



Life Hilton Private Hospital oncologist Dr Shane Cullis answers your breast-cancer questions about awareness, screening, prevention and treatment.

Q: Why is regular screening for breast cancer necessary?

A: Early detection is associated with better outcomes. If a tumour is picked up in its earliest stages, the cure rate is around 98%. This drops significantly with more advanced tumours. Early detection also provides the opportunity for breast-conserving surgery (rather than removing the entire breast). In some cases, tumours can even be detected at a 'precancerous stage' and then be dealt with before progressing to a stage where it spreads.

Q: What places me at risk for breast cancer?

A: All cancers result from errors in the expression of genes, so there's always an element of chance. However, your genetics accounts for only about 10% of breast cancers. A family history as well as smoking significantly increases this figure. Other factors like obesity, excess alcohol consumption and too much oestrogen over your lifetime also increase risk. Having your first child later in life or having prolonged hormone replacement therapy can increase your oestrogen levels.

Q: Can men get breast cancer?

A: Yes, but less than 1% of breast cancers occur in men. The problem is awareness - men don't think they can get it, so the diagnosis is often delayed.

Q: From what age should I do a monthly breast self-examination?

A: It's controversial, but I would suggest from the age of 35-40. It's important to learn what is 'normal' for you so that you can detect the changes.

HOW TO DO A MONTHLY BREAST SELF-EXAMINATION

Q: When should I start having mammograms (X-rays of the breast)?

A: Recommendations vary between countries, but I would encourage annual mammography exams from the age of 40. All women should definitely be having annual mammograms from the age of 50. For women with a genetic risk, I suggest starting with mammograms (and MRI, if possible) at the age of 35 (or 5 years before the youngest affected member in the family).

Q: What are the chances of survival after a breast-cancer diagnosis?

A: The majority of patients survive early-stage breast cancer. Advanced breast cancer is currently regarded as incurable. However, it's treatable and can sometimes be controlled for as long as 20 years. Progress is being made all the time.

Q: Treatment varies from patient to patient. What factors influence the choice of treatment options?

A: There are a number of different types of breast cancer that behave and are treated differently. The stage and type of the breast cancer will dictate the type of treatment. Possible treatments include surgery, chemotherapy and hormone therapy.

WORDS BY GILLIAN WARREN-BROWN



Examine your breasts in the shower as it's easier to pick up anything unusual when they are slippery.



Get out of the shower and take a look at them in a mirror.



Raise your left arm to the back of your head, feeling all around your breast in a circular motion with the pads of your fingertips. Repeat on the right-hand side.



Place your hands on your hips and take another look at your breasts.



Lie down and repeat step 3.



Squeeze your nipples to check for discharge.

WHAT YOU'RE LOOKING FOR:

- Irregular shape or increase in size
- Dimpling of skin
- Nipple discharge
- Pain, tenderness or discolouration
- Swelling in armpit



If you spot anything unusual, visit your healthcare professional as soon as possible

The information is shared on condition that readers will make their own determination, including seeking advice from a healthcare professional. E&OE.

References

1. Adapted from Life Healthcare magazine (2016). *Breast Cancer 101* by Warren-Brown, G. pp. 52-53. Adapted with permission.