

Breast Cancer Screening Guidelines

Cancer screenings are widely recognized as a vital component of personal health-care. Catching cancer in its earliest stages greatly improves patients' survival rates, and screening is often the most effective way to find cancer before it grows and spreads to other parts of the body.

Women who recognize the importance of breast cancer screenings are also likely to recognize just how conflicting advice about screening is. For instance, the Centers for Disease Control and Prevention lists breast cancer screening recommendations from seven different organizations on their website. These organizations include the U.S. Preventive Services Task Force, the American Cancer Society, the International Agency for Research on Cancer, and the American Academy of Family Physicians. Women who visit the site expecting consensus among these respected organizations might be surprised to learn that no such universal agreement exists.

Breast cancer is a complicated disease, so it's understandable why there would be differences of opinion within the medical community regarding when women should and should not be screened. But recognizing that breast cancer screening is a complicated issue won't help women learn when they should be screened. Working with a physician they trust and being open and honest about their health and their family history of breast cancer can help women make the most informed decisions about when and how often to be screened.

In the meantime, women can consider these screening guidelines from Memorial Sloan Kettering Cancer Center, whose cancer experts devised the guidelines based on their extensive experience treating breast cancer patients.

Women at average risk

- no symptoms of breast cancer
- no history of invasive breast cancer (breast cancer that has spread beyond the milk ducts)
- no history of ductal or lobular carcinoma in situ (abnormal cells that are confined to the milk duct, or lobule)
- no history of atypia (atypical hyperplasia, a form of benign breast disease)
- no family history of breast cancer in a first-degree relative (parent, sibling, or child)
- no suggestion or evidence of a hereditary syndrome such as a BRCA mutation (evidence would be multiple first- and/or second-degree relatives with breast cancer or ovarian cancer)
- no history of mantle radiation (a radiation therapy used to treat Hodgkin's disease and some other conditions)

MSKCC recommends that women between the ages of 25 and 40 who are at average risk schedule an annual clinical breast examination. Women 40 and older should have an annual mammogram in addition to

their annual clinical breast exam. Women with dense breast tissue may be advised to have an ultrasound as well. All women should consider performing monthly self breast exams beginning at age 20. Doing so helps women become familiar with their breasts, and that familiarity may alert them to abnormalities down the road.

Women at above-average risk

Women whose risk of

developing breast cancer is above-average face more complicated screening decisions. This includes women with a family history of breast cancer in a first-degree relative (parent, sibling, or child); history of atypical hyperplasia (a form of benign breast disease); history of lobular carcinoma in situ (abnormal cells that are confined to the milk duct, or lobule); history of mantle radiation (a radiation therapy used to treat

Hodgkin's disease and some other conditions) before the age of 32; genetic predisposition for breast cancer (for example, women with a BRCA mutation). For screening guidelines specific to each of those situations, visit the Memorial Sloan Kettering Cancer Center online at www.mskcc.org. Breast cancer screenings are important, and women should speak with their physicians to determine the right guidelines for them.



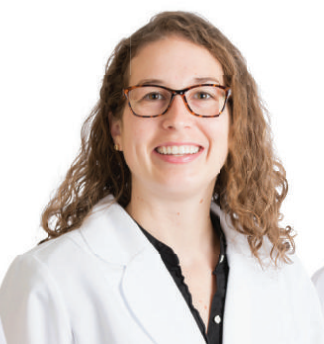
A mammogram can detect breast cancer in its earliest, most treatable stages, and many major health organizations recommend annual mammogram screenings for women beginning at age 40. Experts also recommend clinical breast exams and breast self-exams to check for breast abnormalities on a regular basis.

As we recognize Breast Cancer Awareness Month, we remember the women who have lost their lives to the disease, and we voice our support for those in the fight of their lives.

Foster-Toler-Curry Funeral Home
209 West Court Street, Greensburg
(270) 932-4886
People you trust caring for people you love.
www.fostertolercurry.com



Audrey Cleaver, BSN, RN
Nurse Navigator



Laura Barkley, MD
Radiology, Co-Medical Director
Women's Diagnostic Services



Jesse Bryant, MD
Radiology



Jessica Clevenger, MD
Pathology



Stewart Couch, MD
Radiology



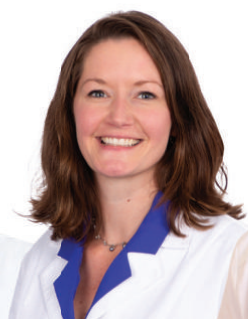
David Elliott, MD
Pathology



Gwen Godfrey, DO
Pathology



Donald Goodin, MD
Hematology/Oncology



Natalie Harper, MD, PhD
Hematology/Oncology



Karen Johnson Brunkhorst, MD
General Surgery,
Breast Program Director



Ashley Kerekes, MD
Plastic & Reconstructive
Surgery



William Porter, MD
Radiation Oncology



Srikala Ramaswamy, MD
Radiology, Co-Medical
Director Women's
Diagnostic Services



Richard Seither, MD
Radiation Oncology



Stephen Toothaker, MD
Hematology/Oncology



Cora Veza, MD
Hematology/Oncology



Andrea Walker, MD
Radiology

It takes a great team to provide breast care. Fortunately, we have one here.

With HMH's Multidisciplinary Breast Program, you don't have to travel to get advanced breast care. A team of physicians will design a treatment plan and begin often within two weeks of initial concern. Our nurse navigator, Audrey Cleaver, will be right with you every step of the way.

Plus, HMH is affiliated with the UK Markey Cancer Center, the only National Cancer Institute-designated cancer center in Kentucky, giving you access to even more advanced treatments and clinical trials.

Experts at the American College of Radiology (ACR) and Society of Breast Imaging (SBI) recommend that women receive annual mammograms starting at age 40.



Hardin Memorial Health
hmh.net/mdbp

