Get on the Path to Breast Health

1. Introduction

Excerpt from a Native breast cancer survivor

I had a little pain in one of my breasts and I was doing my own breast examination...I called my doctor. I wasn't due to come in for my physical for about another month or so but...I'm feeling a lump and so he said well maybe we can move it up. He said why don't you come in next week? When I went to see the doctor, they asked to have a biopsy done. [a few days after the biopsy] I went back in and he proceeded to tell me that it was positive.

Story from Native Breast Cancer Survivor

It was overwhelming... I was sort of in a daze, ...I keep saying to myself, I just am not the high risk type... [breast cancer] has never been in my family before... I just couldn't believe it... I kept saying well maybe they made a mistake, maybe the lab made a mistake. I never smoked in my life... I've always been very active and I thought I always took care of myself... I thought I had a fairly healthy lifestyle... I think that most women have to remember that they more than anybody else, know about their body.

Good breast health practices are important for you and your family and should be a part of your overall healthy lifestyle.

Make sure you do your self breast exam monthly, see your healthcare provider at least yearly for a complete breast exam and get your mammogram every year if you are 40 or older.

Get on the Path to Breast Health
Get on the Path to Breast Health

QUESTION: How has Breast Cancer Affected Your Lives?

• QUESTION: How many of you know someone who has been diagnosed with breast cancer (including yourself)?
• Basically, the workshop can be modified to include the topics of most interest to you. The next slide will help rank those topics about early detection of breast cancer.

OBJECTIVES
By the end of this segment, the learner will be able to:

1. Distinguish between accurate information and common myths about Breast cancer in Indian Country.

2. Yesterday and Today
Native Americans Breast Cancer Facts and Myths

Cancer Yesterday and Today

• QUESTION: Why do you think cancer was less common among our ancestors than it is today?
• Cancer was very rare among our ancestors, even those who lived to very old ages
• Today, cancer is the 2nd leading cause of death among American Indians 45 years and older

Like our ancestors, we need to
• Practice healthy habits like having daily physical activity
• Eat more home-cooked and traditional foods, rather than “fast foods” from drive-through restaurants.
• Have regular health checkups
• Have regular screenings that look for cancer

Native American Breast Cancer “Facts”

• Breast cancer is more common among Natives living in the Northern Plains and Southern Plains than in other parts of the country.
• Breast cancer is less common among southwestern Tribal Nations.
• But even in the southwest, breast cancer is the 2nd leading type of cancer among Native women.
Get on the Path to Breast Health

Native American Breast Cancer “Facts”
- Breast cancer among non-Natives is most common in women over age 50
- However, younger Native women may be diagnosed (early 20s occasionally)
- Most Native women diagnosed with breast cancer are the first in their families to have the disease

Native American Breast Cancer “Facts”
- Breast cancer is not a death sentence
- Any cancer survivorship conference you attend, you will see the largest numbers of participants have experienced breast cancer!
- With early diagnosis, good treatment and support, breast cancer is becoming more like diabetes
  - a chronic disease, not a cause of death

Native American Breast Cancer “Facts”
- About ½ of the Natives enrolled in NACR’s Survivors’ Network were diagnosed with breast cancer prior to age 50.

Northern Plains breast survivor (anonymous)
Diagnosed with breast cancer at age 33
“I was so surprised and devastated. I did not think a young healthy woman could get this disease. But now I know better. I have lived a long time with no more problems with this cancer.

NACR’s Survivors’ Network Findings
- Less than 1/3 have private insurance
- Quality of care = inadequate for most unless they have private insurance
- Almost all have significant co-morbidity (e.g., high blood pressure, diabetes)

NACR’s Survivors’ Network Findings
- Half of the women enrolled in the Network were diagnosed prior to age 50!
- ~ Almost half of Native women diagnosed stage 2 or higher
- Average 6 months from time of diagnosis to initiation of cancer care!

Survival / Thriving after Diagnosis
- According to National data, less than half of all American Indians are alive five years after being diagnosed with breast cancer
- Poorest survival from breast cancer of any racial group in the US
Survival / Thriving after Diagnosis

- **BUT**, according to NACR’s Survivors’ Network, more than 80% of AIAN breast cancer patients are alive and well five years after diagnosis. Inquiring minds want to know, “why”?  
- We don’t know; but think has something to do with increased knowledge and support, resulting in improved care and quality of life.

