



The New Rules *of* Breast Cancer

Whether you're trying to reduce your risk, navigating treatment options or moving on to survivor status, this is what you need to know.

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6 Ways to Lower Your Odds

Consider this list your crash course in prevention.

1. Opt Out of a Few Happy Hours

Women who have a daily glass of alcohol are 5% to 9% more likely to develop breast cancer. Some research shows even less puts you at risk, so make three drinks per week your cutoff, suggests Marisa Weiss, MD, chief medical officer of Breastcancer.org.

2. Avoid Smoking

The carcinogens in cigarettes up your risk of pretty much every type of cancer. Having a specific plan before you try to quit could make all the difference. Visit smokefree.gov/build-your-quit-plan to learn more.

3. Go Fish

Ingesting too many omega-6 fatty acids (found in vegetable oil and many processed foods) and too few omega-3s (in salmon and canned albacore tuna) can lead to

inflammation and may raise your cancer risk, says Katherine Crew, MD, director of the Clinical Breast Cancer Prevention Program at Columbia University.

4. Get Real About Exercise

To cut risk, post-menopausal women in particular should be active three to four hours a week; five to seven is even better. "It's work to take care of yourself!" says Weiss, who is also director of breast health outreach at Lankenau Medical Center in PA.

5. Keep a Close Eye on the Scale

Being overweight after menopause increases your risk by 30% to 60%. In addition to exercising, Weiss suggests eating a mostly plant-based diet.

6. Rethink Hormone Therapy

Treating menopause symptoms with combined estrogen/progestin therapy raises breast cancer risk substantially. Try non-hormonal solutions to manage symptoms. If you need hormonal meds, consult with your doctor to ensure you're on the lowest dose for the shortest duration.

Should you be on a preventive drug?

If you're at high risk, chemoprevention (taking an estrogen-blocking medication) could cut your chances of getting breast cancer in half. Yet only 5% of women in this group—including those with a BRCA mutation or strong family history—are offered the option. Why? Some women are concerned about possible side effects, such as hot flashes and blood clots. But the biggest challenge is lack of information. "In my study, half the high-risk women who would be eligible for chemoprevention had never even heard of it," says Tasleem Padamsee, PhD, an assistant professor at the Ohio State University College of Public Health. Ask your doctor to calculate your risk score, and if your lifetime risk is higher than 20%, preventive medicine may be worth considering.

IT'S NOT ALWAYS A LUMP

Other possible signs of breast cancer include breast swelling, pain, nipple discharge, a nipple that's become inverted, a dimple and a rash or irritation that looks like an insect bite but doesn't go away. Bottom line: If you spot anything unusual, get it checked out.

4 Treatment Options You Should Know About

Lumpectomy and radiation or mastectomy are still pretty standard—and sometimes paired with chemo. But your doctor may suggest additional or alternative approaches.

1. Watchful Waiting

It's controversial, but some women with DCIS (ductal carcinoma in situ, an early-stage cancer that hasn't spread outside the milk ducts) may postpone treatment in favor of more vigorous screening. The reason: Their cancer might be so small and slow-growing that it never becomes invasive. However, predicting which cancers will lie low and which will turn aggressive is really a guessing game, says Elisa Port, MD, chief of breast surgery at The Mount Sinai Hospital in New York. She advises that patients pursue this option only within the confines of a closely monitored clinical trial.

2. Chemo First, Then Surgery

Sometimes a pre-surgery biopsy shows that a cancer will respond well to a particular chemotherapy agent. If that's the case, you might be able to have chemo first—which could shrink the tumor enough so that you need a less extensive surgery afterward.

3. Targeted Therapy

"Breast cancer treatment has become very personalized," says Anne Kelly, NP-C, at the Leonard P. Zakim Center for Integrative Therapies at Dana-Farber Cancer Institute in Boston. One of the first steps is to figure out what type of cancer you have and then determine treatment. For example, if your cancer has receptors for estrogen or progesterone (ER-positive or PR-positive), you'll likely be given hormone therapy, such as tamoxifen, raloxifene or an aromatase inhibitor.

