Annual mammogram is important for women over 40: NetWellness

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I am a 66-year-old white female. My mother had breast cancer when she was in her 80s. My daughter just found out about this and is nagging me to get a mammogram. I don't want to do it – it's painful and doesn't seem necessary to me. When her breast cancer came on, my mother was elderly, so it probably wasn't genetic. I don't drink or smoke (which she did) and I am at a healthy weight (which she wasn't). Is it really that important that I get a mammogram every year?

Yes. Screening mammograms are recommended each year for women over 40. Even women who live healthy lifestyles and are at average risk should have annual mammograms and a practitioner breast exam. Breast cancers caught earlier by screening mammograms are more likely to be cured and are less likely to require chemotherapy or as extensive surgery.

Even though your mother's breast cancer may not be genetic -- you are correct that breast cancer that runs in families is more likely to occur at younger ages -- that does not protect...
you from developing the disease. Breast cancer incidence increases as women age, so it is important for older (as well as younger) women to continue testing. Mammograms are not perfect, and cannot detect all breast cancers, but are our best defense until more accurate screening methods are developed.

**Breast cancer development and detection**

Breast cancer, like all other cancers, forms when the process of cell division goes awry. Normally, cells are constantly dividing and dying ensuring that there is a balance between cell death and cell growth. Tumor cells do not have the same checks and balances that affect the normal cell cycle.

Noncancerous tumors (benign) are generally not life-threatening because they don't usually invade surrounding tissue and spread, are easily removed, and don't tend to grow back after removal. Cancerous tumors (malignant) can be life-threatening. This is because they can invade surrounding tissue, have the potential of spreading throughout the body, and though they can be removed they have a risk of growing back.

Mammograms can detect small breast tumors in two ways: Early breast cancers often leave tiny calcium deposits in the breast as cells die, and these can be seen on the mammograms. Other breast tumors are revealed by showing masses or shadows that look like "white spots" on an otherwise dark breast image. Either way, these mammogram changes can be the first signal that there may be abnormal cells developing in the breast.

**Risk factors**

After extensive research, some factors may put you at higher risk to develop breast cancer.

**Age:** Your risk increases as you get older.

**Previous breast cancer:** Having a personal history of breast cancer. If you've had cancer in one breast you are more likely to develop it in the other.

**Family history:** Women with mothers, sisters or daughters with breast cancer may be more likely to develop it.
**Premalignant changes on biopsy:** Some women have atypical cells in their breast tissue that may develop into cancer.

**Gene changes:** Abnormalities in two genes, \textit{BRCA1} and \textit{BRCA2}, sometimes may be inherited from either parent, increasing the risk of developing breast cancer.

**Reproductive history:**

- The older a woman is when she has her first child, the greater her chance of breast cancer.
- Women who had their first menstrual period before age 12 are at an increased risk of breast cancer.
- Women who went through menopause after age 55 are at an increased risk of breast cancer.
- Women who never had children are at an increased risk of breast cancer.
- Hormone therapy: Women who take menopausal hormone therapy with estrogen plus progestin after menopause have an increased risk of breast cancer.

**Radiation therapy to the chest:** Women who have been treated for other illnesses by this method are more likely to develop breast cancer. This risk is highest for girls treated with radiation during adolescence (during the time of breast development).

**Breast density:** Denser breast tissue in older women may indicate increased susceptibility to breast cancer.

**Poor lifestyle habits increase breast cancer risk:**

- Being overweight or obese after menopause.
- Lack of physical activity.
- Drinking alcohol several times per week.
- Smoking tobacco.

**Prevention:** Knowing your own personal risk factors is only part of staying healthy. Listed below are some guidelines and methods to help you know when it’s time to be checked and how to check for the possibility of breast cancer.

**Screening Guidelines**

Though it is of course important to have a mammography when you already believe you have found something abnormal, it is also important that you have mammographies on a regular basis even if you do not suspect anything unusual yet. This will allow early detection you notice a problem. Below are guidelines for performing screening mammograms.

**If you're age 40 or older,** you should have screening mammograms every year. There is no upper age limit on when to stop screening mammograms, as long a other health conditions are not serious and a woman is healthy enough to undergo breast cancer treatment if cancer is...
Family medical history. If you are at increased risk of developing breast cancer because of family history, known to have abnormal BRCA-1 or BRCA-2 genes, or because of previous premalignant changes on biopsy, screening may be recommended at a younger age than 40. Sometimes breast MRIs (a more sophisticated imaging technique) are used in such individuals. Women at increased risk should have regular check-ups with a medical provider skilled in breast cancer screening and knowledgeable about the latest screening recommendations and techniques.

Screening methods

The following screening techniques help in early detection of breast cancer and improve chances of survival significantly.

Breast Self Exam: Performing regular breast self exams (monthly is recommended) will ensure that you are familiar with your normal fluctuation in breast consistency. This interactive feature developed by the Minority Health Initiative provides training on how to perform a breast self exam.

Clinical Breast Exams: This is a touch test similar to the breast self exam, but is performed by your health care provider. All areas of the breast are carefully pressed to find lumps that may not be seen on mammogram.

Mammograms: This is a diagnostic tool in which x-rays are taken of your breast to reveal abnormal tissues.

Mammograms

Mammograms are the most popular diagnostic tool for breast cancer. It is a process in which X-rays are taken of your breast to reveal abnormal tissues. There are two situations in which mammography is used:

Screening mammography is used to detect breast changes in women who have no signs or symptoms or observable breast abnormalities. The goal is to detect cancer before any clinical signs are noticeable. This usually requires at least two mammograms from different angles of each breast.

Diagnostic mammography is used to investigate suspicious breast changes such as a breast lump, breast pain, an unusual skin appearance, nipple thickening or nipple discharge. It's also used to evaluate abnormal findings on a screening mammogram. Additional images can be made from other angles or focus on areas of concern at higher magnification.
What you can expect

Mammograms should become part of each woman's regular medical routine. Luckily, mammograms are relatively fast and should be only slightly uncomfortable at worst.

At the testing facility, you're given a gown and asked to remove neck jewelry and clothing from the waist up. It's a good idea to wear a two-piece outfit that day. Avoid the use of antiperspirants or deodorants until after the mammograms are finished.

For the procedure itself, you stand in front of an X-ray machine specially designed for mammography. The technician places one of your breasts on a platform that holds the X-ray film and raises or lowers the platform to match your height. The technician helps you position your head, arms and torso to allow an unobstructed view of your breast.

Your breast is gradually pressed against the platform by a clear plastic plate. Pressure is applied for a few seconds to spread out the breast tissue. The pressure isn't harmful, but you may find it uncomfortable or even painful. If you have too much discomfort, inform the technician. Your breast must be compressed to even out its thickness and permit the X-rays to penetrate the breast tissue. The pressure also holds your breast still to decrease blurring from movement and minimizes the dose of radiation needed. During the brief X-ray exposure, you'll be asked to stand still and hold your breath.

After images are made of both your breasts, you may be asked to wait while the technician checks the quality of the images. If the views are inadequate for technical reasons, you may have to repeat part of the test. The entire procedure usually takes less than 30 minutes. Afterward, you may dress and resume normal activity.

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