

# Your guide to breast health.



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## Your guide to breast health.

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**One in eight women will be diagnosed with breast cancer, and in Idaho, nearly 200 deaths from breast cancer occur each year.** Doctors and scientists agree that early detection is the best defense against breast cancer. Successful treatment and survival rates for breast cancer patients are dramatically affected by early detection. In fact, if breast cancer is found early, the five-year survival rate is almost 100 percent. That's why we're here to help you take steps to minimize your risks through education, early detection, knowing your risk, and getting your yearly mammogram.

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# Know your risk.



**At one time or another, every woman has a moment of concern.** But finding a lump or abnormality in your breast doesn't always point to cancer. In fact, the majority of breast conditions are non-cancerous. But knowing your risk and getting regular screenings are important steps for your health.

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## Breast self-exam.

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Breast self-exam is a tool that may help you learn what is normal for you. Breast self-exam involves looking at and feeling your breasts. Women who practice breast health examinations should also be sure to get mammograms and clinical breast exams at the appropriate age. Breast self-exam should not be substituted for these screening tests.

### When to self-Exam?

The best time to do a self-breast exam is about three to five days after your period starts. Your breasts are not as tender or lumpy at this time in your monthly cycle. If you have gone through menopause, do your exam on the same day every month.

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1



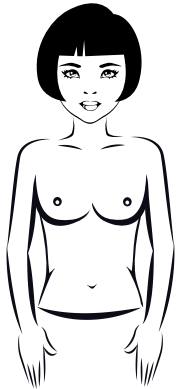
## Self-exam steps.

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**Begin by lying on your back. It is easier to examine all breast tissue if you are lying down.**

- Place your right hand behind your head. With the middle fingers of your left hand, gently yet firmly press down using small motions to examine the entire right breast.
- Next, sit or stand. Feel your armpit, because breast tissue goes into that area.

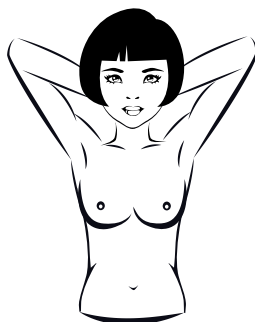
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**Next, stand in front of a mirror with your arms by your side.**

- Look at your breasts directly and in the mirror. Look for changes in skin texture, such as dimpling, puckering, or indentations.
- Also note the shape and outline of each breast.
- Check to see if the nipple turns inward.

3



**Do the same with your arms raised above your head.**

Most women have some lumps. Your goal is to find anything new or different. If you do, call your doctor right away.

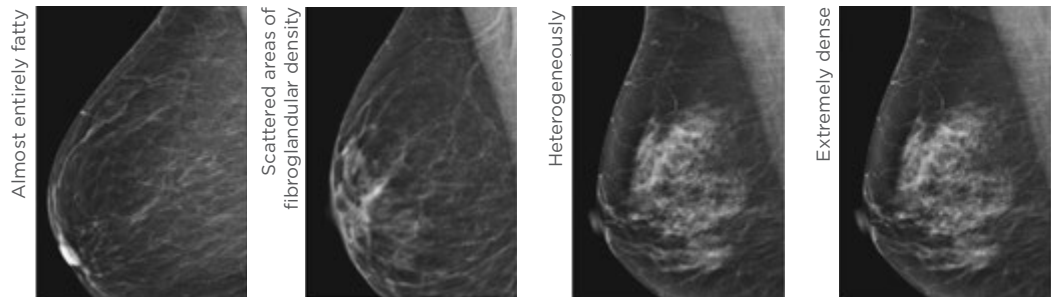
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Radiologists classify breast density using a 4-level density scale:



## Breast density

### Why is breast density important?

Having dense breast tissue may increase your risk of developing breast cancer. Dense breasts make it slightly more difficult for doctors to spot cancer on mammograms. Dense tissue appears white on a mammogram. Masses, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts. 3D mammograms are designed to help physicians see through dense breasts and identify any abnormalities.

