



THE Breast Care Guidebook

DETECTION OF BREAST CANCER & ADVANCED TREATMENT OPTIONS

- DIAGNOSING BREAST LUMPS
- NON-SURGICAL TREATMENT FOR BREAST CANCER
- BREAST PRESERVATION SURGERY

ALASKA
BREAST CENTER

HOW TO USE THIS GUIDEBOOK

Alaska Breast Center believes the best healthcare comes from an educated healthcare consumer. This is especially true in the field of cancer, where early detection of cancer can many times eliminate it, or at least slow the process of the disease.

What is cancer?

The human body is made of cells that grow, divide and die in an orderly fashion. As adults get older their bodies' cells grow and divide specifically to replace damaged or dying cells. Cancer starts when a normal cell becomes damaged or changed. When this damage occurs, cells do not die when they should. The cells instead begin to grow out-of-control and these extra cells form a mass of tissue called a tumor. Tumors are not all cancerous. Tumors can either be benign (non-cancerous) or malignant (cancerous).

Malignant cancer cells can invade and spread to other tissues. When cancer cells enter into the bloodstream or lymph system, the mutated cells can travel to other parts of the body and begin to grow. This process is called metastasis.

Cancer can start anywhere in the body. It can start with a small spot on the face or scalp that develops from too much exposure to sun. It also can begin in some areas of the body that are prone to abnormal cell growth, such as the female breast.

With skin cancer and breast cancer, in particular, early detection can often successfully eradicate cancerous tissue. Other internal cancers like colo-rectal or organ cancer may be more difficult to detect without invasive screenings.



Alaska Breast Center includes a team of a fellowship-trained surgeon, Dr. Charles Portera, who specializes in breast surgical oncology.

It is important to understand that not all tumors or abnormal growths are cancer. For example, it's common for some women to have cystic breasts that exhibit benign lumps. However, it requires a specialist with diagnostic equipment, such as a mammogram, ultrasound or a biopsy to confirm that such lumps are non-cancerous. Additionally, such screenings are needed on a periodic basis to ensure that these lumps do not progress to cancer.

The purpose of this Breast Cancer Guidebook is to provide a guide to lowering your risk of cancer, detecting cancer early, and recommending screenings at different ages that may help discover abnormal growths when they are more easily treated with a better outcome.



CANCER TERMINOLOGY

There are various terms to understand tumors and cancer:

Benign: A tumor or growth that is not cancerous. Benign tumors do not spread to other parts of the body. Also, they do not change or destroy nearby tissue. In general, they grow slowly and usually are not harmful. Benign tumors can be dangerous if they grow too large and begin to invade blood vessels or nearby organs.

Malignant: A tumor that is cancerous is made of cells that grow out of control. These tumors may grow into nearby tissues and spread to other parts of the body.

Metastasis (secondary cancer): Cancer cells will sometimes move from the primary location of the first cancer diagnosis through the blood or lymph system to other parts of the body and begin to grow into another tumor or tumors.

EARLY DETECTION OF BREAST CANCER

Diagnosing breast cancer

A typical woman's breast is made up of lobules (glands that produce breast milk), ducts (small tubes that carry milk from the lobules to the nipple), fatty and connective tissue, blood vessels, and lymph vessels. Most breast cancers begin in the cells that line the milk ducts while some breast cancers start in the cells lining the lobules that produce the milk. Sarcomas and lymphomas start in cells of the other tissues in the breast. The lymph system is one of the main ways breast cancer spreads. Lymph nodes are small tissues that contain a certain kind of immune system cell that fight infections. Breast cancer cells can travel in lymphatic vessels and begin to grow in lymph nodes.

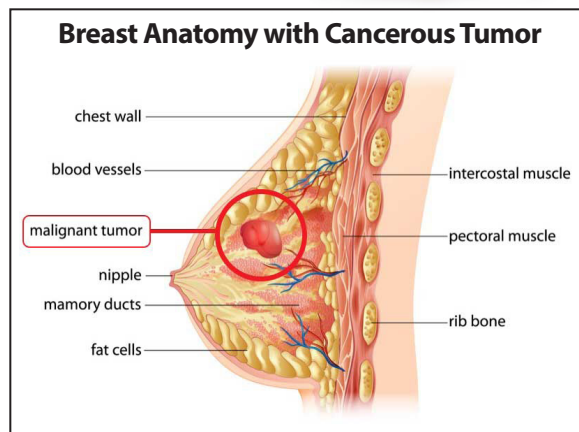
The good news: most breast lumps are benign and are not cancerous. Benign breast tumors are abnormal growths caused by the combination of cysts (fluid-filled sacs) and fibrosis (scar-like tissue). These growths can make the breasts feel lumpy.