BUT, according to NACR’s Survivors’ Network, more than 80% of AIAN breast cancer patients are alive and well five years after diagnosis. Inquiring minds want to know, “why”? We don’t know; but think has something to do with increased knowledge and support, resulting in improved care and quality of life.

Breast Cancer “Truths”

- Of the Native women in NACR’s Survivors’ Network, of those who have died, more than half passed from something other than breast cancer  
- There is high quality life after going through this experience  
- On the NACR website, go to the little tree for NACES, click, then on the sidebar go to the vignettes to hear from other Native cancer survivors.

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Excerpts from Native Breast Cancer Survivors: Disparity = medical language is unfamiliar

But the thing that I wasn’t ready for was the 17 lymph nodes that they had to remove along with my breast. And I said, what does a lymph node do anyway? What do I need it for?

Excerpts from Native Breast Cancer Survivors: Disparity = medical language is unfamiliar

But the thing that I wasn’t ready for was the 17 lymph nodes that they had to remove along with my breast. And I said, what does a lymph node do anyway? What do I need it for?

Native American Breast Cancer “Facts”

- Breast cancer is increasing every year among Native women  
- We do not know how to “prevent” breast cancer ... But we can reduce the risk of developing breast cancer  
- We do know how to find it early when it is just beginning to grow and when it can still be cured.

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Native American Breast Cancer Examples of Providers’ “Myths”

Myth: Natives don’t develop cancer

- Based on medical school books written in the early 1900s.
- AIAN population down to ~200,000+ due to annihilation, disease, etc.
- Few AIAN were old enough to develop cancer.

Native American Breast Cancer Examples of Providers’ “Myths”

Myth: Native people have access to comprehensive and free health care

- QUESTION: What is the “real” situation about our health care?
- QUESTION: What about IHS / Tribal / Urban Indian healthcare is a problem specific to cancer care?

Native American Breast Cancer Examples of Providers’ “Myths”

Myth: Native cancer survivors receive equivalent quality of care for cancer treatment as do other cultural groups

- AIAN rarely receive standard / quality care for cancer conditions if they have to rely on IHS / Tribal / Urban healthcare systems
- Average interval from biopsy (cancer diagnosis) to initiation of care is 6 months

Native American Breast Cancer Examples of Providers’ “Myths”

Myth: Indian Clinics and Reservations have access to casino gambling profits to provide cancer education, services, and care for tribal members (even if they live in the city)

- QUESTION: What casino monies, if any, does your local AIAN community have?
- QUESTION: How much, if any, of local AIAN casino gambling funds go for cancer programs or services?

Native American Breast Cancer Examples of Providers’ “Myths”

Myth: Indian patients are no different than any other cultural group for getting access to high quality cancer care

- AIAN are the among the most under / uninsured community in the US
- NOTE: IHS is not now, never has been and never will be “insurance”
- Private health insurance increases likelihood of receiving quality cancer care

Interactive Activity:
In groups of about 5 people each, list other myths or misinformation you have heard from community members or providers

Common Misinformation of Natives and/or Their Families

- Most cancer is caused by environmental pollution
- If no one in your family has cancer, you don’t need to bother with screening (i.e., you won’t get it)
- Cancer spreads by being close to someone who has it

Common Misinformation of Natives and/or Their Families

- Cancer spreads when one gets surgery
- Cancer is an automatic death sentence … so no reason to screen
- Some women may think they cannot get cancer because their breasts are too small
- Risks decreases with age … the older we are the less at risk we are
- If not having sexual intercourse, you cannot get certain types of cancer

Common Misinformation of Natives and/or Their Families

- Pouch tobacco / loose tobacco is okay to smoke because only the additives are harmful … it is medicine … it cannot be harmful
- Smoking can’t be bad because my grandfather smokes and he’s not dead
- Young Women under 30 do not need to be concerned about breast cancer