### How do I know if I have dense breasts?

Breast density is determined by the radiologist who reads your mammogram. There are four categories of mammographic density. The radiologist assigns each mammogram to one of the categories. Your doctor should be able to tell you whether you have dense breasts based on your mammography report.

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# Advanced 3D imaging.



## Mammograms

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**The American College of Radiology recommends a routine yearly mammogram beginning at age 40, or 10 years younger than the youngest first degree family member with a history of breast cancer.**

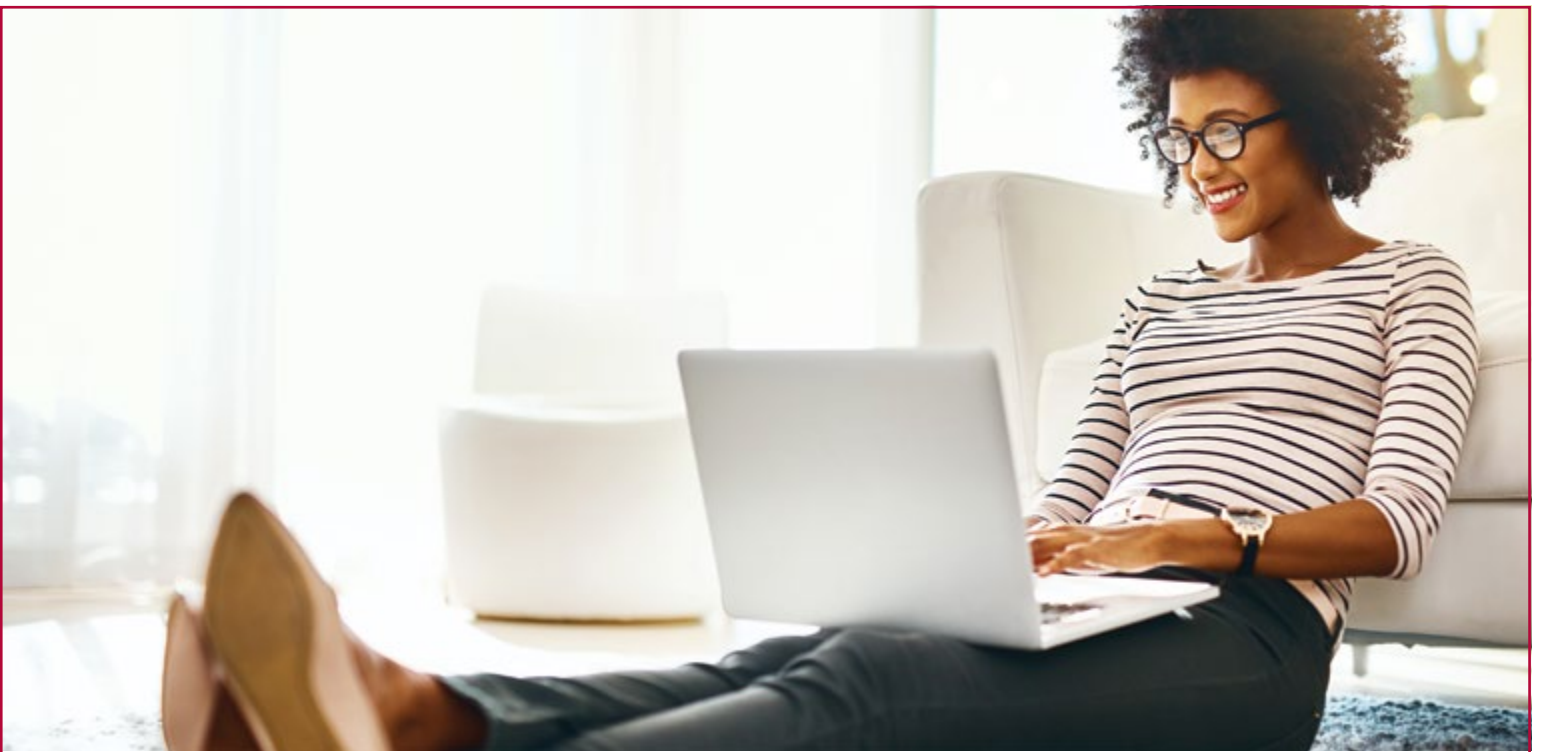
For example, if your mother had breast cancer at age 45, then you need to be checked and screened at age 35. Saint Alphonus offers a wide range of advanced breast screening mammographies, such as 2D and 3D imaging and diagnostic ultrasound.

