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CCM NEWSLETTER

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October is Breast Cancer Awareness Month

This month, we will touch upon breast cancer risk factors and important screenings. Many of you may have either been personally affected by breast cancer or know of someone who has been affected by breast cancer. About 1 out of 8 women will be diagnosed with breast cancer in her lifetime. Over half of those women (64%) will be diagnosed before the breast cancer has spread to the rest of the body, which gives those women a 5 year survival rate of 99%.¹ Early detection of breast cancer is very important. Many breast cancers begin and grow silently without any signs or symptoms such as breast pain or skin changes. The main ways to screen for breast cancer have been hotly debated over the past years and you may not know what to think anymore! As with many cancers, each of the organizations have different recommendations regarding screenings. The screenings I am referencing in this newsletter are mammograms and ultrasounds.



Let me give you a little behind the scenes of how we came to our recommendations. But first, a disclaimer: these recommendations are for AVERAGE RISK women-- with no history of cancer or high-risk genetic mutation. Okay, now first- how do we decide when to start and stop screening? Women starting at age 50 should get a mammogram EVERY OTHER year until the age of 74 years.² Why? Well -it comes down to the balance of harm vs benefit. Studies have shown that the age range of 50-74 have shown the best balance between the two. Additionally, screening every other year is better than every year. Screening every year actually increases the chance that something may *look* like cancer... but really isn't. That's called a false positive. We really don't like false positives in this situation because what we do with the "positive" result isn't trivial. Most likely you will need further screening, possibly a surgical procedure to remove that area and have further testing... you can see how that can lead to unnecessary biopsies etc.

¹ National Breast Cancer Foundation, INC <https://www.nationalbreastcancer.org/>

² Am Fam Physician. 2020 Feb 1;101(3):184-185.

Secondly- what are appropriate screening techniques? Clinical breast exams are not replacements for screenings. Evidence has NOT shown that by doing them the rate of death decreases. The same goes for self- breast exams- It doesn't improve breast cancer outcomes and sometimes may cause more harm than good.³ Overdiagnosis and false positives can lead to overtreatment, which can lead to harm. Usually, a patient will receive a mammogram (x-ray of the breast) or an ultrasound for screening purposes. Hopefully, you are seeing a pattern here. We are using evidence to ensure that our recommendations are more beneficial than harmful.

Now, how can you lower your risk of breast cancer?

- 1.) A nutritious healthy diet, low in fat and high in vegetables and fruits. High fat diet triggers estrogen production which can do many things to your body, namely fuel tumor growth.
- 2.) Exercise! As little as 30 minutes daily, three times a week, can start to lower your risk of breast cancer.
- 3.) SMOKING- is a confirmed risk factor for breast cancer. Make plans to stop if you currently smoke.
- 4.) Alcohol in MODERATION- no more than 1 drink per day.
- 5.) While knowing your family history may not prevent breast cancer- it will modify the screening recommendations that your physician gives you.

Breast Cancer Myth Busting:⁴

- A lump in my breast means I have cancer. **MYTH!** - only a small percentage of lumps actually turn out to be cancer. With that being said, if you notice skin changes, nipple discharge or a lump that has been there for a while- let your physician know.
- Mammograms are x rays- so that can actually cause breast cancer. **MYTH!** Mammograms are the gold standard for breast cancer screening. The amount of radiation from the x rays is so small that the risk of harm from this exposure is extremely low.
- Antiperspirants and deodorants cause breast cancer. **MYTH!** The National Cancer Institute is not aware of any conclusive evidence that links the use of underarm antiperspirants and deodorants to the subsequent development of breast cancer.
- Only women get breast cancer because they have more breast tissue than men. **Myth!** Men can actually get breast cancer. They are more likely to die from breast cancer than women because it's just not on their radar. So- when they get a lump in their breasts, they are less likely to think of breast cancer. This often delays diagnosis until the cancer has spread outside the breast.

³ *Am Fam Physician*. 2020 Feb 1;101(3):184-185.

