Breast cancer is a type of cancer where cells divide and grow without control. About 80 percent of cases of breast cancer start in the ducts, while about 20 percent start in the lobules.

Cancerous tumors in the breast can grow very slowly so that by the time one is large enough to be felt as a lump, it may have been growing for as long as ten years.

What Cannot Be Controlled?

Age. The older a woman is, the more likely she is to get breast cancer.

Family History. Having a family member (mother, sister) with breast cancer increases a woman's chance of breast cancer.

Previous Breast Cancer. Having been diagnosed with breast cancer or any other cancer in the past is a risk factor for breast cancer.

Breast Density. Studies have found that as breast density increases (as seen on a mammogram), so does the risk of cancer.

Radiation Exposure in Childhood and Young Adulthood. Radiation exposure at an early age (for Hodgkins disease or Scoliosis) can increase breast cancer risk.

Reproductive Factors. These include a first period before age 12, giving birth at a later age, breastfeeding, and menopause after the age of 55.

What Can Be Controlled?

Factors That Affect Hormone Levels. These include being overweight, more than 2 alcoholic drinks a day, physical activity, postmenopausal hormone use, and birth control pill use.

Diet. This includes dietary fat and fruits, vegetables, and carotenoids (carrots, sweet potatoes, leafy vegetables, etc.)

IT'S NEVER TOO LATE TO ADOPT HEALTHY BEHAVIORS!
Mammography
Mammography is a technique using X-rays to find breast cancer that cannot be felt either because they are too small or located against the chest wall. During the procedure, which usually takes about 15 minutes, each breast is compressed between two plates, and an X-ray image is made. Radiologists who are trained in mammography read the film, looking for any signs of cancer.

Clinical Breast Exam
Clinical breast exams are physical examinations done by health care providers. Checking the feel and look of the breasts for signs of breast cancer, a provider examines the breasts when the woman is sitting upright or while lying down. Mammographic images are difficult to read in some younger women because of their dense breast tissue. For this reason, clinical breast exams offer these women a second avenue for detecting breast cancer early, and are generally started much earlier than mammograms.

Breast Self-Exam
Like mammography and clinical breast exams, breast self-exams may increase a woman’s chances of finding a small tumor at a time when it may be more responsive to treatment. Breast self-exams offer an opportunity to detect tumors that may develop in the time between annual mammograms and clinical breast exams. By doing self-exams once a month, women can become more familiar with the way their breasts look and feel normally and thus may be able to recognize changes, such as thickening, lumps, or spontaneous nipple discharge. Changes should be reported to their health care provider.

Recommendations

- Clinical breast examination by a health care provider at least every 3 years starting at age 20, and every year after 40.
- Mammography every year starting at age 40
  - Women under 40 with either a family history of breast cancer other concerns about personal risk should talk with a health care provider to discuss their risk and when they should start mammography.

All information courtesy of the Susan G. Komen Breast Cancer Foundation.