Common Misinformation of Natives and/or Their Families

- The Creator won’t put cancer on us because we’ve had so much taken from us
- IHS pays for anything as long as you’re Indian … ahem
- Every Indian person gets per capita payment and a couple thousand a month

Common Misinformation of Natives and/or Their Families

- You can get cancer from the x-rays
- Providers use pain as a diagnosis… if it is painful, it is cancer …
- If you ignore it, it will go away …
- Use of hair dyes and electric blankets and deodorants cause cancer (and cell phones)

Common Misinformation of Natives and/or Their Families

- If you are under 50, you are too young for a mammogram
- The microwave cooking with plastic causes cancer
- The electrical power lines cause the increase in cancer

QUESTION: What are other myths have you heard about cancer?
3. Anatomy of the Breast and Breast Cancer

**OBJECTIVE**
By the end of this session, the learner will be able to:

1. Identify the anatomical structures of the breast.
2. Identify the most likely areas for breast lumps to occur.

**Breast Tissue**

- Breast tissue (cells) are in the chest area, not just in the mass supported by our bras.
- This tissue is in your chest wall up to your collar bone.
- It extends to under our arms.
- It is under our breast to our ribs.
- It is wide to our breast bone.

**Location Of Most Breast Cancers**

Although breast tissue is all over our chest wall, the locations of most cancers is in the upper outer quadrant of the breast.

**Breast Cancer**

- Because men also have breast tissue, they too can get breast cancer.
- Lesbian women are also at risk for breast cancer.
- Young women (20’s and 30’s) also develop breast cancer.
- The size of a woman’s breast does not matter – small breasted women also get breast cancer.

For most geographic regions of the US, breast cancer is the 2nd leading type of cancer among Native women in the United States.

Lung is the leading type of cancer in most tribal communities.
Breast Cancer

- The younger the woman is at the time of diagnosis, the more aggressive the cancer usually is (more likely to spread).
- Young women need a different type of screening because their breast tissue is dense (perky and firm) and a mammogram cannot “see” the tumors very well.

Ducts: passageways for carrying milk
Lobules: milk producing sacs
Lymph nodes: glands that produce white blood cells that fight bacteria and toxins
Hormones: substances secreted by glands in the body

There are at least 15 different types of breast cancer.
- The different types spread and act differently in the body.
  - For example, some types of breast cancer begin to spread as the initial tumor is developing.
  - Others, like ductal, usually grows for about 7 years before it begins to spread.

There are other breast cancers, like triple negative, that science is just beginning to understand (see hereditary segment of section 5 “risks and protective behaviors”).
- Each type has different treatment “protocols”... thus, two Native women with breast cancer may receive totally different types of treatments.

<table>
<thead>
<tr>
<th>Type of Pre-cancer or Cancer</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-invasive (not cancer yet)</td>
<td>6.0</td>
</tr>
<tr>
<td>Lobular carcinoma, in situ</td>
<td>0.2</td>
</tr>
<tr>
<td>Ductal carcinoma, in situ</td>
<td>0.2</td>
</tr>
<tr>
<td>Invasive (cancer)</td>
<td></td>
</tr>
<tr>
<td>Ductal carcinoma</td>
<td>68.0</td>
</tr>
<tr>
<td>Lobular</td>
<td>10.0</td>
</tr>
<tr>
<td>Tubular</td>
<td>3.0</td>
</tr>
<tr>
<td>Cribriform</td>
<td>3.0</td>
</tr>
<tr>
<td>Medullary</td>
<td>3.0</td>
</tr>
<tr>
<td>Mucinous</td>
<td>2.0</td>
</tr>
<tr>
<td>Microinvasive</td>
<td>2.0</td>
</tr>
<tr>
<td>Papillary</td>
<td>1.0</td>
</tr>
<tr>
<td>Other rare types (apocrine, metaplastic, adenocystic cancers)</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Because breast cancer can occur on the chest wall as well as within the breasts, the entire area needs to be included in screening. That is why Breast Self Exam, Clinical Breast Exams and Mammograms are needed for good breast health.
4. Breast Cancer in Indian Country

**OBJECTIVE**

By the end of this session, the learner will be able to:

1. Identify regions where new cases of breast cancer occur and where breast cancer deaths are highest among Native women.