Prevention: Time is crucial

If breast lumps are detected early — through self screening or with a mammogram that is looking closely for hidden lumps — the odds of successfully removing the lump or tumor and living a normal healthy life increase dramatically. According to the American Cancer Society, women age 40 and older should have a mammogram every year. Women in their 20s and 30s should have a breast exam as part of a periodic health exam by a health professional preferably every 3 years.



Breast Anatomy with Cancerous Tumor



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Prevention: How to screen yourself for breast lumps

A woman should perform a breast self exam monthly as a general routine. Examine yourself several days after your period ends, when your breasts less likely to be swollen or tender.

Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips. Look for breasts that are evenly shaped without visible distortion or swelling. Look for any dimpling, puckering, or bulging of the skin. Symptoms that should be discussed with your physician include redness, soreness, rash, swelling or a nipple that has changed position or become inverted nipple (pushed inward instead of sticking out). Other serious symptoms include fluid coming out of one or both nipples. This might be watery, milky, or yellow fluid or blood.



Next, while lying down, use your right hand to feel your left breast and then your left hand to feel your right breast. Keeping the fingers flat and together, use a circular motion to feel for any breast lumps.

If you feel a lump, don't panic. Many women have cystic breasts where there may be some lumps in their breasts all the time, or at certain times because of normal hormonal changes. Many of these lumps are benign, meaning non-cancerous. A breast cyst often feels like a grape or a water-filled balloon, but sometimes a breast cyst feels firm. Breast cysts typically occur in women under 50, before menopause. You should consult with your physician (family practice, OB/Gyn or breast specialist) to make sure these lumps are benign.

Your physician may recommend a mammogram, an ultrasound test that uses sound waves to visualize a lump or an MRI depending upon the breast lump.

Breast cysts don't require treatment unless a cyst is large and painful or uncomfortable. In that case, draining the fluid from a breast cyst can ease symptoms.

It's crucial to remember that the earlier breast cancer is detected, the easier it is to remove. Accordingly, a physician consult is essential to rule out the presence of a cancerous breast lump.

TREATMENT OPTIONS FOR BREAST CANCER

Breast cancer surgery

Breast cancer can be removed surgically if caught early. More good news: advances in surgical oncology enable some women to preserve their breast during surgery if they choose a highly trained cancer surgeon.

If you've learned that you may have breast cancer or a lump that needs removal, it is important to find a surgeon who specializes in the treatment of cancer and is also trained in preserving the appearance of the breast.

It is always a surgeon's main goal to remove the cancer in order to prolong the patient's life. In the past however this goal usually resulted in a total mastectomy where the entire breast was removed.

Today there are many surgeons who perform breast cancer surgery, but few are trained in the preservation of the breast. In many cases new surgical techniques enable a trained and experienced surgical oncologist to successfully remove the cancer while still preserving the cosmetic appearance of the breast. Alaska Breast Center includes the team of Dr. Charles Portera who trained at the world-renown MD Anderson Cancer Center, and Dr. Margaret Jayich, who is fellowship-trained in breast surgery oncology. Both specialize in breast preservation surgery.

About breast surgery

Breast-conserving surgery, which is commonly referred to as a lumpectomy, removes only a part of the breast depending on the size and place of the tumor and other factors. The removed tissue from surgery is examined for cancer cells close to the edges, and if cancer cells are found, the patient might need more surgery.

The goal of Alaska Breast Center is to surgically remove any tumor or cancer while at the same time preserving the natural appearance of the breast.



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In some cases of breast cancer a mastectomy may be recommended. A mastectomy is a procedure which removes the entire breast. All of the breast tissue is removed, sometimes along with other nearby tissues. Many women choose to have their breasts reconstructed after a mastectomy as soon as possible. Reconstructive or breast implant surgery is done to restore the way the breast looks. You should talk to a plastic surgeon before your operation if you are having breast surgery and are wanting breast reconstruction after the mastectomy.

Breast preservation surgery — also called oncoplastic surgery — involves a team of surgical specialists. This can include a plastic surgeon who is proficient on breast reconstruction and cosmetic surgery. The breast surgeons remove the cancerous tissue and a pathologist confirms that the edges of the remaining tissue are free of cancer cells. During the remainder of the surgery, the surgical team focuses on achieving the best possible cosmetic result to preserve the natural appearance of the breast. Oncoplastic surgery involves combining both oncologic principles and plastic surgery techniques in same procedure to remove disease and allow for a better cosmetic result.



