



COMMISSIONER'S COMMENTS



Arm Yourself Against Breast Cancer with Better Knowledge

One out of eight American women will face a personal diagnosis of breast cancer some time in their lives, making this type of cancer one of the most common for females. Putnam County is far from unaffected. In fact, the county has one of the highest breast cancer rates in New York State. This January, with the holiday “hustle and bustle” behind us, it’s a great time to refocus on personal health. So I’ll share some insights I’ve gathered from decades of practicing obstetrics and gynecology, and advising patients about breast health.

Who gets breast cancer and why is complicated. Age is highest on the list of risk factors that you can’t change. A 70-year-old woman, in fact, is nearly ten times as likely to develop breast cancer as a 30-year-old. While the risk increases steadily as you age, the odds of developing the disease also vary depending on a host of other causes. Genetics, family or personal history of breast cancer, high density breast tissue, early menarche (periods before 12 years of age), late menopause (after age 55), first child after age 35 or no children, obesity, long-term hormone replacement therapy (over 5 years) and radiation therapy—each of these increases your chances. Additionally, in the U.S., breast cancer is diagnosed more often in white women than those of other races.

These influencers are unalterable. Others, however, can be modified to lower your risk. Physical exercise, a healthy weight and limited alcohol consumption will significantly lower your odds. So living a sensible lifestyle can alter one’s risk profile in a meaningful way.

When cancer is found, new treatments are now available. In addition to surgery, radiation and standard chemotherapy, advanced drugs can target specific cancer cell proteins responsible for causing tumor growth. By honing in on specific microscopic sites, the drugs tend to be more effective, while limiting the side effects.

Whatever treatments are selected, early detection and intervention improves patient results without exception, and screenings play an invaluable role. This includes both mammograms and clinical breast exams by a healthcare provider. Self-exams are useful for engaging women in self-care, but not as the sole screening method. Mammography is still by far the best screening tool available today, and combined with clinical exams, for women over 40 they offer the best accuracy, compared to either tool used alone.

Recommended timetables for mammograms vary. The original, and still current guidelines from the American Cancer Society recommend annual screening beginning at age 40. More recently, the US Preventive Services Task Force revised its guidelines to every other year after the age of 50. Personally, I continue to support annual screening after 40 as a general guideline because finding breast abnormalities early in women in their 40s is always advantageous.

The overall best recommendation is to speak with your personal healthcare provider to determine your needs. If you don’t have health insurance that covers a screening mammogram and you are 40 years of age or older, live in New York State and meet income requirements, you can call the New York State Cancer Services Program at 1-866-442-CANCER (2262) to be connected to a local health healthcare provider for a free mammogram and clinical exam. Other high-risk women, as determined by a NYS-licensed provider, may also be entitled to free screening as well. If you’re still thinking about what to resolve this year about your health, consider adding a mammogram to eating right and exercising – all work to lower your risk.

Allen Beals, MD, is Commissioner of Health for Putnam County. His column on health topics appears regularly.