

SURVIVING BREAST CANCER

YOUR GUIDE TO
EARLY DETECTION



TRIBAL
HEALTH

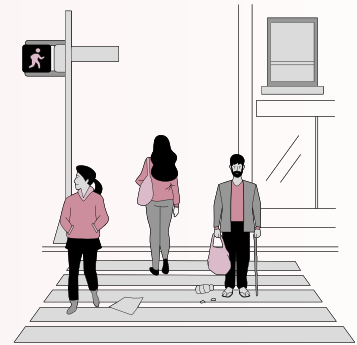
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Breast cancer can strike anyone.

It's a statistic most women know: 1 in 8 women will be diagnosed with breast cancer sometime in her lifetime.



Nearly all of us will know someone with breast cancer at some point. Many young women assist their grandmothers and mothers through their breast cancer journey, knowing that one day it may be their journey too.

The good news: breast cancer is highly survivable when caught in its earliest, localized stages. Thanks to better screening and advances in early detection and treatment, breast cancer death rates decreased 43% from 1989 through 2020.

Today, the 5-year relative survival rate is 99%.

Men get breast cancer too

Malignant cells can form in men's breast tissue too, though it's less common. Men account for less than 1% of all breast cancer diagnoses in the United States. The lifetime risk of a U.S. man developing breast cancer is about 1 in 726.

But men carry an approximately 19% higher breast cancer mortality rate than women. As a demographic, men are less aware of breast cancer and less likely to consider a lump or other symptom as potentially cancerous - which can delay diagnosis and treatment.

Facts About Breast Cancer

1 in 8

women will be diagnosed with breast cancer. Every 2 minutes a woman is diagnosed with breast cancer in the United States.

1 in 726

men will be diagnosed with breast cancer.

99%

When caught in its earliest, localized stages, the 5-year survival rate is 99%.

26%

Women who receive regular screenings for breast cancer have a 26% lower death rate than women who do not receive screenings.

30%

In 2024, approximately 30% of all new female cancer diagnoses will be breast cancer.

15%

15% of survivors have family with breast cancer. Women with a mother, sister, or daughter with breast cancer are nearly twice as likely to be diagnosed.

Understanding Your Risk

Risk Factors

Technically, all breast cancer is caused by damage to a cell's DNA. But what causes that damage? Most people with breast cancer will never know for sure - but we do know of some risk factors.

Some risk factors can be avoided or managed, such as weight and alcohol consumption. Some, such as a family history of breast cancer, cannot.

Age

Breast cancer in the United States occurs primarily after the age of 50. The average age of U.S. women diagnosed with breast cancer is 62 years old; men's average age for diagnosis is 67 years old. However, youth is not a guarantee of avoiding breast cancer. About 9% of new breast cancer cases are diagnosed in women younger than 45.

Race and ethnicity

White women are more likely to be diagnosed with breast cancer than other racial groups, but black women are 40% more likely to die from breast cancer than white women.

Black women's average age of diagnosis is 60 years old, compared to 62 for white women.

Hispanic Women are more likely to be diagnosed at later stages when it is more difficult to treat. Breast cancer is the leading cause of cancer death for Hispanic women.

Asian American/ Pacific Islander women once had low rates of diagnosis but those rates are rising.

Native American women are 7 percent more likely to get breast cancer and 10 percent more likely to die from it than non-Hispanic white women. They're also more likely to be diagnosed before age 50. Breast cancer is the second leading cause of cancer death for Native women.

Family history and genetics

BRCA1 and BRCA2 are genes that can impact a person's chances of developing breast cancer. (BRCA is an abbreviation for "BREast CAncer gene.") A mutation, or defect, in either of these genes increases a person's likelihood of developing breast cancer.

Out of 100 women with a *BRCA1/2* gene mutation, more than 60 will get breast cancer. However, only 13 women in 100 women without a *BRCA1/2* gene mutation will get breast cancer.

A man with a BRCA1 gene mutation carries a 1 in 11 lifetime risk of developing breast cancer. A man with a BRCA2 gene mutation carries a 1 in 6 lifetime risk.

