

Monthly Breast Self Exam

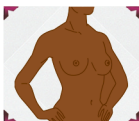
Lie down: Lie down and place your right arm behind your head. The exam is done while lying down, not standing up. This is because when lying down the breast tissue spreads evenly over the chest wall



and is as thin as possible, making it easier to feel all the breast tissue.

Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue. Repeat the exam on your left breast, using the finger pads of the right hand.

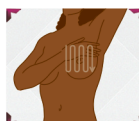
In front of a mirror: While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any changes of size, shape, contour, dimpling, redness or scaliness of the nipple or breast skin. (The pressing down on the hips position contracts the chest wall muscles and enhances any breast changes.)



Standing up: Examine each underarm while sitting up or standing and with your arm only slightly raised so you can easily feel in this area. Raising your arm

straight up tightens the tissue in this area, making it difficult to examine. Use 3 different levels of pressure to feel all the breast tissue. Light pressure is needed to feel the tissue closest to the skin; medium pressure to feel a little deeper; and firm pressure to feel the tissue closest to the chest and ribs. It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you're not sure how hard to press, talk with your doctor or nurse. Use each pressure level to feel the breast tissue before moving on to the next spot.

Move around the breast in an up and down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).



Triple Negative*

Triple Negative breast cancer is shown to disproportionately affect young African American women.

Triple Negative is used to describe breast cancers (usually invasive ductal carcinomas) whose cells do not have estrogen receptors and progesterone receptors, and do not have an excess of the HER2 protein on their surfaces. Breast cancers with these characteristics tend to occur more often in younger women and in African American women. They also tend to grow and spread more quickly than most other types of breast cancer. Because the tumor cells lack these receptors, neither hormone therapy nor drugs that target HER2 are effective against these cancers (although chemotherapy may be useful if needed). It can also be highly aggressive in younger African American women (premenopausal).

**American Cancer Society*



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BREAST HEALTH

MATTERS



A NATIONAL AFRICAN
AMERICAN BREAST CANCER
SURVIVORSHIP ORGANIZATION

African American Breast Cancer Facts**

- ✗ The warning signs of breast cancer are not the same for all women. The most common signs are a change in the look or feel of the breast, a change in the look or feel of the nipple and nipple discharge.
- ✗ Breast cancer is the second most common cause of cancer death among black women, surpassed only by lung cancer.
- ✗ All women can help reduce their risk of breast cancer by avoiding weight gain and obesity (for postmenopausal breast cancer), engaging in regular physical activity, and minimizing alcohol intake.
- ✗ The continued increase in breast cancer incidence rates in black women may in part reflect the rising prevalence of obesity in the group.
- ✗ Breast cancer is detected at an advance stage more often in black women than in white women.
- ✗ Breast cancer is the most commonly diagnosed cancer among black women, and an estimated 30,700 new cases are expected to be diagnosed in 2016.
- ✗ The median age of diagnosis is 58 for black women, compared to 62 for white women.
- ✗ African-American women tend to be diagnosed with breast cancer at a younger age than white women.
- ✗ In the past, African-American women were less likely than white women to get regular mammograms. Lower screening rates in the past may be one possible reason for the difference in survival rates today.
- ✗ Benign breast conditions (also known as benign breast diseases) are noncancerous disorders of the breast.
- ✗ Some benign breast conditions can cause discomfort or pain and need treatment. Others do not need treatment.
- ✗ Pregnancy and breastfeeding reduce the overall number of menstrual cycles in a woman's lifetime, and this appears to reduce future breast cancer risk

**American Cancer Society, *Cancer Facts and Figures 2016-2018*

**Susan G. Komen, *Breast Cancer Global Statistics 2017*

**Breastcancer.org, *Breast Cancer Risk Factors 2017*



Karen E. Jackson

FOUNDER & CEO
Sisters Network® Inc.
Diagnosed 1993 and 2014

Risk Factors

- ✗ Gender
- ✗ Age
- ✗ Genetic
- ✗ Family history
- ✗ Personal history
- ✗ Race and ethnicity
- ✗ Dense breast tissue
- ✗ Hormone therapy after menopause
- ✗ Daily alcohol consumption (one or more glasses)
- ✗ Smoking
- ✗ Being overweight or obese (per individual Body Mass Index)
- ✗ Lack of exercise
- ✗ Current or recent use of oral contraceptives (birth control pills) slightly increases the risk of breast cancer
- ✗ Having your first child after age 30

Signs & Symptoms

- ✗ Swelling of all or part of the breast (even if no distinct lump is felt)
- ✗ Skin irritation or dimpling
- ✗ Breast or nipple pain (occasional or fluctuating)
- ✗ Nipple retraction (turning inward)
- ✗ Redness, scaliness, or thickening of the nipple or breast skin
- ✗ Nipple discharge (other than breast milk)
- ✗ Any patterns of change or new and unusual symptoms that occur outside the norm. (i.e. persistent itching of the breast)

Source: Cancer.org 2017

Thetruthaboutbreastcancer.com 2017

Early Detection Guidelines



Mammogram: Women 40 years and older should have a screening mammogram every year. If your mother or sister has had breast cancer, you may need to get a mammogram earlier and more frequently.

Clinical Breast Exam: Women between 20 and 39 years old should have clinical breast exam by a healthcare professional at least once every three years. Women ages 40 and older should have a clinical breast exam every year.

Monthly Breast Self-Exam (BSE): Women 20 years and older should do a monthly breast self-exam.

Ultrasound: An ultrasound is used to determine if a lump is a solid mass or a fluid-filled cyst. Clinicians use ultrasound to help determine if a lump is normal or abnormal.

Breast Magnetic Resonance Imaging (MRI): Magnetic Resonance Imaging (MRI), uses magnetic fields instead of x-rays to create a picture. An MRI produces clearer images of your breast to help detect abnormalities.