3D mammography is similar to a 2D mammogram, but the 3D mammogram shows the breast in thin layers - which allows breast tissue to be seen more clearly. 3D mammography increases our ability to find cancer by 29%. No referral is needed, and the screening is covered by most insurances.

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### Risk factors you can Change

- Postmenopausal obesity
- Use of combined estrogen and progestin menopausal hormones
- Alcohol consumption
- Physical inactivity
- Some environmental exposures

### Risk factors you cannot change

- **Gender** — Simply being a woman is the main risk factor for developing breast cancer.
- **Aging** — Your risk of developing breast cancer increases as you get older.
- **Genetic risk factors** — About 5% to 10% of breast cancer cases are thought to be hereditary. The most common hereditary breast cancer genes are BRCA1 and BRCA2.

### Conditions that increase your risk

The exact causes of breast cancer are unknown. Research has shown that the following conditions increase a woman's chances of developing breast cancer:

- **Personal history** — Women who have had breast cancer face an increased risk of developing breast cancer again.
- **Family history** — The risk for developing breast cancer increases if family members have had breast cancer, especially at a young age.
- **Certain breast changes** — A diagnosis of atypical hyperplasia or lobular carcinoma in situ (LCIS) may increase a woman's risk for getting breast cancer.
- **Genetic mutation** — Changes in certain genes increase a woman's risk of developing breast cancer.
- **Breast density** — Breasts that have a more lobular and ductal tissue appear dense on mammograms. Breast cancer develops more in lobular or ductal tissue (not fatty tissue).
- **Radiation therapy** — Women whose breasts have been exposed to radiation during radiation therapy before age 30.

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# Lower your risk.



## How can I lower my risk for breast cancer?



Know your family history



Maintain healthy body weight



Get routine exercise



Perform monthly self-exam



Schedule yearly mammogram  
at (208) 367-8787



Talk to your provider

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## High Risk and Genetic Counseling.

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If you have a family history of breast cancer, you may be at higher risk for developing breast cancer yourself. Having a conversation with a certified genetic counselor can help you understand and measure your risk, while offering medical management education and information to help you make the best decisions for your health.

### What Is Hereditary Cancer?

Some families have cancers that show up time and again; such as breast and ovarian cancer. For these individuals and their families, genetic risk assessment for hereditary cancer can be beneficial in assisting them with an individualized medical management plan for prevention and early detection of such cancers.

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### **Nurse Navigators**

A Saint Alphonus Breast Care Nurse can help answer questions about breast health and breast issues, find accurate information related to your breast concerns, and answer questions about procedures at the Saint Alphonus Breast Care Center.

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### Who may benefit from a high risk program?

Individuals who have one or more of the following indications could benefit from the High Risk Program:

- Multiple relatives on the same side of the family with the same cancer or related cancers
- Prior history of breast or ovarian cancer
- Personal or family member with cancer diagnosis before the age of 50
- More than one cancer diagnosis in the same individual
- Male relative with breast cancer
- Atypical cells detected during a biopsy of the breast
- Ashkenazi Jewish (Eastern European) ancestry
- Has had positive test for a known breast cancer gene mutation such as BRCA1 or BRCA2 (in self or family member)

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# Best options for you.



**Along with your genetic counselor, a Breast Panel of multidisciplinary physicians and experts** will help you with decisions based on your genetic test findings. They will determine what ongoing breast cancer surveillance or preventative interventions may be the best options or considerations for you.

During your consultation, a genetic counselor will discuss any genetic predispositions you or your family members may have and ask you specific questions about your personal and family medical history.

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## Second opinion

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A diagnosis can change everything. So can a second opinion. If you've been given a cancer diagnosis, an expert second opinion helps you explore all of your options. We offer quick and convenient access to a second opinion consultation with our physicians, who give consultative review of your imaging findings and/or biopsy results. No physician referral is necessary, and it's covered by most major insurance plans.

