

Q&A: Breast cancer screening and COVID-19

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DEAR MAYO CLINIC: During a breast self-exam two months ago, I felt a lump. This month, the lump seems to have disappeared. My cousin, who had breast cancer, is suggesting I get it checked anyways. I'm nervous to go to the doctor because of COVID-19. Is it safe to get a

mammogram and other breast cancer screenings, or is it OK to wait, even with a family history?

ANSWER: As a woman, you know your body better than anyone, including your [health care](#) provider, so taking time to do [breast](#) self-exam is important. Finding a lump in your breast can be scary and cause anxiety. And with the COVID-19 pandemic continuing, I can appreciate your concerns about safety.

Mayo Clinic is taking many precautions related to COVID-19, and we are committed to ensuring the safety of our patients and visitors. The risk of contracting COVID-19 from coming in for a screening, such as a mammogram, is very low. Though many people may tell you that waiting a week or two for a [breast cancer screening](#) will not cause significant issues, I believe that delaying screening—or delaying seeking [medical attention](#)—can make a difference in terms of treatment if [cancer](#) is detected.

Keep in mind that a self-exam of the breast can be difficult for some women, depending on their breast consistencies. Some women might have lumpy breasts, and it might be difficult to discern which lump is cancer and which one is not. So a breast self-exam is good, but it's not enough. In my opinion, it is important to see a health care professional for diagnosis.

It is also important to note that different ethnic groups get different kinds of breast cancer. Young African American women and Latinas more commonly get the aggressive form of breast cancer called triple-negative breast cancer. Unfortunately, there are not a lot of targeted treatments that can be used with these women. So if you are an African American or Latina woman, that is another reason for you to seek medical attention as early as possible.

If breast cancer is detected early, such as in stage 1 or stage 0, the likelihood is that the cancer is highly curable. But if you wait until the cancer starts to grow, especially if it starts to spread to the lymph nodes, then the cure rate is much lower. If it starts to spread somewhere else in the body, then it may become incurable. In addition, treatments for patients with stage 0 or stage 1 breast cancer are often simpler. These patients often only require surgery, radiation and endocrine therapy. Chemotherapy usually is required for patients with more advanced disease, with a larger tumor or lymph node involvement.

In the past few months, I have seen a few women who reported finding a lump in their breast back in February or March at the beginning of the pandemic. Due to their concerns about COVID-19, they decided to wait to seek medical attention. In one patient, the mass continued to grow. She now has cancer growing through her skin, and it has become difficult to treat. I would encourage you—if you feel anything different in your breast compared to what it was previously—to seek medical attention right away.

Depending upon your situation, in addition to the traditional mammogram, there also is tomosynthesis, which is the 3D mammogram that can provide clearer images for women with dense breast tissue. Additionally, your health care professional also might order a breast MRI, which is the most sensitive test and looks at all of the breast area, including regional lymph nodes around the breasts.

The other benefit to visiting a health professional sooner rather than later is to discuss your [personal risk](#) and what, if any, preventive measures might be valuable based on your family history.

There are ways that we can calculate the risk of breast cancer in each patient. Currently, there are multiple models used. Some of these models include Gail's model and another called the Tyrer-Cuzick model. These

models take into account your age at menarche, how many children you have and if you had a previous breast biopsy. All of those things can be plugged into the calculation. Then it will come up with your estimated lifetime risk of breast cancer and the best screening mechanisms for you.

If you meet certain criteria, such as in the Gail's model, and if your risk is more than 1.66% in five years, that would qualify some patients to receive medication to prevent breast cancer. In other words, the hormone blockers that are used to treat patients who already have breast cancer also can prevent [breast cancer](#) from happening in high-risk patients. These medications can cut down the risk up to almost 70%.

Being proactive and doing a monthly breast self-exam is a great first step for maintaining overall health. Regardless of COVID-19, I would encourage you to reach out to your primary [health care provider](#) to set up a screening appointment and get an answer about the lump you found.

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