

# Fighting Breast Cancer in Our Community

SUSAN G. KOMEN

COMMUNITY HEALTH ADVISOR TRAINING PROGRAM



Fighting Breast Cancer in Our Community

Made Possible By **KeyBank Foundation**







Susan G. Komen  
Community Health Advisor  
Training Program

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## Acknowledgements

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## Welcome

Thank you for your willingness to share the Susan G. Komen Community Health Advisor Training Program, provided through the generous support of the KeyBank Foundation, with your community. Just to reassure you, it is not necessary to be an expert on breast cancer to be a Komen Community Health Advisor. You do have to have a passion to help others, a clear understanding of each topic covered in this workshop and a strong desire to be an educator and cheerleader while motivating your family and friends to get their mammograms and/or clinical breast exams.

Sincerely,  
Susan G. Komen for the Cure®

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## Susan G. Komen Community Health Advisor Training Program

### Executive Summary

The Susan G. Komen Community Health Advisor Training Program is designed to train more than 500 community health advisors in 18 Komen Affiliate communities with a goal of delivering Komen's breast health and breast cancer education messages to 110,000 medically underserved women. The program is based on the Komen Affiliate model for evidence-based community profile action by bridging the gap between health care providers and underserved women to better serve vulnerable communities.

One breast cancer is diagnosed every two minutes in the U.S., and one woman will die of breast cancer every 13 minutes in the U.S. These numbers are, quite simply, unacceptable.

Getting age-appropriate breast health screening tests such as mammograms and/or clinical breast exams is the best way for women to detect breast cancer. Screening tests can detect breast cancer early when it is most treatable.

Unfortunately, for a variety of reasons, many women do not get their screenings as recommended. Fear of radiation and misunderstandings about the effectiveness of cancer treatment keep some women from getting screened. In many low-income populations, concerns about urgent life priorities, such as safety and earning a living, take precedence over their concern about breast cancer. For others, not knowing about the tests themselves and their importance is a major barrier.

Increasing screening participation can be accomplished through a variety of intervention strategies. Our education program will use one such strategy. Women will be encouraged to initiate and adhere regularly to screening guidelines, as well as comply with follow-up as appropriate.

With the generous support of KeyBank Foundation, Susan G. Komen and Susan G. Komen Affiliates will address these devastating breast cancer statistics through an education program called the Susan G. Komen Community Health Advisor Training Program. Participants will educate underserved women using interpersonal communication, which is considered to be effective in conveying complex, serious information, changing behavior and providing social support.

## About KeyBank and Susan G. Komen for the Cure®

KeyBank Foundation's purpose is to help its clients and communities thrive. The Foundation believes that when people in their communities are healthy, economic empowerment can be achieved. Sponsorship of Susan G. Komen for the Cure supports this belief. Breast cancer mortality is having a negative impact on KeyBank Foundation communities. It should not be: when breast cancer is detected early the five year survival rate is 99%! Helping medically underserved individuals access breast health information and screenings will increase early detection of breast cancer in our communities.

## About KeyBank Foundation

KeyBank Foundation is a nonprofit charitable foundation, funded by KeyCorp. Founded in 1969 as Society Foundation, it became known as Key Foundation in 1996 and as KeyBank Foundation in 2009. The Foundation, through its civic programs, corporate contributions and volunteerism supports organizations that foster economic self-sufficiency, principally where KeyBank operates. As a corporate neighbor, the Foundation advances economic self-sufficiency through its funding priorities, which help communities and individuals prosper:

- Financial Education — Fostering effective financial management and understanding of financial services and tools
- Workforce Development — Providing training and placement for people to access job opportunities
- Diversity — Promoting inclusive environments by employing systemic changes to improve the access of individuals of diverse backgrounds

## About Susan G. Komen for the Cure®

Susan G. Komen fought breast cancer with her heart, body and soul. Throughout her diagnosis, treatments, and endless days in the hospital, she spent her time thinking of ways to make life better for other women battling breast cancer instead of worrying about her own situation. That concern for others continued even as Susan neared the end of her fight. Moved by Susan's compassion for others and committed to making a difference, Nancy G. Brinker promised her sister that she would do everything in her power to end breast cancer forever.

That promise is now Susan G. Komen for the Cure®, the global leader of the breast cancer movement, having invested almost \$2 billion since inception in 1982. Today, Susan G. Komen works to end breast cancer in the U.S. and throughout the world through ground-breaking research, community health outreach, advocacy and programs in more than 50 countries. Komen is the boldest community fueling the best science and making the biggest impact in the fight against breast cancer.







# CHAPTER 1

## PROGRAM OVERVIEW AND ROLES AND RESPONSIBILITIES OF A KOMEN COMMUNITY HEALTH ADVISOR

### Objectives

After completing this chapter, you should be able to:

1. State the goal of the Komen Community Health Advisor Training Program
2. Discuss the roles and responsibilities of a Komen Community Health Advisor
3. Name two things a Komen Community Health Advisor should avoid
4. Discuss the importance of maintaining confidentiality

## Susan G. Komen Community Health Advisor Training Program Overview

The Susan G. Komen Community Health Advisor Training Program (KCHATP) is a four-year pilot program designed to increase knowledge and breast cancer screening for women in medically underserved communities. In medically underserved communities, it can be difficult to get medical care. The program seeks to educate women AND move them to actions that will help them achieve their best level of breast health.

Using training materials created by Susan G. Komen for the Cure, the program teaches women how to educate their communities about breast cancer. As knowledge in a community increases and more women from underserved communities get screened for breast cancer, we believe that the number of women who are diagnosed with breast cancer early — when five-year relative survival rates are high — will increase.

### Program Goal

To increase breast cancer knowledge and regular breast cancer screening for women in medically underserved communities.

### Program Description

Komen will invite community members with an interest in breast cancer to become Komen Community Health Advisors (KCHAs). Those selected will:

- Complete a 6-hour training course, which will cover
  - Breast cancer education
  - Komen’s breast self-awareness messaging and related action items
  - Local breast cancer screening resources for medically underserved women
- Use knowledge gained during training to conduct Breast Health Sessions with women in medically underserved communities
- Collect evaluation data from session participants

## Nationwide Target Numbers

Because of the great needs in underserved communities, we have established target numbers to help us reach the maximum number of individuals. The women you educate in your communities will help us reach these target numbers by March 31, 2014.

Trained KCHAs	521
Trained Komen KCHAs per city	31 (average)
Women helped by each KCHA per year	100
Women helped by all KCHAs during four years	109,150
Cities where the KCHATP will be launched	18

## What is a Komen Community Health Advisor (KCHA)?

A KCHA is a woman who understands the importance of breast self-awareness. She serves as an example to the women in her community by getting screened herself. She shares her knowledge and motivates them to act.

The ideal qualities of a KCHA include women who:

- Understand what is meaningful to the communities where they live and work
- Communicate in the primary language of the community
- Recognize and incorporate culturally appropriate interventions that promote positive breast health behaviors

A KCHA will speak with women in intimate and familiar settings that are safe and easy to access for participants. Possible locations for sessions include:

- Schools
- Churches
- Businesses
- Libraries
- City agencies
- Community centers
- Public housing complexes

KCHAs will discuss the following topics during breast self-awareness discussions:

- Breast cancer and breast self-awareness messages
- Barriers to care
- Access to local resources

The call to action during these educational sessions will be for women to get age-appropriate breast health screenings and talk to others about the importance of breast self-awareness.

## What is your role as a KCHA??

You were asked to participate because you know how to approach and communicate with your friends, family and neighbors. Through the program you will share knowledge and provide resources by:

- Reaching women to talk about breast self-awareness
- Connecting women to free or low cost breast health services in their neighborhoods
- Sharing Komen educational materials and connecting women to reliable information about breast cancer and breast self-awareness
- Being a listening ear and a motivator for women who are going through screening or treatment
- Collect data on women who have been educated and follow up to ensure these women have had a mammogram.

## KCHA Responsibilities and Expectations

You will help us reach our goal of increasing the number of women who obtain appropriate screenings. To do this, you can do the following:

- Explain breast self-awareness during an informal discussion
- Collect completed evaluations from participants and mail them to Komen Headquarters in a postage paid, self-addressed envelope
- Update screening data on each participant twice a year (at month 6 and month 12) and submit to Komen Headquarters in a postage paid, self-addressed envelope
- Participate in additional community health advisor trainings via webinar once a year
- Refer women who are passionate about reducing breast cancer in the community to the KCHA training program

If you have additional questions, please call Komen Headquarters at 972-701-2032 or email: [communityoutreach@komen.org](mailto:communityoutreach@komen.org)

## What is Susan G. Komen's role?

Komen Headquarters and your local Komen Affiliate will help you succeed as a KCHA by:

- Supplying educational materials
- Providing a reliable source for breast cancer and breast self-awareness information
- Answering questions about how to fulfill your role as a KCHA
- Assisting with completion of data tracking sheets
- Offering continuing education courses to improve your KCHA skills

**At no time should a KCHA provide medical advice or respond to medical questions, which would include:**

- Assessing symptoms
- Making referrals or recommendations regarding treatment
- Making judgments about the risk of an individual developing breast cancer, and other similar questions.

KCHAs should encourage women to contact their doctor, health care provider or local health department regarding these questions. Komen does not make referrals. For more information on breast health or breast cancer, please call the Susan G. Komen for the Cure's breast care helpline at 1-877 GO KOMEN (1-877-465-6636). In addition, a KCHA should never offer financial or other material support such as:

- Transporting participants
- Giving participants money
- Paying participant's bills

## **Maintaining Confidentiality**

While it may be tempting to share information about Sally with Rita over coffee, don't. KCHAs are expected to maintain complete confidentiality about any information shared with them by the KCHA program participants. The reason for this policy is to ensure any woman who participates in a discussion can trust that personal information she shares will not be repeated or shared without her permission.

## **As You prepare to speak as a KCHA**

These sessions are intended to be informal, with as much input from, and interaction with, participants as possible. The activities throughout the guide provide an opportunity for active discussion.

## What are the benefits of hosting a breast health discussion as a KCHA?

As a KCHA, you will receive incentives to show gratitude for your service to your own community.

The table below is an overview of the program incentives:

DO THIS TASK	YOU WILL EARN
Attend KCHA training	A \$30 Visa gift card
Submit 20 evaluation forms	Receive a Komen special gift!
Submit 50 additional evaluation forms (which gives you a total of 70 submitted evaluation forms)	Receive a Komen special gift!
Submit additional 30 evaluation forms; totaling 100 forms	You will be entered into a drawing to win a free Airline ticket (not to exceed \$599)

## Last But Not Least

**Have Fun. Enjoy it.**

**You are doing your part to fight  
breast cancer in your community.**



# CHAPTER 2

## PROGRAM PLANNING AND FOLLOW UP

### Objectives

After completing this chapter, you should be able to:

1. Describe the session planning process
2. Create an action plan (4Blocker)
3. State the Komen breast care helpline phone number and web address
4. Name one important question you should ask a woman before you invite her to a breast health session
5. Explain the importance of confidentiality
6. Describe the data reporting process

## What is a KCHA Breast Health Session?

A Komen Community Health Advisor Breast Health Session (session) is an informal discussion, led by you. You can have a discussion with just one woman, a small group of 2-4 or a larger group of 10 or more. The goal of the discussion is to increase awareness about the importance of routine clinical breast exams and/or mammograms and to motivate the women to get screened.

## Six Steps to Hosting a Breast Health Session

Use the 4Blocker on page 19 to help organize your plan.

### 1. Decide when and where you want to host a session.

Breast cancer can be a sensitive topic for many women. It is difficult to talk about, so try to have fun. Choose any day of the year. Frame it as a special gathering to celebrate each other, rather than a 60 minute lecture for not getting a mammogram or clinical breast exam. Here are themes you might consider.

- Pink Dinner Party or Potluck
- Daycare Mommies
- Brown Bag Lunch at Work
- Your place of Worship

#### Here a few locations you might consider:

- Beauty Shops
- Workplace
- Community Center
- Daycare
- Gym
- Restaurant

**Use your imagination and be creative.**

### 2. Invite eligible family and friends to attend your session

Having breast health discussions with your family and friends should be fun and stress free. By hosting, you are letting your family and friends know how much you care about their health and want them to get their mammogram or clinical breast exam. While it may be tempting to invite all of your best friends and family to attend, the idea is to invite women who have not had their breast cancer screenings recently.

As with all guidelines, there can be some exceptions to the rule. For instance, in some cultures a mother might not attend if her daughter cannot go with her. Even if the daughter has recently gotten her mammogram, she could still attend if it means her mother will come.



## How many people should I have come to my session?

- Generally, adults learn better in groups of 4-10 people.
- In a smaller group setting, participants may feel safer discussing an intimate and personal topic like breast health.

## Who do I invite?

The below chart may help you to come up with a list of people you should reach out to as a KCHA. You can invite family members, friends, neighbors, members of your place of worship or other community organizations.

## Who is in your Circle of Influence?



## What's next?

You will need to decide who to invite and the location of your meeting. The location can be anywhere as long as it is a comfortable place for you and your guests to gather. Then you will also need to decide how to invite the women to your session. Here are some ideas:

- Face to face invitation
- Facebook invitations
- Phone calls
- Emails
- Texts



## KCHA 4Blocker

**Who can I talk to in my circle of influence?**

**Where can I hold a breast health conversation?**

**When can I make the time to speak to people in my circle of influence about breast health?**

**What impact will I have on my community?**

### 3. Leading a Breast Health Session

- **Introduce yourself/Welcome** – Allow 5-10 minutes for women to share their reasons for taking the Breast Health Session

#### Here is an example:

*Welcome everyone! My name is \_\_\_\_\_ and I am very glad to have you all here. Thank you for coming. I hope that we will have a great conversation about breast health.*

*The goals of our session are:*

- 1. To learn about breast self-awareness*
- 2. To discuss the importance of routine mammograms and clinical breast exams*
- 3. To motivate you to get screened*

*I have attended a Susan G. Komen training on breast health. I am here to share with you what I have learned and direct you to local resources. If am unsure of something, I will attempt to find the answer or direct you to resources for the answer.*

#### • Explain forms

- i. Every participant should complete and turn in a Participant Evaluation.
- ii. KCHA completes a Data Tracking sheet for each participant
- iii. Komen uses data to help determine the best ways to help women get screened regularly

- **Deliver Content** – Distribute the brochure, “Breast Health: Learn the Facts” to participants so that they can follow along as you lead the session.

