

**Northern Respiratory Specialist.,**  
**621-2211, 736-708, 666-6868**  
**Mahopac, Peekskill, Katonah, Mt Kisco**

Raj K. Gupta,MD,FCCP  
Benjamin Laracuente,MD  
Carlos Ares, MD, FCCP

**Breast Self-examination (BSE):** Because all women are at risk for breast cancer, every woman should regularly perform breast self examinations. Experts recommend monthly examinations. Regular breast self examination can alert women to a change in the breast that has occurred in between mammograms or clinical exams. Illustrated instructions showing how to do BSE are available from your family doctor, gynecologist, your local American Cancer Society unit, or from the National Cancer Institute.

The American Cancer Society also recommends clinical breast examinations and mammography for early detection of breast cancer. The Society's guidelines are:

Breast self-examination monthly for women age 20 and older.

Clinical breast examination every three years for women between 20 and 40; annually if over 40

Mammography every 1 - 2 years for women age 40 - 49 and annually for women age 50 and over. Women should begin screening mammography by age 40.

## **How to Distinguish Between Normal and Abnormal Lumps**

Many women complain they find so many lumps in their breasts they can't tell the difference between what's "normal" and what may be "abnormal." The best way to learn what is normal for you is to become as familiar with your breasts as you are with your face.

First, have a professional examination by a doctor or trained nurse, including mammography if you are 40 or older, to get an "all clear." Do this five to seven days after your period when your breasts are free of most menstrual changes. Then "palpate" (feel) your breasts as often as you can for a few days to learn what your breasts are like when you know they're free of anything suspicious.

Other Signs to Look For: BSE includes a simple test of observation. Look at yourself in a mirror to see if there's any difference in the size and shape of your breasts or in the color or texture of the skin. If you've always had differences in the size and shape of your breasts, these are normal for you. Other changes to look for are nipple discharge and scaliness of the skin, especially around the nipple. "Dimpling" or "puckering" of the skin or retraction of the nipple may be important because this could mean something is pulling from within. The best way to detect this change is standing in front of the mirror to observe your breasts—first with your hands at your sides, then with your hands above your head. Next, with your hands on your hips, press your shoulders forward slightly. When both arms are moved to the same positions, both breasts and nipples should react to the movements in the same way, with no skin dimpling or puckering.

Next, lie down and put a pillow under your right shoulder. Place your right arm behind your head. Examine your right breast with your left hand in a systematic way until you cover the entire breast area. With the pads of your three middle fingers use a circular motion, first using light, then medium and, finally, deep pressure. Move the pillow to under your left shoulder and examine your left breast the same way using your right hand. Remember to cover the entire breast area and also palpate the area under your armpits. Sometimes, the first sign of breast cancer is an enlarged node (gland) in the "axilla" (armpit), even though nothing can be felt in the breast.

Warning signs of breast cancer: Early breast cancer is usually, but not always, painless. In the very early stages, breast cancer is too small to find by touching the breast. As it grows larger, it feels like a lump or thickening. Most breast lumps are not cancer. However, there is only one way to know for sure. See a doctor about any changes in your breast. Report any change—gradual or sudden—not related to a menstrual period. If you are postmenopausal, look for any change—period.

**A Professional Breast Exam:** In a professional breast examination, your doctor or nurse will repeat the steps of your own BSE, but with trained and experienced fingers. (A good rule-of-thumb for recognizing an expert exam: does the doctor or nurse examine your armpit and ask you to move your arms to be sure there's no dimpling

At your first visit, you should be asked about your personal and family medical history in addition to getting a physical exam. Your personal and family history helps your doctor or nurse put together a picture of your "risk profile." Evaluating your risk factors is important, because breast cancer isn't triggered by a specific virus or by a cause-and-effect association like smoking and lung cancer. Instead, the disease seems to develop when a combination of many different events creates circumstances that cause cancer tumors to grow. If there's reason to think you're more likely to develop breast cancer than other women, you may want to be examined more frequently.

**Mammography :** Mammography screening should become a routine part of an annual breast consultation for women starting with their 50<sup>th</sup> birthday. For women under 50, the American Cancer Society and many other medical authorities recommend mammograms every year or two starting with their 40<sup>th</sup> birthday. However, the National Cancer Institute no longer recommends screening mammography for women ages 40-49. Health organizations reviewing results of studies on the benefits of mammography have reached different conclusions about its benefits for women in their 40s. Further studies are underway and planned to clarify the issue.

If you are in this age group, discuss mammography with your physician. With your doctor's help, make your own decision based on your risk factors and anxieties

**Safety:** Now it is generally agreed the risk from the radiation women are exposed to by annual, state-of-the-art mammography is negligible. This is important because there was considerable controversy about the safety of mammography in the mid-1970's when almost all breast X-rays were taken by general purpose equipment—the same machines used to look at bone fractures.

There was no special low-dose mammography film, techniques were unrefined, and technologists were not trained to today's standards. Until about 1980, mammography was primitive in comparison with today's sophisticated technology All facilities that do mammography must meet professional accreditation standards and have certification by the United States Food and Drug Administration. Facilities that meet the standards receive a certificate to prove that they are in good standing.

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