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Debunking BREAST CANCER MYTHS

Does a high-fat diet increase your risk of breast cancer? Is total mastectomy the most effective treatment? To avoid breast cancer, should you toss out your antiperspirant?

BY LESLIE GARISTO PFAFF

Thanks to public awareness campaigns by groups like the National Cancer Institute and Susan G. Komen for the Cure, there's more information out there on breast cancer than on most other cancers combined. But along with that high profile has come extensive misinformation and misunderstanding. In some cases, the information is simply out of date: Breast cancer treatments, for instance, have seen major advances in the past two decades. And some misinformation comes to us courtesy of the Internet, where scientific data rubs elbows with wild speculation. Emotion plays a part as well: "Breast cancer seems to activate people's fears in a way that many other cancers don't," says Suzanne Miller, M.D., director of behavioral medicine at the Fox Chase Cancer Center in Philadelphia — and few things cloud understanding more than fear.



It is high time to clear the air about breast cancer, so we gathered a panel of experts to help dispel some of the persistent myths surrounding its prevention, detection, and treatment. We think you'll be surprised — and probably reassured as well — at what they have to say.

CAUSES AND PREVENTION

Myth: Only women get breast cancer.

Truth: Susan Tannenbaum, M.D., a pathologist with Quest Diagnostics in Teterboro, has made hundreds of breast cancer diagnoses in her 30-year career, and some of the patients have been men. "It happens, but it's uncommon," she says. In 2004, approximately 186,000 women were diagnosed with breast cancer, compared with 1,800 men.

Myth: If you don't have a family history of breast cancer, you're not at risk.

Truth: "This is one of the most common myths I encounter," says Kathleen Toomey, M.D., medical director at the Steeplechase Cancer Center at Somerset Medical Center. In fact, she notes, 85 percent of women who are diagnosed with breast cancer *don't* have a family history of the disease.

Myth: If you do have a family history, you're likely to get breast cancer.

Truth: "Family history does increase risk," Toomey says. "But the extent of your risk really depends on the nature of that history," and the risk generally decreases as you age. Having two primary relatives with the disease — a mother and a sister, for example — increases your risk by about 11 percent at age 40. By age 70, though, your risk would have *decreased* by 13 percent. In most women, family history is a red flag, not a predictor.

Myth: Antiperspirants — and aspirin, hair dye, and underwire bras — cause breast cancer.

Truth: Because antiperspirants block sweat glands, it has been suggested that toxins that otherwise would be released in ➔

perspiration might build up in the body and cause breast cancer. But "it's a total myth," says Tobi Greene, M.D., a breast surgeon at Hackensack University Medical Center. Both the U.S. Food and Drug Administration and the National Cancer Institute have studied the effects of antiperspirants on breast cancer and found no connection. There also have been several studies on the relationship between aspirin and breast cancer; "and there's no indication that aspirin either causes or prevents it," Toomey says. The same goes for hair dye: The American Cancer Society looked at more than half a million women, factoring in specific dye colors, various ingredients, and years of use, and found no statistical evidence implicating hair dye as a cause of breast cancer. As for underwire bras, Toomey says, "A physician may recommend not wearing an underwire bra after certain breast reconstructions, but there's no data suggesting that underwire bras cause cancer."

Myth: Women with lumpy breasts are at a higher risk for breast cancer.

Truth: Some women are more prone to developing breast cysts, and for years they

were considered at greater risk for developing breast cancer as well. In fact, simply having so-called cystic breasts doesn't predispose you to breast cancer. There is a caveat: "Proliferative, or very fast-growing, cysts do carry a slightly elevated risk," Tannenbaum says. But women with this condition, she notes, are usually followed more closely by their physicians.

Myth: Eating high-fat foods can cause breast cancer.

Truth: "We don't have any proof that high-fat foods cause breast cancer per se," Toomey says. But don't rush to celebrate with those cheese fries just yet. There is also some evidence that people with a high degree of body fat are more likely to get breast cancer. That is possibly due to the fact that fat increases estrogen in the body, which in turn can stimulate certain types of breast cancers. So, if your high-fat diet is responsible for excess weight gain, it could be putting you at risk for the disease. Also, Toomey says, "We do know that a low-fat diet reduces the risk of breast cancer recurring in those who've already been treated for it."

THE GIFT OF SUPPORT



A diagnosis of breast cancer can be difficult on friends and family, as well as on patients. "People are afraid to bring up the subject, so they put off seeing the person who has been diagnosed. They drop out of sight just when they're needed the most," says Suzanne Miller, M.D. To offer support, she says, the best approach is actually the simplest: "Just say, 'I heard what happened. I want you to know I'm here for you. Is there anything I can do?'" Then, follow the

patient's lead. Some people would rather talk about anything but their illness. So keep them in the loop about what's happening at the office or around the neighborhood, or chat about movies or current events. Other patients, Miller says, "clearly want the world to hear their story and need friends to help them process what they're going through." In either case, the best thing you can offer is the easiest thing to give: yourself.

