

To Your Health!

By Judy Hargis, P.A., and Audeen Wagner



BREAST CANCER Early Detection Does Save Lives

October has a strong focus on Breast Cancer in this country. There is good reason. Breast Cancer is the second most common reportable cancer in the U.S. Did you know that Oregon has the second highest incidence of breast cancer in the country, second only to Washington State? It is also the third leading cause of death from cancer in Oregon.

The focus of this column will be on the importance of early detection.

Breast Cancers that are discovered early are very treatable. We have come a long way in having a better understanding of breast cancers, and now have good treatments available based on the type and staging of the cancers. Breast Cancer cannot currently be prevented so early detection is critical to obtaining the best possible outcome. There is a lot of information floating around about the value of different methods utilized to detect breast cancers, with mixed results, and the information can be confusing to the average person trying to sort through it. It can often be presented with incomplete or inaccurate information. An example of that would be the information that came out in August of this year stating that SBE (self-breast exam) did not improve breast cancer survival and might, in fact cause harm. Mark Kane Goldstein, PhD and H.S. Pennypacker, PhD, both members of the American research team that identified and validated the standards for a proficient breast examination, with the support of the National Cancer Institute, pointed out in a detailed response that the media coverage was misleading, contained a number of errors and omitted critical information. They pointed out that the media stories made no mention of the studies that have demonstrated the value and efficacy of SBE. A glaring flaw was that, though the data were presented as news, the Cochrane review (the media source) was actually five years old. One issue brought out by the media reports was that self detected breast lumps might lead to an increase in biopsies of benign tissue. They failed to mention that this is true of every method of breast screening. All screening methods can lead to false positives. About 11 percent of mammograms lead to false positives. That is about 3 million a year.

Here is what you need to know. The best shot we have at early detection is utilizing all three screening methods which include SBE, a high quality CBE (clinical breast exam) and mammograms. Even in combination they are not 100 percent,

but they can be very effective.

SBE is an important tool. It is not about looking for something wrong. That can be overwhelming as many women have very lumpy breast tissue normally. The goal of SBE is to help women become familiar with the landscape of their breasts, to know how they feel, so that when they find a lump or area that feels different they can have their healthcare provider check it for them.

CBE can be highly effective at detecting breast cancers when the provider is trained in a high quality exam. Many healthcare providers are under pressure to see increasing numbers of patients and can feel rushed and overwhelmed. Most are not trained in the new components and techniques of quality CBE. Ask your provider to use the "vertical strip" technique and request that the important areas of your breast tissue be included in the exam. It is important that the lymph nodes in your arm pit are examined and to be aware that 50 percent of breast cancers lie in the tail of the breast and another 20 percent lie under the nipple and areola. That is 70 percent of breast cancers! Educate yourself on what a good CBE is so you can ask your provider for a high quality exam. Start mammograms at 40 years and talk to your provider about when you should start if you have a strong family history of breast cancer. Remember that mammograms have flaws, too. I often hear patients question the need for SBE or CBE because they get their mammograms. They assume that because mammograms involve technology that they are foolproof. It is important to be aware that up to 15 percent of breast cancers are missed on mammograms.

There are excellent training options for both women and healthcare providers for SBE and CBE. It has been noted by a biomedical research team at the University of Florida that, with high quality skill training, both healthcare practitioners and women can detect a breast lesion as small as 3 mm, which is 10 times smaller than the average lesion found by accident. Proficiency is a matter of education and practice.

Drs. Goldstein and Pennypacker have noted that a large proportion of breast cancers are palpable and self-detected, that some breast cancers are invisible on mammograms and that the components of effective CBE and SBE are now known, validated and can be learned, and that women who learn and practice proficient breast examination have an advantage in protecting their health and their life.

I have taken the time to learn how to perform a high quality clinical breast exam and do my best to educate all my patients on SBE technique. I believe them to be extremely important tools in the early detection of breast cancers. I have noted in practice, over the years, the number of women who detect the breast lumps that bring them to me and I can see the improvement in my detection of breast cancers in my patients, as well. The important message here is to educate yourself and talk with your healthcare provider. Ask for a high quality Clinical breast exam. There are some great sources for information and training.

I have included some websites below. In the meantime, know your risk, get

screened, know what is normal for you, and make healthy lifestyle choices; www.mam-macare.com, www.OHSUcancer.com/bhep, www.ohsuwomenshealth.com/index.asp, www.cancer.gov.

Diabetes 101 at Senior Center

A free informational presentation on diabetes will be held at the Vernonia Senior Center on November 10, at 10:00 a.m.

This is an excellent opportunity to learn more about diabetes for yourself or someone else.

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