



**BREAST  
CANCER**  
*Awareness*

# Make Yourself Your Top Priority

From the moment a person gets diagnosed with breast cancer, they are immediately surrounded with a care team.

Oncologists, surgeons, radiologists, nutritionists, oncology social workers, genetic counselors and mental health professionals work together to provide care.

However, that team can only do so much. Ultimately, a cancer patient needs to be committed to self-care throughout the treatment process and afterward to contribute to a successful outcome.

## TAKE INVENTORY

The University of California San Francisco Medical Center is in the process of researching whether self-care and lifestyle changes can improve survival rates and lessen some of the side-effects experienced during treatment. While they don't yet have definitive results, they recommend:

- Developing good self-care skills. Take care of yourself the way you would your best friend, your spouse, your child.
- Eat well. Don't jump from diet to diet and either deprive yourself or binge. Find ways to eat that are healthy and make you feel good about yourself.
- Drink plenty of water.
- Sleep well.
- Avoid cigarettes and exces-



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sive alcohol.

- Manage stress. What can you change? What do you need to adapt to?
- Move your body. Discover what sort of movement feels good and provides you with pleasure.
- Identify the things that make you feel bad and figure out how you might eliminate

those things or make them less of a stressor.

- Discover your passions, those things which give your life meaning and stir your creativity.

Flexibility is also important. They write, "Lifestyle change is not a written prescription that never changes. It is a dynamic process that is often

in crisis and flux throughout breast cancer diagnosis and treatment."

## BE A STUDENT

Breast Cancer Now is a British charity devoted to research and care. They have put together a self-care toolkit of videos, tips, phone apps to provide daily self-care tips,

help lines and interviews with other survivors. Do your homework and find the resources that match with your lifestyle and learning style.

Breast Cancer Now's toolkit is divided into the following self-care areas:

- Be kind to yourself.
- Manage diet and exercise.
- Look after your mental health.
- Uplift your body image and identity.

Survivors share several practical ways to do all of the above. Ann Silberman wrote an article for Healthline where she recommended doing such things as hiring a cleaning service, taking care of your hair or letting a stylist do it once a week, finding somewhere in nature where you can walk or sit and find peace, learning your limitations and communicating them to your loved ones, starting new hobbies or spending time doing ones you already love, and helping others.

Another place that can be your partner in self-care is a spa. Many massage therapists are trained in oncology massage, using protocols that can lessen the intensity of side-effects you experience. Consider finding a spa near you that offers oncology massage and set up regular appointments; you may even be able to purchase a subscription.

Every self-care plan will be unique. Build yours around your individual needs and the things that most brings you contentment and joy.

# Breast Density a Flag for Cancer

Breasts can be classified as dense or fatty. Nearly half of all women over 40 have dense breasts.

Dense breasts make it harder to diagnose breast cancer while at the same time making it more likely to develop breast cancer.

## WHAT IS BREAST DENSITY?

Breast density describes the relative amount of different types of breast tissue — glandular, connective and fat — that is seen in a mammogram. If there is a high amount of glandular or fibrous connective tissue and low amounts of fatty tissue, the breast is considered dense.

According to the National Cancer Institute, doctors use the Breast Imaging Reporting and Data System to define breast density. The American College of Radiology developed this system to help radiologists interpret and report mammogram findings.

There are four categories classifying breast density:

A. Almost entirely fatty breast tissue, found in about 10% of women.

B. Scattered areas of dense glandular tissue and fibrous connective tissue, found in about 40% of women.

C. Heterogeneously dense breast tissue with many areas of glandular tissue and fibrous connective tissue, found in



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about 40% of women.

D. Extremely dense breast tissue, found in about 10% of women.

Dense breasts are defined as being either C or D in the list.

## WHAT CAUSES DENSE BREASTS?

Researchers are still studying what causes dense breasts and the relationship between them and cancer. It is suspected to be genetic, though there are some factors that might influence breast density.

Lower breast density is often associated with increasing age, having children and using tamoxifen, an estrogen

modulator. The risk for dense breasts increases for those who use postmenopausal hormone replacement therapy and have a low body mass index.

## RISKS OF DENSE BREASTS

There are two important factors associated with dense breasts.

First, dense breasts indicate a higher risk for breast cancer. Researchers are still trying to figure out why, but some suggest that it might be because there are more cells in a dense breast, thus increasing the number of places where can-

cer can develop.

Second, it makes cancer harder to diagnose. Both dense tissue and breast masses/cancer show up as white on a mammogram, so it decreases the contrast and the ability to detect them. A person with dense breasts is more likely to be called back for additional tests.