Other gene mutations may play a role in breast cancer, such as CHEK2, PALB2, and ATM genes. If your family members have had cancer, ask your doctor if they recommend genetic testing.

Lifestyle

Obesity, smoking, and frequent alcohol consumption are linked to an increased risk of breast cancer. Women who have not had children or who had their first child after age 30 also have a slightly elevated risk of breast cancer. Birth control methods that use hormones might increase breast cancer risk as well.

Risk factors for men

Most risk factors for men are related to estrogen. Men who've taken medicine containing estrogen for 5 years or more may have a greater risk of breast cancer. Another factor is Klinefelter syndrome, which affects 1 in every 1,000 men. These men have at least two x chromosomes, which can reduce their male hormones while increasing estrogen. This can increase their risk of breast cancer.

Liver disease is another factor that can imbalance male hormone levels, increasing men's risk. Finally, undescended testicles or the surgical removal of a testicle can contribute to increased male breast cancer risk.

What about risk of recurrence?

Risk of breast cancer recurrence depends on the type and staging of the initial breast cancer. The highest risk of recurrence occurs during the first few years after treatment and then decreases over time. People under age 35 at the time of their original breast cancer diagnosis face a higher risk of breast cancer recurrence.

Early Detection

Early detection is your best protection.

SURVIVOR STORY

I guess I have survivor's guilt. My coworker died of breast cancer that wasn't caught until she was Stage 4. And I'm doing fine now. I keep thinking, why her, why not me? The only difference is that I caught mine early. And I had an amazing care team. – Tracy A.

No one wants to be diagnosed with cancer. But fear of diagnosis or treatment can make cancer more deadly than it has to be. A [recent study](#) in the Annals of the American Thoracic Society found that almost half the people who tested positive for lung cancer delayed treatment for months – leading to worse outcomes. Another [survey found that 40%](#) of people who detected a sign of cancer would avoid seeing a doctor - 25% waiting to see if the symptoms went away on their own.

This denial can be fatal when people put off mammograms and other preventive care. The 5-year relative survival rate –that's the percentage of people who had the same type and stage of cancer and are still alive after 5 years— is 99% for [early stage](#) breast cancer. For all types and stages? 91%.

In other words, the earlier breast cancer is detected, the greater the likelihood of a successful outcome. **Taking action is your best chance of surviving and thriving after breast cancer.**

Breast Cancer (SEER*) Stage

5-Year Relative Survival Rate

Localized (invasive cancer has not spread outside of the breast)	99%
Regional (spread to nearby structures or lymph nodes)	86%
Distant (spread to other parts of the body)	31%
All SEER stages combined	91%

*SEER is the Surveillance, Epidemiology, and End Results database, maintained by the National Cancer Institute (NCI). Localized stage only includes invasive cancer. It does not include ductal carcinoma in situ (DCIS).

Preventive Care: Self-Exams

Detecting breast cancer begins with you. In this section, we'll look at preventive care and symptoms.

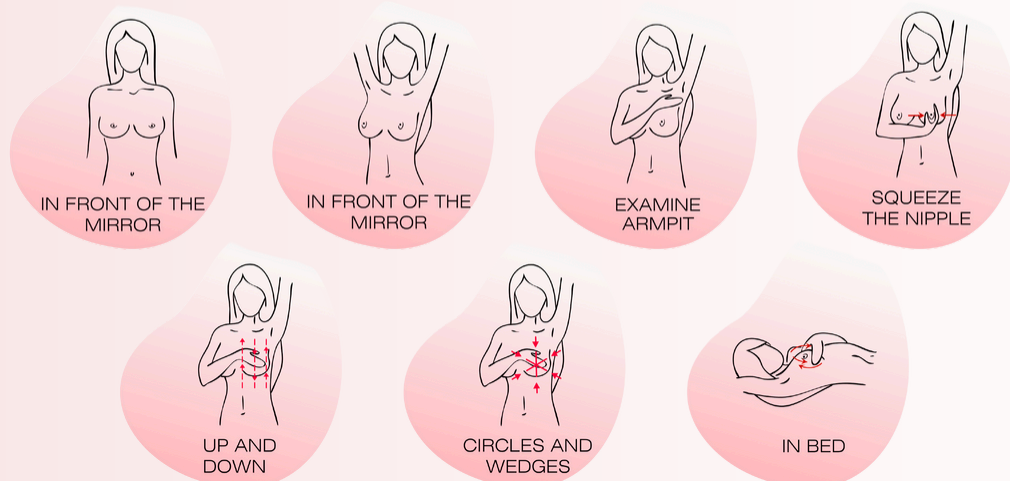
Monthly breast self-exams are key to detecting changes in your breasts. Doing so helps you learn the unique "normal" feel of your breasts and how that might change based on your menstrual cycle - and alert you to any breast changes.