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Gay, Lesbian, Homosexual, Two-spirited People Also Develop Breast Cancer

This is also true for American Indians and Alaska Natives

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Cure? Chronic disease? Pass on?

While some with breast cancer are cured and others will live a long time with the disease, sadly, some also will pass on from the breast cancer.

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Cancer among Elders

- Elders and Tribal leaders are the most likely to experience cancer
- This is why the previous quote is so compelling for our AIAN communities
- This is not to imply that young Natives do not experience cancer. They do.
- Childhood leukemia and brain cancers are increasing among AIAN youth and we do not know why

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QUESTION: What Type Of Cancer Statistics Are Available In Indian Country?

- Very limited information
- The best information may be:
  - Local tribal or urban Indian data
  - IHS data for reservations (e.g., 2007 *Report to the Nation* cancer incidence report)
Cancer Statistics Available in Indian Country

- State data (state’s racial misclassification makes the AIAN data of little use)
- National Cancer Institute (NCI) (basically only for the SW region and Alaska)
- Centers for Disease Control (CDC) = too much misclassified data received from the states
- It is very difficult and tedious to correct databases; no easy solutions

The IHS has good documentation of deaths (mortality) from breast cancer for the Northern Plains, Alaska, and gradually for other regions.

With the 2007 Report to the Nation, incidence data are finally available …

This is a very good resource!

DEATH RATES, LEADING CAUSES: AGES 45 TO 64 YEARS

Diseases of the Heart
Cancer
Accidents
Chronic Liver Disease
Diabetes Mellitus

AIAN Cancer Incidence Data (finally)

THANK YOU!

CHSDA
Counties = IHS Contract Health Service Deliver Areas
NHW = Non-Hispanic White
Get on the Path to Breast Health

### Incidence Rates (1999-2004)*

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>So. Plains</th>
<th>No Plains</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAN</td>
<td>38.4</td>
<td>47.9</td>
<td>46.2</td>
</tr>
<tr>
<td>NHW</td>
<td>492.6</td>
<td>461.2</td>
<td>536.1</td>
</tr>
<tr>
<td>All</td>
<td>134.4</td>
<td>115.7</td>
<td>129.6</td>
</tr>
<tr>
<td>Breast</td>
<td>115.9</td>
<td>130.3</td>
<td></td>
</tr>
<tr>
<td>Cervix</td>
<td>9.4</td>
<td>7.4</td>
<td>12.5</td>
</tr>
<tr>
<td>Colon</td>
<td>50.8</td>
<td>60.2</td>
<td>62.5</td>
</tr>
<tr>
<td>Kidney</td>
<td>11.8</td>
<td>12.4</td>
<td>12.1</td>
</tr>
<tr>
<td>Lung</td>
<td>56.8</td>
<td>87.1</td>
<td>82.2</td>
</tr>
<tr>
<td>Breast</td>
<td>154.4</td>
<td>156.7</td>
<td>174.5</td>
</tr>
</tbody>
</table>

Source: Cancer registries in Centers for Disease Control and Prevention’s (CDC) National Program of Cancer Registries (NPCR) and National Cancer Institute’s (NCI) Surveillance, Epidemiology, and End Results Program (SEER); D. Espey, Monograph Group.

### Breast Cancer Mortality

- Note cancers other than breast, cervix, colon, lung, and Breast
- This is why AIAN comprehensive cancer plans cannot be limited to only those sites!

### Changes in Trends Since the 1994 IHS Cancer Mortality Report

- In the 1994 Report, Northern Plains had the highest deaths from breast cancer
- Alaska Natives had the 2nd highest deaths from breast cancer.
- But in the 1999-2003 IHS Report, Alaska Native women have more breast cancer deaths than do Northern Plains women.

### Breast Cancer Risk Factors and Protective Behaviors
GETTING ON THE PATH TO BREAST HEALTH

OBJECTIVES
By the end of this segment, the learner will be able to:

1. Identify at least 2 factors that increase your risks for developing Breast cancer.
2. Identify at least 2 factors that help protect you from developing Breast cancer.

How Can I Help Myself?

