

# IN FOCUS

## BREAST HEALTH

No two breasts (not even your own!) are identical in shape, size, or feel. But it's important to pay attention to what makes each one of yours unique so you can spot peculiarities early and start conversations with your health care providers if need be. Consider this your friendly guide to what changes to expect through the years and what to do if something feels or looks unusual so you can take steps toward better breast health.

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# Make Your BREAST GUESS

BY ARRICCA ELIN SANSONE

## TRUE OR FALSE?

**Your breasts should always feel the same.**

► **False.** Breasts respond to hormonal changes throughout the month and all through your life. “When you’re young, the breasts feel firm and dense because there’s more connective tissue and less fatty tissue,” says Teralyn Carter, M.D., a breast surgeon and oncologist at MD Anderson Cancer Center, Cooper University Health Care in Houston. “But as we age there’s less glandular tissue and more fat, so they may feel softer.” They may also feel more, well, stretched out, because as time passes the connective tissue that holds their weight loses elasticity and breasts may become more pendulous—especially after menopause, at which point breasts are mostly fat. Menopausal people on hormone therapy (HT),

however, tend to have more glandular tissue, so their breasts still may feel firm. And if you still menstruate, you may notice that your breasts become swollen or tender before your period each month. During pregnancy, breast enlargement and

tenderness as well as nipple darkening and leakage are totally normal.

## ► THE TAKEAWAY:

The truth is, people’s breasts change differently over time, and there’s not one specific pattern as to how, Dr. Carter says. Get to know what’s normal for your body, and if you feel something unusual at any time, talk to your doctor. “You know your breasts better than anyone else,” says Dr. Carter.

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## TRUE OR FALSE?

**Having dense breasts is a medical condition.**

► **False.** Breast density is a measure of how much glandular and connective tissue versus fatty tissue you have, says Sandhya Pruthi, M.D., a doctor with Mayo Clinic’s Breast Diagnostic Clinic and Mayo Clinic Comprehensive Cancer Center. “But the concern is that dense breasts look white on a mammogram, making it harder to read because cancers also show up as white masses.” Having extremely dense breast tissue does mean, however, that you have a higher risk of developing breast cancer compared with people whose breast tissue looks primarily fatty on a mammogram, says Dr. Pruthi, though researchers aren’t exactly sure why. The reason may be genetic, or it may be due to the use of hormones that can increase breast density or to something else. But don’t worry: Breast density isn’t related to breast cancer survival.

## ► THE TAKEAWAY:

Breast density (rated from A to D, with D being extremely dense)

is *not* an illness. Still, having dense breasts means you should have a conversation with your doctor about whether additional imaging beyond a mammogram, such as an ultrasound or an MRI, may be recommended, says Dr. Pruthi. Also, talk to your doctor about having a breast cancer risk assessment—they will consider factors including breast density, the age at which you had your first period, how many biological children you've had, your family history, and the results of prior breast biopsies.

#### TRUE OR FALSE?

### Breast self-exams are no longer recommended.

► **True.** Those plastic shower tag reminder cards are a thing of the past. “We learned through large research studies that teaching women to do self breast exam didn’t reduce breast cancer mortality,” says Susan Brown, R.N., senior director of health information and publications at Susan G. Komen. “Most women didn’t do it even when told to.”

But it is clear that breast self-awareness is helpful. “What we have found is that women notice breast changes in the shower or

when dressing, or a partner notices. Being familiar with your breasts is what’s important,” says Brown.

#### ► THE TAKEAWAY:

The old-school breast self-exam you may have been told to do may no longer be an official ask, but that doesn’t mean you should ignore your breasts. You need to get to know how they look and feel. If you notice anything out of the ordinary, don’t just stay home and worry about it, says Brown. See a doctor.

#### TRUE OR FALSE?

### Going without a bra is bad for you.

► **False.** Your grandma might have told you that ditching your bras would accelerate the loss of elasticity that comes with age or affect your risk of developing breast cancer. Fortunately, she was wrong about both. “There’s no data to support the use or non-use of bras,” says Yvette LaCoursiere, M.D., a professor and the vice chair of the department of obstetrics, gynecology, and reproductive services at UC San Diego Health. “Many women feel better and more supported in a bra, especially during exercise, but there’s no medical reason to wear one.”