All of that said, a person with dense breasts has no greater or lesser risk of dying from cancer.

What Should a Person with Dense Breasts Do?

Some states, according to the American Cancer Society, require radiologists to tell

patients that they have dense breasts. Many states require insurance companies to cover supplemental imaging tests for people with dense breasts.

As of 2022, there are still ongoing clinical trials evaluating whether people with dense breasts should get 3-D mammograms, ultrasounds and MRIs.

Some research, according to the National Cancer Institute, suggests that people with dense breasts should adopt a screening strategy that includes other risk and protective factors. People with dense breasts should discuss their risk factors with their doctor.

# Radiation Side Effects

Radiation therapy can make skin more sensitive, cause it to peel or make it turn red and blistered.

## CARE FOR RADIATION TREATMENTS

Some of the side effects of radiation can include peeling, blistering, itchiness and redness. For some people, it's a little like getting a sunburn.

However, proper skin care can help reduce the side effects, help skin feel more comfortable during treatments and help skin recover more quickly after treatments. Dermatologists at the American Academy of Dermatology Association make several suggestions.

During treatment:

- Wash the affected skin gently each day with warm water. Use your hands and not washcloths, sponges or loofahs as the treated area will be very sensitive and you don't want to irritate it.

- Use a gentle cleanser. Your team will likely recommend cleansers to you and may even provide you with coupons for them.

- Don't try to scrub off the lines drawn on your skin. Just leave them there so you don't further irritate your skin. Also, your radiation team needs them there so that they can properly calibrate the machine.

- Apply moisturizer daily. Ask your team which moistur-



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izer you should use and apply it daily according to their directions.

- Don't use antiperspirant or talcum powder while you're getting treated. You can try deodorant, but if you develop redness, swelling or soreness where you applied the deodorant, stop using it, too.

- Do not apply anything sticky on areas that have been treated with the radiation. This includes patches, bandages or medical tape.

- Avoid any products that contain fragrances.

- Wear loose-fitting clothes.
- Don't use tanning beds or hot tubs. The heat will irritate your skin.

- Do not use heating pads or ice on your skin. Things that are hot or cold can irritate the skin.

## AFTER RADIATION

Sometimes rashes or side-effects develop after the treatment is over. It's important to watch for these things and let your oncologist or dermatologist know about them. They can provide you with prescrip-

tion-strength creams or other treatments for it.

The Memorial Sloan Kettering Cancer Center advises that skin care problems tend to peak up to two weeks after radiation treatment is over. Expect, they say, for your skin to take several weeks after radiation therapy ends to improve and get back to normal.

Also, according to the American Academy of Dermatology Association, the right kind of skin care can help prevent rashes or lessen the

side-effects after radiation.

They recommend the following:

- Pay close attention to the skin that was treated with radiation.

- Protect the treated area from the sun; this is especially important if the area of your breast treated is on top where a bathing suit might reveal it. Anyone who has had radiation has a higher risk of developing skin cancer, even many years later.

- Make an appointment to see a dermatologist.

# Talking to Children about Cancer

Breast cancer doesn't just affect the person diagnosed with it, but the entire family. As difficult as it is to tell children about a breast cancer diagnosis, it is important to do so.

Why? First, it's hard to keep cancer a secret. Children will see that you are acting differently, they'll notice changes to your body or even overhear things. If they aren't told what is happening, they'll often believe the worst and become more afraid.

## WHAT TO TELL A CHILD

The exact information you tell a child will depend on the child's age and personality. The American Cancer Society recommends telling children the name of the cancer, how it will be treated, what sort of side effects might occur and how the cancer can affect their lives.

The Komen Foundation advises giving honest, real answers to any questions a child asks and to encourage them to talk to you and ask questions. If you don't know the answer to a question, admit it and tell them you will find out the answer.

It's OK to tell a child that you are scared and that it's all right for everyone to have strong feelings about it. Just reassure



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them that the family will be able to handle whatever comes their way.

## HOW TO TELL A CHILD

The American Cancer Society gives several pieces of advice for talking to children

about cancer.

- Find a quiet time where you won't be disturbed.
- Talk to each child alone so you can customize what you say based on the child's needs and age.
- Choose a time when you

are feeling calm.

- In a two-parent household, talk to children together. In a single-parent household, consider having a trusted friend or relative in on the discussion.
- Plan how you will talk to each child. Anticipate ques-

tions they might ask.

- During and after the treatments, check in with your children to see how they are doing.

## RESPOND TO CONCERNS CHILDREN HAVE

Children who are afraid often respond irrationally. The American Cancer Society points out that children often engage in "magical thinking," where they believe that they make things happen.

