



# FOGGCUTTER

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The Junior League  
of San Francisco

IN PARTNERSHIP WITH  
MACY'S

84th Annual  
Fashion Show Gala

FRIDAY, MARCH 19, 2010  
THE FAIRMONT HOTEL, SF



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The Junior League of San Francisco, Inc. is an organization of women committed to promoting volunteerism, developing the potential of women, and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

### OUTREACH STATEMENT

The Junior League of San Francisco, Inc. reaches out to all women regardless of age, race, religion, color, national origin, handicapped status or sexual orientation, who possess an interest in and commitment to volunteerism.

### PUBLICATION DISCLAIMER

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THE JUNIOR LEAGUE OF SAN FRANCISCO WAS ESTABLISHED IN 1911.



## MAMMOGRAMS AND BREAST-SELF EXAMS

### WHAT THE EXPERTS RECOMMEND

Welcome to the new "Women's Health Corner"! This feature will present a regular interview with local health experts on a variety of women's health issues of interest to all women.

The goal of the "Women's Health" section is to educate, empower and inspire our JSLF members and readers in the community to learn more about Women's Health and to stay happy and healthy!

The topic of this month's publication is the recent controversial changes in mammogram and breast self-exam recommendations. Three San Francisco breast surgeons, Dr. Nima Grissom (NG), Dr. Peter Richards (PR) and Dr. William Goodson (WG), each an expert in the field of breast cancer were interviewed on this topic by Dr. Karen Horton, a JLSF Active Member and Plastic Reconstructive Surgeon who specializes in breast cancer reconstruction.

What is your opinion about the changes in mammogram recommendations for women under the age of 50?

**NG:** I do not agree with the recommendations to forgo mammography in the 40 to 50 year age group. I think the fifteen percent reduction in mortality from a common disease is adequate to continue screening. The study was not done solely with digital mammography which is more accurate in that age group and from what I understand has less radiation.

**PR:** The new recommendations are important in that they are forcing a reevaluation of the goals of screening for cancer and the risks associated with screening. The paradigm that earlier detection of breast cancer is inherently the most desirable and

important goal in that this reduces the incidence and mortality of breast cancer is being challenged. This debate will hopefully lead to new and better programs to diagnosis and treat breast cancer.

**WG:** It is "drive-by cost cutting" with two major flaws: 1. They mention the stress of a woman who has an "unnecessary" biopsy, but they do not compare that stress to the right reference group. That would be the woman who has missed her mammogram for two years - or not had it under their new guidelines - and then finds a large cancer. Talk about stress! 2. True: on AVERAGE screen cancers are less dangerous than interval cancers between screens, but that does not mean that screen cancers cannot be dangerous - unless we are now all average...

Will the new mammogram guidelines change how you counsel women you see in your office to screen for breast cancer?

**NG:** Forgoing mammography in that age group also makes the diagnosis of "in situ" (noninvasive) cancer less likely. It can appear several years before invasive cancer. I will still counsel all patients forty and older to have mammography.

**PR:** At this time, I believe the most significant change will be when screening will start. I am stopping to recommend the baseline exam between ages 35-40. I will probably still recommend mammograms every year from age 40-50 although this recommendation will be discussed more and patients will be given the option to stretch the time between exams.

**WG:** No!

What percentage of your patients with breast cancer are under the age of 50?

**NG:** At least 20-30%.

**PR:** 15-20%.

**WG:** About 30 %.

For the average woman aged 25-45 with no family history of breast cancer (the JLSF demographic), how would you counsel them to remain safe and screen for breast cancer?

**NG:** I think the recommendations on self exam are

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misleading. Formal BSE training is probably not that cost-effective. However knowing what your breast feels like normally and checking for changes is very helpful.

**PR:** In general a low fat, high fiber diet is good for people. This combined with a moderate exercise program and keeping weight under control hopefully reduces the risk of developing breast cancer.

**WG:** Stay safe: exercise a minimum 3.5 hours per week, keep weight to ideal, check their vitamin D to be certain it is over 35 (30% of women in my practice are below 30), limit alcohol to 3.0 glasses per week (New unpublished study from Kaiser shows that 1/2 a glass per day will increase risk of cancer and lower survival when it does occur).

**What about breast self-examinations (BSE)? Should we still perform these?**

**NG:** Many women find their own lumps. How else are we going to find breast cancer in the premenopausal group unless they check themselves occasionally? If you go on the American Society of Breast Surgeons website there is a consensus statement regarding mammography which states my feelings as well.

**PR:** Women should be aware of their bodies so I recommend patients get to know their breast so that they will notice any persistent change and bring this to attention of their doctor. I do not believe that a rigorous self breast exam is needed.

**WG:** BSE does not increase survival. Three randomized trials show this. However, about 50 percent of cancers are still first found by patients, who call their doctor who without an exam orders a mammogram and then attributes the detection to the mammogram. WRONG! The woman found it first. The way out of the conundrum? Be aware, and report what she observes: but don't obsess about monthly breast exams. Ignoring a mass won't keep it from being cancer, but if it's cancer it will reduce the chance of breast conserving therapy.

Dr. Nima Grissom is a Board-Certified General

Surgeon with over 20 years' expertise in breast surgery for benign conditions and breast cancer. She specializes in the nipple-sparing mastectomy technique for prophylactic mastectomies and breast cancer treatment.



Visit her website for more information.

Dr. Peter Richards is a Board-Certified Oncologic Surgeon in practice in San Francisco for over 25 years specializing in breast care and breast cancer treatment.



Visit Dr. Richards' website for more information.

Dr. William Goodson is a Board-Certified General Surgeon who specializes in diseases of the breast and has been practice in San Francisco for over 30 years.



Visit Dr. Goodson's website and The 2 Minute Breast Exam for additional information.

**About Dr. Horton**

Dr. Karen Horton is a JLSF Active Member and a Board-Certified Plastic Surgeon and Reconstructive Microsurgeon practicing San Francisco. She specializes in reconstruction of the breast and cosmetic surgery for women. Visit [www.womensplasticsurgery.com](http://www.womensplasticsurgery.com).



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