Dr. Charles Portera is fellowship-trained at the world renowned MD Anderson Cancer Center in Houston, TX.

HOW TO MEASURE YOUR RISK

Tyrer-Cuzick questionnaire enables a woman to assess her 10 year & lifetime risk of having breast cancer

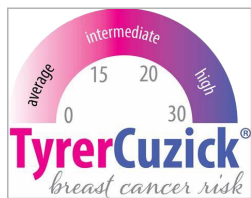
Every woman has some risk of breast cancer. In the U.S., 1 in 8 women will be diagnosed with breast cancer over the course of her lifetime. This means the average woman's breast cancer risk is about 13%. A man's lifetime risk, by comparison, is much lower at 1 in 833 — far less than 1%.

Just as there are factors that INCREASE the risk of breast cancer, there are ways to REDUCE your risk. The starting point can be assessing YOUR PERSONAL RISK of breast cancer. Thankfully, there are survey tools that can calculate a woman's risk of developing breast cancer in her lifetime. There are two breast cancer risk assessment tools that doctors use to calculate a woman's risk of breast cancer:

- *Gail personal health questionnaire* that women and their doctors answer together. The resulting Gail score estimates the risk of developing invasive breast cancer in the next 5 years.
- *The Tyrer-Cuzick questionnaire* enables a woman to take an online questionnaire and a calculator estimates her breast cancer risk. The calculation is based on the woman's answers to questions about age at first period, height, weight, childbearing history, family history of breast cancer, menopausal status, and use of hormone replacement therapy. The calculated score provides the risk of developing invasive breast cancer within 5 years of the current age, as well as over a lifetime. A study published in JAMA Oncology in 2018 found that the Tyrer-Cuzick breast cancer risk assessment tool has been a valid tool used over the past 20 years.

The Tyrer-Cuzick tool is used by some imaging centers that provide mammograms as an additional risk assessment tool. This helps the imaging center and breast specialist develop a screening schedule for the woman based on her risk of developing breast cancer. The more lifetime risk, the more frequent mammograms would be recommended.

A woman can take the quick questionnaire by using this QR code on your phone camera, or via a link at: **AlaskaBreastCenter.com/breast-cancer-risk-assessment**. By answering a few questions, the web site calculates a woman's 5 year risk, and lifetime risk, of developing breast cancer compared to normal risk.



What to do IF your score shows you at higher risk?

If you ARE at high risk of developing breast cancer, the key is early detection. Early detection is key to a successful outcome. If you know that you have a higher-than-average risk of breast cancer, you and your doctor will develop a risk management and screening plan tailored to your unique situation. General recommended screening guidelines include:

- a monthly breast self-exam
- a yearly breast exam by your doctor
- a digital mammogram every year starting at age 40

Depending upon your risk profile, personal screening plan also may include a breast MRI or a breast ultrasound test. An ultrasound test is painless and can be done in the office at Alaska Breast Center. The test uses sound waves to visualize and detect abnormal tissues in the body.

What things INCREASE your risk of breast cancer?

The following factors can affect your personal risk of breast cancer.

- Your age and family history of cancer
- Exposure chemicals in cosmetics, sunscreen, hair dye
- Age at the start of menstruation and menopause
- Prior radiation to chest or face
- Being overweight & lack of exercise
- Using hormone replacements
- Excessive alcohol
- Dense breasts
- Smoking
- Low vitamin D level



Ways to LOWER your risk of breast cancer

Some of the risk factors associated with breast cancer risk can't be changed, such as age, family history and genetics. Here are things that research studies have shown to lower risk of breast cancer.

- maintaining a healthy weight & exercising every day
- avoid excessive alcohol
- Bearing children and breastfeeding
- not smoking and avoiding second-hand smoke



An online encyclopedia on breast cancer treatment can be found at AlaskaBreastCenter.com.

BREAST CANCER GRADING SYSTEM

Breast cancer specialists use a grading system for cancer to indicate which cancers are likely to grow and spread quickly. Cancer cells are given a grade when they are removed from the breast during a surgical biopsy and checked in the lab. The grade relates to how much the cancer cells look like normal cells.



The grade is used to help predict your outcome (prognosis) and to determine which treatments should be used to remove and stop the cancer.