Anticipate the guilt your children might feel and head off their natural tendency to blame themselves. Children or teens who have been angry with their parents might feel they are being punished by their parent getting cancer.

Even if children don't express guilt, the American Cancer Society recommends saying something like, "The doctors have told us that no one can cause someone else to get cancer. It's nothing that any of us made happen."

Another fear that children sometimes have is that cancer is contagious or that their other parent will get it too, or even that they will get it. It's important to explain to that cancer doesn't work that way. They might be afraid that everyone who gets cancer dies from it. Parents can reassure children that medical science has learned a lot about cancer and people are often able to live with it now.

Finally, reassure children that they are still loved and will be taken care of even when their parent is sick.

# The Many Forms of Breast Cancer

Not all breast cancers are alike. There are several kinds of breast cancer based on where it shows up, which cells are affected and how it acts.

The Centers for Disease Control and Prevention defines breast cancer as “a disease in which cells in the breast grow out of control.”

## UNDERSTANDING THE BREAST

To understand the types of cancer, it first helps to know how the breast is constructed. The breast has three main parts:

- **Lobules:** The glands that produce milk.
- **Ducts:** the tubes that carry milk to the nipple.
- **Connective tissue:** Consisting of fibrous and fatty tissue, it surrounds and holds everything together.

Most of the time, the CDC says, breast cancers begin in the ducts or lobules.

## COMMON TYPES OF BREAST CANCER

The two most common forms of breast cancer according to the CDC are invasive ductal carcinoma and invasive lobular carcinoma.

With invasive ductal carcinoma, the cancer cells show up in the ducts and spread to other parts of the breast tissue.



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Sometimes the cancer cells spread to other parts of the body. In invasive lobular carcinoma, cancer cells first appear in the lobules and spread to nearby breast tissues or other parts of the body.

When the cancer cells spread to other parts of the body, it is called metastatic breast cancer, also known as a stage IV breast cancer.

## UNCOMMON TYPES OF BREAST CANCER

Some less frequently occurring types of breast cancer are:

- **Paget's disease:** Cancer cells appear first in the nipple or the areola, the darker circle around the nipple. People who have this usually also have additional

tumors in the same breast. The National Cancer Institute reports that only about 1 to 4% of all breast cancer cases involve Paget's disease.

- **Medullary:** This cancer starts in the milk ducts and then spreads to the surrounding breast tissue. It behaves differently than other forms of ductal breast cancer. According to Medical News Today, it represents only 3-5% of all breast cancer diagnoses. The tumors tend to grow slowly and don't usually spread to the lymph nodes.

- **Mucinous:** Also known as colloid breast cancer, it begins in the milk ducts and spreads to tissues around the duct. The tumors typically have more

than usual amounts of mucous. These tumor cells are less aggressive than other forms of ductal cancer and are more responsive to treatment. John Hopkins Medicine reports that it occurs in only 2% of all breast cancers.

- **Inflammatory breast cancer:** This form of cancer is highly aggressive. It occurs when cancer cells block lymph vessels and often cause the breast to be swollen, inflamed or red. This form of cancer is fast-moving, often spreading in a matter of weeks or months. While it accounts for only 1 to 5% of breast cancer cases, according to The Cancer Institute, it is more likely to be diagnosed at younger ages and

in Black women.

- **Angiosarcoma:** Angiosarcoma starts in the cells around either the lymph vessels or the blood vessels. The American Cancer Society says that sarcomas of the breast occur in less than 1% of all breast cancers and are sometimes related to prior radiation treatments.

- **Triple-negative breast cancer:** This is an aggressive, invasive type of breast cancer. The cancer cells lack estrogen and progesterone receptors and either don't make any of the proteins called HER2 or make very few. The American Cancer Society said this represents 15% of all breast cancers and is difficult to treat.

# Nutrition During Treatment

Chemotherapy and radiation therapy can cause eating-related issues. Some people lose their appetites, others experience nausea, diarrhea or constipation.