Self-Exams After Surgery

If you've had breast surgery, your breasts will have a new look and feel. This includes any kind of surgery - implants or the removal of implants, breast reduction, reconstructive surgery, or lumpectomy or mastectomy.

If you're a survivor, you should continue to perform regular self-exams after recovery. Because breast tissue extends throughout your chest and underarms, you may retain some breast tissue after mastectomy.

If you have breast implants, you'll want to check the implant edges for lumps or abnormalities. Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) and other lymphomas can form in the scar tissue around the implant, appearing as a lump, fluid, swelling, or pain, or skin changes. Some lumps you find will be scar tissue - but you should ask your doctor to check them just the same.



Preventive Care: Screenings

Self-exams are important, but they aren't a replacement for clinical screenings. Here are the guidelines for getting a clean bill of breast health.

When do I get screened?

Age 40 is the baseline for most women to begin annual mammograms. But some women may want to begin earlier.

If you have a first-degree relative who had breast cancer, you can follow this formula: Take the age of your relative at diagnosis and subtract 10 years. That's the age you should begin screening.

For example, if a first-degree relative was diagnosed with breast cancer at age 44, you may want to begin mammogram screenings at age 34.

Schedule a well woman visit to talk about your family history and develop a screening plan with your provider. That plan should outline how often you need to receive a mammogram or other breast imaging screenings, such as an ultrasound or breast MRI.

Annual mammograms remain the best way to detect breast cancer early. Many women have discovered their breast cancer this way before they have any symptoms.

Thermal imaging is another screening procedure. By measuring infrared heat waves from breasts, this tool can detect hotter cancerous cells.

If you have dense breast tissue - meaning you have more fibroglandular tissue, which appears white on a mammogram - you may have a slightly higher risk of developing breast cancer than women without dense breasts. Your doctor may recommend additional screenings such as tomosynthesis (or 3D mammograms), ultrasounds, and MRIs.

If your initial screening shows any suspicious results, your doctor may schedule you for a more in-depth diagnostic mammogram, ultrasound, breast MRI, or biopsy. This **does not mean you have cancer** - only that your doctor needs more information about your breast health.

Don't wait for your doctor to recommend you for a screening; ask for it. They kept telling me, "You're too young." I finally got my doctor to sign off on a baseline mammogram when I was 36. I was 40 when they found the breast cancer. - Ashley S.

**SURVIVOR
STORY**

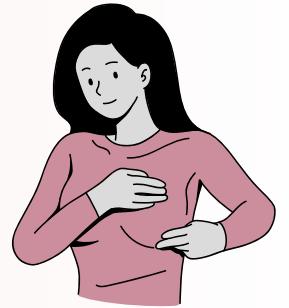


Recognizing Symptoms

60-80% of breast lumps are **non-cancerous**. Don't panic if you find a lump or other symptom - but do follow up with your doctor.

Many survivors discovered their first signs of breast cancer. While the following signs and symptoms don't always indicate breast cancer, you should notify your doctor.

- Unusual nipple tenderness
- A thickening in or near the breast or underarm area
- Skin changes such as redness, dimpling, enlarged pores, or orange peel texture
- A lump, often around the nipple or armpit area
- Swelling, shrinkage, or unexplained change in the size or shape of the breast
- Any nipple discharge - clear, bloody or milky



What about a recurrence of breast cancer?

Survivors should know the signs and symptoms of breast cancer recurrence, which could include:

- Back, neck, or bone pain that was not caused by injury
- Shortness of breath
- Fatigue and feeling unwell
- Mood changes
- Speech or vision difficulty

What is your intuition telling you?