Know if I am more likely to get breast cancer
Understand my breasts
Routinely follow good breast health practices

Will I get Breast Cancer?

- Being female and getting older put you at some risk for breast cancer.
- Knowing the risk factors may help you lower your personal risk.

The shield in these slides represents your protection against things that may make you more susceptible to cancer (i.e., cancer risks).

The larger the holes and the more number of holes in the shield, the less likely it is to protect you from cancer or other health problems.

Cancer risks that “damage” her shield of protection include:

1. Being a woman
2. Growing older
3. Personal history of breast cancer
4. Personal history of another type of cancer
5. Hereditary risk (e.g., BRCA1, BRCA2)
6. Family history
7. Sedentary life style
8. Over recommended body weight by 15-20 pounds (high fat / calorie diet)
9. Drinking equivalent to more than 7 alcoholic drinks in a week
10. No birth children
11. No breast feeding longer than 1 year

The woman’s “shield” of protection against breast cancer may include:

1. Daily physical activity
2. Healthy, low fat diet
3. Limited to no alcohol

Most women who get breast cancer have *none* of the risk factors other than age and gender.

Most women are the first in their family; you do NOT need to have a family member who has been diagnosed with breast cancer.

**Objective**

1. Distinguish among behaviors that are protective or increase one's risks for breast cancer.
2. Determine one's personal risk assessment based on family history and other factors.

**The Goal Is Not Genetic Testing**

- The purpose of this session is not to promote genetic testing.
- Cancer Risk Assessment is a process that leads to informed decision making.
- Genetic testing is only one option for someone with a strong family history of breast cancer.

**Causes of Cancer**

- Dietary/Lifestyle
- Environment
- Genetics (hereditary cancers account for only 5-10% of all cancers)

**Figure 1. Excerpt from GENA® objective 26**

All humans start out from 2 cells combining:

- The one from the mother is the "egg";
- The one from the father is the "sperm".
QUESTION: What does “hereditary” mean?

“Hereditary” means that the characteristic came from the sperm and egg (from you dad and mom) when you were conceived in the womb.

Less than 10% of all cancers are “hereditary.”

So, if only up to 10% of all cancers are “hereditary”, then why do scientists say, “All cancer is genetic?”

Ahem …. It is okay if you want to guess at an answer!!

Almost all of us are born with no cancer causing genes from mom (egg) and dad (sperm).

Why Do Scientists Say, “All cancer is Genetic?”

But damage to body cells (“somatic”) during your life can start cancer to develop.

Some types of cancer begin when 2 types of damage happen to your body cells. Other types don’t begin to become cancer until 5 damages occur.

QUESTION: What does “Genetic” Mean?

Genes are the blueprint for our body.

Genes are contained in the 46 chromosomes (23 pairs, including the sex/germ cells).

Our chromosomes are inherited from our parents.

But our bodies can be born with healthy genes that are damaged by our behaviors or sometimes by the environment.

Genetic Changes and Cancer

All cancer is “genetic”

But few cancers are “hereditary”

Changes in genes are called mutations.

Cancers start as a change/mutation in a single gene.

For most types of breast cancer, the same cell and its genes need to be damaged by at least two events.

“Sporadic” Breast Cancer

Is the most common form of breast cancer.

Is the result of a multiple mutations in a single gene.

Is the result of factors such as:

Diet

Lifestyle

Environmental exposure.
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“Sporadic” (begins in body cells, not from sperm or egg from parents) Breast Cancer

- Tend to occur later in life
- Cannot be passed directly from a parent to a child = they are not inherited
- Account for most breast (and other) cancers

A little check up

- Your neighbor, Louise, is 60 years old.
- She was just diagnosed with breast cancer.
- She has a brother who had lymphoma
- She has a cousin who had multiple myeloma
- Her uncle walked on from lung cancer
- Another cousin had gallbladder cancer

QUESTION: What are “Hereditary” Damages (called “Mutations” [mew-TAY-shawns])?

