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## Breast Cancer Awareness Month Update

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**Yale Cancer Center Answers**

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*Welcome to Yale Cancer Center Answers with Drs. Edward Chu and Dr. Ken Miller. I am Bruce Barber. Dr. Chu, who cannot be with us this week, is Deputy Director and Chief of Medical Oncology at Yale Cancer Center. Dr. Miller is a medical oncologist who specializes in pain and palliative care. If you would like to join the discussion you can contact the doctors directly at [canceranswers@yale.edu](mailto:canceranswers@yale.edu). The phone number is 1888-234-4YCC. This evening we are honoring national breast cancer awareness month. Dr. Miller is joined today by Dr. Baiba Grube, Associate Professor of Surgical Oncology at the Yale School of Medicine and Dr. Liane Philpotts, Associate Professor of Diagnostic Radiology.*

- Miller            Let's start off by talking about how common breast cancer is.
- Grube            Breast cancer is a very common diagnosis in women. The lifetime risk of developing breast cancer is one in eight. That means that women who have the chance of living to the age of 90, can expect that one in eight women will develop breast cancer.
- Miller            We seem to be hearing about young women with breast cancer more. Do you think things are changing, or are we just more aware of it now?
- Grube            There are several issues. We are doing a better job of educating and screening, and with the utilization of breast imaging we are identifying earlier breast cancers in younger women.
- Miller            This is October, which is breast cancer awareness month. Liane, let us talk a little about screening. I wish to talk about mammography, but also more broadly, what type of women should get screening and at what age.
- Philpotts        Currently the recommended age to start breast cancer screening is 40. This has been different through the years and certainly physicians will still send patients at 35 for a baseline, but most of the medical groups such as the American Cancer Society recommend starting at age 40, and every year after that. Certainly, self exam is something that women can perform themselves starting at a much earlier age, and there are other screening tools other than mammography such as MRI. Depending on the population we can start at an earlier age, again we are talking about high risk population undergoing MRI screening.
- Miller            Lots of times women will say they don't want to do a self breast exam because they don't know what they are feeling. What are your thoughts about that?
- Grube            I think it is very important to start educating women at a young age so they become familiar with their own breast texture and appearance. Even today most breast cancers are picked up by women who have performed a breast examination and are familiar with their breast tissue. It is important to feel comfortable with

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changes in the breast which do occur with the menstrual cycle, with pregnancy and as we get older the texture of the breast changes.

Miller So with careful and regular exams, and with some education, can most women get beyond that fear of not knowing what they are feeling?

Grube Yes, most women can. For those who cannot, we live in a community where there are wonderful primary care physicians who are involved in the education and examination of breast tissue. For those women who are not comfortable, I suggest that they have more frequent physical examinations. I do not push women to do a self breast examination if they cannot perform it or feel too anxious to do it. I am happy to have them come in on a fairly frequent basis for breast exams if they are at high risk. I think community physicians in Connecticut are also very engaged in their patients and are willing to see them and monitor them on a closer basis.

Miller When we are talking about breast self exam, what are your thoughts on how often a woman should do it. Is there a certain time of a month?

Philpotts Absolutely, I think once a month is certainly enough. Any more often and people are going to drive themselves crazy. Just as Baiba said, many women do find their own cancers and even if your breasts are very lumpy, if you get used to doing it on a regular basis you can feel the difference. Cancers feel different than regular lumps and bumps. The mid point of a cycle for premenopausal women is probably ideal. In the shower is probably the easiest way to do it or lying in bed where you can really look for symmetry between the two sides. If at all possible, make it a once a month routine.

Miller I know there is some effort to teach young girls, even in high school, how to do a breast self exam. What are your thoughts on the benefit of doing it at that age? Do they go home and teach their parents? At what age do you think a self exam should start?

Philpotts Interestingly, prior to coming to Yale I was involved in a high school education program in Galveston. I believe that high school girls are ready to receive information. Sometimes they find it silly, but the exposure to the breast self exam is something that they need. Frequently young women are already sexually active, and that is all part of a well women's examination. I think that senior year in high school is a reasonable time to begin teaching young women about breast health.

Miller I want to talk about two different scenarios. One is where a woman feels a lump in the breast, and the other is where something is found on an x-ray. Let's start with the first one. For a woman who is doing a breast self exam and feels a lump in the breast, is that likely to be cancer?

