Karla Daniele, M.D.

Where should someone start if they have concerns about breast cancer?

0:06

So there's different recommendations in terms of when to start screening mammography, depending on different entities, different accreditation bodies, those recommendations change a little bit. So let's say you're with your primary care provider, so they typically follow the task force. The task force recently changed those recommendations to mimic a little bit more what we in oncology world recommend, but not to the full extent. So the task force recommends to start screening mammography at age 40 and continue doing it every two years until the age of 75 so that's for the average risk person the American College of Radiology as well as the association of breast origins. Our recommendations tend to be a little bit more geared towards people who have higher risk. So what we recommend is at the age of 25 to have a discussion with your PCP about what your personal risk factors are if you are triggered as someone who may have a genetic predisposition, those screening guidelines may start as early as age 25 so there's a little bit of discrepancy. Well, what I like to recommend to patients everyone is at a different risk factor stage is discussing with your PCP what screening guidelines are best for you.

What are the risk factors?

1:33

There's a lot of risk factors that are inherent there's nothing we can do about it. So aging, we can't stop the aging process in being a female. Those are the two biggest risk factors that we have for developing breast cancer. Other things that we may have a little control over are physical activity and activities been linked to increased risk of breast cancer once we get to that post menopausal stage. So typically, people over the age of 50, obesity is also a risk factor for future breast cancers. So those are two things that we have control over that can reduce your risk of future recurrence.

What kind of testing and screening is available?

2:21

Luckily, we're in the age that everything is very tailored to you. So now that we understand there's this genetic predisposition, genetic testing is available for peoples that have a lot of family history of breast cancer or other malignancies, it may start that conversation with your PCP of these are additional risk factors that further increase my risk of not just breast cancer, but other oncologic diagnoses and genetic testing may be recommended. Genetic testing will allow us to know if there's any genetic predisposition for specific malignancies. It may not necessarily be breast cancer, may be something else, but also, even if that's negative, if we know you have family history of breast cancer or other malignancies, it just may mean that we don't know those specific genetic mutations that may necessarily lead to those cancers. So that's how I like to counsel patients, is even if your genetic testing is normal, but we have a lot of family history, we still don't neglect that.

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What are the symptoms of breast cancer?

3:28

Typically, breast cancer is a cult at the very beginning. That's why we recommend doing screening mammography before we can even feel anything, before we start developing symptoms. Feeling a lump would be the first red flag that we have to starting a workup, especially of an average risk factor person over the age of 40, having a lump is something that we need to start investigating. Beyond that, having swelling under your armpit, that's where the lymph nodes that drain the breast are, and if we have cancers trying to travel somewhere else, a lot of the times, they will go there first. So breast lump or swelling under the armpit, those would be definitely things to discuss with your primary care provider to further investigate,

Are self exams recommended?

4:14

As long as you keep consistency and you're familiar with what your breast feels like, no one will know your breast more than you do. So anything that is new for you, we need to know about it, and that may be that alone, may be an indication for us to do additional imaging.

How does breast density affect a person's risk?

4:44

Breast density, it is also something that, more recently, we've identified as a risk factor for future breast cancers. When we talk about breast density, there's the breast organ itself. It's composed of fibroglandular tissue, which is what primarily makes up the breast tissue and some fatty tissue as we age, just like everything else in life, that composition changes, and we go from having predominantly fibroglandular tissue to predominantly fatty tissue. So breast density, if you've had a screening mammogram, you get your report, and it may mention what your breast density is. We break it down in four different categories, and what those categories are telling you is the ratio of that fibroglandular tissue to the fatty tissue. So there's four different categories, A, B, C and D, A means it's almost entirely fatty replaced. That's something that we expect to see in older individuals. The opposite spectrum is the category D, which is an extremely dense breast tissue. That's something that we expect to see in a very young person. But some people, even with aging process, don't really go through that transformation. We still hold on to that excess Fibroglandular tissue and conceptually, yes, if we have more breast tissue, our risk factor is a little bit higher. But also it puts some limitations on how effective the screening mammogram is at identifying things. The way I like to explain how this impacts your screening is if we have a patient with a very dense breast or that extreme category. Imagine you're trying to find a little pebble through a glass of milk. So it's pretty white, and you may see some outlines, but you're not really going to know the full extent of that pebble, the size, the shape, the exact location. You may know there's something there, whereas in the opposite spectrum, where we have the Category A or the fatty replace breast tissue, when we're doing a mammogram, it's the equivalent of trying to find that same pebble through a glass of clear

water. So you can see it. You know how big it is, how exactly where it is, the outline. So when we identify patients with increased breast density, we recommend supplementing their screening mammograms with other modalities, either in the form of an ultrasound or an MRI, whatever fits your needs. So those are discussions that people should be having with our primary care providers. You

Where can you find information about your own breast density?

7:24

So it is required by law to provide that information when you're getting your screening mammograms. In that little report that you get to say if there were any findings, you are notified of your density. So even if your PCP doesn't bring it up, you get that letter mentioning increased breast density, you should bring it up so you can start tailoring your future screening.

Is mammography still the most effective screening tool?

7:53

Yes, so mammography is still the gold standard for screening, but we do recognize it has some limitations, especially in the younger population because of breast density. So the denser the breast tissue, the more limitations that mammography is going to have. So now we have adjuncts to supplement that mammography, either in the form of breast ultrasounds or breast MRIs.