While this may not be classified as a clinical symptom, multiple survivors have mentioned feeling prompted by their intuition to seek a clinical exam. "I just felt like something was wrong" is a common story from survivors. If you have a feeling or instinct that you need to be checked out, do so.



"I found a lump!"

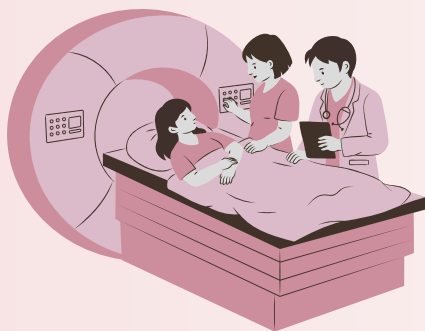
A breast lump in or around your breast or underarm area often feels more solid than your other tissue. It may be as small as a pea or the size of a walnut. It could feel smooth, hard, round, or jagged. It could feel moveable or stationary. Most lumps are not cancerous, so don't panic - tell your doctor what you have found and follow their guidance.

Your Cancer Journey

Beginning cancer treatment and recovery

Simply hearing the words “breast cancer” can feel overwhelming. But many people have walked this path - and they offer a smart and compassionate community that can provide you with treatment and support.

If you have not been diagnosed but suspect something is wrong, your first step should be contacting your provider. For many women, this is their primary care physician or gynecologist. However, you may choose to visit a mobile mammogram or other ambulatory care facility. The [NBCF National Mammography Program](#) can help you find a free or low-cost mammogram in your area.



“I’ve been diagnosed with breast cancer. Now what?”

After your initial screening, your care team will discuss the best course of action with you. This will differ for each person, but could include a biopsy, lumpectomy, mastectomy, radiation, chemotherapy, and/or reconstruction. There are many paths to recovery and your decisions will be influenced by your genetics, personal goals, your family goals, and other factors. The important thing is to always seek care promptly.

Understanding some common cancer terms

Invasive ductal carcinoma (IDC)

Also known as infiltrative ductal carcinoma, this means cancerous cells have spread beyond the milk ducts into other parts of your breast tissue or body. It is the most common type of breast cancer.

Ductal carcinoma in situ (DCIS)

In this non-invasive type of breast cancer, abnormal cells are in the lining of the milk duct.

Malignancy

A malignant tumor is cancerous and sometimes aggressive. If your doctor suspects your tumor is malignant, they will perform a biopsy to determine its severity and the likelihood of spreading.

Metastatic cancer

This refers to the spread of cancer cells through the body, usually through the lymph system or the blood stream, to form a second tumor. The new tumor is still made up of breast cancer cells, even when it is located in your lungs, kidney, or other organs.

Advice and recommendations

You can't eliminate the possibility of getting breast cancer - but you can address your risk.

Create your personal risk profile

Your assessment should include your age, genetics, lifestyle, and family history, such as a mother, aunt, grandmother, or sister with breast cancer.

Moderate your alcohol consumption

Alcohol consumption is linked to breast cancer risk, so consider limiting your intake.

Consider breastfeeding your children

Breastfeeding lowers estrogen - and every 12 months of breastfeeding drops a woman's cancer risk by more than 4 percent.



Maintain a healthy weight

Extra fat tissue is linked to extra insulin and estrogen, both linked to an increased risk for breast cancer. Eating a healthy diet and exercising at least 3 days a week are recommended to lower risk.



Quit smoking

Some chemicals in tobacco and smoking products are linked to uncontrolled cell growth.

Discuss Hormone Replacement Therapy (HRT) with your doctor

Some studies show increased risk of breast cancer after hormone therapy; others find no increase in risk. Discuss the risks and benefits with your doctor.

Let providers know about your breast implants

Both silicone and saline implants can interfere with the ability to read mammograms; let your provider know in advance so they can decide if they need to take extra pictures.



Be your own advocate

Breast cancer treatment and recovery begin with clear communication. Ask your care team for as much information as possible - and advocate for yourself every step of the way.

