

News Release

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October is National Breast Cancer Awareness Month

Texas Tech Physicians Expert Highlights New Reporting Requirement and Screening Guidelines

According to the American Cancer Society (ACS), one in eight women overall in the United States will have a diagnosis of breast cancer sometime in her life. There are currently more than four million breast cancer survivors in the U.S. This includes women still being treated and those who have completed treatment.

The ACS reports that while breast cancer is the second most common cancer in women in the United States after skin cancers, the chance that any woman will die from breast cancer is now about one in 40. Breast cancer death rates have been decreasing steadily since 1989, believed to be the result of finding breast cancer earlier through screening, increased awareness and better treatments, according to the ACS.

With Breast Cancer Awareness Month drawing attention to the disease and the patients represented in those statistics, Karla Daniele, M.D., breast surgical oncologist at Texas Tech Physicians, urged women to take control of their breast health by prioritizing early screening and having important discussions with their primary care providers (PCPs) about personal risk factors.

“Breast Cancer Awareness Month is meant to promote screening mammography,” Daniele said. “If you have any female in your life that you care about, take October as a month to encourage getting that screening.”

Daniele emphasized the importance of knowing when to begin screening mammography, which can vary based on individual risk factors.

The U.S. Preventive Services Task Force recently updated screening schedule guidelines and now recommends starting screening mammography at age 40 and continuing every two years until age 75 for the average-risk person. However, Daniele explained, “For those at higher risk, such as individuals with a family history of breast cancer or a genetic predisposition, screening could start much earlier, even as early as age 25.”

She recommended discussing these risks with a primary care provider, particularly if there are concerns about genetic predispositions or family history. “At the age of 25, you should have a discussion with your PCP about your personal risk factors. If you're someone who may have a genetic predisposition, those screening guidelines may start earlier,” Daniele advised.

While factors such as aging and gender are unavoidable, Daniele pointed out that lifestyle choices can help reduce the risk of breast cancer. “Aging and being a female are the two biggest risk factors for breast cancer,” she said. “But physical inactivity and obesity, especially after menopause, are risk factors we can control to reduce future occurrences.”

Daniele also highlighted the importance of breast self-examinations in helping recognize potential breast cancer symptoms early. “Feeling a lump is the first red flag, especially for women over 40. Swelling under your armpit could also indicate something more serious, as that’s where the lymph nodes that drain the breast are located.”

Daniele explained how breast density impacts cancer detection and the importance of tailored screenings.

“When we talk about breast density, it refers to the ratio of fibro glandular tissue to fatty tissue in the breast,” she said. “Women with dense breasts may need additional screening beyond mammography because it’s like trying to find a pebble in a glass of milk. It makes it harder to see abnormalities.”

As a result of a September ruling by the U. S. Food and Drug Administration (FDA), mammogram reports now include information about a patient’s breast density, which helps women and their physicians make informed decisions about additional screenings such as ultrasounds or MRIs.

“Even if your PCP doesn’t bring it up, if you get a letter mentioning increased breast density, bring it up so you can start tailoring your future screenings,” Daniele recommended.

For those diagnosed with breast cancer, Daniele highlighted the importance of an individualized comprehensive, multi-disciplinary treatment plan involving surgery, radiation and sometimes chemotherapy.

“Treatment depends on the stage and type of breast cancer,” she explained. “Some patients may meet with a surgical oncologist first, while others might start with a medical oncologist. Regardless, the goal is to reduce the risk of a future recurrence while addressing the problem at hand.”

Beyond the medical aspects, Daniele advocated for addressing the mental health and emotional well-being of patients throughout their cancer journey. “I’m a strong believer that your mental readiness to accept treatment plays a huge role in your outcome,” she said. “That’s why we focus so much on behavioral health. We want to equip patients with the tools to handle the challenges of treatment and recovery.”

Daniele urged women to take control of their breast health and get screened. “The earlier we find it, the better the treatment options,” she said. “Take your friends, your family members and anyone you care for to get screened. It could make all the difference.”