- i. Breast cancer risk
- ii. Breast self-awareness
- iii. Group activity (optional, see page 21)
- iv. Local Resources
  1. Review education material from the KCHA Toolkit (Choose 2 or 3 based on audience need)
  2. Share local screening resources and Komen Affiliate contact information

#### • Evaluation

- i. Complete one Data Tracking sheet for each participant
- ii. Collect completed Participant Evaluations

There are resources for women without insurance to get mammograms. If someone needs help paying for a mammogram and/or clinical breast exam, transportation to/from, or childcare during a breast health appointment, instruct them to first contact their local Affiliate and/or call the Komen breast care helpline at 1-877-GO KOMEN (1-877-465-6636).

## Group activity: Are you ready to be screened? (Optional)

The goal of this activity is to encourage women to get a mammogram and/or clinical breast exam and to understand where they are in the decision-making process.

### Here is an example of how you can begin:

*So how do you feel about your breast health after taking part in this session? Would anyone like to share? Allow a few participants to share.*

How are others feeling? I have a suggestion. I will read three statements about getting screened: One is “I am ready,” the other “I am thinking about it” and the last one says “I am not ready.” I want you to raise your hand when you hear the statement that describes how you feel right now about getting a mammogram and/or clinical breast exam. Take a minute to think about this:

1. Please raise your hand if you if you intend to get a mammogram and/or clinical breast exam. Why do you feel ready to get a mammogram? What helped you feel ready?

*If a woman says she is ready, encourage and support her with the following statement:*

- *It is good that you are ready to get screened.*
- *It is important to make your appointment. Is there anything that might get in the way?*

2. Please raise your hand if you are thinking about getting a mammogram and/or clinical breast exam. What are you thinking about? What could help you decide to screened? Do you have questions?

*If a woman says she is thinking about it, try using the following statements for encouragement.*

- *It is good that you are planning on getting a mammogram and/or clinical breast exam. Getting regular mammograms and/or clinical breast exams are the best ways to find breast cancer early.*
- *Breast cancer is one of the most common cancers in women. We don't know how to prevent breast cancer, but we do know how to identify it and treat it. Screening tests can find breast cancer early, when it's most treatable.*

3. Please raise your hand if you are not ready to get a mammogram and/or clinical breast exam. What is keeping you from getting a mammogram? What would help you to get ready?

*If a woman says she is not ready, try using the following statements to encourage her.*

- *Having regular mammograms and yearly clinical breast exams are the best ways to find breast cancer early. I hope you will consider having a mammogram soon.*
- *Screening tests can find breast cancer early, when it's most treatable*
- *Regular screening may find breast cancer early, which may increase your chance of survival.*
- *Mammograms can show signs of breast cancer long before you or your doctor can feel or see changes.*
- *Why don't you talk to your doctor about having a mammogram?*

### 3. End Activity

*Thank you everyone for sharing with us where you are at and what might help you get ready for a clinical breast exam and/or mammogram. If you fall in the categories of “I am not ready” or “I am thinking about it” consider what others shared about how they moved to the ready stage.*

## Frequently Asked Questions

### Why should I have a mammogram?

Because you're a woman and you're at risk for breast cancer. That's right – simply being a woman and getting older puts you at risk for breast cancer. A regular mammogram is the best screening tool used today to find breast cancer early. A mammogram can show early signs of breast cancer long before you or your doctor can feel or see changes. Screening tests can find breast cancer early, when it's most treatable.

### Where can I get a mammogram?

I have a list of local resources for low/no cost mammograms here. If you have a health care provider, you can ask them to refer you for screening.

### If I cannot afford a mammogram, what can I do?

If you have insurance, you will have a co-pay. Call your plan to find out what those costs would be. If you do not have insurance or cannot afford your co-pay, contact your local Komen Affiliate for resources or call 1-877 GO KOMEN (1-877-465-6636).

### What is a mammogram?

A mammogram is an x-ray picture of the breast. It may find breast cancer before it can be felt.

### Who should have a mammogram?

All women age 40 and older should have a mammogram every year if at average risk. If you are at high risk because your mother, sister or daughter has had breast cancer, talk to your doctor to find out when you should start getting mammograms.

### Does a mammogram hurt?

Some women may experience discomfort for a few seconds while the picture is being taken, but it should not be painful. If it hurts, tell the technician.

## Closing/Summary for Discussion with Family and Friends

For a woman who is very resistant to having a mammogram:	I hope you will think about some of the things we talked about today. I appreciate you taking the time to talk with me about mammography, and I hope you will change your mind about having a mammogram.
For a woman who is resistant, but agrees to talk with her doctor or nurse:	I'm glad to hear you're going to talk with your doctor about having a mammogram the next time you see him/her. I appreciate you taking the time to talk with me about mammography, and hope you will have one in the near future.
For a woman who needs to see her doctor:	I hope you will call your doctor for an appointment. As I mentioned, it's important to see your doctor at least every three years for a clinical breast exam starting at age 20 and then every year at age 40. It's also important for you to see your doctor every year starting at age 40 for a mammogram.
For a woman who seems unsure about having a mammogram, but is willing to talk about it with her doctor:	It's great you want to talk to your doctor/nurse about having a mammogram. Why don't you call the office in the next couple of days to talk to your doctor about getting a mammogram?
For a woman who wants to have a mammogram and she has seen her doctor within the past year for a check-up and clinical breast exam:	It's great you've decided to have a mammogram. I'd like to encourage you to do this within the next couple of days while it is still on your mind.
For a woman who wants to have a mammogram, but has not seen her doctor within the past year for a check-up and clinical breast exam.	It's great you've decided to get a mammogram. You will need to call your doctor's office for a referral. Since it has been more than a year since your last check-up and clinical breast exam, your doctor may want to examine your breasts before you have a mammogram.  If she doesn't have a doctor please contact your local affiliate or call 1-877 GO KOMEN (1-877-465-6636) for resources and information.

**These responses are suggestions. Don't feel you have to repeat them verbatim. Your own words, said in a conversational tone, will be much more effective than a memorized message.**

## 5. Follow Up

Call, email or text your attendees to make sure they have gotten their mammogram or clinical breast exam. As a KCHA you are expected to follow up 6 months and 12 months after your first meeting with a client. However, you are strongly encouraged to also conduct more immediate follow up, 2-3 weeks after the first meeting. Complete a data tracking sheet for each participant. Encourage women to get screened and talk to their friends and family.

Send completed participant evaluation and data tracking sheets to Komen Headquarters in the provided postage paid envelope.

## 6. Host another session

Find more individuals and schedule a one-on-one or group session.

### Checklist

- Set a date for your session(s).
- Identify a location to hold your session or conversation.
- Invite friends and family members
- Hold the session.
- After the session, collect participant evaluation and complete a data tracking sheet for each participant. Send to Komen Headquarters.
- At 6 and 12 months after the session, follow-up with participants about getting a mammogram and/or clinical breast exam.

**Be inspired to save a life.**





# CHAPTER 3

## BREAST CANCER AND BREAST SELF-AWARENESS

### Objectives

After completing this chapter, you should be able to:

1. List two breast cancer statistics in your state/community (such as incidence, mortality and/or screening rate)
2. Compare your state/community screening rates to the national average
3. Define breast cancer
4. Name the four key messages of Breast Self-Awareness
5. List at least two action items associated with each key message of Breast Self-Awareness
6. Discuss breast cancer diagnosis and treatment
7. Discuss the value of clinical trials in breast cancer
8. Describe at least two benefits of social support
9. Name at least one local and one national resource for breast health and breast cancer information
10. State which population has the highest mortality (death) rate in the U.S.
11. \_\_\_\_\_
12. \_\_\_\_\_

## **Our Vision**

**A World without Breast Cancer.**

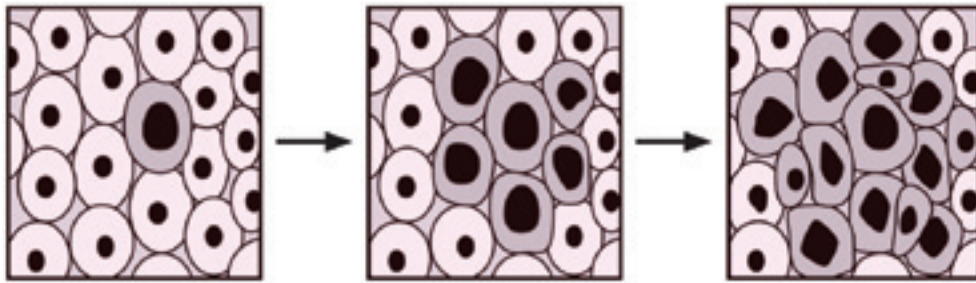
## **Our Promise**

**To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.**

## **Breast Cancer In Our Community**

**See insert for local breast cancer statistics and affiliate information.**

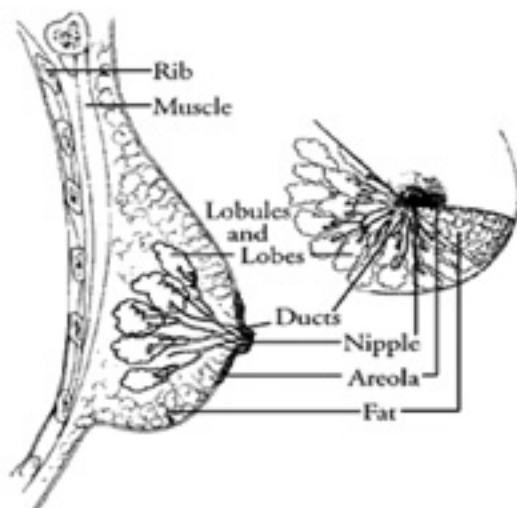
## What is breast cancer?



**Breast cancer is a disease where cells in the breast tissue divide and grow without the normal control.**

## What causes breast cancer?

### Breast Anatomy and Physiology



- Breasts are primarily fat and breast tissue.
- Breast tissue is a complex network of lobules, lobes and ducts.

**Many breast changes occur over a woman's lifetime.**

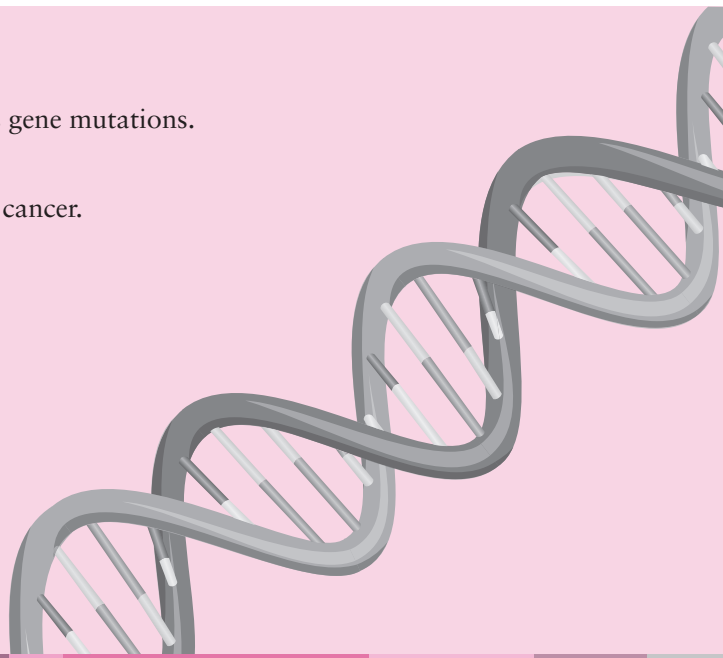
## Genetics and Breast Cancer

- In the U.S. most breast cancers are due to spontaneous gene mutations.
- Gene mutations are spontaneous or inherited.
- Several inherited mutations have been linked to breast cancer.

### BRCA1 and BRCA2

- In the U.S. only 5 – 10 percent are due to inherited gene mutations.

**Breast cancers occur as a result of a gene mutation.**



## 2012: Estimated New Cancer Cases/Deaths Among Women, U.S.\*

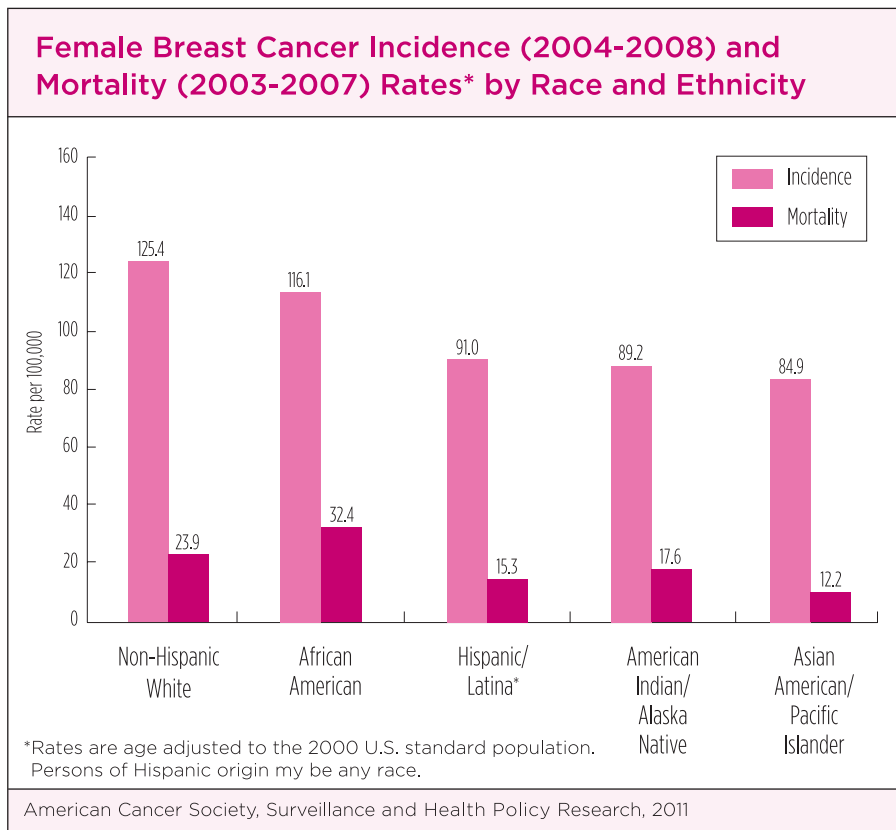
	<b>New Cancer Cases</b>	<b>Deaths</b>
Skin:*	34,350	3,980

*\*These numbers do not include basal and squamous cancers*

Breast:	226,870	39,510
Lung:	109,690	72,590
Colon:	53,250	25,220

**Early detection and effective treatment have resulted in a decline in breast cancer mortality in the U.S. — 33 percent since 1990!**

## Racial & Ethnic Differences in Breast Cancer



## Percentage of Women over 40, in the U.S. who reported having a mammogram in the past two years

- 68 percent African American
- 68 percent White
- 62 percent Hispanic
- 50 percent Immigrant Women who have lived in the U.S. for less than 10 years
- 36 percent Women who did not have health insurance

In 1987, the mammography screening rate for women over 40 in the U.S. was reported at about 29 percent.