SURVIVOR STORY

My baseline mammogram was only one year prior to me finding the lump. My doctor kept insisting it was a clogged milk duct, but I had stopped breastfeeding 6 months prior. I had a feeling something wasn't right, and I wasn't going to take any chances, considering breast cancer is very prevalent in my family. I had to push for another mammogram AND ultrasound because of dense breast tissue. I was 36 when I was diagnosed - the youngest in my family. - Erin K.

Everyone told me I'd need to rest, but no one told me I'd have a 5 pound restriction on my arms. I tell people now to ask for guidelines. If I have a fever, when should I contact you? At 100 degrees? 103? Is it normal if I can't sleep? - Ashley S.

You'll probably see multiple providers over the course of your treatment - and you'll probably hear a few terms you don't understand. Breast cancer treatment and recovery begin with good communication, so advocate for yourself and don't be afraid to ask your care team for as much information as you need.

During appointments, write down what you hear and keep records. Whenever possible, bring a loved one to your appointments so they can remember important information.

You can also prepare for appointments with specialists by writing down questions and concerns. Some common questions are:

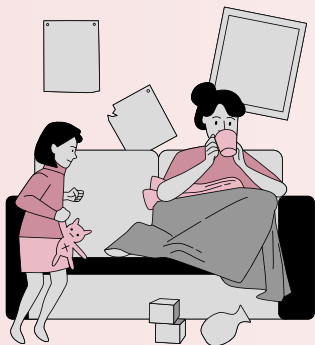
- What are my options for treatment?
- What are the potential side effects?
- Will I have to make any lifestyle changes?
- Should my family have genetic testing?
- What does recovery time look like?
- What physical limitations will I have? Can I drive?
- What changes to my body should I expect? How will I look different or feel different?
- What's the best way to contact you if I need help?
- What can go wrong with surgery and what is our game plan if that happens?

Getting the support you need

Breast cancer can impact you in ways you didn't expect. Here are 7 pieces of advice from survivors.

Protect your mental health.

Even when your cancer treatment is going as well as it can, it's natural to feel anxious, overwhelmed, or experience a return of past mental health challenges. Seeing a therapist and speaking to other survivors can help.



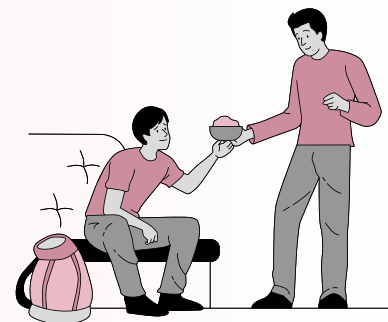
Allow yourself to rest - and accept that you may need to depend on others.

If you're accustomed to being strong and independent, it can be frustrating to now depend on others for help. You may need others to carry heavy objects after surgery or may find yourself needing to sit down and rest while cooking dinner. This is temporary - but it can be tough to accept. Remember that all of us depend on others at some point, including those who are helping you now.

Teach people how to support you.

Friends, coworkers, and family members will want to help you - but they may not know how. Make a list of practical tasks they can handle like walking the dog or taking your kids to a movie. If they're doing or saying something that bothers you, tell them politely but directly.

You can also suggest they follow Ring Theory - a framework that helps others understand what to say and what **not** to say to people with cancer. The idea is that your emotional needs are at the center, with support flowing inward to you and any venting flowing outward.



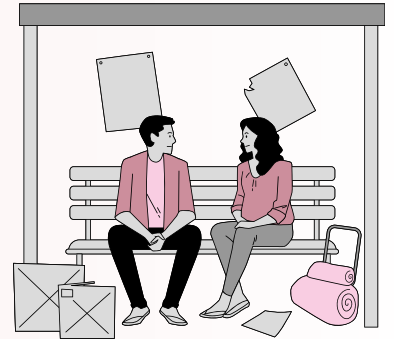
SURVIVOR STORY

I don't like the slogans that say, "Save the tatas." My grandmother's breast cancer spread to her lungs and then her brain. So I asked my friend to stop talking about saving breasts because it's about saving the person - the breasts are often the first thing to go. - Shannon K.

Getting the support you need

Expect relationship changes.

