Breast Health and Misconceptions about Mammography

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The pink ribbon. October is breast cancer awareness month. You see pink everywhere, women and men wearing it as either a survivor, or to remember or support a mother, sister, daughter, friend diagnosed with breast cancer.

Before we talk more about breast cancer. I will go into more detail later, I would like to get you thinking about your breasts now (if you are under 40). Woman or man. How making healthy choices now, will reduce your risk of breast cancer in the future.
Making healthy lifestyle choices:

1. Maintain a healthy weight.
2. Add exercise to your routine.
3. LIMIT alcohol intake.
4. When using birth control pill, discuss your family history with your physician, Limit post menopausal hormone use.
5. Breastfeed, if you can.
Know what is normal for you.

Women in their 20’s and 30’s should have CBE (clinical breast exams) by a health professional preferably every 3 years. Starting at age 40, these CBE’s should be done every year.

Breast self exam (BSE) is an option for women starting in their 20’s. This plays a small role in finding a breast cancer, but by doing this on a regular basis (most women do this monthly, after their period), you get to know what is ‘normal’ for you.
Mammograms:

According to the American Cancer Society:
Women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.

Current evidence supporting mammograms is even stronger than in the past. In particular, recent evidence has confirmed that mammograms offer substantial benefit for women in their 40’s. Women can feel confident about the benefits associated with regular mammograms for finding cancer early.

Patient’s often ask me how long they have to continue to get mammograms. They should be continued regardless of a woman’s age, as long as she does not have serious, chronic health problems such as congestive heart failure, end stage renal disease, COPD (chronic obstructive pulmonary disease), and moderate to severe dementia. Age alone should not be the reason a woman stops having mammograms, age is a risk factor (the older you are, the higher the risk of breast cancer).
Common Misconceptions about Mammography:

1. It will hurt!!
   Relatives, mothers, sisters and friends tell stories. They don’t realize that by dramatizing the experience, it places fear in the listener. Typically mammograms DO NOT hurt. So for the majority of patients, they will feel pressure on the breasts for the few seconds it takes to make the image. The compression releases, literally, in a few seconds. Most women can handle the discomfort for a few seconds. When I have a patient who seems very nervous about the test, I wait until I am half-way done and ask, ‘so is this as bad as you thought it would be?’ The overall response is ‘NO’!

   When a woman presents for a mammogram that is having severe pain, pressing on the breast will cause more than a tight pressure, it may hurt. With these patients we would take time to get a technically acceptable image without torturing her.
2. They will not stay like that!

Yes I did have a Mammogram
Today .... Why do you Ask?
3. I can’t feel anything, so I don’t need a mammogram.
   Mammograms are done to find the smallest cancers. These are so small you would never feel them. When a cancer is caught this early, it is easily treated, sometimes with just a lumpectomy (removing the tissue involved) and nothing else, except your yearly mammograms.

4. I don’t have any family history.
   About 5 – 10 % of newly diagnosed breast cancer patients have a family history of breast cancer (grandmother, mother, sister, maternal aunt). That means that majority of breast cancers are not genetic. Simply being a woman is the main risk factor. Men can also develop breast cancer, the disease is 100 times more common among women than men.
5. **My breasts are too small!**
   I cannot stress enough the fact that there is no breast size that is too small for a mammogram! I feel for these patients, breast size can be such an issue for some women. They may have been embarrassed by the size, either too large or too small. This causes anxiety and nervousness for the patient. An anxious patient is much more difficult to position. My job is to put the patient at ease. Help her to understand she is just fine. She is not too big, or too small. There is always enough tissue to have a mammogram, and in reverse, there is never too much!

6. **I have implants, could they ‘pop’ during the mammogram?**
   When a patient comes for a routine mammogram and she has implants, there are special views we take (I have an example of them to show). The main difference is the amount of pictures we take and how much compression is applied to the breast. Done correctly, no popping!!
7. Can I get cancer from the squeezing or the radiation?
   No, and no radiation exposure is risk free. Many older women ask about the squeezing. Apparently years ago girls were told that if their breast was pinched it could cause cancer. That is what we call ‘an old wives tale’.

   The benefits of a mammogram far outweigh the risk from the radiation. All accredited facilities (like St. Joseph’s) must follow strict quality assurance guidelines. The machines are tested yearly by a medical physicist to make sure the radiation does not exceed the allowable dose.
8. Why can’t I have an ultrasound instead?
   An ultrasound is a very useful tool in certain situations. It is not meant to be ‘in place of a mammogram’. If a mass is found on a mammogram, or a patient feels a lump in her breast, an ultrasound should be done. The ultrasound can differentiate between solid (may need a biopsy) and cystic (probably not a problem) masses. Neither test can tell you something is a cancer just by imaging it.

9. What about all the studies that say screening mammograms are useless?
   The studies that you hear about on the news and read about in magazines are unfortunate. If you were to ask any woman that has been diagnosed with breast cancer that was found EARLY and only found on a mammogram she would tell you the mammogram was a life saver. That being said, a mammogram is not 100%. It does not catch all breast cancers. It is the ‘gold standard’. For example, a patient feels a lump. She has her mammogram and it is completely normal, nothing abnormal is seen. That does not mean she should stop there. Next step is an ultrasound, and then a surgeon.
   Ultimately it is a decision to have with your physician as to whether a mammogram is necessary.
So now, we have covered misconceptions, recommendations, staying healthy And how important it is to know what is ‘normal’ for you.

What should you look for in the way of ‘not normal’? These are things you Should bring to your doctors’ attention if you notice them:

1. A lump, thickening, or hard knot inside the breast or underarm area.
2. A change in the size or shape of the breast.
3. An itchy, scaly, sore rash on the nipple.
4. A reddish discharge that happens suddenly from the nipple.
5. Swelling, warmth, redness or darkening of the breast.
6. Dimpling or puckering of the skin.
7. A change in the appearance of the nipple, inverted.
8. New pain in one spot that does not go away.
I’d like to review some interesting cases, some normal, some not.

Things I’d like for you to take way from this talk:

Try to maintain a healthy lifestyle.
Know what’s normal for YOU.
Please do not fear having a mammogram.

Thank You!!