*(Cancer Prevention and Early Detection Facts and Figures 2011, ACS)*

# Breast Self-Awareness:

## Four Key Messages to Breast Self-Awareness

1. Know your risk
2. Get screened
3. Know what is normal for you
4. Make healthy lifestyle choices

### 1. KNOW YOUR RISK

#### Action Items

- Talk to your family about your family health history
- Talk to your doctor about your personal risk of breast cancer

### Risk Factors and Risk Reduction

- The two most common risk factors are being female and getting older.
- There are some factors that you can change, and others that can't be changed.

### Risk Matrix

The screenshot shows the Susan G. Komen website's 'Breast Cancer Risk Factors Table'. The page is titled 'LOWER YOUR RISK' and includes a navigation menu with options like 'Understanding Breast Cancer', 'Get Involved', 'Research & Grants', 'Partners & Sponsors', and 'ShopKomen.com'. The main content area is titled 'Breast Cancer Risk Factors Table' and includes a table of risk factors and their associated risk levels. The table is organized into 'Established Factors' and 'Modifiable Risk Categories'.

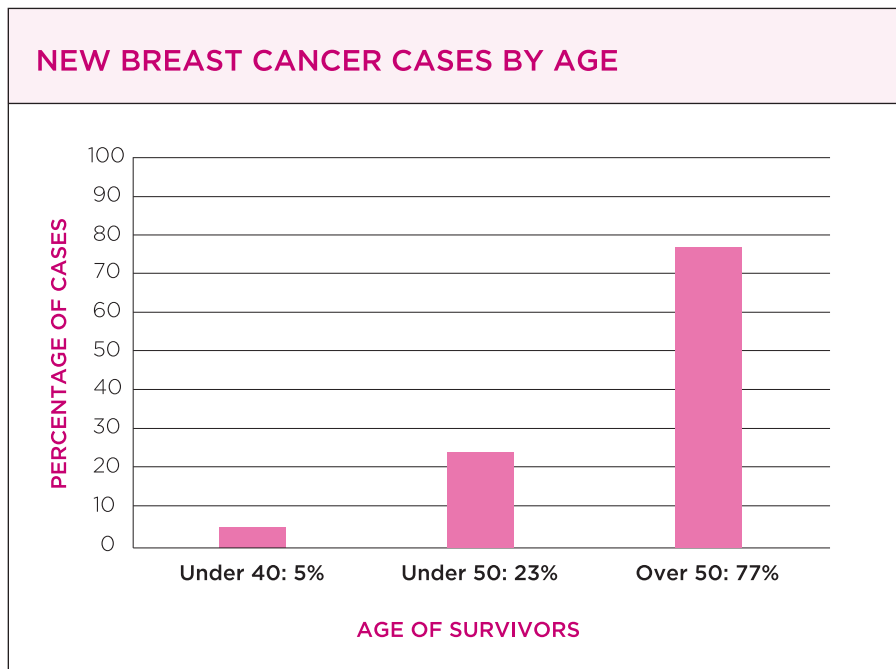
Risk Factor	Risk Level
<b>Established Factors</b> (Recognized as breast or related in some cases) in breast cancer	
Age	Strong increase in risk
Being female	Strong increase in risk
BRCA1 or BRCA2 gene mutation	Strong increase in risk
Family history of breast cancer	
• More than one immediate family member	Strong increase in risk
• One immediate family member	Moderate increase in risk
High breast density	Strong increase in risk
Hypertension (severe blood condition)	
<b>Modifiable Risk Categories</b>	
Being obese	Weak increase
Moderate alcohol	Weak increase
Weak increase	No increase or decrease
No increase or decrease	Weak decrease
Weak decrease	Moderate decrease
Moderate decrease	Strong decrease
Strong decrease	

[www.komen.org/riskmatrix](http://www.komen.org/riskmatrix)

## Who is at risk for breast cancer?

The two greatest risk factors are:

- Being a woman
- Getting older (though breast cancer can and does occur in people of all ages)



### **Talk to your family about your family health history.**

You may be thinking: “What does my entire family’s health history have to do with me and breast cancer, and why should I take up my doctor’s valuable time by telling him/her all of this boring detail?”

- While it is true that we don’t know what causes cancer, we know having a family history of breast or ovarian cancer may increase your risk of breast cancer.
- Talk to your family to learn about your family health history. Sometimes families are private and quiet about their health histories. But knowing this family history can be helpful in understanding your own risk of breast cancer.
- Talking with your doctor about what you have learned about your family history can help him/ her know how to advise you regarding your own risk and specific screening practices that may be right for you.

□ **Talk to your doctor about your personal risk of breast cancer.**

- The health history from both your mother's and your father's side of the family can be valuable.
- Share your family's health history with your doctor. If you don't know your family's health history, tell your doctor that as well.
- Talk to your doctor about your personal health history and your risk of breast cancer, and which screening tests might be right for you.

## Questions?

### Important Take-away Messages

- The most common risk factors for breast cancer are being female and getting older.
- We don't know what causes breast cancer.
- We don't know how to prevent it.
- Breast self-awareness may help detect breast cancer earlier.



## Prepare for group activity



## 2. GET SCREENED

### *Action Items*

- Ask your doctor which screening tests are right for you if you are at higher risk
- Have a mammogram every year starting at age 40 if you are at average risk
- Have a clinical breast exam at least every 3 years starting at 20, and every year starting at 40

### **What is a Mammogram?**

A mammogram is an X-ray of the breasts. It can find breast cancer when it is very small, even too small to feel — and easier to treat.

However, some breast cancers are not seen on a mammogram.

A mammogram is the best breast cancer screening tool we have today to find breast cancer.

Starting at age 40, women at average risk should get a mammogram every year.

### **What is a Clinical Breast Exam?**

A clinical breast exam by a health care provider should be part of regular medical checkups. If one is not offered, ask for one.

During a clinical breast exam, your health care provider (e.g. nurse or doctor) conducts a visual examination of your breasts and carefully feels each entire breast from the collarbone to the bra line and from the armpit to the breastbone.

Clinical breast exams can be helpful in finding tumors in women less than 40 years of age, for whom mammograms are not recommended.

Komen recommends having a clinical breast exam at least every three years starting at age 20 and every year starting at age 40.

When a mammogram is combined with a clinical breast exam the chances for finding cancer early are even greater than either test used alone. When breast cancer is found and treated early, many women go on to live long and healthy lives.

If you don't have a doctor, you may qualify for a low or no-cost mammogram; contact with your local affiliate or call the Susan G. Komen breast care helpline at 1-877 GO KOMEN (1-877-465-6636).



## Reminder Tool

The screenshot shows the Susan G. Komen website's Reminder Login and Sign Up interface. At the top left is the Susan G. Komen logo with the tagline "FOR THE cure." To its right is a "Reminder Login" section with fields for "Email" and "Forgot Password?" and a "SIGN IN" button. Further right are five red buttons: "I'VE BEEN DIAGNOSED WITH BREAST CANCER", "I'M TRYING TO GET MY MENSTRUATION BACK", "I WANT TO GET MY PERIODS BACK", "I WANT TO GET MY PERIODS BACK", and "I WANT TO GET MY PERIODS BACK". Below these are navigation links: "Understanding Breast Cancer", "Get Involved", "Research & Grants", "Partners & Sponsors", "ShopKomen.com", and "Donate".

The main content area is split into two columns. The left column is titled "Mammogram/CBE Reminder" and contains the text: "Need a Reminder? Take charge of your health and sign up to receive a mammogram and/or clinical breast exam reminder. Just complete this simple form and each year on the date you choose, you will receive a reminder to schedule your mammogram or clinical breast exam. By taking this simple step, you may lower your risk of dying from breast cancer. Create a profile or login with your existing user name and fill in a few details to set the reminder. Spread the word to your friends and loved ones." The right column is titled "Sign Up" and contains a form with the following fields: "First Name\*", "Last Name\*", "Email\*", "Password\*", "Confirm Password\*", "ZIP / Postal Code", a CAPTCHA image showing "A973U5" with a "Check Image" link, and "Enter Code Here\*". A "Submit" button is at the bottom of the form.

<http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1>

### 3. KNOW WHAT IS NORMAL FOR YOU

#### Action Items

□ Know how your breasts look and feel and report changes to your health care provider

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

**Breast changes that should be evaluated by a health care provider.**

- Lump, hard knot or thickening inside the breast or underarm area



- Swelling, warmth, redness or darkening of the breast



- Change in the size or shape of the breast



- Dimpling or puckering of the skin



- Itchy, scaly sore or rash on the nipple



- Pulling in of your nipple or other parts of the breast



- Nipple discharge that starts suddenly



- New pain in one spot that does not go away



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## 4. MAKE HEALTHY LIFESTYLE CHOICES

### Action Items

- Maintain a healthy weight
- Add exercise into your routine
- Limit alcohol intake
- Limit the use of postmenopausal hormones
- Breastfeed if you can

### Maintain a healthy weight

- Research has shown gaining weight as an adult increases the risk of postmenopausal breast cancer.

### Add exercise into your routine

- Research has also shown being physically active can reduce the risk of breast cancer in both premenopausal and postmenopausal women.

### Limit alcohol intake

- Studies have shown the risk of breast cancer increases with alcohol intake. Limiting alcohol intake may reduce risk.

### Limit the use of postmenopausal hormones

- For each year that combined estrogen plus progestin hormones are taken, the risk of breast cancer goes up. If you are thinking about taking hormones, talk to your doctor about the risks and benefits.

### Breastfeed if you can

- Studies show that breastfeeding protects against breast cancer (especially premenopausal breast cancer). Breastfeed if you can.



Can some risk factors for breast cancer be controlled through healthy lifestyle choices? **Yes**

Does this mean you won't get breast cancer?

**No, but it may help reduce your risk.**

### Key Term:

*Postmenopausal hormones – are synthetic hormones used to relieve menopausal symptoms*

## TO REVIEW: BREAST SELF-AWARENESS

1. Know your risk
2. Get screened
3. Know what is normal for you
4. Make healthy lifestyle choices

### Here are some important facts:

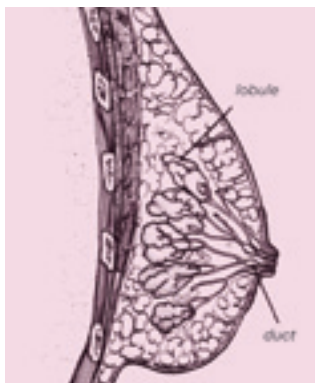
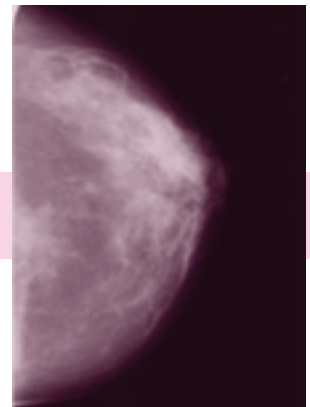
- In 2012, an estimated 226,870 women in the U.S. will be diagnosed with invasive breast cancer and an estimated 39,510 women will die from the disease.
- In the U.S. there are more than 2.7 million breast cancer survivors.
- When breast cancer is found early (within the breast), the chance for survival is the greatest.
- Having regular mammograms and clinical breast exams are the best ways to find breast cancer early.
- In 1987, only 29 percent of women 40 and older in the U.S. had a mammogram within the past two years compared to 68 percent now.

## Biopsy and Diagnosis

Some benign breast conditions can look like breast cancer. More tests may be needed to rule out the disease. A biopsy may be needed. Biopsies can be done with a needle or in the operating room.

**A biopsy is required to diagnose breast cancer.**

The findings from a biopsy are reported on a pathology report. In the U.S., most breast biopsies result in a benign finding — not breast cancer.



## Breast Cancer Tumors

- Ductal carcinoma in situ (DCIS)
- Invasive carcinoma
  - Ductal carcinoma
  - Lobular carcinoma
- Metastasis

### Key Terms:

**Biopsy** – removal of tissue which is then examined under a microscope for cancer cells

**Ductal carcinoma in situ (DCIS)** – a non-invasive breast cancer commonly referred to as stage 0

**Invasive cancer** – the spread of cancer from the location where it started into surrounding tissue

**Metastasis** – the spread of cancer from the breast to other parts of the body

## Other Types Of Invasive Breast Cancer

- Tubular carcinoma
- Mucinous (colloid) carcinoma
- Papillary carcinoma
- Medullary carcinoma
- Inflammatory Breast Cancer (IBC)
- Paget's Disease
- Triple Negative

**Breast cancer is not one disease; it is a family of diseases.**

## Treatment Options

- Surgery
- Radiation
- Chemotherapy
- Hormonal therapy
- Targeted biologic therapy

**There are different ways to treat breast cancer.**

## Clinical Trials

What is a clinical trial?

Why are they important?

**Treatment options are available due to clinical trials.**

For more information go to [www.bctrials.org](http://www.bctrials.org)



### *Key Terms:*

*Radiation therapy (radiotherapy) – treatment using high energy X-rays to destroy cancer cells in the exposed area*

*Chemotherapy – the use of drugs to treat cancer by killing cancer cells*

*Hormone therapy – drugs that work by interfering with the effects of hormones on cancer growth*

*Targeted therapy – treatment that works by going to the genes and proteins in cancer cells to stop their growth and spread*

*Clinical trials – controlled research studies done with people who volunteer to test the safety and potential benefits of new ways to detect, diagnose, treat or prevent disease*

## Support

### Social Support

- Social support plays a key role in helping people work through both the emotional and physical trials of the disease.
- Studies show that social support from a variety of sources can have real quality of life benefits.
- Co-survivors may include family members, a spiritual advisor, friends, co-workers, colleagues, health care providers and fellow cancer patients.



**Breast cancer does not affect just the person with the diagnosis; it is a family disease.**

## What did you hear today that surprised you?

### Important Take-away Messages:

- Breast cancer is a problem in our community.
- All women are at risk for breast cancer.
- The most common risk factors for breast cancer are being female and getting older.
- We don't know what causes breast cancer.
- We don't know how to prevent it.
- Ask your doctor which screening tests are right for you if you are at a higher risk. For instance, women under 40 with a family history of breast cancer or other concerns about their breasts should talk with their doctor.
- Have a mammogram every year starting at age 40 if you are at average risk.
- Have a clinical breast exam at least every three years starting at 20 and every year starting at 40.
- The signs of breast cancer are not the same for all women.
- Most women in the U.S. who have a breast biopsy are not diagnosed with breast cancer.
- Breast self-awareness can help us find breast cancer earlier. Learn how your breasts normally look and feel. If you notice a change, contact your doctor.
- Make healthy lifestyle choices.
- A biopsy is necessary to diagnose breast cancer.
- Biopsies can be done with a needle or in an operating room.
- There are different kinds of breast cancers and different treatments.
- Social support can improve how a patient feels.