## PLANNING MEALS

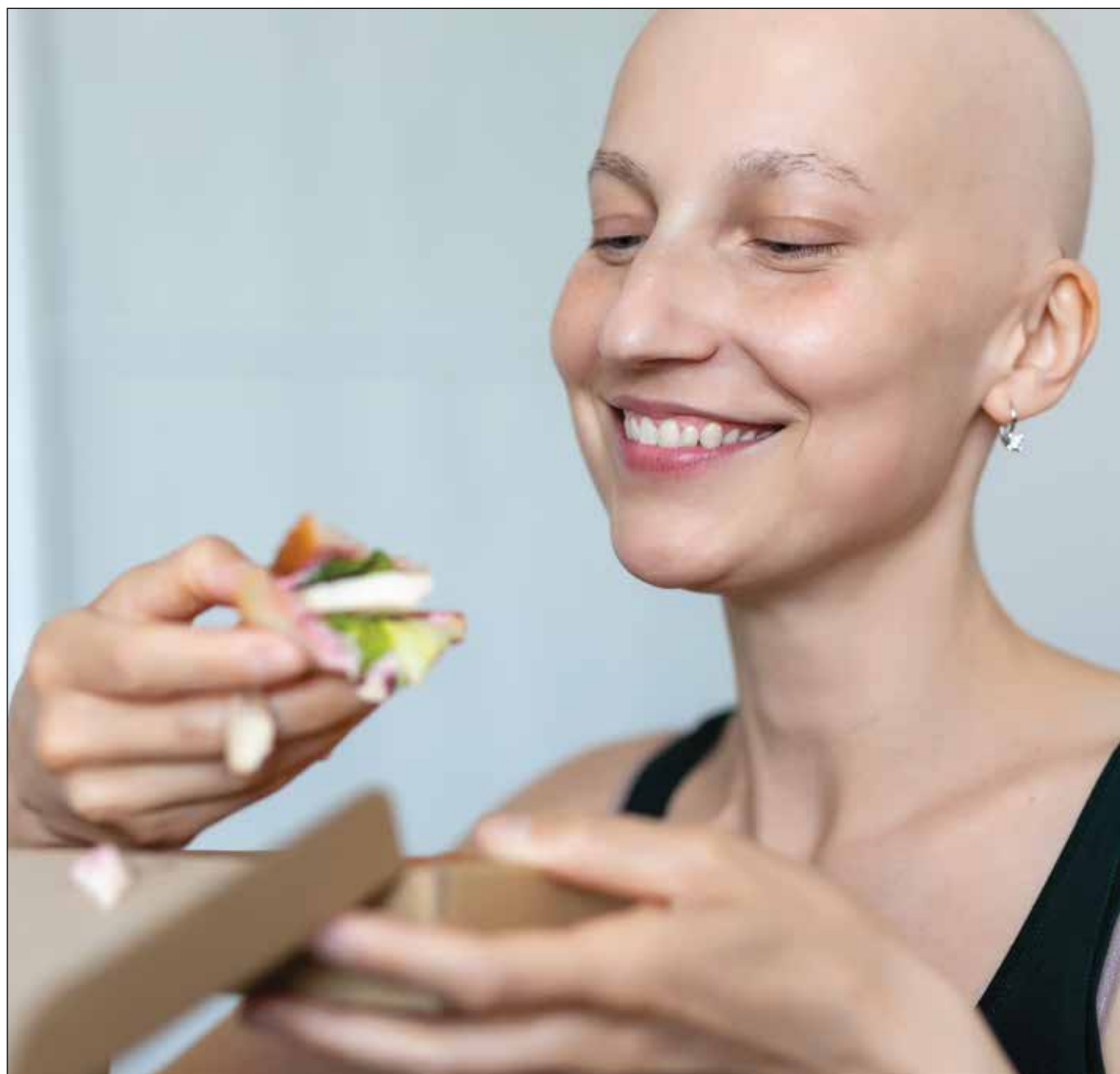
The National Cancer Institute recommends meeting with a dietitian, but it also has published a 60-page booklet “Eating Hints: Before, during and after treatment.” They offer the following tips to plan meals before your treatments start:

- Stock up on healthy foods, including foods you know you can eat when you feel sick.
- Select foods that need little to no cooking, either ready-to-eat meals or frozen dinners.
- Ask others for help with shopping and meal preparation.

## EATING DURING TREATMENTS

The foods you need will vary based on the symptoms you experience. The National Cancer Institute and the University of Southern California San Francisco make the following suggestions:

• **Nausea:** Eat low-fat, bland and salty foods. Drink cool, clear beverages between meals. Avoid your favorite foods so you don’t develop an aversion to them. Rest sitting up for at least an hour and don’t lie flat for at least two hours. Avoid odors by



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having someone else cook and eating in a room away from the kitchen.

• **Suggested foods:** oatmeal, cold cereal, soups, cold sandwiches, cottage cheese, hard-boiled eggs, plain pasta, rice, noodles, mashed potatoes, toast, crackers, pretzels, canned fruit, applesauce, Jell-O, custard and pudding, sherbet, Popsicles, soda, juice, herbal tea, peaches or soft fruits and

vegetables, skinned chicken that is baked, and teas with ginger or peppermint.