Breast cancer will affect your partner as well as you. From body image struggles to decreased libido to a new sense of vulnerability, it's not uncommon for intimate relationships to change during and after breast cancer treatment. However, these changes do not have to be negative or permanent. Some survivors report that couples' counseling and other work has ultimately provided a new richness and connection in their long-term relationships.



Expect children to be impacted too.

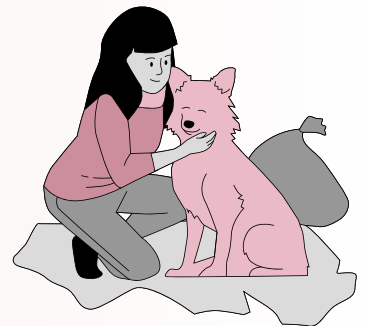
Depending on the ages of your children, you may decide to give them different amounts of information. But even if your youngest ones don't know of your diagnosis, they are likely to sense a difference in the household – such as being unable to give you a bear hug after your mastectomy. You may want to plan in advance how you'll answer your children's questions and how your family can support them emotionally.

Build community - reach out to other survivors.

No one will know what you're really going through like a fellow breast cancer survivor. There are many virtual and in-person support groups for survivors. From sharing practical tips like the best lotions to use on scars to hearing others' recovery stories, these groups can offer invaluable support and new friendships.

But take time for yourself too.

Cancer can quickly fill up your life with appointments, questions from loved ones, and new lifestyle routines. In addition to feeling emotionally and physically exhausted, you may feel as if "cancer patient" is your new identity. Take time to focus on yourself and reconnect with the things you enjoy, such as your hobbies, your pets, or your favorite music and movies. Remember that you are more than your cancer - and that this period of your life will not last forever.



Life beyond cancer

The community of survivorship can last long after your cancer ends.

SURVIVOR STORY

As soon as I got the initial diagnosis, I felt like my life was over. But I had the lumpectomy and my pathology appointment went well - clear margins and my nodes were negative. I had radiation but didn't have to have chemotherapy. Today people are shocked when I tell them I had breast cancer. But I went back to living the life I wanted to live.

- Megan P.

Everyone who's experienced breast cancer now belongs to a community of bold and supportive survivors. Whether you are newly diagnosed, deep into your cancer journey, or simply interested in preventive care, you are not alone.

As you transition from treatment to survivorship, you may be excited to return to your earlier routines and lifestyle. You may want to jump back into lots of quality family time, your academic studies, or a demanding career. But you may also find emotions that you pushed aside during treatment - fear, depression, anger - come flooding back.

Here are a few tips to create a positive transition as you adjust to life after cancer:

- Take it slow and protect your health through exercise, good nourishment, and good sleep.
- Assess your immediate and long-term goals. Many survivors find their perspective changes during treatment.
- Expect an adjustment period with family members, coworkers, and friends who may have stepped into new roles during your treatment.
- Continue counseling. You won't be seeing your care team as often; continuing therapy can provide a consistent source of support.
- Find ways to reduce stress, such as meditation, yoga, hiking, or working out.



This guide is just the beginning to understanding your options for early detection and effective treatment. Speak to your provider to create the best plan for your risk profile or diagnosis - and know that your life after cancer can be vibrant, powerful, and fulfilling.

Resources

ORGANIZATIONS

[American Cancer Society](#)

[National Cancer Institute](#)

[Breastcancer.org](#)

[Mayo Clinic](#)

[NBCF National Mammography Program](#)

[The Cancer Support Community](#)

TOOLS

[Ring Theory Framework](#)

[The Family Health History Tool](#)



BOOKS FOR SURVIVORS

Read That Again: Surviving Breast Cancer with Courage, Candor, and Community - Sabrina Skiles

Beat Breast Cancer Like a Boss - Ali Rogin, Edie Falco, Sheryl Crow, and Athena Jones

Not the Breast Year of My Life - Cara Sapida

Breasts: The Owner's Manual - Dr. Kristi Funk

The Breast Cancer Book: A Trusted Guide for You and Your Loved Ones - Dr. Kenneth D. Miller, Dr. Melissa Camp, and Kathy Steligo

