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Breast cancer awareness month advertisement

Ask any woman what disease she is most afraid of, and it is likely that she will say breast cancer. Almost everyone knows someone who did everything 'right' and still got breast cancer, says Victoria Seewaldt, MD co-director of the breast and ovarian cancer program at Duke University Comprehensive Cancer Center. It can make women feel like they have no control. Although you can't control your genes, there are strong actions to protect yourself. But according to experts, there is a lot of confusion about what is really important. Here's what they want you to know... Life-saving shows 1. Clinical breast examinations are as important as mammograms. Mammograms, which start at the age of 40, are crucial (get them earlier if you have a family history of the disease), but they are an incomplete screening tool, especially in women with dense breasts. Therefore, the doctor's annual clinical breast examination is mandatory. This is especially important for inflammatory breast cancer [a rare but aggressive type that can make the chest swollen and red], which often does not appear in mammograms, explains Katherine B. Lee, MD, a breast specialist at the Cleveland Clinic Breast Center. On the other hand, canal cancer in situ (DCIS), the earliest form of breast cancer limited to milk ducts, is most often found in mammograms. Both screenings are equally important. 2. Breast self-exams can really help. It's good to do them at the same time each month, but don't stress if you haven't panned them on your designer. Self-examinations will help you get to know what is normal for your breasts. So when something is off, you know and you can bring it to your doctor's attention. After all, you know your body better than any doctor. 3. Do not panic if you are called a mammogram redo or have calcification. Many women over 40 meters of age have calcium accumulation (calcification) in their breasts, and most of them are benign. It's part of the tissue aging process, explains Dr Lee. These can appear as white spots on mammography - they are usually harmless if they are large, rough, lonely points, but suspicious if small spots cluster together linearly. Most radiologists can distinguish between the two, and only suspicious ones require a biopsy. While the time between initial and follow-up mammography can be filled with anxiety - a common reason that some women delay their follow-up, says a study at the Dana-Farber Cancer Institute in Boston - most often the callback turns out to be non-existent. How diet and exercise lower your risk 4. Active women are less likely to develop and die from breast cancer. Regular exercise has consistently been associated with a lower risk of breast cancer. Any form of exercise is likely to help by lowering estrogen levels, Dr Seewaldt explains. In addition, a new study from the University of South Carolina women with high aerobic fitness levels (based on their ability to withstand their ability to treadmill test) is a 55% lower chance of dying from breast cancer than its poorly fit peers. So let's get 5. Take folate. While experts say a general healthy diet can help prevent breast cancer, a growing body of research suggests that getting enough vitamin B folate (in leafy vegetables, beans and 40 products) can help reduce the increased risk associated with drinking alcohol. (Drinking two or more drinks a day increases the risk of breast cancer by about 25%.) Take it easy with alcohol, but if you drink one drink daily, getting plenty of folate from your diet or multivitamin can help, says Claudine Isaacs, MD, director of the clinical breast cancer program at Georgetown University Medical Center. 6. Obesity is the most risky after menopause. Of course, staying at a healthy weight throughout your life reduces your risk to almost everything, including heart disease, type 2 diabetes and arthritis. But when it comes to breast cancer, postmenopausal pounds are especially dangerous. For women who have passed menopause, one of the most significant sources of estrogen comes from body fat, explains Dr Isaacs. So if you are overweight, you have more circulating estrogen, which can stimulate the growth of breast cancer. And it doesn't take much: losing up to 10 pounds can help lower your risk. 7. Avoid soy supplementation. Soy contains isoflavones that can work in your body in an estrogen way and potentially stimulate the growth of certain types of breast cancer, explains Seema A. Khan, MD, professor of surgery and co-director of the breast cancer program at Northwestern University in Chicago. Supplements usually contain stronger doses of isoflavones, so experts recommend avoiding them. But the food - edamame, soy, tofu - is great. How your breasts look and feel 8. Lumpy breasts don't mean a higher risk of cancer. Many women have cysts in their breasts that come and go during the menstrual cycle (also called fibrosystic changes). Knowing any lump or bump can be scary, but cysts of this type typically do not lead to cancer, Dr Seewaldt points out. Still, it is especially important for women with fibrositic breasts to conduct breast self-examinations and get annual clinical breast examinations so that any of the usual unusual lumps can be thoroughly checked. 