like family and friends to do if they were having the same tests done.

**Should I tell my boss or co-workers?**

Again, this is a personal decision. Sometimes co-workers are also friends and you may want to tell them. You may prefer to keep your privacy and not tell anyone. You may find you need to tell your boss, especially if you are taking time off from work for tests.

### How do I make sense of all the information?

You may feel overwhelmed with all the information you've received. These suggestions may help:

- Write down instructions for tests or ask for them in writing.
- Keep all your assessment information in a folder or binder so that it is all in one place.
- Write down questions as you think of them so you will have a list of questions ready to ask at your next appointment.
- Remember, everything you read and hear may not apply to you. Many women need only special views and/or an ultrasound to find out their screening abnormality or breast change is benign.
- This booklet will give you simple accurate information. Refer to it as often as needed.
- Ask your doctor or healthcare provider to explain any information you have read that you do not understand.

### Can cysts become cancerous?

Cysts cannot become cancerous. Some women have cysts in their breast more often than others. They are influenced by hormones and usually occur less often after menopause. It's important for women to be familiar with their breasts and report any changes to their doctor.

### What is Fibrocystic Breast Condition?

Fibrocystic Breast Condition may also be referred to as Fibrocystic Breast Disease. It is a diagnosis given to pain and/or benign nodules (lumps) which naturally occur in the breast.

### What happens if I do have cancer?

Being diagnosed with breast cancer is naturally very frightening for you and your family. Remember that there have been several advances in the treatment of breast cancer. Successful outcomes are common and many women live long and productive lives after treatment. Cures are possible, especially if breast cancers are found early when they are still small.

After diagnosis, you will be referred to a cancer centre where you will meet with an oncologist (a cancer specialist). He or she will review your case, examine you and discuss your treatment options with you. Make sure you ask all your questions and talk about your feelings. There are many people at the cancer centre able to give you support and the information you need.

Some of the suggestions in the section "Waiting for Your Test Results" will help as you wait for your appointment at the cancer centre. Other sources of information listed on page 25 will also be able to provide you with specific information about breast cancer.



## Irene Vardaris

I found a lump in my breast when I was only 28 years old. At the time, I had two small children and was worried not only for myself, but also for them. With follow up tests I was diagnosed with fibrocystic breast disease and have had several breast work ups, including biopsies, over the years – always with benign results. I believe I've received excellent care and good information. All the healthcare providers I came in contact with during assessment were competent, kind and understanding. They took the time to answer my questions and provided me with the information I needed.

*Irene is age 61 – she lives in London, Ontario*



# Further Information About Breast Health

More research is needed before scientists can tell us exactly how to prevent breast cancer.

All women as they age are at risk for breast cancer. The best protection a woman has is to find breast cancer as early as possible so it can be treated successfully.

## Some Tips

- If you are over the age of 50 years, go for breast screening regularly. The high quality, organized screening in programs such as the Ontario Breast Screening Program (OBSP) is ideal for women over 50 years. You should also have a yearly clinical breast examination performed by your doctor or other trained health professional.
- If you are 40 to 50 years of age, talk to your doctor about whether regular mammograms will be of benefit to you. Have a yearly clinical breast examination.
- If you are going to have a mammogram, either screening or diagnostic, be sure the mammography equipment being used has been accredited by the Canadian Association of Radiologists (CAR). There should be a certificate in clear view that verifies this for you. CAR-MAP is a voluntary mammography accreditation program which sets standards for mammography units, performance, images and interpretation of the images. It's your guarantee of quality and expertise.
- See your doctor about any changes in your breasts. Some women may practise breast self-examination (BSE) so they will be aware of changes in their breasts.
- Talk to your doctor about the risks and benefits for you in taking Hormone Replacement Therapy.

If you have close relatives with breast cancer, especially if it was diagnosed before menopause, you are at slightly higher risk for the disease. A personal and family history of ovarian cancer also increases your risk. Women with a strong family history of breast or ovarian cancer (mother, sister, daughter) should talk to their doctor about the need for regular check ups and screening, regardless of their age. Genetic counselling may also be something to consider.

## Reducing Your Cancer Risk

Some studies suggest different types of cancer could be affected by general lifestyle choices. Changing your lifestyle habits may lower your risk for cancer in general as well as for other diseases.

### Some Tips From Your Healthcare Providers

- Keep a healthy body weight.
- Exercise regularly and vigorously.
- Reduce dietary fat to 25% or less of total calories.
- Select monosaturated fats (such as olive, flaxseed and canola oils) rather than saturated or polyunsaturated types.
- Eat at least 5 to 10 servings of fresh fruits and vegetables everyday. The dark green leafy kinds, cabbage family vegetables such as cauliflower, cabbage and broccoli, and bright orange kinds such as cantaloupe, squash, carrots and citrus fruits are especially good.
- Eliminate or limit alcohol consumption.
- Don't smoke and avoid exposure to second-hand smoke and other toxic chemicals.
- Have regular breast screening and Pap tests. Discuss screening for colon and rectal cancers with your doctor.
- Protect your skin from the sun and other sources of ultraviolet radiation.