What Has Breast Cancer Awareness Accomplished?

Presentation to: Chronic Disease University
Presented by: Catherine Willard MN, RN
Date: October 18, 2016
What we’ll be talking about

- History of Breast Cancer Awareness
- How common is breast cancer?
- What is breast cancer?
- What causes it?
- What are the risk factors?
- Can breast cancer be prevented?
- Tests to find breast cancer early
- Recommendations for early detection
- What you can do
- How is Georgia DPH helping?
A Brief History
Past

- History of shame and no support
- 1974 First Lady Betty Ford publicly announced undergoing a mastectomy for breast cancer
- 1985 was the 1st organized effort to bring widespread attention

We Protect Lives.
A Brief History
Present

- Breast cancer awareness and advocacy
- Breast Cancer Culture
- Social Progress
- Medical Progress
  - Education: screening guidelines, risk factors, treatment options
Goals of Breast Cancer Awareness:

• Reduce the stigma of Breast Cancer through education on prevention, symptoms and treatment
• Greater knowledge will lead to earlier detection of breast cancer and long-term survival rates
• Money raised will produce a reliable, permanent cure
How Common is Breast Cancer?

- Most common cancer among US women, except for skin cancer.
- 2nd leading cause of cancer-related death in US women
- About 1 in 8 (12%) women in the US will develop invasive breast cancer during their lifetime. About 1% of men will develop it.

For 2016:
- About 246,660 new cases of invasive breast cancer will be diagnosed
- About 61,000 new cases of carcinoma in situ (CIS) will be diagnosed
- About 40,450 women will die from breast cancer
Breast Cancer

What is Breast Cancer?

• Tissue growing out of control
• Lobule- milk-producing glands
• Ducts- tubes that carry the milk from the lobes to the nipples
Types of Breast Cancers

**Ductal Carcinoma in Situ or DCIS**
- DCIS found in lining of cells of ducts
- Usually normal breast exam; often found on biopsy for another problem
- Considered a very early form of breast cancer: stage 0

**Lobular Carcinoma in Situ or LCIS**
- Non-invasive; found in cells of lobes
- Usually normal breast exam
- More often found in both breasts than other types of breast cancer
- Considered a risk factor for invasive breast cancer
Types of Breast Cancer cont’d

Invasive (or infiltrating) Ductal Carcinoma or IDC
• Most common type of breast cancer; starts in milk ducts
• May palpate a lump- abnormal breast exam

Invasive (or infiltrating) Lobular Carcinoma or ILC
• Starts in the mild-producing glands (lobules)
• May be harder to detect by a mammogram

Inflammatory Breast Cancer
• Uncommon, often mistaken for an infection; no lump; skin changes
• Higher chance of spreading
Causes of Breast Cancer

- We do not know the cause of most breast cancers
- Most likely cause is related to changes in the genetic material (DNA) in our cells
- DNA changes are often related to our lifestyle, but some can be due to age and other factors
Know Your Risk Factors

Cannot be changed

• Gender
• Age
  * Dense breast tissue
• Family history and genetics
• Race and ethnicity
• Personal history- income, education
• LCIS
• Starting menstruation before age 12
• Going through menopause after age 55
• Age of 1st baby, breastfeeding etc

https://www.breastcancergenescreen.org/
Know Your Risk Factors cont’d

Lifestyle-related Risk factors

* Being overweight or obese
* Physical activity
  • Drinking alcohol
  • Smoking
  • HRT; BCP and Risk-reducing medications
  • Radiation and toxin exposures

https://www.cancer.gov/bcrisktool/
Can breast cancer be found early?

The Importance of Screening

1. Self breast exam (SBE)- look for changes
   - Perform monthly SBE 4-6 days after menses using the Vertical or California Method
   - Abnormal breast signs and symptoms
     - Lump/bump, swelling, nipple retraction,
     - nipple discharge, skin dimpling
2. Clinical breast exam (CBE)

Know your breasts

We Protect Lives.
Can breast cancer be found early cont’d?