BOOKS FOR PARENTS AND KIDS

What Every Child Needs to Know About Cancer - Bradley Snyder and Marc Engelsjerd

When Someone You Love Has Cancer: A Guide to Help Kids Cope - Alaric Lewis

Cancer Party!: Explain Cancer, Chemo, and Radiation to Kids in a Totally Non-Scary Way - Sarah Olsner

When Your Parent Has Cancer: A Guide for Teens - National Cancer Institute

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MAYO CLINIC

<https://www.mayoclinic.org/diseases-conditions/recurrent-breast-cancer/symptoms-causes/syc-20377135#:~:text=Younger%20people%2C%20particularly%20those%20under,higher%20risk%20of%20local%20recurrence.>

CDC

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<https://pubmed.ncbi.nlm.nih.gov/12133652/>

SUSAN G. KOMEN

<https://www.komen.org/breast-cancer/risk-factor/gene-mutations-genetic-testing/brca-genes/>

ANNALS OF THE AMERICAN THORACIC SOCIETY

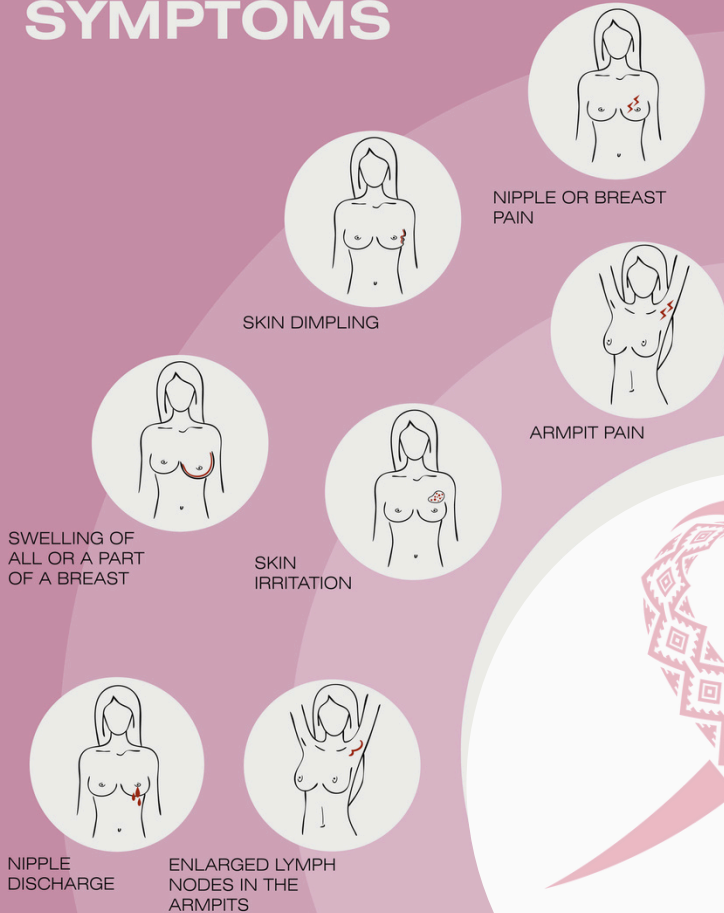
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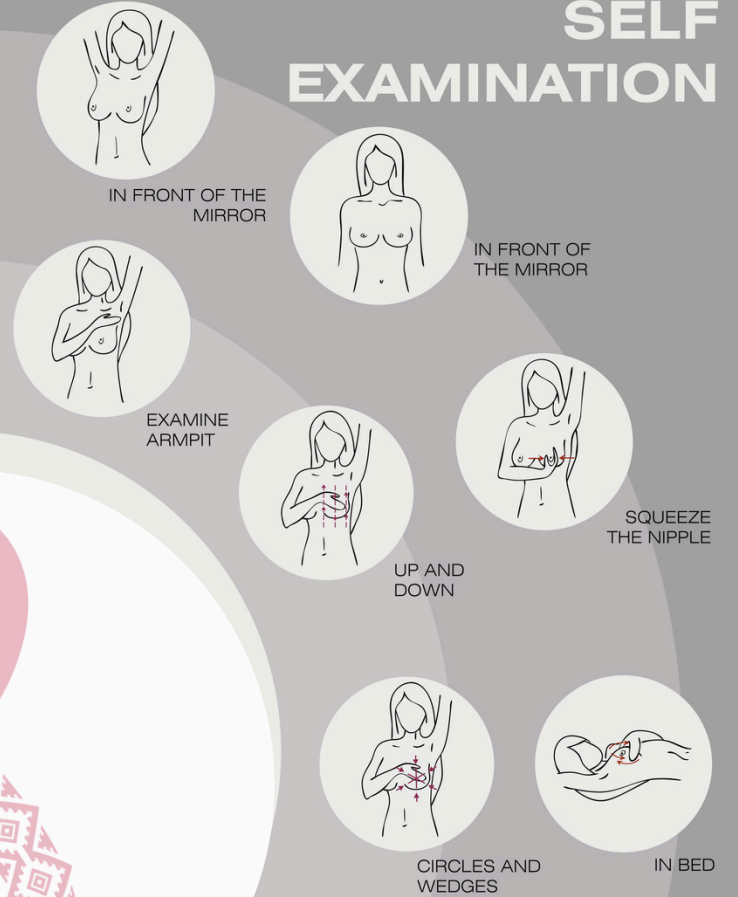
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Appendix