## Questions?

### Resources:

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

1-877 GO KOMEN (1-877-465-6636)

<http://m.komen.org>





# CHAPTER 4

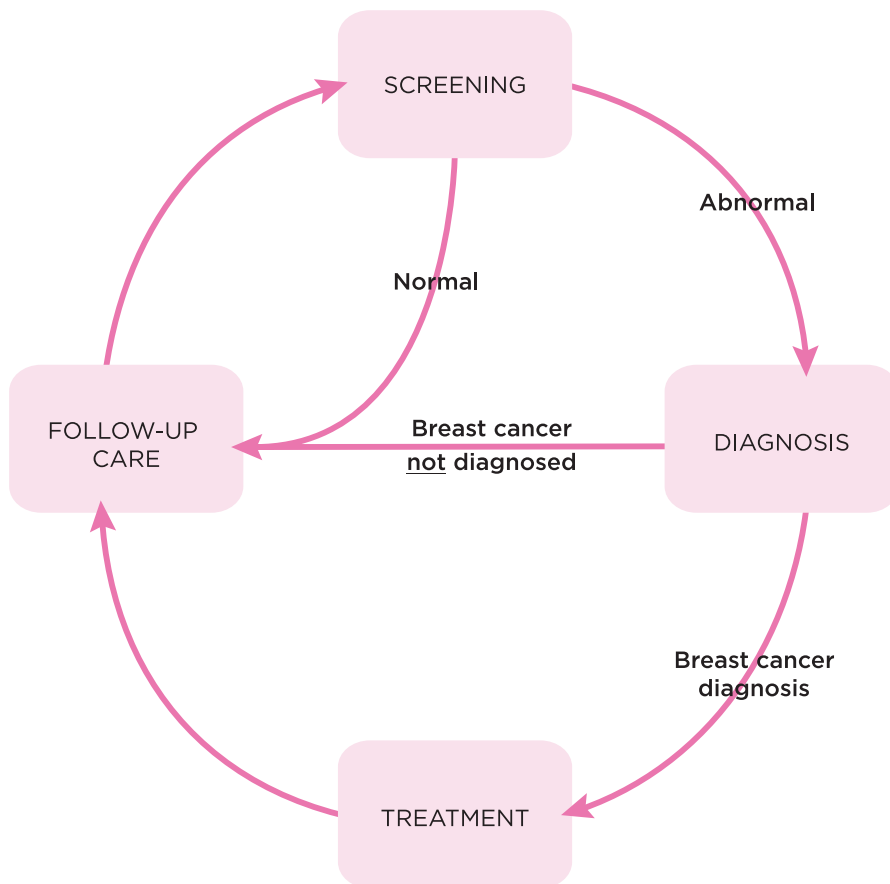
## BARRIERS

### Objectives

After completing this chapter, you should be able to:

1. Discuss the Continuum of Care (COC)
2. Describe at least two barriers that prevent women from entering the COC
3. Describe at least two barriers that prevent women from entering the COC in your community — and suggest how you might address the barriers

## Continuum Of Care Model



The Breast Cancer Continuum of Care (COC) shown above is a diagram that represents movement through the healthcare system from screening for breast cancer, to diagnosis and treatment, to follow-up care. The continuum is broken up into four stages: Screening, Diagnosis, Treatment and Follow-up Care. Unfortunately, this is not a perfect circle for all women. Some do not enter the cycle to begin with and some experience barriers that keep them from moving to the next step seamlessly.

Examples of barriers that may disturb the COC include:

- Language barriers
- Financial costs
- Lack of transportation
- Low self-esteem
- Cultural stigmas
- Sexual orientation
- Age
- Modesty
- Gender
- Disability
- Citizenship status
- Fear

Women can enter the COC at any point, for example, before or after screening — or before or after diagnosis — or treatment — or before, during or after follow-up care. The goal is for her to enter it and stay in the continuum. The diagram above shows the many paths that a woman may take throughout the COC.



# CHAPTER 5

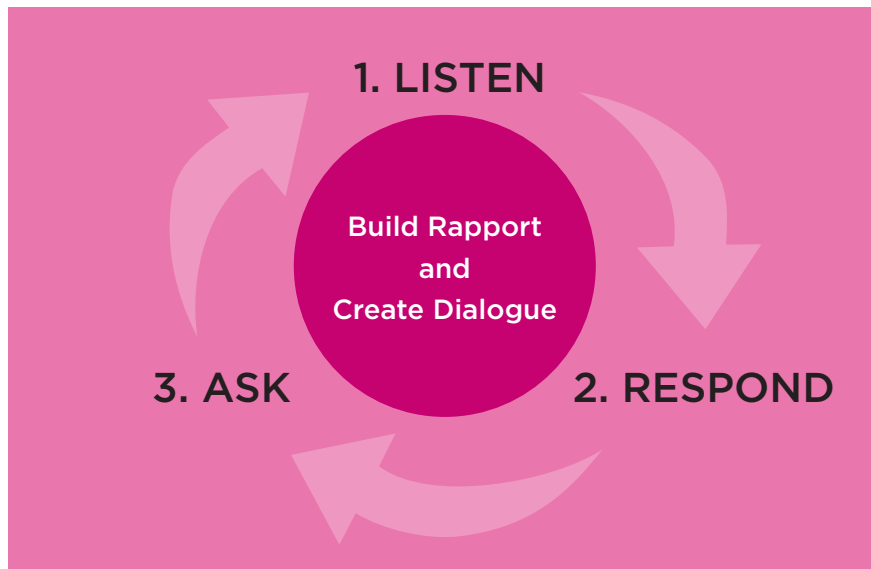
## COMMUNICATIONS TECHNIQUES AND METHODS

### Objectives

After completing this chapter, you should be able to:

1. Answer questions about breast cancer using the communication model
2. Write an elevator speech
3. List at least two communication techniques a KCHA can use when asked a tough question

## Communication Model



### 1. LISTEN

- Maintain eye contact.
- Assume a receptive posture.
- Listen carefully to make sure you understand what the person really wants to know before you respond.
- Display patience.

### 2. RESPOND

- Repeat and clarify question
- Provide a short answer to the question as you understand it.
- Provide additional information as prompted or as appropriate.
- Speak clearly and succinctly.
- Display empathy.

### 3. ASK

- Ask if the information you provided is helpful.
- Ask for clarification of what else the person might want to know.
- Ask if you should follow up or direct to the appropriate resources, especially if you did not know the answer to their question.

## Why use an elevator speech?

An elevator speech is a 60-90 second statement expressing a clear and compelling reason why a program is important, why support is needed and the benefit the person will receive if they participate in the program. This statement should be powerful and engaging and end with an “ask.” As a KCHA, you should use your elevator speech when inviting people to a Breast Health Session.

## What information could I use in my elevator speech?

- Match your purpose with their interest.
- Give a personal story or state the issue that concerns you.
- Paint a picture using motivating statistic(s).
- State how this issue affects everyone in her community.
- State the urgency of the situation.
- Explain how their participation will meet an overall goal.
- State how breast self-awareness will benefit the person and her family.
- State what the person can do to make a difference.

### Prepare for group activity

#### ELEVATOR SPEECH ACTIVITY

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## KCHA Communication Tips

- Practice, practice, practice
- Discuss ground rules at the beginning of your session and ask everyone to agree to them.
- Remain carefully neutral
- Be a good listener
- Be aware of participants' different backgrounds, interests and needs
- Adults learn best when they are actively involved in their own learning and when a discussion builds on their own experiences and knowledge
- Use simple, appropriate, culturally and religiously acceptable terminology. Avoid words or phrases considered vulgar or offensive within a particular community
- Encourage everyone to ask many questions and to share
- Summarize key points throughout your discussion
- Watch for clues from participants that show they don't understand, such as puzzled looks, wrinkled foreheads and lack of eye contact
- Encourage participants to share their opinions and praise participants for their involvement
- Let participants talk to and give feedback to each other

## Ensuring Cultural Sensitivity

By culture, we mean the learned and shared knowledge, beliefs and rules people use to interpret experience and to generate social behavior. Culture is the guiding force behind the behaviors associated with a group of people. Culture can influence people's values, attitudes, beliefs and behavior, and therefore, has an impact on how people learn, communicate, make decisions and interact in groups.

Many people think of culture simply as a person's race or ethnicity. However, culture includes many different aspects of people's lives. People's cultural background may be influenced by their:

- Race/ethnicity
- Gender
- Region
- Language
- Sexual orientation
- Level of formal education
- Spiritual beliefs and practices
- Physical ability
- Age
- Health beliefs

Note: although people from a specific cultural group may share common traits, all members of a cultural group are not alike. Individuals within cultural groups have their own personal experiences, personality traits, values and belief systems. Therefore, it is important to respond to a person's unique needs and not assume the person will respond in a certain way because she or he belongs to a particular cultural group.

## Not Knowing the Answer is Okay

Remember it is okay not to know all the answers. KCHAs are not expected to be breast health experts. Write the question down and tell the group you will get back to them with the correct information. Valuable resources are 1-877 GO KOMEN (1-877-465-6636) or [www.komen.org](http://www.komen.org)

## Keeping People on Track

Give the group correct information when a participant gives incorrect or incomplete information. Give the person credit for any part of their answer that is correct. Some people may hear incorrect information and believe it to be fact.

## Setting Ground Rules for a Session

When holding a group session, discuss ground rules and ask everyone to agree to them. Examples of helpful ground rules include the following:

- We welcome all ideas
- Listen to and show respect for the opinions of others
- Don't be afraid to share
- Give everyone a chance to speak
- Only one person speaks at a time
- No side conversations
- Support and encourage one another

## Leader Strategies for Guiding a Session

### Handling different personalities

#### Quiet Participants

Quiet individuals may appear withdrawn. They may be bored, shy or feel their input is not valued. Try to get them involved.

- Ask for their input by name
- Move closer to the person
- Use their names in examples
- Try to engage them in a relevant discussion

#### Monopolizers

Monopolizers engage in side conversations, or monopolize the facilitator's time. This can be very distracting and frustrating to the other participants. They always seem to have an answer and have confidence they are right all of the time. Compliment them on their insight, thank them, ask them for practical insight and say "we would like to hear from others." These are some ways you can divert the focus from the Monopolizers in the group.

- Ask the group for input
- Acknowledge their input and then direct a question to someone else
- Break eye contact
- Go around the group and have each person speak

## Argumentative Participants

Arguers like to prove they know more than the speaker — they are uncooperative, difficult, demanding and can seek to discredit ideas. Remember you do not have to argue back — remain calm and in control. Take a few deep breaths and do not take it personally. Take a minute to collect your thoughts and articulate your response.

- Break eye contact
- Avoid arguing
- Ask the audience what they think
- Ask person to take part in a later session

## Bored participants

They show little focus and interest in what the facilitator is teaching. Ask them a question. Do not embarrass them. Break into groups for an activity. Ask them to help others or help you in the workshop.

- Use their name in examples
- Ask a question that draws on their experience
- Take a mini-stretch
- Enlist their help in the workshop

## It may be difficult to talk about breast health

When providing information about breast health, is important to help women feel comfortable talking.

- Have Fun
  - Your friends and family will learn the best when the environment is relaxed and they are enjoying themselves
  - Use amusing stories, tell appropriate jokes, keep an upbeat tempo, have fun yourself
- Things we can do to help women feel safe:
  - Use humor
  - Show respect for participants' experience and expertise
  - Make eye contact
  - Use “open” body language like leaning forward when listening and leaving arms open (not crossed)
  - Speak gently and slowly
  - Pause and give her time to think about what she wants to say

## Things we can do to help women know that we care:

- Encourage talk with simple phrases like “yes,” “ok,” and “I see”
- Summarize important points
- Tell her that you respect her feelings
- Use “I” language to let her know you understand what she is feeling—“I sense you are unsure”
- Listen to their questions, comments and let participants talk to each other/get feedback from each other
- Nod your head and use positive body language
- Show that you are listening by rephrasing the question and waiting to decide how you will respond until the person is finished speaking



## Tips on Answering the Tough Questions

Remember you don't need to be a breast health expert. You can learn to handle difficult questions and questioners with ease and confidence. Here are some basic strategies to help you prepare for those difficult questions:

- Don't tighten up and remember to breathe
- Smiling helps loosen you up, reassure yourself and relax the audience
- Take time to think about the question
- Reflect back to the group and say, "Does anyone here have experience with that?"
- If it is not an appropriate question for this workshop (deals with another area of the organization or other matter), say, "This is a good question, however, this is a matter for another time/place."
- Be positive in response and acknowledge the question, but don't feel you have to answer every question — you don't need to be a breast health expert
- If you don't know the answer to a question avoid making something up. Offer to find the answer or direct to other Komen resources
- Take time to think
- Ask the group
- Acknowledge good questions



### Prepare for group activity

## Leader Strategies

TOPIC	SITUATION/EXAMPLE	HOW TO ADDRESS
Side Conversations	A participant is having a side conversation with another participant.	“Just a friendly reminder, we agreed to one conversation at a time in our ground rules for today.”
		Make eye contact and restate, “One conversation at a time please.”
		Identify a location to hold your session or conversation.
		“Susan, do you have a question?”
		“Susan, I can see that you have something to contribute. When Anne has finished, we’ll hear from you.”
	If there are many participants interrupting or having side conversations.	“Susan, please hold your comments until Anne has finished.”
Staying on Time	The group veers off into other topics.	Stop the process and ask the group “Do we need to take a break? Let’s take a five minute break.”
	The discussion has continued for some time and you are running out of time for the next item.	“Let’s keep focused; we have a lot to cover.” Or “Let’s keep focused, we are almost done.”
		“We need to re-focus. There appears to be more discussion required. Is this true?”

TOPIC	SITUATION/EXAMPLE	HOW TO ADDRESS
Never-Ending Discussion	The group discussion has continued for some time and you are running out of time for the next item.	“Please let’s re-focus. We need to go over more information today.”
	An individual has been talking for a long time and other participants are getting tired.	“Susan, I am sorry to interrupt you, but I would like to hear from others.”
		“Susan, remember the ground rule, everyone will get a chance to speak.”
Personal Attacks	A participant is taking shots at another participant	“Our ground rules clearly say that we welcome all ideas.”
		“Our ground rules clearly say that we show respect to one another.”
	If the behavior continues after reminding them about the ground rules	“It is inappropriate to play out your disagreements in this conversation. Can you participate productively or is there another issue which needs to be addressed before we can continue with the conversation?” If the person decides to leave, continue without her.