Mammograms showing levels of breast density

We Protect Lives.
# Mammograms Reduce Mortality

<table>
<thead>
<tr>
<th>Age</th>
<th>Develop Breast Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-39</td>
<td>60/100,000</td>
</tr>
<tr>
<td>40-44</td>
<td>120/100,000</td>
</tr>
<tr>
<td>45-49</td>
<td>190/100,000</td>
</tr>
<tr>
<td>70-74</td>
<td>430/100,000</td>
</tr>
</tbody>
</table>
Can breast cancer be found early cont’d?

Breast Ultrasound

![Image of breast ultrasound procedure]

High Resolution Ultrasound

- Normal tissue
- Breast cyst
- Benign mass
- Small cancer

UCLA Health

We Protect Lives.
Can breast cancer be found early cont’d?

Breast MRI
Preventing Breast Cancer

How all women can lower risk:

- Get to stay at healthy weight
- Be physically active
- Limit alcohol use
- Think about limiting or not using hormones
- Chemoprevention
How Georgia DPH is Helping

Breast and Cervical Cancer Program (BCCP)

• Combined state and federal resources
• Implemented statewide through contracts with 18 districts and 3 private provider clinics, mammography and cytology facilities, and American Cancer Society

Program Components
Public and professional education, screening and diagnostics, quality assurance, surveillance, tracking and follow-up, evaluation, community outreach

13,835 Georgia Women Served FY2016

We Protect Lives.
Qualifications for GA BCCP

1. Natural born female or *transgender woman
2. Ages *40-64 years
3. At or below 200% of the Federal Poverty Guidelines
4. Uninsured (or under insured)
5. Resident of Georgia
## BCCP Mammogram Recommendations

<table>
<thead>
<tr>
<th>Asymptomatic Women</th>
<th>Georgia BCCP</th>
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<tbody>
<tr>
<td>&lt; 40 years of age</td>
<td>*Diagnostic workup for documented findings per policy</td>
</tr>
<tr>
<td>40-45 years of age</td>
<td>Based on patient’s history and CBE: every 1-2 years</td>
</tr>
<tr>
<td>45-49 years of age</td>
<td>Based on patient’s history and CBE: every 1-2 years</td>
</tr>
<tr>
<td>50-55 years of age</td>
<td>Annual mammogram</td>
</tr>
<tr>
<td>50-74 years of age</td>
<td>Annual <em>(Women age out of BCCP at age 65)</em></td>
</tr>
<tr>
<td>&gt;74 years of age</td>
<td>Annual</td>
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Georgia Breast Cancer Genomics Project

- Established by DPH in 2011
- Designed to reduce the burden of Hereditary Breast and Ovarian Cancer by identifying women with BRCA1 and BRCA2 in minorities and low income women
- Education
- Screening
- Risk assessment
- Genomic services
Screenings and Services in Collaboration
with Georgia Department of Public Health

Georgia Breast Cancer Genomics Project

**B-RST™ GDPH Screening Summary**

- Year to Date Number Screened: 819
- since 2012 inception: 7,512
- September 2016 Total : 271 Positive Screens: 19 (7%)

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>Screened Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobb-Douglas 3-1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>DeKalb 3-5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>East Central (Augusta) 6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>North (Gainesville) 2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Northeast (Athens) 10</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>South (Valdosta) 8-1</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Southwest (Albany) 8-2</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>West Central (Columbus) 7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
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Map of districts/counties participating in HBOC screenings and use of B-RST™ September 30, 2016

Pale green = Thirteen districts with MOU for telehealth; all have been added to screening program. Participating counties have been added by District starting in July 2015.

Dark Green = Counties screening before 2015

Blue = Districts/counties not participating in screenings
Evaluation of Goals

**Goals**
- Reduce the stigma of Breast Cancer through education on prevention, symptoms and treatment
- Greater knowledge will lead to earlier detection of breast cancer and long-term survival rates
- Money raised will produce a reliable, permanent cure

**Prevention Needs**
- Get to and stay a healthy weight
- Be physically active
- Limit alcohol use
- Think about limiting or not using hormones
- Chemoprevention
- Prevent accumulated effects of risk factors by starting education in 20’s-30’s
Thank You!

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