

## 6 Things Your Breast Cancer Surgeon Wishes You Knew

Your deodorant isn't a cause; and that's just for starters.

By Kristen Sturt

By the end of 2017, it's expected that more than 250,000 American women will be diagnosed with invasive breast cancer; upwards of 40,000 will probably die of the disease. And even though awareness and survival rates are at all-time highs, many of us still have misconceptions about this increasingly treatable condition.

"There's a lot of hope for you," says breast surgeon Renée Quarterman, MD, FACS, from St. Mary Medical Center in Langhorne, Pennsylvania. "There's a lot of hope for all patients with breast cancer." Keep reading for more truths behind popular breast cancer myths, along with what Dr. Quarterman wishes everyone knew about the condition.

### 1. Most cases are not inherited

There's no doubt: you have a stronger risk of breast cancer if there's a family history of the disease. This includes having at least one close relative diagnosed before age 45, or multiple cases on the same side of the family—and it doesn't have to be your mom's. "A lot of people think, 'Well, that breast cancer's on my dad's side so it doesn't matter,'" says Dr. Quarterman. "But it does matter." When assessing your risk, she adds, it's important to get both family histories.

That said, it's believed just 5 to 10 percent of diagnoses are linked to heredity.

### 2. It's linked to lifestyle

While family history plays a role, breast cancer is influenced in large part by lifestyle choices, says Quarterman. These include:

- Smoking cigarettes: Both first- and second-hand smoke increase the odds of breast cancer, especially during your childbearing years.
- Drinking alcohol in excess: The more you imbibe, the higher your risk; according to the American Cancer Society, women who have two to five drinks daily have 1½ times the risk of those who don't drink at all.
- Post-menopausal obesity: Though the relationship between fat and breast cancer is still being sussed out, it's thought that excess weight after menopause ups your estrogen levels, raising your chances. Obese women are also more likely to have type 2 diabetes, which likely plays a role in cancer risk.

On the flip side, exercising—150 minutes of moderate or 75 minutes of vigorous activity weekly—and eating plenty of fruits and vegetables are proven to lower your chances of developing the disease.

### 3. It doesn't necessarily hurt

Though mammograms can pinch and treatments like radiation and chemotherapy often come with uncomfortable side effects, breast cancer itself isn't typically painful.

"Women will tell me that they have a lump, and we find out that it's cancer," says Quarterman. "They say, 'It didn't hurt. I didn't think it was cancer.'"

While pain is possible, you may notice other symptoms first. Keep an eye out for changes in the appearance or feeling of your breast.

These include:

- A lump or mass
- Swelling
- Skin irritation, thickening, scaling, redness or dimpling
- Nipples turning inward
- Nipple discharge that isn't breast milk

It should be noted that while a lump or mass may be a sign, most of them are not cancerous.

Experiencing one or more of these symptoms? Contact your doctor as soon as you can.

### 4. Your bra and antiperspirant don't cause it

You may have heard from a friend—or, more likely, Facebook—that your antiperspirant can give you breast cancer. The theory goes that chemicals seep into your skin, or your roll-on prevents you from sweating, leading to a buildup of toxins. But it's just not true.

"There has been concern about certain types of deodorants, or maybe having aluminum in your deodorant," says Quarterman. "But that hasn't been borne out yet in any study." She suggests wearing whatever deodorant/antiperspirant works for you. And if you're still worried, try brands that are labeled as natural or less processed.

The same goes for bras, which some say cause cancer by preventing lymph nodes from draining correctly. "We don't have any evidence that the type of bra that you wear causes breast cancer," says Quarterman. "Again, wear what works for you."

### 5. Early detection is crucial

With treatment, someone diagnosed with Stage 2 breast cancer has a 93 percent chance of surviving for five years. When it's caught at Stage 4, those odds drop to 22 percent. "The earlier we find breast cancer, the more successful we are in treating it," says Quarterman. "So, I encourage women to stay on top of their mammograms." Mammograms remain the most effective way of detecting the disease.

The official recommendations for mammograms have changed recently; they're no longer suggested for women starting at age 40, though you can begin then if you prefer. Now, annual mammograms should start for most women at age 45.

After that, guidelines vary a little. The US Preventive Services Task Force suggests having one every two years starting at age 50, while the American Cancer Society recommends a mammogram every two years beginning at age 55.

Ultimately, when you start and how often you get screened will depend on your personal risk—if you have a family history, for example. Speak to your doctor about the best choice for you.

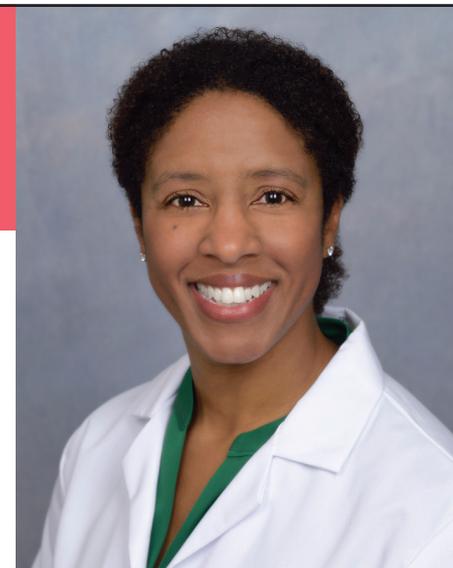
### 6. It's not a death sentence

Thanks to a combination of increased awareness, early detection and better treatment, breast cancer death rates have dropped big-time in recent decades. Between 1989 and 2014, they fell about 38 percent.

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"I tell my patients that you don't need to change any of your long-term plans, because there's a lot that we can do," says Quarterman. That's largely because treatment can be customized to the patient, now more than ever. "We can tailor therapy; we can predict who should have chemotherapy and who really doesn't need it."

Safety and technological advancements have helped, as well. "Our radiation delivery has become better and safer. Our surgery has become better and safer," she says. "All of that comes together to improve outcomes."



### Meet Renée L. Quarterman, MD, FACS,

Breast Surgeon with St. Mary Complete Breast Care and Medical Director of the Breast Program at St. Mary

Renée Quarterman, MD, FACS, received her medical degree from Duke University School of Medicine. She completed her residency in general surgery at Oregon Health Sciences University and a research fellowship at the University of California, San Francisco/San Francisco Veterans Affairs Medical Center. Dr. Quarterman is a Fellow of the American Board of Surgery and certified in breast ultrasound and stereotactic breast biopsy by the American Society of Breast Surgeons. She has extensive experience in all aspects of breast care, including ultrasound guided procedures, nipple sparing mastectomies and breast cancer risk assessment. Her passion lies in patient education, patient empowerment and community outreach.

Dr. Quarterman's practice, St. Mary Complete Breast Care, offers advanced screening and diagnostic procedures for breast cancer, breast pain, lumps, and nipple discharge in women and men, as well as breast cancer risk assessment and risk counseling. Dr. Quarterman works closely with St. Mary's experienced medical and radiation oncologists, reconstructive surgeons, and Breast Program nurse navigators to provide a unified plan of care for each patient.

For more information, call  
St. Mary Complete Breast Care  
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