# APPENDICES

**Appendix A**

See insert - Affiliate Community Profile Executive Summary

# Appendix B

See insert for free or low cost mammograms in your area

## Appendix C

### Breast Self-Awareness/Breast Self-Exam (BSE)

#### Why doesn't Susan G. Komen for the Cure recommend monthly breast self-exams?

We do not recommend monthly breast self-exams (BSE) because studies have not shown a decrease in mortality (death) when women are taught how to do BSE. Studies have shown for many years (when the breast cancer community was recommending monthly BSE) that women knew they should be doing BSE, but didn't actually do it and sometimes felt guilty about not doing it. Then if they were diagnosed with breast cancer, they felt they were to blame somehow by not performing monthly BSE.

When the steps of BSE are taught, there is often more emphasis on the actual steps themselves, than on being able to recognize the changes (warning signs) someone may notice. There is more emphasis on the palpation (feeling) step of BSE and little emphasis on the visual (looking) inspection. The visual inspection is important because six of the eight warning signs are visual and cannot be felt.

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

#### Q. What is the harm in recommending BSE?

- A.**
- Susan G. Komen for the Cure® is an evidence-based organization. Engaging in activities that are not supported by scientific evidence poses a threat to our credibility as a reliable source of information on the topics of breast cancer.
  - Messages associated with the Komen for the Cure brand should be consistent with the breast self-awareness messages — to avoid confusion and improve retention in the general community.
  - Most other breast cancer organizations no longer recommend monthly BSE.

#### Q. What do we say when...someone says they found their own breast cancer?

- A.** Reinforce, acknowledge and congratulate that they knew what was normal for them, recognized a change and took action to have it evaluated.

Many women who discover changes in their breast that turn out to be breast cancer don't actually discover them on the day and time they have set aside for monthly BSE, but rather noticed a change incidentally at some other time, such as when showering or dressing, and recognized the change because they knew what was normal for them.

## Q. What do we say about BSE when someone asks about it?

- A. We discuss the four messages of breast self-awareness along with the action items and talking points associated with each key message.

It is really important to **Know What Normal Is for You**

- We recommend that women know what is normal for them regarding their breasts, just like they do their faces, legs, arms, etc. — by familiarity and awareness.
- We prefer to focus on possible changes that may occur in their breasts that could be warning signs of breast cancer — and those that should be reported to a health care provider.
  - Lump, hard knot or thickening inside the breast or underarm area
  - Swelling, warmth, redness or darkening of the breast
  - Change in the size or shape of the breast
  - Dimpling or puckering of the skin
  - Itchy, scaly sore or rash on the nipple
  - pulling in of your nipple or other parts of the breast
  - Nipple discharge that starts suddenly
  - New pain in one spot that does not go away

## Appendix D

### 2012 Breast Cancer Fact Sheet

#### Incidence

Except for skin cancers, breast cancer is the most common cancer among women in the U.S. accounting for nearly 1 in 3 cancers diagnosed among women.<sup>1,p.2</sup>

An estimated 226,870 new cases of invasive breast cancer are expected to occur among women in the U.S. during 2012.<sup>8,p.9</sup>

An estimated 2,190 new cases of breast cancer are expected to be diagnosed in men in the U.S. in 2012.<sup>8,p.9</sup>

In addition to invasive breast cancer, 63,300 new cases of in situ breast cancer are expected to occur among women in the U.S. during 2012.<sup>8,p.9</sup>

Much of the increase in incidence over the years is due to changes in reproductive patterns, such as delayed childbearing and having fewer children.<sup>1,p.4</sup>

Between 1980-1987, breast cancer incidence rates increased rapidly, probably due to increases in mammography.<sup>1,p.4</sup>

Incidence rates stabilized in the early 1990s followed by a slower increase in the late 90s, perhaps due to increases in mammography, rising rates of obesity and postmenopausal hormone use.<sup>1,p.4</sup>

The incidence rate for female breast cancer decreased almost 7 percent from 2002-2003 and is believed to be due to the decrease in postmenopausal hormone use. Since 2003, breast cancer incidence rates have remained stable.<sup>8,p.9</sup>

In the U.S., during 2004-2008,

- women aged 20-24 had the lowest incidence rate, 1.5 cases per 100,000 women
- women aged 75-79 had the highest incidence rate at 421.3 cases per 100,000
- Incidence rates decrease in women over the age of 80. This may be due to lower rates of screening, the detection of cancers by mammography before age 80 and/or incomplete detection.<sup>1,p.2</sup>

During 2004-2008, the median age at the time of breast cancer diagnosis in the U.S. was 61 years old.<sup>1,p.2</sup>

In the U.S., non-Hispanic white women have a higher incidence of breast cancer than African American women for most age groups, yet African American women have a higher incidence before age 40 and are more likely to die from breast cancer at every age.<sup>1,p.4</sup>

Among women 50 and older, incidence rates in the U.S. declined from 1999-2005 (2.6 percent per year) and have since remained stable. Among women younger than 50, incidence rates have remained stable since 1985.<sup>1,p.6</sup>

In the U.S., incidence rates for white women increased 4.1 percent per year through 1987, stabilized from 1987-1994 and increased until 1999. Between 2002-2003, breast cancer incidence rates declined sharply (decline in postmenopausal hormones).<sup>1,p.6</sup>

Incidence rates for African American women have remained stable since 1992. The lack of decline in incidence may be due to historically lower rates of postmenopausal hormone use and lack of significant decrease in mammography usage as seen in white women.<sup>1,p.6</sup>

During 1998-2008, incidence rates did not change significantly among Asian Americans/Pacific Islanders and did not change significantly among Hispanics/Latinas or American Indian/Alaska Natives in the U.S.<sup>1,p.6</sup>

From 1988-1999, the incidence rate of smaller tumors (less than 2.0 cm) among women of all races combined increased by 2.0 percent per year in the U.S. Between 2002-2003, the rate of small tumors dropped sharply and has remained relatively stable.<sup>1,p.6</sup>

The incidence rate of larger tumors (greater than 2.0 cm) has remained stable since 1993.<sup>1,p.6</sup>



African American women in the U.S. are less likely to be diagnosed with smaller tumors (less than 2.0 cm) and more likely to be diagnosed with larger tumors (greater than 5.0 cm) than white women.<sup>1, p.6</sup>

In the U.S., among women of all races combined, incidence rates of localized breast cancer increased through the 1980s and 1990s, but declined by 2.6 percent per year from 1999-2004. The incidence of regional breast cancer increased from 1994-2000 and has since decreased by about 1.5 percent per year. Incidence of distant stage breast cancer has remained stable.<sup>1, p.8</sup>

African American women have higher rates of distant stage breast cancer than white women. Rates of distant stage breast cancer among African American women in the U.S. have increased by 0.7 percent per year since 1975.<sup>1, p.8</sup>

In the U.S., between 1975-2008, the incidence rate for men increased 0.8 percent per year. The increase has been limited to in situ and local stage tumors, which may reflect a shift to earlier diagnosis due to increased awareness and follow-up of symptoms.<sup>1, p.9</sup>

In the U.S., incidence rates for African American men are higher compared to white men.<sup>1, p.9</sup>

One woman is diagnosed with breast cancer every two minutes, and one woman will die of breast cancer every 13 minutes in the U.S.

One every two minutes is derived from the following equation:

$365 \text{ days/yr} \times 24 \text{ hr/day} \times 60 \text{ min/hr} = 525,600 \text{ minutes in each year}$   
 $525,600 / 226,870 \text{ women diagnosed/yr} = 2.3167 = 2$

One every thirteen minutes is derived from the following equation:

$365 \text{ days/yr} \times 24 \text{ hr/day} \times 60 \text{ min/hr} = 525,600 \text{ minutes in each year}$   
 $525,600 / 39,510 \text{ women die/yr} = 13.3029 = 13$

## Screening

According to the National Health Interview Survey, the percentage of women 40 and older who reported having a mammogram within the past two years increased from 29 percent in 1987 to 70 percent in 2000 and since then has remained stable (67.1 percent in 2008).<sup>2, p.35</sup> (Note- On July 6, 2010 the CDC reported that for 2008 the overall, age-adjusted, up-to-date mammography prevalence for U.S. women aged 50-74 years was 81.1 percent, compared with 81.5 percent in 2006.)

In the U.S., both white and African American women aged 40 and older reported similar prevalence of having a mammogram in the past two years (about 68 percent); however, in women of other racial/ethnic groups the prevalence of mammography screening is lower: 55.3 percent in American Indian/Alaska Native women, 61.5 percent in Hispanic women, and 65.1 percent in Asian women.<sup>2, p.35</sup>

In the U.S., the lowest prevalence (35.6 percent) of mammography screening in the past two years occurred among women who do not have health insurance, followed by immigrant women who have lived in the U.S. for less than 10 years (49.7 percent).<sup>2, p.35</sup>

Only 53 percent of women 40 and older in the U.S. reported having a mammogram in the last year.<sup>2, p.35</sup>

Recent studies suggest that many women in the U.S. are getting their first mammogram later than recommended, not having mammograms at recommended intervals or not receiving appropriate and timely follow-up of positive screening results. This may lead to more advanced tumor size and stage at diagnosis.<sup>2, p.33</sup>

## Mortality

Breast cancer is second only to lung cancer in cancer deaths among women in the U.S.<sup>1, p.2</sup>

An estimated 39,510 women in the U.S. are expected to die from breast cancer in 2012.<sup>8, p.9</sup>

Breast cancer is the most common cause of cancer death for women 40-59 in the U.S.<sup>9</sup>

An estimated 410 men in the U.S. are expected to die from breast cancer in 2012.<sup>8, p.9</sup>

In the U.S., breast cancer death rates have steadily decreased since 1990.

- Between 1975-1990, the death rates for all races combined increased by 0.4 percent a year.
- Between 1990-2007, the rate decreased by 2.2 percent per year.<sup>1, p.9</sup>

From 1990-2008, death rates have steadily decreased with larger decreases in women younger than 50 (3.1 percent per year from 2004-2008), and by 2.1 percent per year among women 50 and older in the U.S.<sup>8, p.9</sup>

Early detection and effective treatment have resulted in a decline in breast cancer mortality in the U.S. – 33 percent since 1990.<sup>10</sup>

**To calculate:** Age adjusted mortality in 2008 was 22.49 and in 1990, age-adjusted mortality for female breast cancer was 33.14.

$33 - 22 = 11$  and 11 is 33 percent of 33

The decline in death rates in the U.S. may be due to improvements in treatment as well as early detection and in recent years decreased incidence.<sup>8, p.9</sup>

From 1998-2007, female breast cancer death rates in the U.S. declined by 1.9 percent per year in non-Hispanic whites and Hispanics/Latinas, 1.6 percent in African Americans, 0.8 percent per year in Asian Americans/Pacific Islanders and remained unchanged in American Indian/Alaska Natives.<sup>1, p.9</sup>

By 2007, death rates for African American women were 41 percent higher than white women.<sup>1, p.9</sup>

In the U.S., death rates from male breast cancer have decreased 3.3 percent per year since 2000.<sup>1, p.9</sup>

Approximately 17 percent of breast cancer deaths occurred in women who were diagnosed in their 40s, and 22 percent occurred in women diagnosed in their 50s.<sup>3</sup>

## Survival

There are more than 2.9 million breast cancer survivors alive in the U.S. According to the NCI, on January 1, 2009, in the United States there were approximately 2,747,459 women alive who had a history of cancer of the breast. This includes any person alive on January 1, 2009 who had been diagnosed with cancer of the breast at any point prior to January 1, 2009 and includes persons with active disease and those who are cured of their disease.<sup>4</sup>

The current relative survival rates for women diagnosed with breast cancer in the U.S. are:

- 90 percent at 5 years after diagnosis
- 82 percent after 10 years
- 77 percent after 15 years<sup>8, p.11</sup>

In 1980, the 5-year relative survival rate for women diagnosed with early stage breast cancer (cancer that hasn't left the breast) was about 74 percent.<sup>6</sup> Today, that number is 99 percent.<sup>1, p.9</sup>

For all races, the five-year relative survival rate for women with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) in the U.S. is 99 percent, 84 percent for regional disease and 23 percent for distant stage disease.<sup>1, p.9</sup>

In the U.S., the 5-year survival rate is lower among women with breast cancer before age 40 (84 percent) compared to women diagnosed at age 40 and older (90 percent).<sup>1, p.9</sup>

A lack of health insurance and lower-income areas are associated with lower survival among breast cancer patients, as well as the presence of other illnesses, unequal access to care and disparities in treatment that may contribute to the differences in survival.<sup>1, p. 10</sup>

Aggressive tumor characteristics linked to poorer prognosis appear to be more common in African American women and may contribute to lower survival rates.<sup>1, p. 10</sup>

Breast cancer survival has been increasing since 1983.<sup>6</sup>

Survival for stage IV breast cancer has modestly improved over time, but disparities between black and white patients remain.<sup>7</sup>

## Risk Factors

Aside from being a woman, age is the most important risk factor.<sup>1 p. 12</sup>

Ninety-five percent of new cases and 97 percent of breast cancer deaths occurred in women 40 and older.<sup>1 p.2</sup>

A woman's chance of developing breast cancer increases with age. In the U.S., a woman has about a 12.15 percent, or 1 in 8, lifetime risk of developing breast cancer.<sup>1, p.13</sup>

Approximately five to ten percent of breast cancers in the U.S. are due to inherited mutations in the BRCA1 or BRCA2 breast cancer genes (less than 1 percent of the general population).<sup>1, p.13</sup>

In the U.S., women with BRCA1 mutations are estimated to have a 44-78 percent risk of developing breast cancer by age 70; for women with BRCA2 mutations the risk is 31-56 percent.<sup>1, p.13</sup>

BRCA1/2 mutations account for only about 15-20 percent of familial breast cancers.<sup>1, p.13</sup>

According to the US Preventive Services taskforce, women with a strong family history (about 2 percent of adult U.S. women) should be evaluated for genetic testing for BRCA mutations.<sup>1, p.13</sup>

A recent study found that women who gained 55 pounds or more after age 18 had almost a 50 percent greater risk of breast cancer compared to those who maintained their weight. A gain of 22 pounds or more after menopause was linked to an 18 percent greater risk.<sup>1, p.15</sup>

A meta-analysis of more than 40 studies, suggests that having about 2 or more drinks per day may increase breast cancer risk by 21 percent.<sup>1, p.16</sup>