- They are damage(s) within either the sperm or egg at conception
- The mutation is present in every cell of the body
- Does not guarantee a person will develop cancer = increased risk of cancer
- Are very rare
- Germline (egg and sperm from parents) = Inherited / hereditary

Inherited Breast Cancer

- Gene mutation ≠ cancer
- Inherited forms of cancer are rare
- The most common inherited breast cancer syndromes are:
  - BRCA1
  - BRCA2 (in almost all breast cancer that is diagnosed in males)
- Little is known about inherited cancer in American Indians and Alaska Natives

Breast Cancer Risk

- Increases if you have a 1st degree family member who has / had breast cancer:
  - “First degree relatives” means your parents, sibling or children
  - Does not include “Indian adopted” parents, siblings or children
  - If a first degree relative is diagnosed with breast cancer you have more risk than if it is an auntie or a cousin

QUESTION: What does “1st degree relative” mean?

- Parents (i.e., you came from their egg and sperm)
- Brother(s) or Sister(s) who came from the same womb as you
- Children who came from your womb
- Does not include family members we “adopt” in the Indian way
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Breast Cancer Risk

- If a first degree relative is diagnosed with a type of cancer other than breast you may be at greater risk (hereditary form) if they have:
  - Colorectal
  - Ovarian
  - Prostate
  - Pancreas

Breast Cancer Risk

- Because these each may have the same hereditary damages in BRCA1 or BRCA2
  - If different types of cancer, such as
    - If one first degree relative has skin cancer
    - and another has lymphoma,
    - and another has kidney
  - The genetic mutation is NOT likely to be related to BRCA1 or BRCA2,

Inherited Breast Cancer (BRCA1 and BRCA2)

- Many family blood relatives diagnosed with cancers
- Bilateral cancers
- May be all breast cancers or a mixture of breast, prostate, ovarian and other cancers
- Cancers may occur early in life
- Multiple diagnoses likely because you have the genetic marker BRCA1 or BRCA2

Zora Brown's Story

Breast Cancer Risk Assessment

- Involves a review of all risk factors for breast cancer
- Includes review of family cancer history
- Is part of an informed decision making process
- May be provided by a number of different professionals
- Genetic testing is not the goal of the process

Breast Risk Assessment

- Results in ranking your risk
  - Low
  - Moderate
  - High
- Every woman should be screened based on her own level of risk
- But at a minimum, 40 and older need an annual well woman breast check-up
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Hereditary Breast Cancer: Triple Negative Breast Cancer
- Breast tumor is negative for:
  - Estrogen
  - Progesterone
  - HER2/neu genetic marker
- 1st noticed among African-American women diagnosed at young age
- Aggressive cancers

If No Info About Triple Negative in AIANs ...
- No information about how common this is among AIANs
- Why may triple negative have an impact in Indian Country?
  - HINT: Think about Civil War and slavery

Three negative types of breast cancer genetics that are less likely to show on mammogram are patients who are negative for:
- Estrogen breast tumors
- Progesterone breast tumors
- her2/neu breast tumors

Family History Evaluation
- Done by a professional with specific training in cancer genetics
  - Geneticist
  - Genetic counselor
  - Physician or nurse with specific training

Genetic Testing
- Only for high risk families
- Used to determine if a mutation from a known inherited cancer syndrome can be identified in a family
- Requires genetic counseling and informed consent
- Requires a sample of blood or cells collected from the inside of the cheek.
- May not always identify the gene responsible for cancer risk in a family
- Are very expensive (over $1,000)
- Costs for adult types of cancer are not covered by IHS, Tribal or Urban Indian Health programs
- TV commercials from the maker of the BRCA1 and BRCA2 test (Myriad), are very misleading
  - Imply that you are not a good parent if you do not have genetic testing

Genetic testing is not for everyone and the decision about testing may be a “family” decision.

But if you take part, you do not need to share the results with your family (i.e., PRIVATE).