Grade 1 or well differentiated mean the cancer cells are slower-growing, and look more like normal breast tissue. **Grade 2** or moderately differentiated is an intermediate rate of growth. **Grade 3** are cancer cells that look very different from normal cells and are likely to behave more aggressively.

THE FACTS ABOUT BREAST CANCER

The good news is that breast cancer death rates have been decreasing over the past 10 years and there are more than 2.8 million breast cancer survivors in the United States. According to the American Cancer Society:

- Breast cancer is the most common cancer among women in the United States, other than skin cancer.
- It is the second leading cause of cancer death in women, after lung cancer.
- The chance of a woman having invasive breast cancer during her life is about 1 in 8. The chance of dying from breast cancer is about 1 in 36.

While there is no specific cause or reason for why breast cancer develops, certain risk factors can be linked to the disease.

- Age at start of menstruation and menopause
- Genetics / Family history or Race
- Past benign breast problems
- Overweight & Lack of Exercise
- Smoking

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Breast Pathology

A breast biopsy may be done surgically or with a needle. When a breast biopsy is performed, the samples are studied under a microscope by a pathologist. The pathologist sends your doctor a report that gives a diagnosis for each sample taken. The pathology report and cancer grade will determine your treatment options.

Carcinoma is a type of cancer that starts in the lining layer of the breast. Nearly all breast cancers are carcinomas.

Benign (non-cancerous) breast changes can include adenosis, sclerosing adenosis, apocrine metaplasia, cysts, columnar cell change, columnar cell hyperplasia, collagenous spherulosis, duct ectasia, columnar alteration with prominent apical snouts and secretions (CAPSS), papillomatosis, or fibrocystic changes.

** Source: American Cancer Society & BreastCancer.org*

FREQUENTLY ASKED QUESTIONS

Q. Can exercise reduce the risk of breast cancer?

A. Yes. Exercise boosts the immune system and can keep your weight down. Even a 20 minute walk can be of benefit.

Q. Can breastfeeding reduce the risk of breast cancer?

A. Yes. Research studies involving nearly 100,000 women in 47 countries have shown that bearing children and breast feeding can reduce risk of breast cancer. The longer a woman breast feeds an infant, the more they are protected against breast cancer.

Q. Does smoking cause breast cancer?

A. Smoking causes many types of cancer, especially lung cancer. Research has also confirmed that smoking is a risk factor for developing breast cancer. Even second-hand smoke increases risk of cancer.

Q. Is a woman's consumption of dairy milk linked to a higher risk of breast cancer?

A. There is some limited evidence suggesting that a high intake of dairy milk was linked to higher risk of breast cancer. With that said, dairy products are also a high source of Vitamin D which is good.

Q. Does a family history of breast cancer put someone at a high risk?

A. Family history of breast cancer can represent higher risk, but most women who have breast cancer have no family history at all. Only about 10% of women diagnosed with breast cancer have a family history.

Q. Are oral contraceptives like birth control pills linked to breast cancer?

A. There can be an increased risk of breast cancer for women who have been using birth control pills for more than five years. With that said, there is a lower amount of hormones in birth control pills today, so the risk is relatively small.

SOURCE: National Breast Cancer Foundation.

ABOUT ALASKA BREAST CENTER

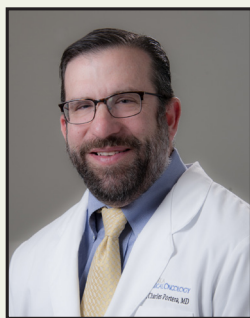
Alaska Breast Center specializes in breast cancer and breast cancer surgery. The breast surgeons are proficient in breast preservation surgery to retain the natural appearance of the breast. The center is referred patients from across Alaska.

CHARLES PORTERA, MD

Board-Certified in General Surgery

Fellowship-Trained in Surgical Oncology & Cancer Biology

Dr. Charles Portera is the founder of Alaska Breast Center. Dr. Portera is fellowship-trained in surgical oncology and cancer biology at the MD Anderson Cancer Center in Houston, Texas. MD Anderson Cancer Center is one of the top cancer referral centers in the



world. Dr. Portera spent most of his medical career in Chattanooga, Tennessee where he founded a successful surgical oncology practice. In 2014, Dr. Portera relocated to Anchorage and founded Alaska Surgical Oncology and Alaska Breast Center. Dr. Portera has done more than 10,000 successful cancer surgeries over his career and specializes in breast preservation surgery.

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Alaska Surgical Group • Alaska Surgical Oncology

ANCHORAGE

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Appointments, referrals & 2nd opinions

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