

Public Health Update

October 2008



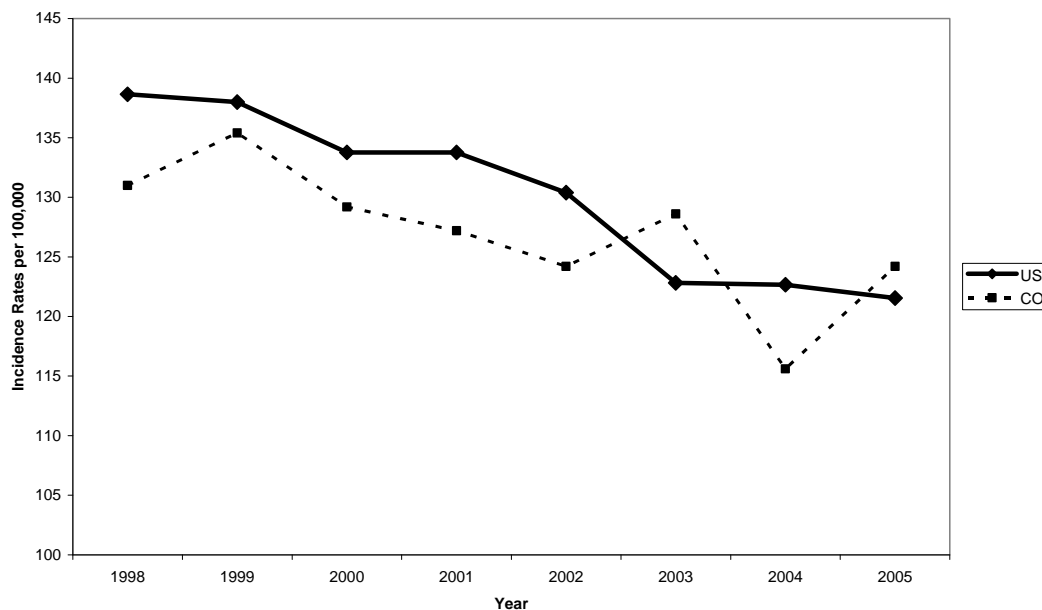
National Breast Cancer Awareness Month

By Tista S. Ghosh, MD, MPH

October is National Breast Cancer Awareness month, a time to raise awareness about the most common non-skin cancer among women in the United States. For more information on National Breast Cancer Awareness Month, visit <http://nbcam.org>.

According to the National Cancer Institute (NCI), breast cancer is the most common form of cancer in U.S. women, aside from non-melanoma skin cancers. Despite the high prevalence of breast cancer, data from the National Health Interview Survey by the Centers for Disease Control and Prevention (CDC) found a decline in mammography screening in 2005 compared with 2000, from 70 percent to 66 percent, after many years of increases in mammography use. Although this is a small decrease, there has been some concern over this trend. Early diagnosis through screening has been the key to reducing death rates from breast cancer. As screening rates fall, resulting in a pool of undiagnosed cases, there may be a short-term fall in incidence. This short term drop is already being seen. National surveillance data have shown that the incidence of this leading form of cancer decreased by 3.5% per year between 2001-2004. This trend may foreshadow a future increase in mortality from breast cancer, as women become diagnosed later and later, with more advanced disease. For health care providers, this makes timely screening of patients more important than ever.

Incidence Rates of Breast Cancer Per 100,000 population in the U.S. and Colorado, 1998-2005*



*Age-adjusted to the 2000 US standard population.

