

YOUR BREASTS ARE NOT A TICKING TIME BOMB

The one-in-eight-women-will-get-breast-cancer statistic sounds terrifying, but new research shows that death rates are down, and there are steps all of us can take to lower our risk. Relax: You're healthier than you think. BY DINA ROTH PORT



I REMEMBER THE EXACT MOMENT I was first hit with breast cancer anxiety. It was about 10 years ago, when I was an assistant health editor at *Glamour*. Like many medical reporters, I had the bad habit of suddenly imagining I had symptoms of whatever illness I happened to be researching. So one day after interviewing several young women who were battling breast cancer—women barely older than I was—I snuck off to a bathroom stall to frantically check myself for lumps. Breast cancer suddenly seemed so...imminent, and no other illness frightened me the way it did. I didn't have any risk factors or a *Continued on next page* ◆◆

family history, and a subsequent checkup showed I was fine, but the fear stuck with me. A few years later, I even convinced a doctor to prescribe a mammogram for me at age 33, seven years younger than typically recommended. Not surprisingly, I was, yet again, A-OK.

I figured my paranoia was abnormal, that my work had sensitized me to the risks—until I found out that those kinds of worries are incredibly common. Breast cancer has become the health nightmare of choice for many of us: In a *Glamour* poll, 82 percent of women said they're afraid of getting the disease at some point in their lives. "Every month during my period, my breasts feel a little lumpy," says Analisa Alaniz, 29, a business development representative in San Antonio. "And every month I get panicky and check them over and over again, even though my doctor has reassured me that they're just fibrocystic, which is common and benign."

Breast cancer *is* a serious women's health threat: More than 200,000 American women are diagnosed with the disease every year. But our fears about its prevalence, deadliness and inevitability may have outpaced reality. A recent study by the American Cancer Society (ACS) found that people often "hold beliefs about cancer risk at odds with the prevailing scientific evidence"; when it comes to breast cancer, our "beliefs" may actually be keeping us from protecting ourselves. I finally realized this

for myself when I began researching my new book about breast cancer, *Previvors*. Here, I hope to set the record straight.

MYTH #1

Breast Cancer Is Striking More Women, and at Younger and Younger Ages



"I hear about young women being diagnosed and I think, This could happen to me," says Meg Power, 21, left, a student in Chicago who is scared of getting breast cancer, though she has no known risk factors. A full 86 percent of women we polled said they thought the age when women develop breast cancer is dropping.

FACT: The stats on this point are quite reassuring. Not only have rates of the disease among younger women stayed the same for nearly 25 years, but survivorship is up: Death rates for women under 50 decreased significantly (by 3 percent per year) between 1990 and 2006. While women in their twenties and thirties do get the disease, almost two thirds of new cases will occur after age 55, according to the ACS.

Many young women's fears seem driven by one statistic in particular: that one in eight women will develop breast cancer during her lifetime. That's technically true,

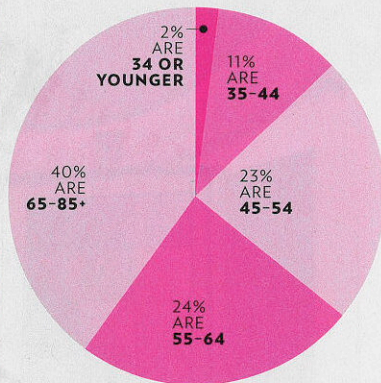


DEFUSE YOUR FEAR
Knowledge is your best weapon.

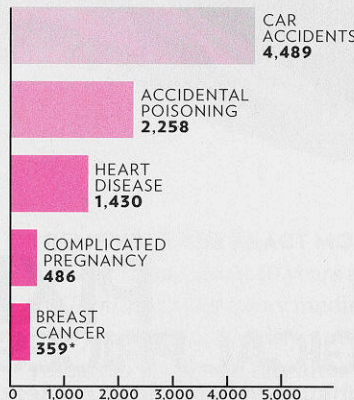
but the word *lifetime* is key—it means from birth to death, which is often 80-plus years. It's more useful to think about your risk in terms of the next 10 years, says Eric Winer, M.D., chief scientific adviser for Susan G. Komen for the Cure and director of the breast oncology center at the Dana-Farber Cancer Institute in Boston. "A young woman in her thirties has a one-in-200 chance of developing breast cancer by age 40," he estimates. That's not *nothing*, but it's less than many of us imagine.

Your Odds of Breast Cancer

A snapshot look at the disease by the numbers



Who Really Gets Breast Cancer?
Breast cancer diagnoses, broken down by age, show that nearly two thirds of cases are in women 55 or older.



And What Do Young Women Die Of?
Car crashes are the top cause of death for women ages 15 to 34, killing about 12 times as many as breast cancer each year.

MYTH #2

There's Nothing I Can Do to Lower My Risk



"I feel like breast cancer is inevitable," says Cheri Osmundsen, 34, an occupational recruiter in San Clemente, California, who has no known risk factors. "It's as if I've accustomed myself to the idea that I will face this battle sometime."