For some women, going braless

is painful. “If you feel a pulling or aching when you take your bra off, especially if you have large breasts, go ahead and wear one if it relieves the discomfort,” says Dr. Carter. It’s also fine to wear a bra to bed if that feels more comfortable.

#### ► THE TAKEAWAY:

Whether you wear a bra or not is entirely up to you, says Dr. Carter. If you do wear one, make sure to find one that isn’t tight and doesn’t dig in and chafe, which can lead to issues such as nerve pain and rashes.



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## TRUE OR FALSE?

**Everyone with breasts can breastfeed.**

► **False.** Breastfeeding isn't always an option. "There can be many reasons you can't breastfeed," says Dr. Carter. For example, you may have had a mastectomy, have a premature baby who finds it hard to latch on, struggle with low supply or postpartum depression, or have a job that makes breastfeeding or pumping very difficult or impossible. "I tell moms that a fed baby is a healthy baby—it doesn't matter how you feed them," says Dr. Carter. While lactation consultants can help with issues such as clogged milk ducts, sore nipples, a bad latch, and difficulty pumping, sometimes breastfeeding is not an option.

That said, the benefits of doing so for both baby and mother are well documented; it's ideal if you

can breastfeed for six months, says Dr. Carter. Babies who breastfeed receive antibodies from breast milk that help them develop strong immune systems, and they have a lower risk of ear infections, asthma, obesity, type 1 diabetes, and sudden infant death syndrome. Moms who breastfeed have a lower risk of high blood pressure and type 2 diabetes as well as breast and ovarian cancer.

► **THE TAKEAWAY:**

There are numerous advantages to breastfeeding, but circumstances may prevent a woman from breastfeeding, and she shouldn't feel like a bad mom if she can't or chooses not to. "A woman should be able to make her own health care choices," says Dr. LaCoursiere. "As long as you understand the risks and benefits, it's your choice. Breastfeeding doesn't define you as a mom."

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**READY FOR A LIGHTNING ROUND? GO!****You can't get a mammogram if you have implants.**

**False.** If you have implants, you will have additional images taken with the implants pushed back against the chest wall.

**You should schedule a mammogram a week before your period.**

**False.** Your breasts may be tender at this time, which could make the mammogram more uncomfortable—do it a week after your period instead.

**You can get a yeast infection under breasts.**

**True.** Itchy red rashes caused by yeast can occur

where skin folds rub together. Treat them with an OTC antifungal such as miconazole.

**Your nipples remain the same for life.**

**False.** It's normal for nipples to range from pink to dark brown depending on a person's pigmentation. But they may darken when someone becomes pregnant, or they may become paler (with

the areolae also fading) with age.

**Your mammogram will tell you if you have dense breasts.**

**True.** A new FDA rule requires all mammogram facilities to provide this info, though it does not require them to give the exact density score. Have your provider read the report and ask them whether supplemental screening is recommended.



THE VOORHES/GALLERYSTOCK.



# Mammogram CONFUSION, Solved!

BY LAUREN STREICHER, M.D.



## IT'S THE RARE WOMAN WHO DOESN'T VIVIDLY REMEMBER CERTAIN FIRSTS—

her first period, first bra, first use of a tampon, first kiss, and, yes, first mammogram. But for most women, the age at which they should get that first screening test has changed. Earlier this year, the U.S. Preventive Services Task Force (USPSTF) issued new breast cancer screening guidelines suggesting that women get a mammogram every two years starting at age 40.

## Why the Change?

To start, breast cancer rates rose gradually among women ages 40 to 49 from 2000 to 2015, but they jumped by an alarming 2% each year between 2015 and 2019. In 2024 alone, an estimated 42,250 women are expected to die of breast cancer. What's more, non-Hispanic white women have the highest incidence of breast cancer, but non-Hispanic Black women have the highest mortality rate. In fact, Black women are more likely to be diagnosed with late-stage and more aggressive

cancers than any other ethnic group, and they are 40% more likely to die of breast cancer than are white women.

Why are so many women, particularly non-white women, getting cancer that starts earlier and is more aggressive? The answer is complicated and not specifically addressed by the USPSTF beyond the acknowledgment that health care and sociocultural inequities, along with genetic factors, contribute to high rates of breast cancer in certain groups.