4. Experimental Treatment

Joining a clinical trial can be the best way to access cutting-edge treatments. "It's often the standard treatment versus the standard plus the newest opportunity, so you're not missing out on anything," says Port, who is also director of the Dubin Breast Center. Ask your doctor or visit cancer.gov/about-cancer/treatment/clinical-trials/search.



Do you really need a double mastectomy?

One in six women diagnosed with breast cancer have both breasts removed. Yet for most of them, this extensive surgery won't improve their chances of survival, according to research. "Breast cancer does not tend to spread from one breast to the other," explains Reshma Jagsi, MD, co-author of the study, which was published in *JAMA Surgery* this year. If the cancer is going to recur, it's much more likely to show up in the liver, bones or brain—and more extensive breast surgery won't prevent that from happening. Your best bet is to take medications designed to eradicate cancer cells that may have escaped from the breast. If you're eligible for these drugs, you'll be given them whether you choose a lumpectomy or a double mastectomy. Unless you already have cancer in both breasts or are carrying a BRCA mutation, "choosing lumpectomy followed by radiation is not shortchanging your treatment in any way," says Jagsi.

SOFTEN SIDE EFFECTS

If you require chemo, your doctor will probably prescribe medications to deal with side effects, but you could also consider adding integrative therapies to the mix. Acupuncture is probably the best-studied for easing chemotherapy side effects. "It's incredibly helpful for pain, nausea, fatigue and neuropathy," says Kelly.



4 Steps to Get Your Life Back on Track

While every survivor walks a different path, following some general guidelines can help protect your health while you adjust to your new normal.

1. Think Big Picture About Health

Yes, you're worried about recurrence, but you may also want to be on the lookout for treatment-related issues like osteoporosis, memory loss or heart disease. Your oncology team should provide info outlining the specifics of your cancer, the procedures you had, any drugs you were given and how those treatments might impact your body. At some hospitals, these details will be summarized in a survivorship care plan, which you should share with your primary care physician, says Diane Mapes, a breast cancer survivor who works in the communications department at the Fred Hutchinson Cancer Research Center in Seattle.

2. Make Time for Beauty

You could be taking hormone-suppressing medication for years—which can have side effects like brittle nails or dry skin. Avoiding cosmetics with alcohol, adding a hydrating serum under your

moisturizer and applying natural oils around your nail beds can be a big help, says Brianna Thompson, founder of Las Vegas–based Brianna Michelle Beauty. You'll likely need a few new comfortable bras too. AnaOno (anaono.com), Anita (anita.com) and Brilliant Contours (brilliantcontours.com) offer designs for women who've had breast surgery.

3. Embrace Working Out

In addition to decreasing your risk of recurrence—especially if you keep your BMI in check—exercise may also help you reclaim your strength and boost your energy. First, ask your doctor if there are certain exercises you should avoid (like lap swimming, pull-ups or Downward Dog) because they might strain or damage sensitive tissue or breast implants or up your risk of lymphedema.

4. Don't Ignore the Bedroom

Although chemo and hormonal therapies often prematurely trigger menopause—and the vaginal dryness, loss of libido and hot flashes that come with it—your doctor might not bring up sexual side effects unless you do, says Julie Salinger, a clinical social worker in the breast oncology program at Dana-Farber Cancer Institute in Boston. “You might think, ‘I guess I should be glad I’m alive and not worry about sex,’ but this is part of your life, and there are solutions,” says Salinger.

Are anxiety and depression normal?

Your family and friends may be ready to throw you a party and move on, but you won't necessarily share their enthusiasm. “It's often after treatment ends that people have the hardest time,” says Salinger. “You've been through a trauma, which you probably didn't have a lot of time to process until now.” It's not unusual to feel abandoned by a health care team that no longer needs to see you as often, or be terrified about the possibility of recurrence and physically spent. Tell your loved ones what you need. “You might have to say, ‘Yes, chemo is over, but it could be a year or more before I feel like myself again.’” If you're struggling, seek out a therapist, counselor or support group.

Find Help in the Aftermath

Living Beyond Breast Cancer (lbbc.org), SHARE Cancer Support (sharecancersupport.org), Beyond the Pink Moon ([facebook.com/groups/BeyondthePinkMoon](https://www.facebook.com/groups/BeyondthePinkMoon)), Metastatic Breast Cancer Network (mbcn.org), Young Survival Coalition (youngsurvival.org)