

# BREAST SELF-EXAMS: WHY RECOMMENDATIONS DIFFER

Cancer advisory groups continue to disagree on the efficacy of the breast self-exam (BSE). Lacking sufficient documentation of reduced deaths, balanced with unnecessary follow-up testing, some organizations have recommended discontinuing the breast self-exam. Others acknowledge that BSEs serve a role in "breast awareness," which is a more comprehensive approach including education, anatomy, self-advocacy, and understanding.

## PROFESSIONAL RECOMMENDATIONS

### AMERICAN CANCER SOCIETY



#### PERSONAL DISCRETION

Advises women to begin at age 20 and to have their technique reviewed.

### U.S. PREVENTIVE SERVICES TASK FORCE



#### AGAINST

Recommends against teaching women to perform a BSE.

### NATIONAL COMPREHENSIVE CANCER NETWORK



#### PERSONAL DISCRETION

A BSE is one option for familiarizing women with their own breast anatomy.

### CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE



#### AGAINST

Recommend against self-exams for women ages 40 and older at average risk.

## WHY DO ORGANIZATIONS DISAGREE?

### ARGUMENTS FOR BSE



#### RATE OF SELF-DETECTION

**2/3** of women find their own breast cancers

#### RATE OF ROUTINE MAMMOGRAM DETECTION

Only **15%** are found by mammograms

#### IDENTIFY LUMPS SOONER

- > Smaller lumps are better detected in routine exams
- > Treating lumps or infections can relieve pain

### ARGUMENTS AGAINST BSE



#### INACCURATE PERFORMANCE

**20%** of women who examine their breasts do more than 1/2 of the recommended steps

#### FALSE POSITIVES

**41%** accurate for women ages 35 to 39

**21%** accurate for women ages 60 to 74

#### ADDITIONAL TESTING AND PROCEDURES

Leads to more biopsies and diagnosis of more benign breast lesions

## THE NEED FOR EDUCATION

Consider the following stats for college-aged women from a study published in the *Journal of American College Health*:

Only **32.6%** knew the advanced risk factors for breast cancer diagnoses.

Only **41.8%** knew to do their self-exam the first week after the menstrual period.

Only **8.6%** reported doing a BSE 10 to 12 times in the past year.

### WHILE MANY WOMEN KNOW TO LOOK FOR LUMPS, A PROPER SELF-EXAM SHOULD ALSO INCLUDE CHECKING FOR:

WHILE MANY WOMEN KNOW TO LOOK FOR LUMPS, A PROPER SELF-EXAM SHOULD ALSO INCLUDE CHECKING FOR:

- > Itchy, scaly sores or rashes on the nipple
- > Nipple discharge other than breast milk
- > Pain in one spot that does not go away
- > Dimpling, puckering, or pulling of the nipple or other parts of your breast
- > Changes in the breast size or shape, especially to one side
- > Hard knots or thickening inside the breast or underarm
- > Swelling, redness, warmth, or darkening of the breast

FOR MORE INFORMATION ON PROPER SELF-EXAM TECHNIQUES, VISIT:



[www5.komen.org](http://www5.komen.org)

[Nationalbreastcancer.org](http://Nationalbreastcancer.org)

[cancer.org](http://cancer.org)

If you are particularly uncomfortable or anxious about performing exams, or want more information on your risk, consider speaking with your primary care provider to develop a plan. Factors to discuss include:



RISKY BEHAVIOR



HEREDITARY INFLUENCES



GENETIC RISK

Ultimately, self-exams are just one facet of breast self-awareness. Identifying changes in your breasts and being more aware of your risks factors can help empower you to ask the right questions and potentially receive the treatment you need.

## SOURCES

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