⁴ <https://www.nationalbreastcancer.org/>

October is also ‘Let’s Start Treating Ourselves’ Month



Not only does Fall bring cooler temperatures, changing leaves and sports games, but it’s also the start of what I like to call “Treat Season”. It kicks off with the enormous bags of Halloween candy that we snack on the entire month-- then comes the Thanksgiving feasts, Christmas festivities, Valentine’s Day sweets and Easter goodies. Of course, there is that 2 week break where you are *really* committed to those resolutions you made at New Years. Let’s stop the cycle before we start this year! Start establishing health behaviors before the stress and the stress-eating starts this season.

Now that the weather has become much more bearable- lace up those sneakers for a brisk walk or run around the neighborhood or high school track. If you were like me, I was frantically looking online for hand weights during the start of the COVID shelter in place. They were harder to find than toilet paper and hand sanitizer! Good News! The home exercise equipment stock has been replenished. Grab some of those light weights for some high repetition exercises to build some muscle. The goal of your exercise is to increase your heart rate, which in turn pushes your body to burn fuel for energy. The recommendations for exercise are 30 minutes of moderate activity daily for 5 days out of the week. This is 30 minutes out of your day where you can listen to music, self-reflect, etc. Use it as a time to make a healthy physical and mental choice.

Don’t fall into the incorrect thinking that you can eat whatever you want as long as you exercise. You really can’t! Let me say that again- You can’t eat whatever you want as long as you exercise. Our eating habits are just that... habits. We may have picked up bad habits while working, taking care of kids, during the holidays- and just never changed them. We make and break habits all the time. Think about putting a seatbelt on in the car- habit; washing your body daily- habit; brushing your teeth- habit! Currently, we have gotten into the habit of wearing masks when we are out in public and in close proximity to other people. There are some tools we can use to help us form new habits- especially when it comes to what we eat.

- Account for what you eat. Yes, I know- another habit to break a habit. What do all the weight loss programs have in common? Well, they either account for what you eat for you, or they make you keep track of it. There are many free apps out there that can help you track what you eat. Some even come with prompts to remind you to log your meals. Give this a try for a month and see if it changes how you view portion sizes.

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- Limit the hours of the day in which you eat. This is commonly called Intermittent Fasting (IF). Now, obviously discuss this with your physician before heading down this path- especially if you are a diabetic, as your medications may need to be adjusted. Basically, the concept of intermittent fasting is that you only eat between an 8-10 hour period during the day. For example, you eat your first meal of the day at 11 am and your last meal of the day no later than 8pm. IF is working on your body at the levels of your cells. It's tinkering with your insulin levels to force your fat cells to be used for energy. Studies have shown many health benefits as a result of IF- namely, the improvement of diabetes.⁵ If you are interested in learning more about IF- schedule an appointment to discuss how this can work for you.
 - Tell a friend. What happens when you are working in a group to throw a party and you offer to make a salad and bring it to the party? Do you forget? Do you think “Oh, no one will notice?” No! I’m pretty sure- you would plan to purchase the ingredients, set aside time to make the salad, and get it to the party on time! The desire to not let people down is strong. That’s why Weight Watchers is so effective. It’s a program that uses community to hold members accountable- hence the weigh-ins. Not only does it provide accountability, but also support, which is equally as important.

COVID Corner

This wouldn't be a 2020 newsletter without something related to COVID-19! Instead of talking about the virus itself, let's talk about a byproduct of the pandemic-- MASK WEARING. You may be running into some problems when wearing your mask, that may deter you from wearing it when you should or even wearing it the most effective way. Find a mask that is comfortable to wear. It should cover your nose, mouth and chin. It should fit snugly and have 2 or more layers of fabric. If you feel anxious or claustrophobic, take slow, calm breaths. Try a 100% cotton mask if heat buildup is an issue. You can even have your oxygen level checked in the office while wearing your mask to assure you that you are getting enough air. If fogged glasses are more your issue, make sure you are wearing a mask with a nose bridge, and rest your glasses over the mask. It's also important to note that you are NOT getting headaches from a buildup of carbon dioxide. It's probably from the ear loops, poor mask fit, dehydration, or funny smell from the mask. Try using a mask with ties and remember to hydrate yourself. Speaking of eating and drinking- please do not use masks with straw holes or other openings...it defeats the purpose. Lastly, remove your mask by its ear loops and put it in a clean paper bag or laying outer side down. Clean your cloth mask daily with fragrance free detergent. Happy mask wearing!

⁵ <https://www.health.harvard.edu/blog/intermittent-fasting-surprising-update-2018062914156>