

WHA Virtual Series “RealTalk With the Experts”

Breast Cancer Risks and Genetics: What About Me?

Question & Answer Session

Speaker: Dr. Jennifer Plichta



Questions	Answers
1. Can you discuss dense breast tissue, and lumps that are associated with nursing?	In medical terms, density typically refers to the appearance of the breast tissue on mammogram (not necessarily how they feel on exam). When women are nursing, lumps are most commonly due to clogged milk ducts and resolve spontaneously (or with a little massage and warm compress). They can also be due to infection or cancer, so if they don't go away in a week or so, probably best to have it checked.
2. How do you determine your risk factors for breast cancer?	This is best done with your provider/doctor so they can review your personal risk factors, but there are lots of resources that talk about the general categories of risk factors. The American Cancer Society and Komen are good resources.
3. Is there some type of scale that determines risk?	Yes, there are several scales that can be used, and there isn't just one scale for everyone. Again, best to ask your provider/doctor.
4. As it relates to breast cancer risk, how does a physician know they are looking at a calcification in the breast versus a malignancy via mammography?	Ultimately, doctors can never be 100% certain. However, calcifications can have features that are most often associated with one disease or another (benign or malignant). After reviewing your mammogram, the radiologist will give it a “score” which represents how suspicious they think the calcifications appear.
5. Is it best to keep watch on it and when should a woman seek a more aggressive diagnostic rather than conventional mammogram?	The best management for calcifications is completely personalized, so best to talk to the radiologist or doctor that reviewed your mammogram. Some don't need any follow up and others may need a biopsy or surgery. Important to remember that it's not a “one size fits all” approach.
6. How can you decrease or remove calcifications in the breast?	If you don't have surgery, the calcifications may never go away, and there isn't much you can do to make them go away. However, most calcifications represent benign changes in the breast and are completely harmless – most are just age-related changes we see in all women's breasts.
7. I was diagnosed at age 31. My daughter is 23. When and what type of breast examination should she have outside of self-breast examinations?	Although I cannot give medical advice, the general recommendations are for all women to have “breast self-awareness” starting around age 18. While this may include self-exams, it does not

	<p>have to include this. For breast imaging, many recommend starting breast imaging ~5-10 years younger than the youngest family member at diagnosis. However, several things are considered when making this decision, including what type of imaging. Best to talk to your provider/doctor.</p>
<p>8. How do you speak with family and friends to be proactive in getting them serious about regular breast exams?</p>	<p>Be supportive and honest! Tell others why you think it's important. If they aren't sure, ask why, try to understand their concerns. Offer support. Offer to go to their mammograms with them. Offer to remind them. Lots we can do when we do things together!</p>
<p>9. If your mom and other female relatives have been diagnosed with breast cancer as a young woman when should you go and have a mammogram? Or when you should go and have genetic testing?</p>	<p>Although I cannot give medical advice, the general recommendations are for all women to have "breast self-awareness" starting around age 18. For breast imaging, many recommend starting breast imaging ~5-10 years younger than the youngest family member at diagnosis. However, several things are considered when making this decision, including what type of imaging and your personal breast cancer risk. Best to review your risk and recommendations with your provider/doctor. If you are >18, consider genetic testing at any time. However, best people to test first are those who have had cancer. If they are negative, may not be necessary to have the rest of the family tested</p>
<p>10. What lifestyle could young women and I make to reduce risk for developing breast cancer?</p>	<p>In breast, the same things that are good for your overall health, are good for your breasts! Maintain a healthy weight, don't smoke, drink in moderation, etc.</p>
<p>11. Is a vegan diet the best way to decrease your chances for developing breast cancer?</p>	<p>Diet probably doesn't play a huge rule in breast cancer risk, as long as one is maintaining a healthy diet– doesn't have to be vegan though. Good variety is sufficient.</p>
<p>12. What food choices can help decrease the risk of breast cancer?</p>	<p>See above.</p>
<p>13. How common are swollen lymph nodes in the breast? Is there a point at which this should be examined further?</p>	<p>There aren't too many lymph nodes in the breast, but usually it is the lymph nodes under the arm (in the axilla) that can become prominent. This can be from numerous causes, including normal variation, infection, and cancer (breast but also lymphoma). Anything that doesn't resolve in a few weeks, good to have it checked.</p>
<p>14. Is there any correlation with breast reduction and breast cancer?</p>	<p>Since the amount of breast tissue removed is different with each breast reductions, it is</p>