What is clear is that too many women are dying. The primary job of the USPSTF was to

make sure any cancer would be detected in its most treatable stages. The goal is to save as many lives as possible but avoid the expense, inconvenience, and anxiety of overscreening. It's a delicate balance, and the new guidelines are where the task force landed.

## Getting Up-to-Date

The previous recommendations, issued in 2016, suggested a first mammogram at age 50 for women at average risk, with a doctor deciding if an individual needed earlier screening based on factors such as a family history of breast cancer. The new recommendation states that women at average and high risk of breast cancer should have either a regular 2D digital mammogram or a digital breast tomosynthesis (3D mammo-gram) every two years

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starting at age 40.

To be clear, these recommendations do not apply to women who have a genetic mutation associated with a very high risk of breast cancer, those with a previous breast cancer diagnosis, people who have received radiation to the chest, or women who have had abnormal

cells detected on a prior breast biopsy. If you fall into any of those categories, follow your doctor's direction on screenings.

The new recommendations also do not address screening for women over 74, leaving that decision to clinicians. Left up to individual doctors as well is whether women with dense breasts should have supplemental screening such as an MRI or an ultrasound.

A first mammogram may not be nearly as exciting as your first bra or your first kiss, but it is a lifesaving opportunity. So, if you're over 40 and you haven't had a mammogram in the past two years, it's time to check in with your physician about scheduling one.

LEVI BROWN/TRUNK ARCHIVE

## Cancer Signs to Keep in Mind

Lumps aren't the only red flag. Alert your physician if you experience any of the symptoms below so they can examine your breasts and prescribe imaging if necessary. "Don't be afraid to speak up," says Mary El-Masry, M.D., a breast medical oncologist at Cedars-Sinai Tower Hematology Oncology in Beverly Hills.

- ▶ Thickening or dimpling of skin on the breast
- ▶ Areas of redness or swelling on the breast
- ▶ A nipple that is flat, blistering, scaling, inverted, or unusually red
- ▶ Nipple discharge that is not breast milk (including blood)
- ▶ An itchy, painful, or tender breast
- ▶ Flaky skin on the breast
- ▶ A change in the size or shape of the breast
- ▶ A lump in the breast or underarm, especially one that's hard and immovable
- ▶ A swollen lymph node near the armpit



■ **The Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program works with health departments and other groups to provide low-cost or free mammograms to women who qualify. Visit [cdc.gov/breast-cervical-cancer-screening](https://www.cdc.gov/breast-cervical-cancer-screening).**

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## 4 Ways to Help Lower Your CANCER RISK

BY GINA WAY



**H**OORAY FOR SOME GOOD NEWS: RESEARCH HAS CONSISTENTLY SHOWN that altering certain factors over which you have control can both reduce your

risk of getting breast cancer and help reduce the odds of recurrence if you have had it. “It’s estimated that about one-third of breast cancers could be prevented with lifestyle changes,

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particularly those that help maintain proper nutrition,” says Dorraya El-Ashry, Ph.D., chief scientific officer at the Breast Cancer Research Foundation (BCRF).

A woman’s weight after menopause may be especially important. “An excess of fat may increase systemic estrogen levels, and estrogen in turn may stimulate some cancers,” says Elizabeth Comen, M.D., a medical oncologist at NYU Langone Health and the author of *All in Her Head: The Truth and Lies Early Medicine Taught Us About Women’s Bodies and Why It Matters Today*. “Being even moderately overweight can also contribute to chronic inflammation.”

Some inflammation is important to fight off infections and disease, but when the inflammatory response is overstimulated because of autoimmune disease or other stressors such as smoking, stress, and obesity, these immune cells and chemicals don’t turn off. “Think of it like planting a rose seed in Antarctica,” says Dr. Comen. “It’s not going to grow in that environment. But if you plant it in a place with optimal temperature, soil, sun, and water, it’s going to thrive. Cancer is not dissimilar to that. An ‘inflammatory state’ can promote a type of micro-environment in the body