## Resources

- 1 Breast Cancer Facts and Figures 2011-2012 ACS
- 2 Cancer Prevention and Early Detection Facts and Figures 2011, ACS
- 3 Statement from Otis W. Brawley, M.D., Chief Medical Officer, American Cancer Society, November 16, 2009- <http://pressroom.cancer.org/index.php?s=43&item=201>
- 4 NCI Website- <http://seer.cancer.gov/statfacts/html/breast.html#prevalence>
- 5 NCI Seer Data 1975-2002, Table IV-10- [http://seer.cancer.gov/csr/1975\\_2005/results\\_merged/sect\\_04\\_breast.pdf](http://seer.cancer.gov/csr/1975_2005/results_merged/sect_04_breast.pdf)
- 6 NCI Website-[http://progressreport.cancer.gov/doc\\_detail.asp?pid=1&did=2009&chid=95&coid=927&mid](http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2009&chid=95&coid=927&mid)
- 7 Shaheenah Dawood, Kristine Broglio, Ana M. Gonzalez-Angulo, Aman U. Buzdar, Gabriel N. Hortobagyi, Sharon H. Giordano. Journal of Clinical Oncology, Vol 26, No 30 (October 20), 2008: pp. 4891-4898
- 8 Cancer Facts and Figures 2012, ACS
- 9 SEER Cancer Statistics Review 1975-2008-table 4.12- [http://seer.cancer.gov/csr/1975\\_2008/results\\_single/sect\\_04\\_table.12.pdf](http://seer.cancer.gov/csr/1975_2008/results_single/sect_04_table.12.pdf)
- 10 SEER Cancer Statistics 1975-2008 Table 4.10- [http://seer.cancer.gov/csr/1975\\_2008/browse\\_csr.php?section=4&page=sect\\_04\\_table.10.html](http://seer.cancer.gov/csr/1975_2008/browse_csr.php?section=4&page=sect_04_table.10.html)

## Appendix E

### Specific Populations and Breast Cancer

#### African American

##### Breast Cancer Facts for African American

###### Incidence

An estimated 26,840 new cases of breast cancer are expected to occur among African American women in 2011.<sup>1, p. 8</sup>

Breast cancer is the most common cancer among African American women.<sup>1, p. 8</sup>

African American women have a higher incidence rate before age 40 and are more likely to die at every age compared to non-Hispanic white women.<sup>2, p. 4</sup>

Breast cancer incidence rates increased among African American women in the 1980s. However, breast cancer incidence rates have stabilized since 1992.<sup>2, p. 6</sup>

African American women are less likely to be diagnosed with smaller tumors (less than 2 cm) and more likely to be diagnosed with larger tumors (greater than 5cm).<sup>2, p. 6</sup>

African American women have higher rates of distant-stage breast cancer compared to white women and rates of distant-stage disease have increased slightly (0.7 percent per year) since 1975, whereas rates among white women have remained stable.<sup>2, p. 8</sup>

Breast cancers diagnosed in African American women are more likely to have factors associated with poor prognosis, such as higher grade, distant stage, and hormone receptor negative status.<sup>1, p. 8</sup>

Premenopausal African American women appear to be at particular risk for basal-like breast cancer (i.e., triple-negative cancers), an aggressive subtype of breast cancer associated with shorter survival.<sup>1, p. 8</sup>

###### Mortality

An estimated 6,040 deaths from breast cancer are expected to occur among African American women in 2011.<sup>1, p. 8</sup>

Breast cancer is the second most common cause of cancer death among African American women, exceeded only by lung cancer.<sup>1, p. 8</sup>

Breast cancer death rates among African American women decreased 1.6 percent annually from 1998 to 2007.<sup>2, p. 9</sup>

The steady decline in overall female breast cancer mortality since the early 1990s has been attributed to improvements in both early detection and treatment. However, breast cancer death rates have declined more slowly in African American women compared to white women, which has resulted in a growing disparity.<sup>1, p. 8</sup>

By 2007, African American women had a 41 percent higher death rate than white women.<sup>2, p. 9</sup>

The higher mortality rate in African American women may be related to differences in access to and utilization of early detection and treatment and differences in tumor characteristics.<sup>1, p. 8</sup>

## Survival

Since 1975, the breast cancer 5-year survival rate has increased significantly for African American women, yet there remains a substantial gap between white and African American women.<sup>2, p. 10</sup>

Currently, the 5-year relative survival rate is 77 percent for African Americans compared to 90 percent among white women.<sup>2, p. 10</sup>

Fifty-one percent of all breast cancers diagnosed among African American women are at a local stage, compared to 61 percent among white women.<sup>1, p. 8</sup>

Possible reasons for poorer stage-specific survival of African American women compared to white women include unequal receipt of prompt, high-quality treatment; the observation that aggressive tumor characteristics are more common in African American women; and the suggestion that socio-economic factors may influence the biologic behavior of breast cancer.<sup>1, p. 8</sup>

## Screening

In 2008, the proportion of African American women aged 40 and older who reported getting a mammogram within the past two years was 67.7 percent (68 percent for non-Hispanic white women). However, only 52.2 percent of African American women reported having a mammogram within the past year compared to 54.2 of non-Hispanic white women.<sup>1, p. 18</sup>

## Resources

- 1 Cancer Facts and Figures for African American, 2011-2012
- 2 Breast Cancer Facts and Figures, 2011-2012, ACS

## Appendix F

### Specific Populations and Breast Cancer

#### Hispanic/Latina Women

##### Breast Cancer Facts for Hispanic/Latina Women

###### Demographic Information

Hispanics are the largest, fastest-growing, and youngest minority group in the U.S.<sup>p.1</sup>

In 2007, the Hispanic median age was 27.6, compared to 36.6 in the U.S. overall.<sup>p.1</sup>

Approximately 60 percent of Hispanics are born in the US, while the other 40 percent are foreign-born (not US citizens at birth).<sup>p.1</sup>

About 64 percent of Hispanics are of Mexican origin, followed by Puerto Rican (9.0 percent), Central American (7.6 percent), South American (5.5 percent), Cuban (3.4 percent), Dominican (2.8 percent), and other descent.<sup>p.1</sup>

Although persons of Hispanic origin may be of any race, about 97 percent of US Hispanics are white.<sup>p.1</sup>

The Hispanic population is not equally distributed across the US, but is concentrated in the West (43 percent) and South (35 percent). Among states, there is substantial variation in the Hispanic population by country of origin. For example, Mexican Americans comprise more than 75 percent of the Hispanic population in Texas and California, compared to only 14 percent in Florida.<sup>p.1</sup>

###### Incidence

Breast cancer is the most commonly diagnosed cancer among Hispanic women in the U.S., an estimated 14,200 Hispanic women will be diagnosed in 2009.<sup>p.3</sup>

Since 1997, breast cancer incidence rates have decreased 0.9 percent per year among Hispanic women (1.5 percent per year among non-Hispanic white women) in the U.S.<sup>p.7</sup>

Studies examining body size and weight change in relation to breast cancer risk in Hispanic and non-Hispanic white women indicate that the associations between body mass and breast cancer may differ by ethnicity.<sup>p.8</sup>

In the U.S., the breast cancer incidence rate in Hispanic women is about 27 percent lower than in non-Hispanic white women. This difference may be due in part to having a first child at a younger age and having more children among Hispanic women. About 7 percent of this difference may be attributed to these reproductive patterns. However, it may also reflect less use of postmenopausal hormones, a lower utilization rate of screening mammography or possible variations in genetic factors.<sup>p.8</sup>

###### Mortality

An estimated 2,200 Hispanic women died from breast cancer in the U.S. in 2009.<sup>p.8</sup>

Breast cancer is the leading cause of cancer death among Hispanic women in the U.S.<sup>p.8</sup>

In the U.S., from 1997-2006, breast cancer death rates decreased by about 2 percent per year among both Hispanic and non-Hispanic white women.<sup>p.8</sup>

### **Stage Distribution and Survival**

Breast cancer is less likely to be diagnosed at the earliest stage in Hispanic women compared to non-Hispanic white women in the U.S. after differences in age, socioeconomic status and method of detection are controlled.<sup>p.8</sup>

In the U.S., during 2002-2006, 55 percent of breast cancers among Hispanic women were diagnosed at a local stage compared to 63 percent of cases among non-Hispanic white women.<sup>p.8</sup>

Hispanic women are also more likely to be diagnosed with larger tumors than non-Hispanic white women.<sup>p.8</sup>

Differences in mammography utilization and delayed follow-up of an abnormal screening among Hispanic women may contribute to this difference.<sup>p.8</sup>

In the U.S., Hispanic women are about 20 percent more likely to die of breast cancer than non-Hispanic white women who are diagnosed at a similar age and stage. Differences in access to care and treatment likely contribute to the disparity.<sup>p.8</sup>

### **Screening Habits**

Since 1987, breast cancer screening has increased among all racial and ethnic groups in the U.S. The gap in the prevalence of recent (within the last two years) mammography use between Hispanic and non-Hispanic white women has narrowed to about 8 percent.<sup>p.24</sup>

In the U.S., in 2005, 59.6 percent of Hispanic women aged 40 and older had a mammogram within the past two years, compared to 68.1 percent among non-Hispanic white women.<sup>p.24</sup>

Among Hispanic sub-groups, Central and South American (63.9 percent) and Cuban women (72.7 percent) show a higher prevalence of breast cancer screening than Mexican women (56.2 percent) in the U.S.<sup>p.24</sup>

Breast cancer is often detected at a more advanced stage in Hispanics than in non-Hispanic white women in the U.S. This difference has been largely attributed to lower use of mammography screening and longer intervals between mammograms, as well as the lack of timely follow-up of an abnormal mammogram.<sup>p.26</sup>

### **Resources**

Cancer Facts and Figures for Hispanics/Latinos 2009-2011, The American Cancer Society

## Appendix G

### Barriers and Responses

	Specific Concern		Specific Concern
Barrier 1:	Abnormal mammogram	Barrier 24:	Forgot to schedule an appointment
Barrier 2:	Afraid of finding breast cancer	Barrier 25:	Knows nothing about mammograms
Barrier 3:	Anxious about mammograms	Barrier 26:	Mammograms cause cancer
Barrier 4:	Breasts are too big	Barrier 27:	Mammograms don't work
Barrier 5:	Breasts are too small	Barrier 28:	Never had a mammogram
Barrier 6:	Care-giving duties interfere/no time	Barrier 29:	Provider's office closed after work hours
Barrier 7:	Confused about screening	Barrier 30:	Never thought about getting one
Barrier 8:	Cost	Barrier 31:	No doctor
Barrier 9:	Denial she will ever get breast cancer	Barrier 32:	No family history
Barrier 10:	Didn't get around to it	Barrier 33:	No insurance
Barrier 11:	Dislikes doctor	Barrier 34:	No time for a mammogram
Barrier 12:	Doctor does clinical breast exam	Barrier 35:	Not interested in getting a mammogram
Barrier 13:	Doctor never recommended	Barrier 36:	Not looking for trouble
Barrier 14:	Does own breast self-exam	Barrier 37:	Not needed
Barrier 15:	Doesn't know when to get a mammogram	Barrier 38:	Nothing is wrong now/no symptoms
Barrier 16:	Doesn't like to go to the doctor	Barrier 39:	One past mammogram is enough
Barrier 17:	Doesn't understand the importance of mammograms	Barrier 40:	Pain/discomfort from mammograms
Barrier 18:	Doesn't want to know if something is wrong	Barrier 41:	Social/emotional problems
Barrier 19:	Doesn't like mammograms	Barrier 42:	Something is wrong with my breast
Barrier 20:	Embarrassed about mammograms	Barrier 43:	Staff are mean
Barrier 21:	Faith in God	Barrier 44:	Transportation problems
Barrier 22:	Fear of radiation	Barrier 45:	Uncomfortable asking my doctor for a referral
Barrier 23:	Forgot appointment	Barrier 46:	Worried about having a mammogram



## Barrier 1: Abnormal mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>Sometimes mammograms find something which isn't cancer.</p>	<p>Has this ever happened to you or anyone you know?</p> <p>Sometimes mammograms will find abnormalities in the breast. Most of the time abnormal findings are due to benign breast conditions, like cysts. In this case, a woman might need to have more tests to find out whether or not the abnormality (lump) was cancer. Most often these abnormalities turn out to be non-cancerous.</p> <p>The period of time while you're waiting to find out the results of these tests can be stressful. If your mammogram does show a problem, this doesn't always mean you have breast cancer. In fact eight out of ten abnormal mammograms in the U.S. do not turn out to be cancer, but something like non-cancerous tumors, cysts, or changes in the breast. These abnormalities are usually harmless and may not even require treatment.</p>

## Barrier 2: Afraid of finding breast cancer

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am worried that I might find out I have breast cancer.</p> <p>If they find cancer, I might die.</p> <p>If I have cancer, I'd rather not know.</p>	<p>Fear is a perfectly normal feeling when faced with the unknown. You may be able to use this fear to make a decision to do what you can do — get screened.</p> <p>Your fear of breast cancer should prompt you to get screened. Finding breast cancer early is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable.</p> <p>Try and let fear become your friend. Consider all those you love so dearly and the fact that if cancer is diagnosed at a late stage, it could take you away from them. If you have it and find out you have it, you can do something about it.</p>

### Barrier 3: Anxious about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p><b>I'm a little nervous about having a mammogram.</b></p>	<p>It is understandable that you are nervous about having a mammogram. Some women have told me that they were concerned about (PROBE: the procedure itself, finding something abnormal, radiation, cost, pain, etc.).</p> <p>Does any of this sound familiar. Do you know what is making you feel this way?</p> <p>Sometimes it is hard to understand why something is (upsetting, bothering, concerning, etc.).</p> <p>For some women, thinking about breast cancer screening reminds them about the possibility they could get breast cancer. This is very upsetting...so upsetting it makes it difficult for them to do what they need to do to ...get a mammogram. Often, once they have a mammogram, they can usually stop worrying. Does this sound familiar?</p> <p>If the woman is still anxious, continue the dialogue. Some women find it makes them feel less anxious if they take a friend or loved one to their appointments. Or, they may talk to their health care provider about ways to help ease discomfort (or anxiety) during the mammogram. And, before the exam, they could let the technologist know about their concerns. You might ask, "What do you think would help you feel less anxious about having an exam or mammogram?"</p> <p><b>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

#### Barrier 4: Breasts are too big

SHE MAY SAY	SUGGESTED RESPONSE
<p><b>My breasts are so big they won't fit in the machine. If they get them in the machine it is going to hurt too much.</b></p>	<p>Some women who have large breasts (and also women with small breasts) mention having a mammogram is uncomfortable. This temporary discomfort occurs when the breast is pressed between two plates so an X-ray image can be taken. Sometimes, the pressure can be uncomfortable, but it usually only lasts a few seconds. Let the technologist know your concern, and she will try to reduce your discomfort.</p> <p>Technologists are trained and know how to do mammograms on women with larger breasts. Multiple pictures may be needed to be able to image all of the breast tissue.</p>

#### Barrier 5: Breasts are too small

SHE MAY SAY	SUGGESTED RESPONSE
<p><b>I don't need a mammogram because my breasts are so small I will never get breast cancer.</b></p>	<p>Some women may feel they don't need mammograms because they have small breasts. The truth is, all women are at risk of breast cancer regardless of breast size. All women age 40 and older should get a mammogram every year, along with annual clinical breasts exams, regardless of breast size.</p> <p>Mammography is the best screening tool used today to find breast cancer. It can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment.</p>

