Breast Cancer Myths Debunked!

I continue to be surprised by the number of myths about breast cancer that women bring to my attention on a regular basis. The following are 5 common breast myths that can be easily dispelled:

Myth No. 1. The radiation from annual mammograms exposes women to an increase risk of getting breast cancer.

Answer: Mammograms do expose the breast to radiation, and exposure to radiation is a risk factor for getting breast cancer. It is essential that women understand that the risks of radiation exposure are both age and dose related. For example, young women who are treated with high dose radiation treatment for Hodgkin's Disease have a markedly increased risk for getting early breast cancers. Women who have been exposed to radiation in their teens or early twenties should be aggressively followed by a physician experienced in the early detection of breast cancer and should start MRI screening at a young age.

Also, we avoid mammograms in women less than 30 years unless there is a strong reason to suspect breast cancer. Ultra-sound is the preferred diagnostic tool in this young age group. For women 40 years and older there is essentially no measurable risk with having yearly mammograms and the benefits could be life saving.

Myth No. 2: Only the mother's side of the family is important in calculating breast cancer risks.

Answer: Most women are well aware that breast cancer risk can be inherited from both sides of the family, and that the history of breast cancer on the father's side is of equal importance to having breast cancer as it is on the mother's side. However, I am still surprised at how many women are unaware of the importance of knowing the father's side of the family history. Another important point is that having a male relative with breast cancer on either side of the family markedly increases the probability of that family carrying the BRCA1/2 mutation.

Myth No. 3: Wearing underwire bras may be associated with an increased risk of getting breast cancer.

Answer: I been asked this question on several occasions in the past few months. The theory is that an underwire bra cuts off lymphatic circulation to the arm pit, and that the resulting lymphatic congestion increases the risk for getting breast cancer. There is no scientific evidence to support the assertion that any kind of bra is associated with an increased risk of breast cancer. There is no data to support the assumption that underwire bras produce lymphatic obstruction or are in any way associated with an increased risk for getting breast cancer. Chronic lymphedema is associated with a rare cancer called angiosarcoma, but it only occurs in patients with advanced chronic lymphedema.

Myth No. 4: Breast implants increase the risk of getting breast cancer.

Answer: there is no evidence that silicone or saline implants contribute to the risk of getting breast cancer, but there is a potential risk that implants could make breast cancer detection more difficult. In my 40+ years of experience in screening women for breast cancer, I have never seen a case in which a breast implant delayed detection of a breast cancer. However, I have seen many cases in which women with implants failed to get their yearly mammogram and were presented with cancers that could have been detected much earlier and with a better prognosis. I have also seen many cases in which women with implants have found very small cancers during breast self-exams, and in many of these cases the cancer was not visible on the routine screening mammogram. The reason that women with implants are able to detect small cancers is that the implant provides a smooth background and the

Myth No. 5: Needle biopsies of the breast can cause cancer cells to spread to other parts of the body.

Answer: This is an important issue since it is now generally recommended that open surgical biopsy be eliminated as a diagnostic tool, and that all diagnostic biopsies be performed with a needle. Fortunately, many studies have confirmed that needle biopsy is safe and appropriate. Open biopsy should rarely be used to make a cancer diagnosis.