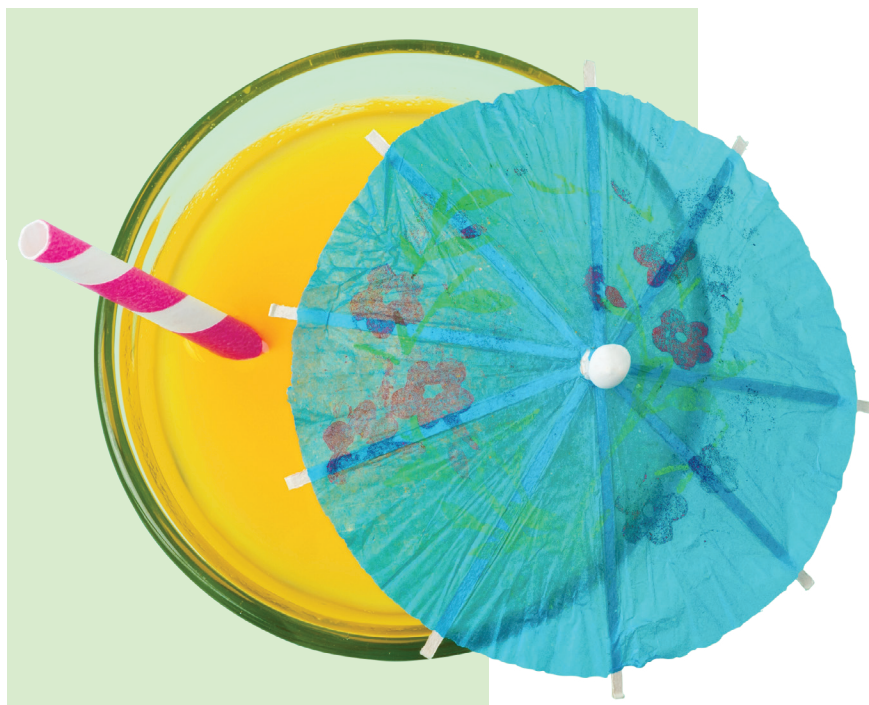
that allows cancers to grow and spread, and that’s what we’re trying to modulate.”

Basically, we want to create an inhospitable Antarctica for cancer cells. Below are four ways to do just that while also lowering your risk of developing conditions like heart disease and type 2 diabetes.

### 1 Exercise regularly.

■ This means getting 150 or more minutes of moderate exercise every week. (That equals about 20 minutes a day: It’s doable!) It could be a brisk walk, a yoga class, a bike ride, or whatever else gets you moving and makes your heart pump.

Researchers have found that regular physical activity not only is linked to a lower risk of breast cancer but also could help you recover if you do develop the disease. “Scientific data is suggesting that the building of muscle mass and strength is important because it helps reduce inflammation, which reduces the risk of breast cancer recurrence,” says El-Ashry. “A leading investigator at BCRF is studying the link between exercise and breast cancer, focusing on irisin, a substance released by the muscles during exercise that may



help slow the development of breast cancer, possibly by activating the immune system," she says.

## 2 Limit alcohol.

■ "There is an association between alcohol consumption, even having one alcoholic beverage every night, and breast cancer risk, so it's a smart idea to reduce alcohol intake," says El-Ashry. To be exact, data has shown that one drink a night can increase your relative risk by 7%. But you don't need to say no to every

glass of rosé. "I tell my patients to keep consumption down to less than three glasses of wine or other alcohol per week," says Dr. Comen. (Bonus: Cutting down on cocktails also helps lower your risk of stroke, liver disease, and other conditions.)

## 3 Focus on fiber.

■ "You don't have to give up meat completely or become a vegan, but reducing processed foods and elevating the plant-forward side of your diet is key," says El-Ashry. "This

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kind of diet is anti-inflammatory, and high-fiber cruciferous vegetables help to boost fiber intake. It also helps you maintain a healthy body composition and provides important phytonutrients with anti-cancer activity." One meta-analysis even found that with every additional 10 g of daily fiber she eats, a woman's risk of developing breast cancer drops by 7%. (Turn the page for ideas on how to reach that high-fiber goal.)

## 4 Consider your hormone use.

■ While some earlier research suggested that higher continuous estrogen levels might be linked to increased risk of breast cancer, estrogen is not inherently a bad thing. "We want to be careful when we're talking about oral contraceptives or hormone therapy, or HT, during menopause," Dr. Comen says. "We need to balance the risks

and benefits of taking these medications. HT can be very appropriate for some women, even for those who have a family history of breast cancer. You need to have a candid discussion with your doctor about the severity of your menopause symptoms, your family history of cancer, and your individual concerns."