• **Vomiting:** Stop eating until you get the vomiting under control. Consume tiny amounts of clear liquids. Once you can tolerate liquids, move on to soft and bland foods like mashed potatoes, rice, pureed fruit, smoothies, yogurts and cereal. When you feel better, try eating high potassium and magnesium

foods such as bananas, potatoes, orange juice, tomatoes and apricots.

• **Constipation:** Add fiber to your diet and try to include it in each meal. Increase fiber gradually so you don’t experience gas. Reduce your caffeine intake. Exercise more.

• **Suggested foods:** Kidney beans, chickpeas, lentils, fresh fruit and vegetables, dried fruit, bran cereals, shredded wheat,

prune juice and hot lemon water.

• **Diarrhea:** Drink lots of room-temperature liquids. Eat more potassium-rich foods. Follow the BRAT diet: bananas, rice, applesauce, tea and toast. Eat frequent, small meals. Avoid foods that are greasy, fried, spicy or highly seasoned. Avoid raw vegetables, milk, ice cream or puddings.

• **Suggested foods:** Oatmeal, plain rice and corn cereals, canned fruits, white rice, pasta, potatoes without skins, soups without creams, cheese and crackers, graham crackers and peanut butter, eggs, soda, herbal tea and Jell-O.

• **Loss of appetite:** Eat by the clock, three small meals and three snacks. Choose high-calorie foods such as avocados, nuts, seeds, puddings, dried fruit and vegetables dipped in hummus. Plan your daily menu in advance. Make your food look good by using colorful foods and garnishes. Make mealtimes pleasant and eat with others whenever you can.

• **Taste and smell aversions:** Choose foods that look and smell good. If beef smells or tastes odd, switch to chicken or turkey. Marinate foods. Incorporate oranges, limes, lemon or vinegar into your recipes. Make foods sweeter by adding sugar or sweetener. Add extra flavors such as bacon bits, onions, or herbs like basil, oregano and rosemary. Pour barbecue sauce on meat and chicken. Serve foods at room temperature. Drink through a straw. Cook outdoors or use a kitchen fan.

# Wigs for Chemo Patients

Some forms of chemotherapy can cause breast cancer patients to lose their hair. Many patients will turn to wigs to sport a look they like and help them feel better about themselves.

Others will choose wigs to protect their privacy. Wigs can also help protect the scalp from the sun or from cold air.

## PREPARING FOR HAIR LOSS

Not all forms of chemotherapy cause hair loss. Ask your team whether it is something you should expect. If it is, the American Cancer Society advises that hair will start falling out two to three weeks after the first chemo treatment.

People with long hair may want to cut it short before treatment begins so that switching to a wig will be less noticeable. BreastCancer.org advises that it is less traumatic to lose short clumps of hair than long ones.

Once hair starts falling out, shave using an electric razor. This can help a person feel more in control and not wake up with itchy hair all over the pillow.

## CHOOSING A WIG

When do you want to pick out a wig? BreastCancer.org suggests doing so before treat-



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ments start. This provides the opportunity to alternate it with natural hair and get used to the new look.

Measure your head to find out your cap size. Decide what kind of wig you want — do you want one like your own hair or

do you want to go with a different look? Perhaps you want more than one wig.

BreastCancer.org recommends choosing a color that is a little lighter than your own hair. Skin color can change during chemotherapy, some-

times looking grayish, greenish, or yellowish. Less contrast is usually more flattering.

Synthetic wigs are generally less expensive than those made of real human hair and require less attention and care.

## FINDING A WIG

There are many places to find a wig. Three main ones are:

- **Wig shops.** Hairdressers, cancer centers and local breast cancer organizations or support groups can provide referrals to local wig shops or specialists. Some of the latter might even be willing to come to your home. Call in advance to find out if the store has special services for cancer patients such as private areas to try on wigs.

- **Online.** There are a wide variety of online retailers who offer wigs in many different colors, lengths and styles. Some of them will offer phone or email consultations to help a person find the right style.

- **Charity programs.** Cancer team members may be able to recommend organizations where you can get wigs for free. Nonprofit organizations or local churches may have donated wigs.

Some insurances will also cover the cost of a wig. Call your insurance company before you buy a wig. You'll want to find out if they cover "cranial prosthesis for hair loss" related to chemotherapy. Ask how much they will cover, what sort of paperwork you need to provide, what the doctor's prescription has to say and how long it will take to get reimbursed. Keep a copy of the receipts for your wig and the wig company's tax ID number. If you do end up paying for part or all of the wig, you might be able to deduct it from your taxes.