

For November 26, 1998

## Heart to Heart Talk

With Philip S. Chua, M.D.

### Self Exam for Breast Cancer

#### What are breast lumps?

Breast lumps are palpable nodule or mass in the breast, most commonly among females. The woman herself, on self-examination, or someone else examining her, could feel the lump in her breast. Sometimes, the lump or lumps are discovered accidentally. Not all lumps in the breast are cancerous, but once a lump is found, tests must be done to rule out the possibility of cancer, especially among women age 40 and older.

#### Why is breast examination important?

Discovering a lump in the breast or anywhere in the body is an important warning that the person should see a physician without delay, to make sure the lump is not cancer. Early diagnosis could spell the difference between life and death in cases of cancer, of any organ in the body.

#### What should one look for when examining breasts?

Lumps or bumps, hardened or thickened areas, changes in shape or contour, change in symmetry, discharges or rashes in the nipple. In order to have a baseline guide, women must examine their breasts at least once a week, to see their normal symmetry, their shape and contour, and to be familiar with how they feel, as normal breasts. Should any change occur at a later date, then they would be able to discern the change from normal, and this should direct them to see their physician right away.

#### What is the right technique to examine the breast?

Self-examination is the best way to fight cancer of the breast. Unless she has the luxury and convenience of having someone else perform the examination on her once a week, the woman should examine her breasts herself. Some women check their breasts daily, when they shower or change clothes. The woman could be sitting or standing in front of a mirror, starting with a visual inspection for changes in shape or contour and symmetry, nipple rashes or discharges. Then, press the hand over the breast (like gentle massaging motion) from the top, the sides, the bottom (all four quadrants) of the breast, going towards the nipple each time, feeling for

any nodule or lump. The entire breast, both breasts, should be examined, at least twice per examination in an unhurried, relaxed fashion. Certainly, the husband or a friend could be the examiner, so long as they are instructed on how to do it properly by a trained personnel.

## **How about lumps during the menstrual period?**

Some women develop lumps during their menstrual cycle, and these are usually benign (not cancer), but any lump in the breast should not be ignored. Any woman discovering any lump in her breast or anywhere in her body should consult with her physician for follow-up monitoring.

## **Is there are a diagnostic machine for breast lumps?**

Yes, it is popularly know as a mammogram. This is a very important test, but physical examination of the breast by trained hands is equally as important and the two complement each other in increasing the chances of making the correct diagnosis. A negative or normal mammogram, for instance, in the presence of a definite breast mass, does not eliminate cancer. And conversely, if the physical examination does not detect a lump but the mammogram suggests the presence of a lump, one must believe the mammogram.

## **If the mammogram is positive, what then?**

There are two options: localize the lesion (the lump) mammographically and do a biopsy, or, monitor and follow the lesion with xerommamograms, or a series of mammogram. Majority of specialists favor doing a biopsy.

## **What is the other type of biopsy?**

The other type of biopsy is called open biopsy, or excisional biopsy by surgery. Needle biopsy is obviously simpler, less invasive, but hitting a small target with a needle could lead to sampling error, thus missing the lesion. Many also believe that a positive needle biopsy should be confirmed by an open biopsy, since the surgeon has to do surgery on the breast anyway. So, why even do needle biopsy in the first place? This is still controversial but the medical logic, at least to this writer, is clear.

## **Is Fibrosystic Disease of the breasts pre-malignant?**

In majority of cases, Fibrocystic Disease is benign and does not become cancerous at a later stage. However, the condition called virulent adenosis or intraductal hyperplasia of the breast is associated with an increased incidence of cancer transformation.

## **How does the physician deal with lumpy breasts?**

This situation is very common, but, unfortunately, there is no clear-cut answer. The most prudent manner in which the physician deals with this scenario is to utilize all the diagnostic and therapeutic regimen available today. Eventually, it boils down to the expertise and the experience of the physician taking care of the patient. His recommendation will be based on his findings and the results of the tests.

## **Is bilateral mastectomies done for cancer prevention?**

Bilateral mastectomies (surgical removal of both breasts) to prevent breast cancer have been advocated for those women who have very strong family (generation) history of breasts cancer, involving great grandmothers, grandmothers, aunts, mothers, and sisters. The cumulative risk of women in the general population to developing breast cancer is 10.2% (a little more than one in every ten women). With a strong family history, however, this increases the risk to threefold (about 30.6%). The best guide is the expert recommendation of the physician.

## **What causes breast cancer?**

No one single cause or factor has been decisively implicated as the etiology of breast cancer. However, the following are some factors or conditions that have been associated with increased risk of developing cancer of the breast: smoking, radiation exposure before the age of 30, early menarche (first menstrual period), late first pregnancy, late menopause, obesity in menopausal women, high fat diet. Prolonged (more than 4 years) use of oral contraceptive before the first pregnancy, and estrogen replacement therapy longer than 10 to 20 years “may increase the risk,” according to medical literature.

## **Isn't mastectomy deforming?**

Any surgery that removes a part of our external body is disfiguring to an extent. Nowadays, breast-conserving surgery is an option, depending on the lesion. But life is precious and, if at all possible, should be preserved at all cost. In this modern day and age, where intelligence predominantly rules, especially in matters of health, society, and women in general, and even men, have wisely accepted the consequences of this surgical procedure involving them or their loved ones with more psychological understanding and compassion, realizing that the breasts are not all there is to life, femininity, marriage, and sex. With the available modern day prostheses (artificial breasts or implants), a woman could even have better appearing breasts than their original ones. Indeed, that ancient psychological barrier has been broken. And women, and society as a whole, are all the better for it.

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Please add the usual footnotes. Thanks.