FACT: Don't be paralyzed by fear! Young women *can* take steps now that may protect them down the road, says Debbie Saslow, Ph.D., director of breast and gynecologic cancers for the ACS.

If you're not already following these cancer-fighting guidelines, do:

- Keep alcohol to one drink a day.
- Eat lots of fruits and veggies.

• Eat whole *Continued on next page* ➡

grains, not processed ones.

- Limit intake of processed or red meats.
- Maintain a healthy weight. (Check your BMI at glamour.com/magazine.)
- Exercise for at least 45 minutes most days of the week.
- Breast-feed if possible.
- Don't smoke.
- Learn your family's cancer history.

Of all the factors that can raise a young woman's risk of breast cancer, family history is most significant, says Jennifer Litton, M.D., a breast medical oncologist at the University of Texas M.D. Anderson Cancer Center in Houston. Various scenarios can be a red flag, including having a mother or sister who was diagnosed with breast cancer before age 50; having two or more cases of breast cancer on the same side of your family (mother's or father's); or having breast cancer *plus* other cancers in your family. If any of those describe you, be sure to discuss them with your doctor.

MYTH #3

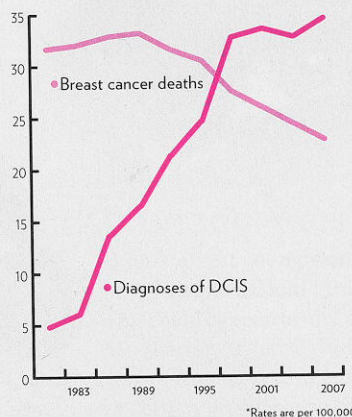
A Breast Cancer Diagnosis Means Chemo and Infertility



Emily Jacobs, 22, a gym receptionist in Central Point, Oregon, recalls watching her active grandmother wither until she could hardly sit and work on a



More Cancer? Not Really



It may seem as if more and more women are getting breast cancer, but most experts believe the rising rate is the result of better detection. Rates of ductal carcinoma in situ (DCIS), often called precancer, exploded after mammograms became widely used. But invasive cancers are unchanged, and death rates have dropped.



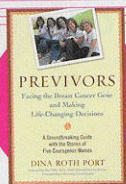
puzzle after being treated for breast cancer. "She lost her hair and became so frail I had to be extra gentle hugging her," says Jacobs. "It made me terrified I might follow in her footsteps."

FACT: Thanks to earlier detection and better treatment options, not all breast cancer

patients need aggressive treatments that come with debilitating side effects. Often doctors can determine which tumors are so small and slow-growing that chemotherapy is not necessary. The key to early detection is knowing what's normal, and what's not, for you. If you notice any changes, including lumps, dimpling of the skin, crusting, redness or bleeding, see your doctor. "In most cases, such changes will not be cancer," says Dr. Winer. "But if it is, detecting it sooner can lead to more effective treatments."

For those who do need chemo, the good news is that the drugs keep improving, says Ambassador Nancy Brinker, founder of Susan G. Komen for the Cure. "When I started my organization almost 30 years ago, people were more afraid of the side effects than the disease itself," she says. "Today, although some women do experience hair loss and fatigue during chemotherapy, most feel able to go to work and live a normal life. That's huge progress!"

Chemotherapy can sometimes damage your fertility, though not always immediately. A study from the University of Toronto shows that up to 85 percent of women under 35 won't go through menopause a year after having chemo, though experts say many go through early menopause within five years. But doctors today have become more proactive about helping patients plan ahead to protect their fertility through advances like egg freezing. *Continued on next page* ➔



Meet the "Previvor Generation"

There's a brave new world of prevention that starts with rapidly emerging genetic tests—and can end with tough choices.

The discovery of two breast cancer genes, BRCA1 and BRCA2, has sparked a revolution in disease prevention—and a new word in the breast cancer lexicon: *previvor*. Women with BRCA are previvors, but the term has also come to include anyone who has never had cancer but has a high risk of developing the disease. I think it's a word that conveys hope, not fear. Because the more we know, the better choices we can make to outsmart cancer.

Will We All Be Previvors?

The previvor pool has been growing simply because more women are taking note of their family history and getting tested. "We already know that BRCA and a few other mutations cause 5 to 10 percent of all breast cancers," says Rebecca Sutphen, M.D., professor of clinical and molecular genetics at the University of South Florida College of Medicine. In the next five years as many as 100 more

genetic mutations linked to the disease could be discovered. Scientists have already found some of them, like FGFR2, and more are on the horizon.

Lifesaving Changes

And previvors are using this information to protect their health. Some, like Kim Badalamenti, 26, a communications specialist in St. Louis who lost her mother to the disease, are eating better, exercising and getting screened more often.

Others, like Jodi Kreizer, 28, a salesperson in New York City with BRCA1, go further and choose prophylactic mastectomy. "I was just waiting to hear the words, 'You have cancer,'" says Kreizer, whose grandmother and three great-aunts died of breast cancer. Now her dominant emotion is relief. "I can honestly say that making this extremely difficult decision was the best thing that's ever happened to me," she says. —D.R.P.