Screening and Cancer Risk

- **High Risk Women**
  - May need to start screening before age 40
  - May need different screening tests
    - Ultrasound or MRI
  - May need to screen for other cancers
    - Ovarian and colorectal

- **High Risk Men**
  - May need to screen differently for cancers too
  - In BRCA families they may need to screen for breast cancer
  - May need to screen earlier & more often for prostate and colorectal cancers

Key Points

- Most breast cancers are **not** related to an inherited breast cancer syndrome
- Having close family members with breast cancer raises breast cancer risk
- Cancer risk assessment may be helpful for those with many family members have had cancer
- Genetic testing in not the goal of cancer risk assessment

6. Breast Cancer Screening

Punkin Shananaquet
Creator of the “Pink Shawl” Project, ITCM

OBJECTIVES

By the end of this session, the learner will be able to:

1. Identify the types of recommended Breast cancer screening tests.
2. Describe what happens before, during and following most Breast cancer screening tests.
3. Identify who may pay for the costs of Breast screening other than IHS.
Get on the Path to Breast Health

What Can We Do?

⚑ Practice good breast health
⚑ Take part in early detection screening
⚑ monthly breast self exams
⚑ annual clinical breast exams
⚑ annual mammograms
⚑ Screening helps diagnose cancer early
⚑ Fear of screening might keep you from finding cancer early when it can best be treated

Breast Health: How?

1. By age 18, do monthly Breast Self-Exams, so you can become familiar with your own breasts.
2. Have your health provider perform a Clinical Breast Exam during your annual checkup.
3. Have your annual mammogram if you have symptoms or high risk, or at least when you are 40 years old

Do What You Can To Keep Your Breasts Healthy For Long Life.

1. Breast Self-Exams (BSE)

⚑ The National Cancer Institute (NCI) no longer recommends BSE
⚑ Why do you think NACR still recommends BSE?
⚑ Because about 1/3 of Native women find their own “cancer” through BSE
⚑ The American Cancer Society Recommends BSEs begin at age 18
⚑ The Susan G. Komen for the Cure recommends BSEs begin at age 18

1. Breast Self-Exams (BSE)

⚑ While in the shower or bath:
⚑ Feel gently, but firmly for changes
⚑ Use the fat pads of the fingers and do not lift the fingers as you do your exam.

⚑ Standing before a mirror:
⚑ Look for any changes in shape or anything that looks different or unusual to you.
⚑ Lean forward toward the mirror to see any “pinching” or dimpling
Get on the Path to Breast Health

1. Breast Self-Exams (BSE)
   - Lie flat on your back: Feel gently, but firmly for lumps or changes.

   **NOTE:** Although the National Cancer Institute does not include BSE in its recommendations, most health providers do, so that you are familiar with how your breasts normally feel.

1. Begin in your armpit and move downward.
2. Make at least 7 vertical "paths" as you move toward your breast bone.
3. Do in all 3 "positions"

2. Get a Clinical Breast Exam (CBE)
   - Having your provider check your breasts for lumps as part of your yearly check-up

   **NOTE:** Some tribal clinics have female providers trained to do the CBE. You may ask for a woman.

   **Rhetorical Question:** Do you think the provider remembers what your breasts felt like from the last time you were in for this exam?
   - Regardless of how magnificent your breasts may be, provider performs 1,000 of these exams each year!
   - You must tell the provider of any problems or concerns you have!!!
   - Make certain your provider responds to your concerns.

2. Clinical Breast Exam (CBE)
   - It is one part of a thorough breast health exam.

2. Annual Clinical Breast Exam

Get on the Path to Breast Health

3. Mammograms

A mammogram is an x-ray picture of the breast. It can find breast cancer that is too small for you or your provider to feel.

Studies show that if you are in your forties or older, having a mammogram every 1 to 2 years could save your life.

Why do I Need a Mammogram Every 1-2 years?

- As you get older, your chances of getting breast cancer get higher.
- Cancer can show up at any time -- so one mammogram is not enough.
- Decide on a plan with your provider and follow it for the rest of your life.

Re-screening

- You may get a letter from your provider to come back in for re-screening.
- Don’t be afraid. This is a chance to find out what’s going on in your body.
- Most re-screenings are not cancer – but YOU cannot make that decision.

Mammograms: Not just once, but for a lifetime on the Path to Health

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Get on the Path to Breast Health

Native American Mammogram “Facts”

- Mammograms may not be the best screening test for young women because their breasts often are too firm to show the cancer.
- Most Native women 40 years of age have “soft” enough breasts to have “readable” mammograms.

