Breast Cancer Fact Sheet

Introduction
This year, an estimated 232,340 women and 2,240 men will be diagnosed with invasive breast cancer. Over 40,000 will die of the disease (an additional 64,640 people are estimated to develop non-invasive carcinoma in-situ). If diagnosed early and treated before it spreads, five-year survival rate for breast cancer is 98 percent.

At Risk
- Women with abnormal genes, such as BRCA-1 or BRCA-2
- Women who began their menstrual periods before age 12 or began menopause after age 55
- Women who have used hormone replacement therapy (HRT) with estrogen and progesterone for a long time
- Women who are overweight or obese
- Women who are not physically active
- Women over 40 (Most breast cancer is diagnosed in women over 40.)
- Women with a family history of ovarian cancer
- Women who have had radiation therapy to their chests
- Women and men with a family history of breast cancer (Risk increases if several close relatives have been diagnosed with breast cancer or if a person’s older female relative, either on the mother’s or father’s side, was diagnosed before age 50.)
- Women and men who have already had cancer in one breast

Risk Reduction and Early Detection for Women
- If you have babies, breast feed them.
- If you drink alcohol, limit your drinking to no more than one drink a day.
- Exercise daily for 30 to 60 minutes.
- Maintain a healthy weight.
- Don’t smoke. If you do smoke, quit.
- In your 20s and 30s, have a clinical breast exam (CBE) by a health care professional at least every three years.
- Beginning at age 40, have an annual CBE.
- At age 40, begin annual screening mammography.
- If you have an abnormal gene, talk with your health care professional about beginning annual screening mammograms at a younger age and MRI (magnetic resonance imaging).
- If you have a family history of breast cancer, talk with your health care professional about genetic testing.
- At menopause, talk with your health care professional about whether you should have hormone replacement therapy.
- Ask your health care professional about other ways to reduce your risk. For example, health care professionals may recommend tamoxifen or raloxifene for risk reduction in women with five-year Gail model risk of 1.67% or higher

Breast self-exam is one way that you can get to know what is normal for your breasts. If you notice changes, see your health care professional right away.
Symptoms
Don’t wait for symptoms to appear. Get screened according to guidelines. If you do notice any of the following symptoms, talk with your health care professional.

• A lump, hard knot or thickening in the breast
• A lump under your arm
• A change in the size or shape of a breast
• Nipple pain, tenderness or discharge, including bleeding
• Itchiness, scales, soreness or rash on nipple
• A nipple turning inward or inverted
• A change in skin color and texture (dimpling, puckering or redness)
• A breast that feels warm or swollen

Treatment
Treatment depends on the type and stage of the breast cancer.

• The most common treatment is surgery to remove the cancer itself (lumpectomy) combined with radiation. In some cases, removal of the breast (mastectomy) is needed.
• Chemotherapy, radiation or hormone therapy may be used alone or in combination before or after surgery.

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For more information about breast cancer, visit www.PreventCancer.org.

This fact sheet uses information from the following sources:
National Cancer Institute, National Institutes of Health. Breast Cancer PDQ®.