MYTH #4

Breast Cancer Is Practically a Death Sentence



“Not only can it kill you, but it’s such a brutal way to go,” believes Megan Ichinose, 21, a student from San Juan Capistrano, California. “Some people fight it and get better, but there’s no cure.”

FACT: For the vast majority of patients, breast cancer is not the end of the road: The five-year survival rate for all women is 89 percent (98 percent for women whose cancer hasn’t spread beyond the breast). Yet this is where fears of breast cancer reach an extreme: Many women, especially younger women, are so frightened about the disease that they undergo surgeries and treatments that may be unnecessary—that mammogram I had at 33, for instance, or the needless biopsies that many women go through as a result of overscreening.

More radical: Some women are choosing a contralateral prophylactic mastectomy, in which both breasts are removed, even though cancer was found only in one and their doctor may have only recommended a lumpectomy. The rate of this procedure went up 150 percent between 1998 and 2003, according to a recent study. “Many women with a new diagnosis of breast cancer seem to dramatically overestimate both their risk of getting cancer in their opposite breast as well as the benefits of removing it,” says study author Todd Tuttle, M.D., M.P.H., chief of surgical oncology at the University of Minnesota Masonic Cancer Center in Minneapolis. “Most surgeries today can be minimally invasive while having equally high cure rates,” he says. “But when it comes to breast cancer, women are choosing more-involved operations which, in turn, lead to longer hospital stays, a slower recovery and a greater chance for complications.” Perhaps most shocking, the majority of women choosing this procedure are young and educated, says Tuttle.

We can’t let our health choices be dictated by fear. As I worked on my book, one simple fact came up repeatedly: We’re making great advances in breast cancer. Unlike our grandmothers, we don’t have to be blindsided by this disease—we can learn our risk, and then take the *right* steps to stay safe. Taming your terror is the first step toward truly protecting yourself. ■

What’s Wrong With Mammograms?

While experts search for a better screening tool than this decades-old test, women are left wondering: But when should I get one?

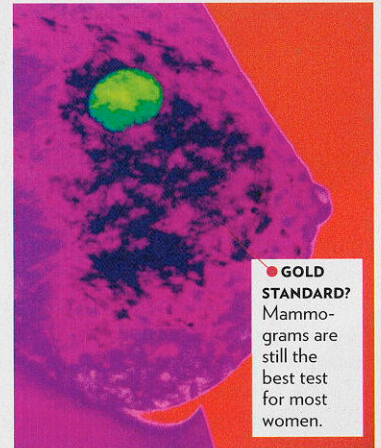
Last fall, a government advisory group ignited outrage and controversy when it recommended that most women should have their first mammogram not at 40, as previously recommended, but at age 50. It was a startling change in policy, and it seemed counterintuitive: Doesn’t early screening help catch a lot of cancers at a very treatable stage and ultimately improve survival rates? The U.S. Preventive Services Task Force (USPSTF) answered with a no: In fact, the group found, mammograms in women under 50 provide only a negligible reduction in mortality and lead to needless biopsies and surgeries—not to mention psychological stress.

Many experts have not embraced USPSTF’s recommendations and still advise beginning at age 40; they include organizations such as the American Cancer Society, Susan G. Komen for the Cure, the American College of Obstetricians and Gynecologists and the National Cancer Institute. “If you start screening women at age 40, you save lives—almost 2,000 per year—a fact the task force didn’t dispute,” says Wendie Berg, M.D., Ph.D., a breast-imaging radiologist based in Maryland. “That’s a lot of women!” She and other experts don’t disagree with the task force’s finding that there are many false-positive results among younger women taking the test, but they reach another conclusion: It’s still the best tool we have for finding cancer early, when it’s more easily treated.

That argument itself raises a more pointed question about screening technology, however: Why are we still relying on a decades-old test? One answer is simply that breast cancer is a very difficult condition to identify. “We’d love to have a better technique to detect breast cancer, and there are continually strong efforts to find it,” says Stephen Taplin, M.D., chief of the applied cancer screening research branch at the National Cancer Institute. “However, it’s very complicated to separate bad tissue

from healthy tissue—even more daunting than finding a needle in a haystack. At least the needle and the haystack are made of different materials.”

There have been a few recent technological advances—including breast MRIs and molecular breast imaging, which uses a radioactive tracer that



makes cancer cells easier to see. But most say the best hope is refining current methods. Newly available digital mammograms (as opposed to those that use film) appear to catch more cancers in women with dense breasts and in those under age 50. Another emerging technology, tomosynthesis, produces a three-dimensional picture of the breast; it’s like looking at a loaf of bread in slices rather than through the whole loaf at once. If there’s a raisin in the middle of the loaf—that would be cancer—this tool makes it easier to see.

Bottom line: The National Cancer Institute still recommends that “women age 40 and older should have mammograms every one to two years.” Adds Mary Hughes, M.D., a radiologist at Memorial Sloan-Kettering Cancer Center in New York City: “Thanks to mammograms, we’ve never diagnosed so many cancers so early.”

Dina Roth Port is the author of *Previvors: Facing the Breast Cancer Gene and Making Life-Changing Decisions*.