DIAGNOSIS

Myth: The radiation from mammograms is dangerous.

Truth: Like chest and dental X-rays, mammograms emit radiation. “But the amount is minuscule,” says Nancy Elliott, M.D., director of the Montclair Breast Center. “We find five or six breast cancers per 1,000 mammograms,” Elliott says, “so we’re curing so many more people by finding cancer early.”

Myth: If you have regular mammograms, you don’t need to practice self-examination.

Truth: If you’re confused about this issue, you’ve got good reason. Plenty of contradictory advice has been distributed on the subject. And doctors haven’t always put a lot of faith in self-exams, Miller says, “because women often don’t do them properly.” (For tips on performing an effective breast self-exam, or BSE, go to cml.komen.org/bse/.) Besides monthly BSEs, every woman should have a yearly mammogram and a breast exam performed by a physician, Greene advises. “It’s in combination that screening offers the best possible results,” she says.

Myth: Breast cancer is breast cancer.

Truth: “There are different types of breast cancer, classified according to how they look under the microscope,” says pathologist Susan Tannenbaum. Some types are more aggressive, spreading rapidly; others grow slowly. The type of cancer a patient is diagnosed with affects both her prognosis and her treatment.

Myth: A breast-cancer diagnosis is an emergency.

Truth: To many patients, the words “It’s cancer” represent the direst of emergencies. In fact, Tobi Greene says, “it takes approximately five years for an average breast cancer to grow to one centimeter” — a little less than a half-inch — which means that you don’t need to rush into surgery the same week. “Because there are so many ways to treat breast cancer, it’s best to let the shock of the diagnosis subside a little, so the patient can clear her mind and focus ➔

on the best treatment option,” Greene advises. That doesn’t mean, of course, that you should put off treatment indefinitely. But taking a few weeks or even a month to calmly decide on medical care might be more beneficial than acting immediately in panic.

TREATMENT

Myth: The most effective way to treat breast cancer is with a total mastectomy.

Truth: Yes, decades ago, mastectomy was the only treatment for breast cancer. Today, however, few women need to lose a breast to cancer. “In the right setting, lumpectomies,” in which only the tumor and a small amount of the surrounding tissue are removed, “have just as good a prognosis as mastectomies,” Tannenbaum says. Another option is partial mastectomy, removal of a portion of the affected breast. In some cases, mastectomy is still advised, especially in women with very small breasts, advanced cancer, or multiple tumors.

Myth: Chemotherapy will make your hair fall out.

Truth: Fans of *Sex and the City* no doubt recall sexy Samantha and her breast-cancer buzz cut, but the truth is that chemo doesn’t cause all women to lose their hair. “Whether a patient experiences hair loss depends on the kind of chemotherapy she’s given and her genetics,” Miller says.

Myth: The more chemotherapy you receive, the better.

Truth: Increasingly, doctors are gearing breast cancer treatment toward individualized therapy, and that’s a great thing — not just because it tends to make treatment more effective but also because it allows physicians to use the least invasive surgery and smaller amounts of chemotherapy, radiation, and other medications. “The treatment offered to a friend or relative isn’t necessarily the same treatment offered to you,” Greene notes.

Myth: There’s only one option for women who decide to undergo breast reconstruction.

Truth: Depending on a patient’s needs and preferences, reconstruction options include saline and silicone implants, as well as the use of a woman’s own muscle, fat, and skin — usually taken from the back or abdomen — to rebuild the breast. Also, many women can choose to have reconstruction done immediately after surgery or at a later date.

Myth: Once you’re diagnosed, you are in it alone.

Truth: Yes, friends can sometimes drop away during the turmoil of treatment — often because they don’t know what to say or do (see “The Gift of Support,” page 116). But more and more hospitals and health-care providers are offering services to make sure that no patient feels alone during diagnosis, treatment, and recovery. At Hunterdon Regional Cancer Center and other facilities, physicians use “patient navigators” (usually registered nurses), who guide patients through the anxious days before and during a diagnosis. “We stay involved until a final diagnosis is made, offering support and information and ensuring patients get diagnosed in a timely manner,” explains Lori McMullen, R.N., patient navigator and cancer care coordinator at Hunterdon Regional. The program, she adds, has been extraordinarily well-received by patients.

To help patients overcome feelings of isolation, organizations such as the Young Survival Coalition (youngsurvival.org) and the National Breast Cancer Foundation (nationalbreastcancer.org) offer online support and discussions. And at the Fox Chase Cancer Center, the Care Pages program allows women to create their own websites to help friends and family members stay in touch with them. There are more resources than ever before to ensure that breast cancer patients don’t go it alone. **NJL**