16 things experts wish you knew about breast cancer and screening

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Yale Medicine's Meena Moran, MD, and Regina Hooley, MD, dispel common misconceptions about breast cancer. Credit: Robert A. Lisak

What these doctors say about breast cancer screening and treatment may surprise you.

Breast cancer affects 1 in 8 women who are mothers, daughters, sisters, wives and friends—and causes a lot of worry for women in general. "Women who have a family history of breast cancer in particular have a lot of anxiety," says Yale Medicine's Brigid Killelea, MD, chief of breast surgery.

But, it's important to know that this cancer—which is the most common cancer for women—does not discriminate. "All women are at risk for breast cancer. It doesn't matter whether or not they have a close relative with breast cancer or what their race is, if they have dense breasts, have breastfed or had multiple pregnancies," says radiologist Regina Hooley, MD, vice chair for clinical affairs for Radiology & Biomedical Imaging. "All women should consider beginning screening for breast cancer at age 40."

Knowledge is power, so this October during Breast Cancer Awareness Month, we've asked leading experts what they often tell their own patients and wish every woman knew about breast cancer—from screening to treatment to survivorship. Here's what they have to say:

1. Family history isn't destiny.

"The majority of breast cancers are diagnosed in women without any known risk factors—other than being a woman," says Dr. Hooley.

2. Cup size doesn't matter.

Patients with a modest breast size often think they are at lower risk for breast cancer, says Dr. Killelea, who is also an associate professor of surgery at Yale School of Medicine. "But, unfortunately, breast cancer affects women of all shapes and sizes."

3. Know the truth about self-exams.

The American Cancer Society no longer recommends that women do breast exams, says Dr. Hooley, who is an associate professor of radiology and biomedical imaging at YSM. She is one of many physicians who aren't sure they agree. "So, maybe women don't have to stress about doing a monthly breast exam, but it is good to have 'self breast awareness,' and contact your physician if a change is noted in the breast, including if a new palpable lump is found," says Dr. Hooley.

4. A 3-D mammogram is more accurate than a 2-D.

Digital breast tomosynthesis, or 3-D mammography, gives radiologists a clearer view through tissue, which enables them to find more cancers and helps reduce false positive results. It also helps characterize lesions better, preventing unnecessary biopsies. "To the patient, 3-D mammography will feel exactly the same as 2-D, and is done at the same radiation dose," says Yale Medicine's Liane Philpotts, MD, a radiologist who is

the chief of Breast Imaging at the Breast Center at Smilow Cancer Hospital. She's also a professor of radiology and biomedical imaging at YSM.

5. Fat injections to increase the size of your breasts can impact your mammo.

"Fat injections can cause scarring inside the breast which may make mammographic interpretation more difficult," says Dr. Philpotts. Also, implants obscure some portions of the breast tissue on mammography. "While most of the time these augmentation methods are not problematic, sometimes they make mammograms less accurate or may lead to additional testing," she says. (Takeaway: Consider this before having fat injections.)

6. Underwire bras, breast implants, deodorant and antiperspirants aren't to blame.

If only the cause of breast cancer was so clear—but it's not. "The way in which a cancer develops is a very complex process and is almost never caused by exposure to one specific factor. It most often takes multiple exposures over a long period of time before a normal cell becomes a cancer," explains Meena Moran, MD, director of the Breast Cancer Radiotherapy Program for the Department of Therapeutic Radiology. What researchers have learned is that smoking, having had radiation therapy at a young age (such as lymphoma patients who have received chest radiation in childhood) or having prolonged unopposed estrogen exposure have all been found to increase the risk of developing breast cancer, she says.

7. It's not your fault.

Doing everything "right"—including eating healthy and exercising—doesn't eliminate your risk, says Yale Medicine breast surgeon Anees Chagpar, MD, MBA, MPH, who sees patients at the Breast Center at Smilow. "Similarly, there is nothing you 'did' to get breast cancer. There may be factors that increase your risk (as mentioned above), but nothing is 100 percent. These things just happen."