Tips To Help You Prepare For Your Mammogram

- Wear a blouse or sweater with pants or skirt.

Tips To Help You Prepare For Your Mammogram

- Bring the phone number/address of your doctor and information about any other mammograms you have had.

Tips To Help You Prepare For Your Mammogram

- Some Common Concerns About Mammograms
  - Can I drive to/from my mammogram?
  - Will the radiation hurt me?
  - How is it done?
  - Will it hurt?
  - How do I get one/what about costs?
  - How do I prepare?
  - What if something is found?

A mammogram takes about 15 minutes.
For the exam, you will need to take off your shirt/blouse and bra.
You will be given a nightgown top to wear into the mammography room.

This graphic is from IHS Four Corners Area.

Get on the Path to Breast Health

How is a Mammogram Done?

- You will remove the nightgown top for the mammogram.
- You stand in front of a mammography machine.

How is a Mammogram Done?

- A trained provider will place your breast between two plastic plates.
- The plates press your breast and make it flat.

How is a Mammogram Done?

- This is usually uncomfortable only for a few seconds, while the provider takes a picture.
- The flatness of the breast helps get a clear picture.
- The actual picture-taking of the mammogram takes only a few seconds.
- You will have 2 different x-rays (or views) taken of each breast.

How Can I Get A Mammogram?

- If you are 65 years or older, Medicare can pay for the mammogram.
- Private insurance can pay for mammograms.
- State, tribal and/or community programs may also pay for the cost of mammograms.

How Can I Get A Mammogram?

- Your doctor may recommend that you have one.
- You can also ask your doctor to send you for a mammogram if you have symptoms.

Arlene Wahwasuck
Prairie Band Potawatomi
Dx breast cancer 2002
"I asked my doctor for the mammogram"
Get on the Path to Breast Health

Tips To Help You Prepare For Your Mammogram

Schedule your appointment for the week after your period / moon ends.

What If Something Is Found?

- An abnormal finding on any screening test, my require further examinations, including biopsies, x-rays and/or an ultrasound
- Please ask questions and learn as much as you can
- Call the Native Survivors' Support Network toll free number 1-800-537-8295
- Most important - Not all abnormalities are cancer!

Native American Mammogram Facts

- Mammograms may not be the best screening test for young women because their breasts often are too firm to show the cancer
- Most Native women 40 years of age have "soft" enough breasts to have "readable" mammograms

Mammography: Size Of Tumors Found By Mammography and Breast Self Exam*

- Average-size lump found by getting regular mammograms: 0.43 inches
- Average-size lump found by first mammogram: 0.59 inches
- Average-size lump found by women practicing regular BSE: 0.81 inches
- Average-size lump found by accident: 1.40 inches

* Susan G. Komen for the Cure® 1-800-462-9273

7. Symptoms that may be related to Breast Cancer

Objective

1. Identify common symptoms of breast problems (that require access to timely medical services to determine causes of the problems)
Examples of Unusual Breast Changes

- A change in the size or shape of your breast
- A lump or thickening of your breast or armpit

Examples of Unusual Breast Changes

- Nipple discharge when you are not pregnant or breast feeding needs to be checked by your provider.
- For some women, this is a usual event.

Examples of Unusual Breast Changes

- For some women it is normal to have inverted nipples.
- But if the nipples didn’t used to be inverted and now are, you need to contact your provider.

Examples of Unusual Breast Changes

- If the skin appears rough or orange-tinted
- If the skin is similar to the texture of an orange peel
- You need to contact your provider

Examples of Unusual Breast Changes

- These are on the breast or chest / armpit area and look like the dimples that some people have on their faces when they smile.
- You need to contact your health provider.

Summary

- An individual cannot decide whether or not a symptom is pre-cancerous or not
- Please make an appointment with your provider to check-out any of these symptoms
Get on the Path to Breast Health

Summary

- If your provider is unwilling to address the symptoms, you can go to
  - Another IHS / Tribal / Urban Indian program for a 2nd opinion
  - Some Komen Affiliates will also provide medical assistance for such symptoms
  - Tribal or State-supported CDC programs may also be able to help