	difficult to know how it impacts your breast cancer risk. It probably reduces.
15. Why is it so difficult to find the right medication regimen to help fight breast cancer?	Because it is a very personal discussion. Best to discuss with your provider.
16. What is PASH?	PASH stands for pseudoangiomatous stromal hyperplasia. It is a completely benign breast condition that does not typically require any intervention or treatment.
17. How concerned should one be for a diagnosis of PASH changing into breast cancer? Do you think it is wise to see different hospitals for evaluating breast tissue after so many years? Most doctors have different theories about treatment so wouldn't most doctors evaluate and make health determinations differently also?	PASH does not significantly increase one's risk of breast cancer. However, I think it is always reasonable to get a second opinion.
18. What is an atypical biopsy?	An atypical biopsy includes diagnoses like atypical ductal hyperplasia, lobular carcinoma in situ, etc. However, there are many types
19. What is an atypical mammogram?	Atypical = abnormal mammogram.
20. Please explain Stage 0 diagnosis.	Stage 0 breast cancer is breast cancer that is limited to the milk ducts of the breast, and as such, many think of it as a precursor to breast cancer, or a preinvasive breast cancer.
21. How do you treat skin with dark spots?	I would recommend discussing this with a dermatologist.

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Disparities in Breast Cancer Treatment and Outcomes: How to Overcome Them

Question & Answer Session

Speaker: Dr. Marissa Howard-McNatt



Questions	Answers
1. Can you explain what "triple negative breast cancer" is and how/why it is more prevalent in black women?	Triple negative is Estrogen receptor, progesterone receptor and Her2/neu receptor negative breast cancer. It may be more prevalent in AA women due to mixing of different peoples. African women tend to have a higher number of women triple negative breast cancer, Caucasian women have a lower number. AA women are a genetic mixture of African and Caucasian people due to slavery and have an intermediate incidence of this type of cancer between these 2 groups.
2. What are the new advancements in treatment for triple negative breast cancer that prolongs life?	New advancements are different types of chemotherapy and maybe some PARP inhibitors.
3. How often should I self-check? What signs should I look out for before calling the doctor?	You should examine your breast monthly. Call your doctor if you feel a new mass, redness of the breast, swelling, have spontaneous nipple discharge, and/or nipple/skin retraction.
4. How can women with dense breast tissue determine during self-breast exams if a lump is present or if its breast tissue?	Get to know your breast. If you examine your breast monthly around the same time of your period, if you are having periods, you will know when you feel something new. Breast masses are firmer/harder than normal fibrocystic breast tissue.
5. Can you explain the advantages and disadvantages of the types of mammograms?	<ol style="list-style-type: none">Conventional mammogram (not recommended).3D mammogram (recommended. Can scroll through the image to find hidden lesions).MRI (Good for people with a known cancer, women at high risk and known BRCA or other genetic carriers. Can be used in some cases of women with extremely dense breast. Cons- Very expensive and uses contrast dye with an IV).Breast ultrasound (Used for palpable masses or any masses seen on mammogram. Not the best screening tool. Hard to detect calcifications).