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## NUTRITION for Healthy Breasts

BY JIHAN MYERS

**Y**OU KNOW THAT EATING MORE CALORIES THAN YOU BURN can cause your body to accumulate fat. What you may not realize is that the makeup of

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the calories we consume also affects the makeup of our fat, which in turn impacts our risk for conditions like breast cancer and type 2 diabetes. Given that breasts are composed largely of fat, it makes sense that diet matters to breast health.

"We've learned that fat tissue is not an inert substance that just sits there—it's a very active organ that has a lot of important functions in our body like storing and releasing energy when appropriate," says Neil Iyengar, M.D., a breast oncologist at Memorial Sloan Kettering Cancer Center who oversees the center's research on healthy living. "As a result, the health of the fat tissue in the breast is a reflection of both overall metabolic health and the health of the breast itself." Essentially, what's on your plate affects fat tissue throughout your body, including in your breasts.

The caliber of your

food is important to breast health as well. "The quality of your diet can influence things like hormone signaling in the body as a whole, but also hormone signaling specifically within the breast that can trigger inflammation," says Dr. Iyengar. "That inflammation has some significant consequences, including increasing the risk of developing breast cancer. In people who already have breast cancer it can increase the risk that the cancer may become resistant to therapies and recur."

To reduce inflammation, Dr. Iyengar recommends a plant-forward diet heavy on nutrient-dense foods and light on processed meats and high-sugar snacks. "The most important factor when considering diet is the overall dietary pattern," he says. "Eating a diet rich in vegetables, fruit, beans, and whole grains has many positive effects." Here, a few foods to load up on and a few to limit:

### LOAD UP ON...

#### Non-starchy vegetables

■ This means green, leafy, or cruciferous vegetables like broccoli, spinach, and okra. "Many people overlook vegetables as a protein source, but you can get protein from vegetables that also have fiber," says Dr. Iyengar. For example, one cup of cooked broccoli contains 3 g of protein and 5 g of fiber, while two cups of cooked okra contain 6 g of protein and 8 g of fiber. As a bonus, green, leafy vegetables have many types of phytochemicals and nutrients that can be protective, improving insulin signaling and reducing inflammation.

#### Lentils

■ One of Dr. Iyengar's top recommendations is legumes, like beans



and lentils. They're packed with protein and high in fiber, and one study found that women who ate beans or lentils twice a week or more had a 24% lower risk of developing breast cancer than those who ate them less than once a month. "Legumes will fill you up with really wholesome, high-

quality calories," he says. His personal faves: air-dried lentils that you can pop as a snack or a can of chickpeas oven-roasted on Sunday and added to meals throughout the week.

### **Fruit**

■ Yep, all kinds. While certain varieties like blueberries

and peaches have been associated with reduced breast cancer risk in some studies, Dr. Iyengar subscribes to the eat-the-rainbow philosophy: "When you have more diversity in your fruit intake, you'll get a lot of phytochemicals and carotenoids, which are health-promoting compounds."

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### **LIMIT...**

#### **Sugar-sweetened beverages**

■ Sugary beverages, of course, aren't exactly health food drinks. Beyond their non-nutritive calories, "they can impact the gut microbiome in a negative way that can limit

### **A WORD ABOUT BREASTFEEDING...**

■ Whether you're nursing or pumping, the Centers for Disease Control and Prevention recommends that moderately active women who are breastfeeding add 340 to 400 calories (i.e., a hearty snack) to their prepregnancy daily caloric total. But the advice on nutrition stays largely the same: "Often you need

to consume more calories to support the production of healthy breast milk, but those should be healthy calories," says Dr. Iyengar. "If you're eating a diet rich in whole grains, fiber, fruit, and vegetables, that's going to support healthy breast milk production, which is good for the health of the breast and your baby."

the number of good bacteria, which is bad for both breast health and overall health," says Dr. Iyengar.

#### **Ultraprocessed and highly processed foods**

■ We're looking at you, fast-food burgers and pepperoni pizzas.

"Highly processed red meat can generate compounds that are potentially carcinogenic," says Dr. Iyengar. "What I typically recommend when it comes to meat is to limit it to about 20% of your diet and, when you do eat it, to consume lean meats. If you eat red meat, keep it to no more than three portions a week, or 12 to 18 oz total."