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- Philpotts Overall it is not likely to be a cancer but reassuring a patient is important. Cysts are extremely common in the breast and that is the most common thing that patients come in with for imaging as well as for physical exam. It is important to reassure them just as with an abnormality on a mammogram. The majority are going to prove to be benign. It is important to pursue it and have an exam with their physician if they do feel a lump. First they should start with their physician and from there the physician will likely order some age appropriate tests. If a patient is younger than 30, they will do an ultrasound, between 30 and over they would probably do a mammogram as well.
- Miller Why not do mammograms for every woman?
- Philpotts We don't usually like to perform mammograms on younger women because it is x-ray radiation. When breasts are young and developing there is probably an increased sensitivity to radiation so we try to avoid that and use the other tests if possible. We will certainly do mammography if needed.
- Miller How does an ultrasound compare to mammography, the MRI and digital mammography? How do you sort all of them out?
- Philpotts They are all pretty complementary tests and do show slightly different things. Ultrasound is very good for looking for cysts, which as I said is probably one of the most common findings. We can certainly find solid tumors as well in the breast. However, ultrasound will not find the microscopic type of disease that we can see on a mammogram such as the microcalcifications. There are studies that actually show that screening with ultrasound can, in the right hands, find cancer that is of a similar small size to that found on mammography, but it is very operator dependent and those studies have not been well documented and reproduced. This is why ultrasound is not really our first choice for screening. It is used as a compliment to mammography and in younger women. Mammography will pick up both masses and calcifications which are two different findings for early breast cancer. An MRI is a newer test available to us. It does not involve radiation. It is a magnetic field that the patient is in. This is somewhat of an involved test and is usually reserved for patients who are at increased risk, who have a finding on their mammogram or patients with newly diagnosed breast cancer. It is very useful for looking for the extent of disease as well as to assess the opposite breast. There are a lot of false positives with MRI so we have to be very careful about how we use it.
- Miller If you see a patient who, lets say, feels a lump in their breast and you also feel a lump in the breast. A number of tests are done but they do not find anything, what do you do then?
- Grube If there is a discrete mass that is not visualized on mammography, ultrasound or

MRI, that density or mass does need to be tested with a tissue diagnosis. We do that with a skinny little needle and it's called fine needle aspiration. We can also do it with a little bit larger needle which is called a core biopsy. This is to determine if whether or not this mass represents something abnormal or if it just represents breast tissue. But if you do feel a mass that is discrete, we do need to take it one step further and let the pathologist look at it under the microscope.

Miller One thing that you both said that is encouraging is that, thankfully, most lumps and masses in the breasts are benign. People really should not be afraid to go see their doctor. With that in mind, I can try to imagine how much anxiety there must be. Can you tell us a little bit about what the experience is like for a woman when she is about to have a biopsy?

Philpotts Patients are extremely anxious and it is something that we deal with everyday in mammography; from an abnormality on a mammogram to actually undergoing a biopsy. Everyone expects the worst, and given that it is a common disease, they do think they have cancer. There is a lot of anxiety. Reassurance is something that we certainly try to give, but there is only so much you can do until the patient hears that they are okay and that the biopsy is benign.

Grube I completely agree with that. In our breast center we have a social worker who is available to support the individual while they are waiting for their results. We also have support staff, a nurse practitioner and a physician assistant who is available during those few days between the time of the biopsy and finding out that this represents a benign process, or a cancerous process. Having additional people available to talk to and explore their feelings with is very, very important.

Miller It sounds like the team approach to care is very helpful for women, is that your finding?

Philpotts Yes, absolutely. That is why we have established the breast center and have all the support staff as she mentioned. It is really a team approach.

Miller We talked about lumps that women feel that the doctor feels. Are those the majority of the breast cancers that you are finding, or are they found nowadays on x-ray studies such as mammography?

Grube All of the recent reports suggest that the size of the tumors have decreased significantly over the past 10 to 15 years with the institution of good educational programs and good screening programs. Tumors used to be diagnosed at 2.5 cm, a little over an inch, and now they are being diagnosed at about 1.5 cm in size. That is about half the size, and interestingly enough, our ability to find the earliest type of breast cancer, called ductal carcinoma in situ, where it is held inside the milk duct and has not broken out, has increased from 5% in the 1980's to well

over 25% now. This is essentially a curable disease, and therefore, we should try to encourage more and more women to participate in the screening programs that are available in our community.