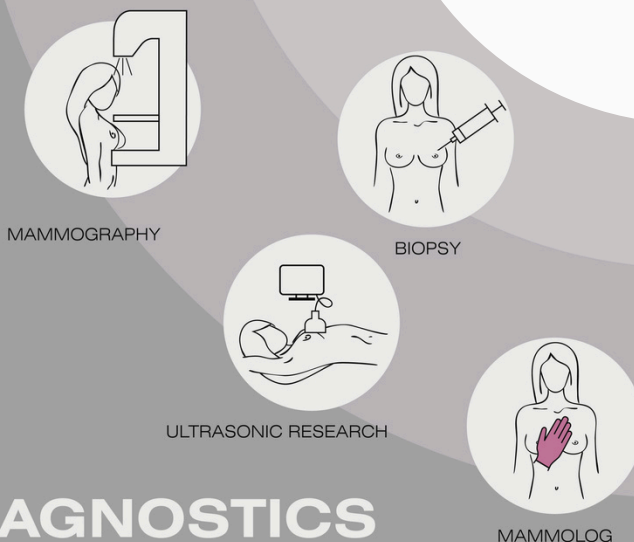
SYMPTOMS



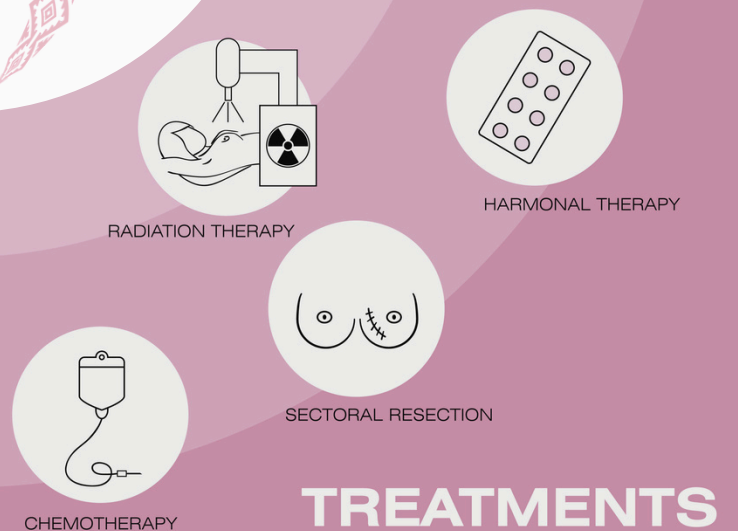
SELF EXAMINATION



DIAGNOSTICS



TREATMENTS



Let's build a healthier world together.

Tribal Health brings culturally sensitive care, world-class providers, and a kinder patient experience to every engagement.

If you share our mission of healthcare transformation, please join us in creating sustainable clinical solutions for underserved populations and communities.

Our power is in partnerships - and we know that by working together, we can achieve our vision of compassionate care for all.



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