## Barrier 6: Care-giving duties interfere/no time

SHE MAY SAY	SUGGESTED RESPONSE
<p>I just don't have the time to go get a mammogram.</p>	<p>Is there anything in particular that is making your life busier than normal?</p> <p>The mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out. You might check with the imaging center to learn what days and times are usually less busy and try to schedule your appointment then.</p> <p>A mammogram is important. It is the best screening tool used today to find breast cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>
<p>I am always busy taking care of everyone else.</p>	<p>It might seem that getting a mammogram could take time away from others that you are caring for. However, having a mammogram is something you can do for yourself so you can continue to take care of those who depend on you.</p> <p>A mammogram can find breast cancer before it can be felt, which may lead to more treatment options and a greater chance for survival.</p>

## Barrier 7: Confused regarding mammogram guidelines

SHE MAY SAY	SUGGESTED RESPONSE
<p>I just heard on the news that mammograms aren't needed for women in their 40s.</p>	<p>It is confusing, isn't it? Despite the numerous confusing messages in the media, we know that mammograms can find breast cancer early — and that finding it early can lead to more treatment options and better survival. Mammograms save lives.</p> <ul style="list-style-type: none"><li>• Get a mammogram every year beginning at age 40 if you are at average risk</li><li>• Ask your doctor which screening tests are right for you if you are at a higher risk</li><li>• Have a clinical breast exam at least every three years starting at age 20, and every year starting at age 40.</li></ul>

## Barrier 8: Cost

SHE MAY SAY	SUGGESTED RESPONSE
<p>There is no way I can afford to pay for a mammogram right now. It's just out of the question.</p>	<p>Reassure her there are options to help her pay for the mammograms or clinical breast exams, and assistance if she needs follow-up exam tests.</p> <p><b>Do you have Medicare?</b> Medicare pays for most of the cost of your mammogram.</p> <p><b>Do you have insurance?</b> Call the number on the back of your card to find out if they will cover your mammogram. If not, call your local Affiliate or 1-877 GO KOMEN (1-877-465-6636) for assistance.</p> <p>Also, the National Breast and Cervical Cancer Control Program provides access to breast cancer screening to low-income, uninsured and underinsured women.</p> <p>And the YWCA provides breast cancer education and screening to women who lack access to health services.</p>

## Barrier 9: Denial that she will ever get breast cancer

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't think I am going to get breast cancer.</p>	<p>Can you tell me more about why you don't think you'll get breast cancer?</p> <p>I've talked to some women who think that. The fact is there is no way to tell who will get breast cancer. All women are at risk. And in the U.S., 1 in 8 women in will get breast cancer in her lifetime.</p> <p>We have learned a lot about breast cancer, but we still do not understand what causes breast cancer to develop at a certain time in a certain person. And if it does occur, mammograms can find breast cancer early — often before it can be felt.</p> <p>Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable.</p>

## Barrier 10: Didn't get around to it

SHE MAY SAY	SUGGESTED RESPONSE
<p>I know I need a mammogram, but I just haven't scheduled an appointment yet.</p>	<p>I'm happy to hear you have been planning to have a mammogram. We all get busy and it is easy to forget to call to make an appointment.</p> <p>The Komen reminder tool can help with this problem. You can sign up to get an email reminder when it is time for your breast exam by your doctor or a mammogram. You can even get your reminder sent to your phone.</p> <p><a href="http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1">http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1</a></p> <p>Reinforce her intention to have a mammogram. Help her develop a concrete, immediate plan for making the appointment for her mammogram.</p> <p>So you don't forget, would you like to call the mammography facility or your doctor now about an appointment and pencil the date in your calendar.</p> <p>Did you know the mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out?</p> <p>A mammogram is important. It is the best screening tool used today to find breast cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

## Barrier 11: Dislikes doctor

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't like the doctor I usually see.</p>	<p>Have you thought about going to another clinic or going to see another doctor? You might feel better with someone else. You might check with friends or family members for the names of doctors or a clinic that they like.</p> <p><b>If she mentions other barriers such as fear, or pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

## Barrier 12: Doctor does clinical breast exam so I don't need a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>My doctor examines my breasts for me every year when I go for a check-up and that's enough.</p>	<p>Having a yearly breast exam by a health professional is important and so is a mammogram. Beginning at age 40, you need both mammograms and clinical breast exams every year by a doctor.</p> <p>Mammograms can find most breast cancers before either you or your doctor can feel a lump. Although mammography is the best screening tool for breast cancer today, it is not perfect. So, combining mammography with clinical breast exam may improve the ability to find cancer earlier.</p> <p>Screening tests can find breast cancer early, when it's most treatable. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

## Barrier 13: Doctor never recommended

SHE MAY SAY	SUGGESTED RESPONSE
<p>My doctor gets so caught up in taking care of my medical problems she/he forgets to refer me for my mammogram.</p>	<p>Don't assume just because your doctor hasn't told you to have a mammogram, he or she doesn't believe it's important.</p> <p>While each of us likes to totally depend on our doctor to tell us when it's time to have tests and to schedule them, part of the responsibility is ours. Most doctors appreciate being reminded about their patient's need for mammograms.</p> <p>You can call your doctor's office and speak to the secretary or the nurse about getting a mammogram. How do you feel about doing this? When do you think you might be able to do this?</p> <p>Once your appointment is made, you could go ahead and sign up to get a reminder for your tests for next year.</p> <p><a href="http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1">http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1</a></p>

## Barrier 14: Does own breast self-exam

SHE MAY SAY	SUGGESTED RESPONSE
<p><b>I check my breasts every month. This saves me a trip to the doctor.</b></p>	<p>Knowing how your breasts normally look and feel is a key step to breast self-awareness. And, if you ever notice a change in your breasts, you should report it to your doctor.</p> <p>However, mammograms can find most breast cancers before either you or your doctor can feel a lump. Both are recommended every year for women beginning at age 40. There may be more treatment options and a greater chance for survival, when breast cancer is found early.</p> <p>We recommend that all women:</p> <ul style="list-style-type: none"><li>• Ask their doctor which screening tests are right for them if they are at a higher risk</li><li>• Have a mammogram every year starting at age 40 if at average risk</li><li>• Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40</li></ul> <p>We all may know people who have found their own breast cancer. Many women who discover changes in their breast that turn out to be breast cancer don't actually discover them on the day and time they have set aside for monthly breast self-exam, but rather noticed a change incidentally at some other time, such as when showering or dressing, and recognized the change because they knew what was normal for them. It is important to know how your breasts look and feel and if you notice any change, to report it to your doctor.</p>
<p><b>I don't get a mammogram because my sister found her breast cancer during a breast self-exam, so there is no point in getting a mammogram.</b></p>	<p>We recommend that all women:</p> <ul style="list-style-type: none"><li>• Ask their doctor which screening tests are right for them if they are at a higher risk</li><li>• Have a mammogram every year starting at age 40 if at average risk</li><li>• Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40</li></ul> <p>Mammograms can find breast cancers before they can be felt. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable.</p>



## Barrier 15: Doesn't know when to get a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
I don't even know when I am supposed to get a mammogram.	<p>All women age 40 and older should have a mammogram every year. If you are at higher risk because your mother, sister, or daughter has had breast cancer or you have other concerns, talk to your doctor to find out when you should start getting mammograms and how often to have them.</p> <p>If she wants to know more about what it's like to have a mammogram, use the suggested response for Barrier 7.</p>

## Barrier 16: Doesn't like to go to the doctor

SHE MAY SAY	SUGGESTED RESPONSE
I really don't like going to the doctor. I only go when I am sick.	<p>Some women think as long as they feel fine they don't need to go looking for trouble.</p> <p>You're not alone in feeling that way. Many women feel the same way you do. Since you don't like going to doctors, taking good care of yourself and looking for little problems with screening tests before they become big problems is important. If you don't find problems when they are small, more time and attention and even more visits to the doctor may be needed to handle larger problems.</p> <p>That's one reason why getting mammograms is so important. It's just like taking care of a car or house.</p>

## Barrier 17: Doesn't understand the importance of mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I don't understand the big deal; breast cancer doesn't run in my family, why do I have to get mammograms?	<p>Most women who get breast cancer have no family history of the disease. In fact, the majority of women who are diagnosed with breast cancer have NO risk factors aside from being female and getting older. The purpose of a mammogram is to find breast cancer early (when there are no symptoms) when it's most treatable.</p> <p>Mammograms can find breast cancers before either you or your doctor can feel a lump. Breast cancer is more treatable when it is found early. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

## Barrier 18: Doesn't want to know if something is wrong

SHE MAY SAY	SUGGESTED RESPONSE
<p>If I have breast cancer I don't want to know.</p>	<p>Could you tell me a little more about what you mean?</p> <p>Maybe you think you would rather not know if you have breast cancer. Maybe you prefer not to deal with the fears and cost that come with breast cancer treatment. Some women think as long as they feel fine they don't need to go looking for trouble.</p> <p>It's better to find breast cancer early before there are any symptoms. Breast cancer does not go away on its own. When breast cancer is found early, you have more treatment options. And, the sooner you do something about breast cancer, the more likely the treatment can be simpler, easier and more effective than if you wait.</p> <p>How does hearing all of this make you feel about having a mammogram?</p> <p><b>If she has mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

## Barrier 19: Doesn't like mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I have had a mammogram and didn't like it.</p>	<p>Try to find out what it was about her last mammogram that is making her nervous.</p> <p>You mentioned earlier that you have had a mammogram. What was that like for you?</p> <p><b>If she has mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

## Barrier 20: Embarrassed about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am just too embarrassed to get a mammogram and have someone touch my breasts.</p>	<p>Some women say they feel embarrassed about having a mammogram.</p> <p>But keep in mind that technicians are professionals trained for this work.</p> <p>Share your concerns with your technician before the exam starts.</p> <p>Since you'll only have to take off the clothing above your waist during the mammogram, you might want to wear pants or a skirt rather than a dress. That way the rest of you will be covered. You will be given a robe or a cape and that your breast will be exposed only during the exam. Most women say that once they went, it wasn't embarrassing.</p>

## Barrier 21: Faith in God

SHE MAY SAY	SUGGESTED RESPONSE
<p>God will protect me from breast cancer so I don't need a mammogram. I have faith in God.</p>	<p>It's great you put your faith in God.</p> <p>Mammograms are one way to use the wisdom and knowledge God gives us to help ourselves.</p>

## Barrier 22: Fear of radiation

SHE MAY SAY	SUGGESTED RESPONSE
<p>I've had a lot of X-rays in my life. I don't want to expose myself to any unnecessary radiation.</p>	<p>Talk with your doctor about your history of X-rays so that he/she may talk with you about recommendations specifically for you.</p> <p>High X-ray exposure early in life is a risk factor for breast cancer. Those who have this history should talk with their doctor about their personal risk and screening recommendations.</p> <p>A woman's chance of getting breast cancer increases with age, so regular screening is important for finding breast cancer early.</p>

## Barrier 23: Forgot appointment

SHE MAY SAY	SUGGESTED RESPONSE
<p>I made an appointment, but I just forgot to go.</p>	<p>Sometimes people just forget they made an appointment. It is ok. Is there a simple way to keep track of your appointments? Maybe you could keep a calendar, ask someone to remind you, put a sticky note on your purse. You might also try calling the mammogram facility and ask them to call you before your appointment as a reminder.</p> <p>We have a reminder tool that you can sign up for to receive reminders for breast exams by your doctor and mammograms.</p> <p><a href="http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1">http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1</a></p>

## Barrier 24: Forgot to schedule an appointment

SHE MAY SAY	SUGGESTED RESPONSE
<p>I have too many things going on. I just can't remember to schedule an appointment.</p>	<p>Life can get so hectic that it's easy to forget to make an appointment. Could you call your doctor today when you leave here to schedule an appointment? This way, you'll know you have one.</p> <p>We have a reminder tool that you can use to sign up for to receive reminders for breast exams by your doctor and mammograms.</p> <p><a href="http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1">http://apps.komen.org/Subscriber/new-user-registration.aspx?unauth=1</a></p>

## Barrier 25: Knows nothing about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>What exactly is a mammogram?</p>	<p>A mammogram is a screening tool that uses X-rays to create a picture of the breast.</p> <p>You stand in front of a mammography machine and one of your breasts is placed on a clear plastic plate and gently, but firmly, pressed from another plate above your breast.</p> <p>The plates flatten the breast and keep it still, which helps produce a better mammogram image.</p> <p>The pressure lasts a few seconds and does not harm the breast. The same steps are repeated with the other breast. The plates of the machine are then tilted to take a side view of each breast.</p> <p>It usually takes about an hour to complete the paperwork, prepare for the exam, talk to the technologist and have the images taken.</p> <p>Be sure to ask your doctor or the technician how you will find out your results. Some centers may give you the results of your mammogram at the time of your screening. However, depending on the center, it may take up to two weeks to get your results.</p> <p>If you do not get your results within two weeks, follow up with your health care provider or the mammography center. Don't assume the results were normal because you haven't gotten a report.</p>

## Barrier 26: Mammograms cause cancer

SHE MAY SAY	SUGGESTED RESPONSE
<p>I heard people who get mammograms get cancer.</p>	<p>Getting a mammogram does not prevent or cause a woman to get breast cancer, but it provides the opportunity to find it early.</p> <p>Mammograms may find breast cancer before it is big enough to be felt by you or your doctor.</p> <p>The mammography equipment used today is very safe compared to old X-ray machines.</p> <p>The amount of radiation you receive through a mammogram is very small. Studies show the benefits of mammography outweigh the risks from radiation exposure, especially for women ages 50 and older. If it weren't safe, medical authorities would not recommend that women have mammograms every year starting at age 40.</p> <p>A woman's chance of getting breast cancer increases with age, so regular mammograms are important for finding breast cancer early.</p> <p><b>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

## Barrier 27: Mammograms don't work

SHE MAY SAY	SUGGESTED RESPONSE
<p>I know a woman who had breast cancer and the mammogram didn't find it.</p> <p>I heard that mammograms can make you think you have cancer when you don't and you end up having a lot of unnecessary tests.</p>	<p>Mammograms can save lives, but they are not perfect. However, they are the best screening tool available today. When mammography is combined with clinical breast exams your chances for finding cancer early are even greater.</p> <p>It is possible for a woman to have breast cancer that doesn't show on a mammogram. Mammograms are better at finding breast cancer in older women than in younger women. It is also possible for something to show up on a mammogram that isn't breast cancer. This can lead to additional tests. These additional tests have the ability to detect breast cancer early.</p>