Miller We would like to remind you to email your questions to us at [canceranswers@yale.edu](mailto:canceranswers@yale.edu). We are going to take a short break for medical minute. Please stay tuned to learn more information about breast cancer with Dr. Baiba Grube and Dr. Liane Philpotts from the Yale New Haven Breast Center.

### *Medical Minute*

*According to the American Cancer Society, overall 11000 people will be diagnosed with colorectal cancer in Connecticut this year alone. When you detect colorectal cancer early, it is easily treatable and highly curable. If you are over the age of 50, you should have regular colonoscopies to screen for this disease. Clinical trials are currently underway at federally designated comprehensive cancer centers like the one at Yale, to test innovative treatments for colorectal cancer. The patient's enrolled in these trials are given access to medicines not yet approved by the food and drug administration.*

*This has been a medical minute. More information is available at [www.yalecancercenter.org](http://www.yalecancercenter.org).*

Miller Welcome back to Yale Cancer Centers Answers. This is Dr. Ken Miller and I am here with Dr. Baiba Grube and Dr. Liane Philpotts discussing the latest in breast cancer diagnosis and care. Let us talk about the different technology that is available. Here's a question for you, what is tomosynthesis? That is a word that I have heard.

Philpotts Tomosynthesis is a very exciting development in breast imaging. It is very similar to mammography in that unfortunately it does require x-ray and compression of the breast, but rather than taking a straight two-dimensional image, the x-ray source actually rotates through an arch and using digital mammography techniques it captures a series of images that are then reconstructed on a computer. We can reconstruct the breast in 1 mm slices. Then, on a monitor, you can actually scroll in and out of the breast rather than having all the tissues superimposed in a two dimensional image. The idea behind tomosynthesis is that it will help to identify some smaller cancers that otherwise would have been obscured by denser breast tissues, as well as hopefully reduce some other false positives that we find on mammography that are due to superimposed breast tissue that may make an area of the breast stand out.

Miller When a woman is diagnosed with breast cancer, she has an abnormality in her mammogram then has a biopsy, what are the options for that woman?

Grube In today's treatment of breast cancer, we do not approach treatment options as

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individuals; we approach it as a team and discuss a variety of options. I will speak from the surgical standpoint. Historically, a mastectomy has been the approach to treatment because essentially it was the only treatment that we had.

- Miller Along those lines, 30 years ago, what percentage of women were having a mastectomy for breast cancer?
- Philpotts Thirty years ago, unless the woman absolutely refused to have a mastectomy, that was the treatment of choice.
- Miller So almost all women?
- Philpotts Yes, almost all women and we have to be grateful to the women who have participated in the clinical trials that looked at trying to keep the breast as opposed to removing the breast as a local treatment of breast cancer. After 25 to 30 years of approaching the local treatment, meaning in the breast treatment with breast conservation, that the survival is equivalent to the survival for women who have a mastectomy
- Miller So essentially women who have a lumpectomy and radiation, for example, do just as well as those that have a mastectomy.
- Grube They do.
- Miller For a woman who has had a lumpectomy and then had radiation, what do you recommend Liane, or what does the team recommend, in terms of follow-up mammography and other studies?
- Philpotts We generally stick to once a year screening with mammography or diagnostic mammography. There is not any literature to support doing it any sooner. Sometimes we will if the patient had MRIs often initially. Will require some followup MRIs as well but really the mammography is still our main treatment.
- Miller In your own clinical experience Baiba, is it common to have a local recurrence in the breast after a lumpectomy and radiation or is it that relatively rare.
- Grube It is relatively rare. We use radiation to supplement surgical treatment of the breast cancer and with the use of both surgery and radiation, recurrence rates are under 5% and in most studies, approaching 3%.
- Miller We talked a little about surgery and radiation in terms of local control and the treatment of the breast cancer itself, who else is on the team?
- Philpotts It is a tremendous team that offers a variety of different support systems to get

through the process, which is a difficult and lengthy one to get through, but our goal is to have a well healed individual.