Sources: CO Health Information Dataset (CoHID) for CO data and NCI's Surveillance Epidemiology and End Results (SEER) dataset for US data



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Risk Factors for breast cancer include:

1. Female Gender
2. Age: Breast cancer incidence increases in women over 40. The majority of breast cancer cases occur in women over the age of 50.
3. Genetic risk factors: About 5% to 10% of breast cancer cases may have genetic causes, resulting from mutations in genes such as BRCA1 and BRCA2. BRCA mutations are most often found in Jewish women of Ashkenazi (Eastern Europe) origin, but can occur in any racial or ethnic group.
4. Family history of breast cancer (in first-degree relatives)
5. Personal history of breast cancer
6. History of chest radiation
7. Menstrual history: early onset of menarche or late onset of menopause
8. Childbirth and breastfeeding history: Women who have never had children or who have had their first child after age 30 have a slightly higher breast cancer risk, as do women who have never breastfed.
9. Long-term use of hormone replacement therapy
10. Oral contraceptive use: Women using oral contraceptives have a slightly greater risk of breast cancer compared to women who have never used them, but this risk seems to decline once use is stopped.
11. Alcohol use: Women who consume 1 alcoholic beverage per day have a slightly increased risk of breast cancer, as compared to non-drinkers. Those who consume 2 to 5 alcoholic drinks per day have about 1½ times the risk of non-drinkers.
12. Overweight/Obesity: Studies suggest that being overweight or obese can increase breast cancer risk, especially after menopause.
13. Physical activity levels: Studies have shown that regular physical activity can reduce the risk of breast cancer, particularly among obese post-menopausal women. To reduce breast cancer risk, the American Cancer Society recommends 45 to 60 minutes of physical activity 5 or more days a week.

As a health care provider, what can you do to reduce the risk of breast cancer in your patients?

- Raise Awareness: Educate your patients on the risks of breast cancer and the importance of screening
- Modify Risk Factors: Work with your patients to help them change lifestyle-related risk factors for breast cancer, such as alcohol use, obesity, and physical inactivity.
- Screening: Be sure to conduct age and risk-appropriate screening in a timely manner
- Reminder system: Develop a reminder system to ensure that your patients get screened on a regular basis



Current Screening Recommendations for Breast Cancer

Early detection of cancer through screening increases treatment options and often improves outcomes. The American Cancer Society (ACS) has recommended the following:

- **Clinical breast exams every 1-3 years for women in their 20s and 30s**
- **Mammograms and clinical breast exams every 1-2 years beginning at age 40**

In 2007, the ACS updated its breast cancer screening guidelines to include MRI scans, as an adjunct to mammography, for certain women at high risk of developing breast cancer. The addition of MRI screening was recommended for women with:

- A genetic test result indicating a BRCA 1 or 2 mutation or a first-degree relative of a BRCA carrier
- Certain syndromes, such as Li-Fraumeni syndrome, Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome or a first-degree relative of someone with these syndromes
- A history of radiation treatment to the chest (between the ages of 10 and 30)
- A lifetime breast cancer risk of 20 to 25 percent or greater as determined by an accepted risk assessment tool (predominantly based on family history). One example of an accepted assessment tool is the BRCAPRO, which estimates the likelihood of a BRCA mutation. For more information on BRCAPRO and other assessment tools, visit <http://caonline.amcancersoc.org/cgi/reprint/57/2/75>

For more information on these updated screening guidelines, visit www.guideline.gov/summary/summary.aspx?doc_id=11881

For uninsured or under-insured, low-income women

Refer your uninsured/underinsured or low income patients to Tri-County Health Department's Peak Wellness Program. Qualifying women will receive free clinical breast exams and mammography, along with free screenings for other chronic disease risk factors, such as cholesterol, blood pressure and blood glucose.

Our Peak Wellness program is one of the state's Woman's Wellness Connection (WWC) sites. Women diagnosed with breast cancer through any WWC provider may qualify for the state's Medicaid plan for breast cancer treatment and follow-up.

For more information on Peak Wellness, visit www.tchd.org/peakwellness.htm or call (303) 363-3018

For more information on WWC, visit www.cdphe.state.co.us/pp/cwcci/index.html



References and resources:

The American Cancer Institute's report on Breast Cancer Facts and Figures 2007-2008:
www.cancer.org/downloads/STT/BCFF-Final.pdf

The Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/cancer/breast>

The National Cancer Institute (NCI): <http://www.cancer.gov/cancertopics/types/breast>

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Selected Diseases by Date of Report Adams, Arapahoe, and Douglas Counties 2008 Year-to-date Through September