## Barrier 28: Never had a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
I have never gone for a mammogram	<p>This is what you can expect:</p> <ol style="list-style-type: none"><li>1. In a private room, you will take everything off from the waist up and put on a gown, which will cover your body. Avoid using deodorants, antiperspirants, perfumes, powders or lotions on the breast or underarm area on the day of the exam. Ingredients in these products can show up on a mammogram and make it harder to read.</li><li>2. You will be asked to answer a few questions on paper or in person. The questions will be about your age when you started having periods, the date of your last period, the number of children you have, whether you have had surgery on your breasts and your use of birth control pills or hormones.</li><li>3. You will stand in front of an X-ray machine specially designed for mammograms.</li><li>4. The technologist will place your breast on a plate that holds the x-ray film.</li><li>5. A second plate will slowly come down on top of your breast to spread out your breast tissue. This allows the technologist to get a clear picture of your breast with the lowest dose of radiation.</li><li>6. You will feel some pressure on your breast, but only for a few seconds while the image is being taken. This pressure does not harm your breast tissue. Tell the technologist if you feel any discomfort. Taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) about an hour before the exam may help. If you have concerns, talk to your health care provider about other ways to help ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns.</li><li>7. In most cases four X-ray pictures will be taken, two of each breast.</li><li>8. The technician will review the pictures to make sure they are of good quality.  If needed, she will take extra pictures.</li><li>9. Ask about when you will receive the results.</li><li>10. Get dressed and be on your way.</li></ol> <p><b>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

### Barrier 29: Never open when off work

SHE MAY SAY	SUGGESTED RESPONSE
<p>When I get off of work, the mammography facility is closed.</p>	<p>Have you tried to call the mammogram place to find out about possible evening or weekend hours?</p> <p>Are there other facilities in your area that have different hours?</p> <p>Help her see the advantages of having a mammogram outweigh the hassles of juggling her schedule, etc. to make time for a mammogram.</p> <p>The mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out.</p>

### Barrier 30: Never thought about getting one

SHE MAY SAY	SUGGESTED RESPONSE
<p>I just never thought about getting a mammogram.</p>	<p>Have you heard or read anything about mammograms?</p> <p>A mammogram is an X-ray of the breast. Its purpose is to find breast cancer early before there are any symptoms. When breast cancer is found and treated early, many women live a long and healthy life.</p> <p>About 1 in 8 women in the U.S. will get breast cancer during her lifetime. Screening tests can find breast cancer early, when it's most treatable. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p> <p>Why do you not want to have a mammogram?</p> <p><b>If she has mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p>

### Barrier 31: No doctor

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't have a doctor. How can I get a mammogram?</p>	<p>You may qualify for a low or no-cost mammogram, (see page 95 for local information) or call the Komen breast care helpline at 1-877 GO KOMEN (1-877-465-6636).</p>



### Barrier 32: No family history

SHE MAY SAY	SUGGESTED RESPONSE
<p>Breast cancer doesn't run in my family. I don't need a mammogram.</p>	<p>Some women believe they don't need mammograms because no one in their family has had breast cancer.</p> <p>The truth is, most women who get breast cancer have no family history of the disease. While the risk of breast cancer increases with age, all women are at risk for getting breast cancer. As women get older, their chances of getting breast cancer increase whether or not anyone in their family has had breast cancer.</p> <p>Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable. This is why it's so important to have regular mammograms to find breast cancer early.</p>

### Barrier 33: No insurance

SHE MAY SAY	SUGGESTED RESPONSE
<p>I can't afford a mammogram. I don't have insurance.</p>	<p>You may qualify for a low or no-cost mammogram; call 1-877 GO KOMEN (1-877-465-6636) to see if you are eligible.</p>

### Barrier 34: No time for a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am too busy with my job and taking care of everyone else in my life. I just don't have time to get a mammogram.</p>	<p>Most of us these days lead very busy lives. What in particular is making your life busier than normal?</p> <p>We all have a way of putting things off. Just so you don't forget later, why don't you call today or tomorrow and make your mammogram appointment for a time when you will be less busy?</p> <p>The mammogram itself usually only takes less than an hour from the time you walk into the facility until the time you walk out. This really isn't very much time, especially when you consider a mammogram could save your life.</p> <p>A mammogram is important. It is the best screening tool used today to find breast cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

## Barrier 35: Not interested in getting a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am just not interested in getting a mammogram.</p>	<p>Some women have said they were not interested in having a mammogram, because they were concerned about the cost, being exposed to radiation, finding something abnormal, or they just didn't have the time. Do any of these things sound like you?</p> <p><b>If she has mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</b></p> <p>Have you ever thought about having a/another mammogram?</p> <p>What are your reasons for not wanting to have a mammogram?</p> <p>Has anyone you know ever had a mammogram? What did she have to say about it?</p> <p>Has your doctor ever talked with you about having a mammogram?</p> <p>As women get older, their chances of getting breast cancer increase. Most of the breast cancer cases are in women over the age of 50. Mammograms can find early signs of breast cancer long before you or your doctor can feel or see changes. When breast cancer is found and treated early, many women live longer and healthier lives.</p>

## Barrier 36: Not looking for trouble

SHE MAY SAY	SUGGESTED RESPONSE
<p>Having a mammogram just means looking for trouble.</p>	<p>Some women feel having a mammogram is just looking for trouble. Unless you have regular mammograms, you won't know your breasts are "in trouble" until the trouble begins to show up in the form of symptoms, such as a lump, discharge or dimpling of the breast.</p> <p>At that point, if you have breast cancer, it may have already spread outside your breast. After breast cancer starts to spread, it is much harder to treat. It's much better to find breast cancer before there are any symptoms. In fact, you might say, it's much better to go looking for breast cancer, before it comes looking for you.</p> <p>Having regular mammograms is the best way to find breast cancer early and lower your chances of dying from breast cancer. They can often find breast cancer before you or your doctor can feel a lump. When breast cancer is found and treated early, many women go on to live a long and healthy life.</p>

## Barrier 37: Not needed

SHE MAY SAY	SUGGESTED RESPONSE
<p>I really don't need to get a mammogram.</p>	<p>Please tell me more about why you feel mammograms are not necessary. What are some reasons you think you do not need to have mammograms?</p> <p>Some women I've talked to think they don't need to have a mammogram because they're not having breast problems, or because they don't have a family history of breast cancer.</p> <p>Do you think any of these reasons sound like you?</p> <p>In fact the best time to have a mammogram is when no symptoms are present. A mammogram can find breast cancer before a woman or her doctor would be able to feel it.</p> <p>And most women who get breast cancer don't have a family history. The truth is all women are at risk and the most common risk factors are being a woman and getting older.</p> <p>Sometimes women who have their breasts examined by their doctors or who are familiar with how their breasts look and feel think that they don't need to have mammograms. However, mammography is the best screening tool used today to find breast cancer. It can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment.</p> <p>Still others think they don't need mammograms because they're too old or because they just don't think they'll get breast cancer.</p> <p>However, one in eight women in the U.S. will get breast cancer in her lifetime. Most breast cancers occur in women age 50 and older and as women get older, they are more likely to get breast cancer.</p> <p>A mammogram is the best way to find breast cancer in the early stages. When breast cancer is found and treated early, many women go on to live long and healthy lives.</p> <p>If it's because she has breast implants:</p> <p>Women who have breast implants still need mammograms. Special techniques are used to image women with breast implants. It is important that the radiology center know ahead of time if you have implants.</p>

### Barrier 38: Nothing is wrong now/no symptoms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I simply don't understand why I have to have regular mammograms. I examine my breast regularly and everything feels fine. Why do I need to keep going back?</p>	<p>In the case of breast cancer, it's not always easy to tell whether or not something is broken, that is, whether or not you have breast cancer. Women can have breast cancer without having any symptoms. In fact, the best time to get a mammogram is when you feel fine and do not have any symptoms.</p> <p>Mammograms can find breast cancer early before there are any symptoms and when it's most treatable. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

### Barrier 39: One past mammogram is enough

SHE MAY SAY	SUGGESTED RESPONSE
<p>I had my one mammogram. I don't need another.</p>	<p>I'm glad to hear you have had a mammogram. That's a great start.</p> <p>In order to find breast cancer early, women need to have regular mammograms and it's best to be able to compare your mammograms to see if there have been any changes. Breast cancer can develop at any time.</p>

## Barrier 40: Pain/discomfort from mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I heard a mammogram hurts.</p>	<p>What have you heard or experienced about mammograms?</p> <p>For most women a mammogram is not painful. In order to get a good picture, the breast has to be compressed (pressed between two plates), which can be uncomfortable but should not hurt. And it will take only a few seconds, Tell the technologist if you feel any discomfort. Taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) about an hour before the exam may help. If you have concerns, talk to your health care provider about other ways to help ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns.</p>
<p>Last time I had one it just hurt way too much.</p>	<p>I am sorry to hear it was painful. Next time you might mention this to your technologist so she can be aware of your prior experience.</p> <p>Some women do say having a mammogram is uncomfortable — for just a few moments. This is because the breast is pressed between two plates (compressed) to an even thickness. This (compression) helps get a good picture of your breast and lowers the amount of radiation needed. Most women say the mammogram is not painful. In fact, most women we talk to say the mammogram didn't hurt like they thought it would. Sometimes thinking about it was worse than the mammogram.</p> <p>It is important to remember this discomfort only lasts a short time and it could save your life.</p> <p>There are some things you might do to make the mammogram less uncomfortable. If you are still having periods, it is best to have the mammogram right after your period. Women taking hormones may also notice certain times of the month when their breasts are less tender and should have their mammogram during those times.</p> <p>Tell the mammography technologist if you feel any discomfort. Taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) about an hour before the exam may help. If you have concerns, talk to your health care provider about other ways to help ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns.</p>

## Barrier 41: Social/emotional problems

SHE MAY SAY	SUGGESTED RESPONSE
<p>I lost my job and can't afford to pay my regular bills right now, let alone pay for a mammogram.</p> <p>My daughter has an earache right now, and we don't have a doctor or insurance.</p> <p>I can't afford to pay rent right now, let alone pay for a mammogram.</p>	<p>If she can't afford the cost or copayment of a mammogram, refer to barrier 8 responses.</p> <p>If she is in need of emergency food, emergency shelter, or experiencing other social and emotional problems, suggest she Might call the Komen breast care helpline at 1-877-465-6636 (1-877 GO KOMEN). Spanish services are available. She may also call your local Komen Affiliate for information about other help that may be available in your area.</p> <p>Offer this in closing: I hope you'll make an appointment to have a mammogram when things get a little better or when you have a chance. Having a mammogram is something very important you can do for yourself so you can help take care of your family. It might help you find breast cancer when it is small and easy to treat. A mammogram can find breast cancer before there are any symptoms. When breast cancer is found and treated early, many women go on to live longer and healthier lives.</p>

## Barrier 42: Something is wrong with my breast

SHE MAY SAY	SUGGESTED RESPONSE
<p>I have a lump in my breast. She could also say she has a rash, nipple discharge, scaly sore rash on the nipple, had changes in the size of her breasts, etc.</p>	<p>Tell her not to panic.</p> <p>The fact you are having breast problem(s) does not mean you have breast cancer. Most problems aren't cancer. However, you should have it checked out by your doctor. You should call your doctor's office and explain your problem and make an appointment.</p> <p>If she doesn't have a doctor, refer to barrier 31 responses.</p>

### Barrier 43: Staff are mean

SHE MAY SAY	SUGGESTED RESPONSE
The last time I went the lady was so mean.	I hope you will tell your doctor how you feel so he/she can communicate with the technologist how it made you feel. In the meantime you may want to request a different technologist when you make your appointment, or call another facility that covers your mammograms. Does this sound like something you could do?

### Barrier 44: Transportation problems

SHE MAY SAY	SUGGESTED RESPONSE
The mammogram place is too far away. I don't drive and can't take the bus. There is no way I can afford to take a cab either.	I can hear how frustrating this is for you. Getting around is difficult if you don't have a car or anyone to take you places. This problem makes scheduling your mammogram difficult. Fortunately your local Komen Affiliate may be able to help to provide you with information about grantees who may be able to assist you with transportation to and from the mammogram facility or you can call 1-877 GO KOMEN (1-877-465-6636) to see if you qualify for assistance.

### Barrier 45: Uncomfortable asking my doctor for a referral

SHE MAY SAY	SUGGESTED RESPONSE
I don't really know how to ask my doctor for a referral for a mammogram.	<p>If you've had a physical exam within the last year, call your doctor's nurse or your doctor so you can ask him/her about a mammogram. Most doctors appreciate being reminded about their patient's need for mammograms. How do you feel about doing this?</p> <p>If you can't afford to get a yearly clinical breast exam or a mammogram, call your local affiliate or 1-877 GO KOMEN (1-877-465-6636) to find out if you qualify for assistance.</p>



## Barrier 46: Worried about having a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am just worried to get a mammogram.</p>	<p>For some women, thinking about having a mammogram reminds them about the chance they could get breast cancer some time and this is very upsetting—so upsetting it makes it hard for them to do what they need to do to stop worrying - have the mammogram.</p> <p>Some women feel better if a close friend or family member goes with them to the appointment. You could even combine having a mammogram with lunch or another social activity. Make it your own party.</p> <p>One woman said she felt calmer and more in control after having a mammogram. She said she couldn't decide never to get breast cancer but, she could try to beat it if she did get it. A mammogram can find breast cancer several years before it can be felt. When breast cancer is found and treated early, many women live longer and healthier lives.</p>











## Important contacts/resources

**1-877 GO KOMEN (1-877-465-6636)** is the resource for any and all things relating to breast health, breast cancer and Susan G. Komen for the Cure. You can also access the web by going to [www.komen.org](http://www.komen.org)

- to speak to someone on our breast care helpline \*
- to learn more about Komen events and programs
- to make a donation
- to purchase unique gifts and educational items from the Promise Shop
- if you are a researcher interested in learning more about funding opportunities
- for information about becoming a corporate partner or sponsor
- to find a Komen Affiliate or Komen Race for the Cure near you

\* All calls to our breast care helpline are answered by a trained and caring staff Monday through Thursday from 9:00 a.m. to 7:00 p.m. EST and Friday from 9:00 a.m. to 5:00 p.m. EST. Our helpline provides free, professional support services to anyone with breast health and breast cancer concerns, including breast cancer patients and their families.

We do not provide medical advice, make referrals to physicians or evaluate physicians, medical facilities or services.

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For questions regarding KCHA Program or to re-order materials call or email:

**Susan G. Komen Headquarters**  
**CommunityOutreach@komen.org**  
**1-972-701-2032**

If you have questions about resources, a local Race for the Cure®, volunteer opportunities or events in your community, please contact your local Susan G. Komen affiliate:



Fighting Breast Cancer in Our Community

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