- Miller            There have been two trends, one is that we have been finding breast cancers earlier, and our treatments have improved as well. For a woman diagnosed now, and this is a breast cancer awareness month, what is her overall outlook Liane?
- Philpotts        The overall outlook is excellent. As we said initially, one in eight women are going to get breast cancer, but only one in 33 are going to die from it. That just shows how far we have come in terms of treatment and how good the prognosis is for woman.
- Miller            Again awareness is so important. If a woman finds a lump and is scared to go see the doctor, is there any message you want to send to them Baiba?
- Grube            For breast cancer that only lives in the breast the survival is 98%. To reach that goal women need to do earlier screenings to find these tumors when they are small so that we can do the least toxic treatments, allow women to keep their breast, avoid chemotherapy and tailor treatments to the individual themselves to make it the least toxic of all.
- Miller            We had a few e-mail questions. Let me share one. This is from Jill and she writes, "I have a strong family history of breast cancer. My mother's mother and my mother both had breast cancer. I am 30 years old, what should I do for screening?"
- Philpotts        It will depend also on the age of the family members. If they were premenopausal it makes a significant difference. If a woman has first degree family members that are premenopausal then we will start by screening those patients at a younger age. Often we will chose 10 years younger than the age of the diagnosed family member. While we used do just mammography, nowadays we would add MRI as well to their screening.
- Miller            We have another e-mail question. This is from Heidi and she says, "My best friend was just diagnosed with breast cancer and was told that the lymph nodes were involved. What does that mean and does she need chemotherapy?"
- Grube            To stage breast cancers we look at the size of the tumor, whether there are any tumor cells identified in the lymph nodes and how many lymph nodes have tumor cells in them. Then we worry about potential spread to other parts of the body. Some of the favorite places to spread are to the lungs, liver and into the bone. If the tumor only exists in the breast and the lymph nodes, that person would most likely receive chemotherapy and perhaps you can give us a little input on how you would approach to this.

- Miller Well I do not know Heidi's age or her friend's age, but with the lymph node involvement we would use some type of chemotherapy along with some type of systemic therapy. Essentially the message is that with breast cancer we worry about the breast itself, we want to make sure the cancer is gone and we want to make sure it hasn't gone elsewhere in the body. One of the nice things about a multidisciplinary program is that all the different specialists are working in the same room and trying to solve the same problem.
- Grube Being a surgical oncologist, many of the patients that we treat will ask what we would do and say they are afraid. But our approach to chemotherapy has improved significantly over the last few years with our ability to treat the side effects of chemotherapy, anticipate some of them so that women really are able to go through chemotherapy in a much, much easier manner than they used to.
- Miller We are going to wrap up in a couple of minutes. I am going to ask each one of you for any message you want to send out there, this being breast cancer awareness month.
- Philpotts Go out and get your mammograms and tell your friends to do so to. We see women who have been scared to come for mammograms because they have heard that it hurts or they are afraid of the diagnosis. It is a very treatable disease when found early. We have a brand new mobile mammography van at Yale. We have had a program for 20 years but this summer we have a brand new van with a brand new digital unit on it that goes out into the community. Probably one of the biggest barriers is that people are busy and it is easy to put off, but the best thing is to just go out and do it.
- Miller Have your mammogram and do your breast self exam. Baiba there is a seminar coming up in New Haven soon correct?
- Grube There are actually two seminars coming up, and taking a theme from what Liane said about fear, the conference is actually called "Hope not Fear," and that is what we want to give to our community. It will be at the Savin Rock Conference Center in West Haven. It is a whole day event on October 11. We look forward to having people come to this event. It will discuss a variety of different topics and lots of exciting talks are planned. In November we have a conference at the Yale University Anlyan Center on November 3 that is being conducted by Y-ME.
- Miller I want to thank Dr. Baiba Grube and Dr. Liane Philpotts for joining us on Yale Cancer Center Answers for a great session talking about breast cancer awareness month. Again, thanks for being here.
- Grube Thank you.

Philpotts

Thank you.

*If you have questions, comments, or would like to subscribe to our podcast, go to [www.yalecancercenter.org](http://www.yalecancercenter.org) where you will also find transcripts of past episodes in written form. Next week, we will examine bone metastasis with Dr. Gary Friedlander.*