9. Pain is usually not a sign of breast cancer. If you have pain in one or both breasts, you can be sure: It's probably due to hormonal changes, benign cyst, ligament strain or other condition, says Dr Isaacs. More common warning signs of breast cancer include a palpable lump, a change in breast size or shape, skin vomiting, changes in the skin (such as scaling or discharge) or increased heat - changes that you should bring to your doctor's attention as much as possible 10. Women with very dense breasts are four times more likely to develop breast cancer. When breast tissue is dense, cells grow and multiply faster Which means that some have more chance of becoming abnormal or cancerous cancers, explains Dr Lee. Ask your doctor if you have dense breasts; She should be able to tell you based on clinical breast examination and mammograms. Since mammograms are less effective at detecting cancer in very teated breasts, if yours fall into this category, you can benefit from regular MRI or ultrasound examinations, as well as mammograms. Your odds of an 11th-placed 11th-in-2015 were not the same. The risk of breast cancer is not 1:8 for all women. This statistic applies to lifelong risk, stating that you live at or after the age of 85. At the age of 40, the average woman has one in 69 chances of getting breast cancer in the next 10 years; At 50, the risk rises to 1:42; At 60, it's one in 29. At 70, it's one in 27. Which means that statistically, women are most at risk of developing breast cancer in their 70s and 80s - but then breast cancer has the highest rate of improvement because women in that age group tend to get a less aggressive and treatable form of the disease, says Dr Seewaldt. 12. Family history does not mean that you will receive it for sure. Only about 20-30% of breast cancer patients have a family history of the disease, and an even smaller number - 5 to 10% - have the BRCA1 or 2 mutation (so-called breast cancer genes), Dr. Isaacs explains. Biology is not fate. 13. If it is infected very early, breast cancer has a survival rate of more than 90% in the United States. The majority of women who get breast cancer in this country don't die from it, says Powel Brown, MD, PhD, a medical oncologist at Baylor College of Medicine in Houston and a member of the Scientific Advisory Board of Susan G. Komen for the Cure. In step 0 (which means cancer is limited to milk ducts) and stage I (the tumor is no more than 2 cm and has not spread beyond the breast), the five-year survival rate is now 100%, according to the American Cancer Society (ACS). Five years may not sound like much, but if you get to the five-year benchmark without relapse, your prediction of leading a long, healthy life is good, Dr Seewaldt says. In stage II (the tumor is 2-5 cm or the cancer has spread from one to three lymph nodes), the five-year survival rate is 86%. Thanks to better screening, most breast cancers in the United States are now caught up in the early stages. 14. Many factors affect your risk. Family history isn't the only thing that matters: Other factors come into play, including when you got the first episode, if or when you have kids and how active you are. Discuss all the details of your lifestyle and medical history with your doctor to make sure you get the right screenings at the right time. 15. Fathers or brothers with prostate or colon cancer may have your risk. These are signs of possible BRCA1 or 2 mutations, Dr Lee says. gene mutations can run on your father's side, so be sure to ask if any of his female relatives had breast or ovarian cancer. If you're in grave danger on The 16th. Take an MRI and a mammogram. Make a do increases the likelihood of picking small tumors in women at high risk (if you have a strong family history of breast and ovarian cancer and have BRCA1 or 2 mutation). However, MRI should only be ordered in the treatment of a breast specialist, says Anne Wallace, MD, team leader of the Moores Cancer Center breast program at the University of California, San Diego. 17. If you have BRCA1 or 2 mutations, removing your ovaries reduces your risk by almost 50%. Your ovaries produce hormones, so taking them off changes the hormonal mix, explains Dahlia Sataloff, MD, clinical professor of surgery at the University of Pennsylvania and director of the Integrated Breast Center at Pennsylvania Hospital in Philadelphia. 18. Taking certain medications can help. Tamoxifen and raloxifene are drugs that can inhibit the ability of estrogen to promote breast cancer. They lower the chances of developing the disease by about 50 percent in women with the BRCA1 or 2 mutation, says Dr Brown. These drugs can be used for five years and the risk reduction continues 10 years after they are discontinued. Yet most women who are candidates for drugs don't take them. Of course, there are side effects: Both drugs can exacerbate hot flashes, and tamoxifen increases the risk of uterine cancer. But for some women, these risks are considered worth the best. These drugs are much less invasive than the use of prophylactic mastectomy [removing both breasts before cancer] to reduce the risk, says Dr Brown. Treatment 19. Breast cancer is not a single disease. What has helped doctors and researchers develop more effective treatments is the realization that there are different types of breast cancer for different reasons. Among the primary: estrogen receptor positive breast cancers, the growth of which is fuelled by the hormone estrogen; HER-2 positive breast cancers containing a protein called HER-2/ neu; and triple negative breast cancers without receptors for estrogen, progesterone or HER-2. 20. Chemotherapy is not always given. Today, doctors perform genetic profiling with a breast cancer tumor (using advanced tests such as Oncotype DX or MammaPrint) to assess a woman's risk of relapse. If the chances are low, doctors may not recommend chemotherapy. We are more selective in using chemotherapy to help women avoid unnecessary toxicity and have to suffer unnecessarily, says Dr Wallace. This content is created and maintained by a third party and will be imported to this page so that users can provide their email address. You may find more information about this and similar content piano.io piano.io

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