

Breast cancer: The best way to treat it is with early detection, imaging and breast evaluation

Dr. David J. Hetzel • October 7, 2010

Some women I meet in the Breast Center at Hope A Women's Cancer Center have noticed a lump for more than a year but waited or denied that it may be a cancer. A mammogram, breast ultrasound or other breast imaging there confirmed it was a problem.

Usually a lump has to be 1.2 centimeters (a half-inch) to feel it and some women won't notice it until it is well over 2 centimeters. Self-breast exams help only if you act on a significant change you have noticed.

Unfortunately these women increased their risk of death by waiting too long, as the lump remained or grew bigger. Without question you are able to cure an invasive cancer or a person with a threatening pre-cancer, if you find it before it is palpable. That means a woman needs to go in for a routine screening mammogram every year starting at age 40.

Screening mammograms have played a big part in reducing the risk of death and have found breast cancers earlier, improving a woman's chances for cure.

If a woman has a lump or an abnormal mammogram, that woman and her doctor need to take charge. It is important that she is quickly referred to a center where breast experts work. Experts who spend most or all of their time evaluating breast problems, clinically manage them, perform breast surgery, evaluate abnormal breast imaging and can do image directed biopsies.

Putting these pieces together is essential for an initial comprehensive breast evaluation and plan. Unfortunately some places do only a part of it. You have to do your homework — it's your life and it is not always clear how much or how comprehensive any place is, regardless of its name.

Focus and volume is always important for quality. The more anyone does, the better they are at it. You need to take advantage of that.

New imaging technology can assist in difficult evaluations but are not routine screening tools at this point. Molecular breast scanning has joined breast MRI as tools that can detect subtle areas in dense breasts. Also known as breast specific gamma imaging (BSGI), it works by looking at abnormal functional activity of breast cells, finding potential cancers sooner.

Tomosynthesis is a moving digital mammogram image (mini-movie) of a breast that is promising in its ability to detect occult cancers. It is not yet available but should be in the near future. The clinical role or best focus of use for these newer imaging technologies has yet to be clearly defined.

It is important that you make good use of what is available now. Breast screening with mammograms saves lives. If you have dense breasts or a lump, breast ultrasound is very helpful.

If you or someone you know is skipping mammograms, you are putting yourselves at risk. If you are feeling a lump or have an abnormal scan, be diligent and get the best expert medical advice you can.

This is the opinion of Dr. David J. Hetzel, breast cancer research director at Hope A Women's Cancer Center, who specializes in breast and gynecologic cancers and is associate clinical professor at UNC Chapel Hill. He is a member of the WNC/Buncombe County Medical Society. Visit www.bcmsonline.org.

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