<p>6. How do you know which one you should have?</p>	<p>If you feel a new mass and over 30 years old- you need a mammogram and ultrasound. If < 30, ultrasound only. Anyone over 30 needs a mammogram for a problem and screening > 40.</p>
<p>7. When should I have a 3D mammogram?</p>	<p>Annually starting at age 40.</p>
<p>8. When should a woman begin mammograms? Is there a specific age?</p>	<p>Annually starting at age 40.</p>
<p>9. What is the maximum age for women to continue to get mammograms?</p>	<p>No clear cut off age. If the person is healthy and not terminally ill, they can receive a mammogram.</p>
<p>10. If your mammogram shows lots of fatty tissues, is that an issue of concern?</p>	<p>Fatty tissue is not a concern on mammogram.</p>
<p>11. How frequent should a mammogram be conducted? Is this age dependent? 45 vs 55 vs 65 vs 75 vs 85</p>	<p>Mammograms should start at age 40 and should be done annually.</p>
<p>12. How much compression is necessary during a mammogram? Some technicians do a light compression and others squeeze you to the point of pain. Is it dangerous and causes damage to the breast tissue?</p>	<p>The compression is up to the radiologist and technician. Some techs are more skilled than others with compression.</p>
<p>13. Early detection and early diagnosis are dependent on the quality of the mammogram and the adequate reading of that mammogram. How does a woman determine which mammography center has the best diagnostic equipment, mammography technicians, and Breast physicians for early detection?</p>	<p>You should have 3D (Tomo) mammograms. Go to a breast center with fellowship trained mammographers. The center should also be certified by the American College of Radiology.</p>
<p>14. Should you keep a personal copy of past mammograms?</p>	<p>You should. The radiology center will have your last mammogram on file. They use your former mammograms to compare to the current mammogram.</p>
<p>15. Are there any breast cancer clinical trials going on at Duke, UNC, and other hospitals within the Triangle area? Especially those that are looking promising for triple negative breast cancer.</p>	<p>Please contact Duke, UNC, and Wake Forest School of Medicine for triple negative breast cancer trials. All these centers should have trials available.</p>
<p>16. With the COVID-19 pandemic unveiling the disparities in healthcare especially for people of color, how can people of color successfully advocate for access to the same healthcare resources we are currently not receiving equitably? For</p>	<p>Women of color SHOULD NOT receive subpar or less treatments than other women. If you feel you are being under treated, seek a second opinion at Duke or Wake Forest Baptist Health.</p>

<p>example, if two women are diagnosed with the same illness the woman of color will receive fewer options for treatment and resource information from her treating physician.</p>	
<p>17. Can you talk about fibrocystic breast disease and breast density in black females? I get an annual mammogram and there's now a clause in my results about having increased breast tissue density. What can I/we do to be vigilant? Are there any additional measures that we should take, and are we more likely to be misdiagnosed due to fibrocystic breast tissue?</p>	<p>Fibrocystic breast disease. Is NOT a disease. It is just fibrocystic breast tissue and how your breast are. It is normal. People with fibrocystic breast may have denser breast on imaging. These women need to get a 3D mammogram and perform breast self-exams.</p>
<p>18. If a woman has dense breast tissue and a history of having to getting 3D mammography, Ultrasound and MRI's that have rule out breast cancer, for at least 2 years in a row. Why is it necessary to continue Mammography and Ultrasound? Why not just get MRI's annually?</p>	<p>MRI's are very expensive. Also, MRI may not detect some calcifications or DCIS. It is important to still get a mammogram to detect these lesions.</p>
<p>19. Should young women with dense breast be recommended 3D mammogram versus diagnostic studies?</p>	<p>They need a 3D mammogram. A diagnostic mammogram is ordered if a woman has a problem with their breast or the radiologist detects and abnormality.</p>
<p>20. I understand when you think breast cancer you think women. Why is it I don't hear that much targeting men?</p>	<p>1% men get breast cancer. Men are not screened, but if a man feels a new breast mass, he needs a mammogram and ultrasound.</p>
<p>21. Breast Cancer Recurrence/Metastatic Breast Cancer (Prevention, treatment)</p>	<p>Annual mammograms, physical exam by a MD, annual or closer follow up with surgical or medical oncologist</p>
<p>22. What are ways that we can volunteer to help spread awareness and educate communities of color on the importance of being your own advocate?</p>	<p>Join Susan Komen or Sisters. Statistics show that black women are more likely to be diagnosed with breast cancer at a younger age.</p>
<p>23. Are there currently any treatments beyond chemotherapy and/or radiation?</p>	<p>Surgery and the pills tamoxifen or aromatase inhibitors are also needed to treat breast cancer.</p>
<p>24. If diagnosed with breast cancer, how quickly would you need to make a decision about breast cancer treatment?</p>	<p>Within 2 weeks of diagnosis you should have surgery or start chemotherapy depending on your doctor's recommendation.</p>
<p>25. Will you include referrals or resources for testing services?</p>	<p>Go to mammography center for mammogram. Talk to your PCP about genetic testing if it is indicated.</p>