8. Radiation treatment doesn't hurt.

"Women often will know someone who had radiation treatment years ago or to a different site (like their neck or abdomen region), and based on that experience, come in thinking that radiation is going to be an awful experience," says Dr. Moran, who is also a professor of therapeutic radiology at YSM. But technology has come a long way, and the radiation beam is now tailored three-dimensionally to each individual patient's anatomy, which has improved the patient experience. "Patients don't feel anything while they are actually receiving the treatment," she says. While breast cancer radiation treatment can sometimes cause temporary skin redness or discomfort in the breast and some fatigue, the treatment itself feels like getting an X-ray.

9. Guys get breast cancer, too!

It affects about 1 in 1,000 men, says Dr. Hooley. "Most of the time, though, palpable breast lumps are benign and due to a condition called gynecomastia," she says. Although breast cancer in men is rare, they can sometimes be carriers of pathogenic gene mutations for breast cancer such as the BRCA genes. So, she suggests that if a man has multiple first degree relatives (sisters or mother) with a history of premenopausal breast cancer or who are known carriers of the BRCA gene, consider genetic counseling and undergo breast cancer screening, if indicated.

10. Breast cancer treatment is a team effort.

Prior to beginning your course of treatment, you may have consultations with multiple physicians, including a medical oncologist, surgeon, and a radiation oncologist. You may also be referred to other care providers such as a plastic surgeon or genetic counselor. "In some cases, the process of seeing all of the physicians in your care team may take several weeks," says Susan A. Higgins, MD, a radiation oncologist who specializes in treating breast cancer. She's also a professor of therapeutic radiology at YSM. "However, this is a normal part of multidisciplinary care that is now the standard for breast cancer."

11. Expertise matters.

Pick your care team carefully. Ask how many cases of breast cancer your doctors treat a year. Studies have shown that the more experience your doctors have specifically diagnosing and treating breast cancer, the better the outcomes. Make sure your doctors are affiliated with a reputable institution and are board certified. Consider doing an online search to see if your doctors have published research papers on breast cancer in medical journals as it is an indicator of a higher level of expertise and knowledge.

12. A radical approach isn't necessarily better than a conservative one.

"I find that many women are surprised to find that survival from breast cancer is the same whether you have a lumpectomy or a double mastectomy," says Dr. Killelea. While the choice to have a double mastectomy is right for some women—take for example, actress Angelina Jolie's decision to have a double mastectomy as a preventive measure—you want to know all the facts before you make up your own mind.

13. If you want breast reconstruction, you can have it—and insurance will pay.

"Medical insurance is required by law to cover all aspects of breast reconstruction," says Tomer Avraham, MD, a Yale Medicine plastic surgeon and an assistant professor of plastic and reconstructive surgery at YSM.

14. You can go bigger or smaller.

Autologous or "flap" reconstruction transfers excess skin and fat from one part of your body (usually your belly) to create a breast. "Every patient has input on her final breast size and it can be larger or smaller than her pre-surgical size if she desires," says Michael Alperovich, MD, a Yale Medicine plastic surgeon and assistant professor of plastic and reconstructive surgery at YSM.

15. Odds are getting better.

The five-year survival rate for people with breast cancer is between 72 to 100 percent, depending on the stage of cancer, according to the American Cancer Society. "Breast cancer is incredibly well-treated these days, especially with early detection," says Dr. Chagpar. "You'll get through this, and in the long run, it will be a 'bump in the road' of life—even though it seems like a mountain now. Breathe. Stress is bad for you."

16. Find out if you're dense.

Connecticut law requires that women be told if their mammograms show they have dense breasts (half of women do). Dense breasts are perfectly normal, but it is more difficult to detect breast cancer in women with dense versus fatty tissue. Yale Medicine radiologists also make it their policy to tell women when they're not dense, so they don't have to wonder. If you have dense breasts, schedule an ultrasound at the same time as your annual mammogram, so you get the most accurate reading you can, says Dr. Hooley.

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