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# Other breast conditions

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There are many other breast conditions that are important to know about, including:

- 1 Gynecomastia:** Gynecomastia is a non-cancerous development of normal glandular tissue in the male breast. If great enough, it can appear as a clinically palpable abnormality or a visual enlargement of the breast, and can physically induce breast/nipple pain or tenderness. The percentage of adult males with gynecomastia increases with advancing age, with the highest prevalence found in the 50-80 year age range.
- 2 Asymmetry:** Asymmetry is found during a mammogram when an area of density is seen in one breast and not the other. Our breasts are like our hands; they should look and feel similar. They should also have the same tissue pattern on a mammogram. This means that your breast are symmetrical. If there is an area in one breast that does not appear in the opposite breast, it is asymmetrical. Asymmetric densities occur in about 5-10% of women, and need to be further evaluated with additional mammography films and sometimes ultrasound.
- 3 Calcifications:** Calcifications are deposits of calcium with the breast, typically the size of a grain of sand. Because of their size, they cannot be felt. Calcifications are found on a mammogram or ultrasound, and are usually associated with a fibrocystic condition, but they can be seen in other benign conditions as well. Occasionally they are associated with tiny breast cancers.
- 4 Cysts:** Cysts are fluid-filled sacs that occur commonly in the breast. They are usually oval or round and vary in size. They are formed when ducts become blocked and fluid becomes trapped. Breast cysts are extremely common, with some women developing many and others producing one or a few. Cysts are non-cancerous.
- 5 Fat necrosis:** Fat necrosis is common following injury or trauma to the breast. It often occurs with seat belt injuries, breast surgery or radiation therapy. After injury, as the tissue attempts to heal, it can be replaced with scar tissue. It commonly develops unnoticed by the patient and appears on a mammogram as a new change. However, on occasion, it can present as a palpable (something felt) lump. It is usually painless; and the skin around it may look red, bruised, dimpled or thickened.

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**6** **Breast Fibroadenoma:** A breast fibroadenoma is a benign (non-cancerous) solid lump of tissue. They usually occur in women between 20-30 years of age, however can occur in women of any age. According to the American Cancer Society, African-American women are affected with fibroadenomas more often than women of other racial or ethnic groups. Fibroadenomas are not cancerous, nor do they increase risk of breast cancer.

**7** **Mastitis:** Mastitis is an inflammation or infection of the breast. It is most commonly caused from breastfeeding; however, it can occur in all women at any time. Mastitis generally develops in breastfeeding women when the breast is not fully emptied of milk. If bacteria enters the breast through an opening in the nipple or a break in the skin, the breast tissue becomes infected.

**It is important to be aware of any breast changes and report those to your primary care physician. Remember, monthly breast self-examination and yearly mammograms are our best defense against breast cancer.**

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**Saint Alphonsus offers the latest in breast health technology, treatment, and support services** supported by a collaborative team of breast health experts that treat you with compassion and respect. Our capabilities include:

- State-of-the-art 2D & 3D Screening and diagnostic mammography
- Second opinion consultations
- Diagnostic ultrasound
- High-risk assessment clinic
- Genetic counseling
- High-precision 2D & 3D Stereotactic breast biopsy
- Ultrasound-guided breast biopsy and fine-needle aspiration
- Mobile mammography services
- Brachytherapy seven-day breast cancer treatment
- Pre-op lesion localizations
- Multidisciplinary physician team for treatment planning
- Co-located breast and reconstructive surgeons
- Immediate or delayed breast reconstruction
- Lymphedema therapy
- Education and counseling on prevention, diagnosis, and treatments
- Breast care navigators for guidance in coordinating care, scheduling appointments, providing education, and connecting resources

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## Appointment Schedule

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MAMMOGRAM DATE \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

RESCHEDULE DATE \_\_\_\_\_

To learn more or to schedule your mammogram, visit call **(208) 367-8787**

## Locations

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6200 W. Emerald, Boise, ID  
(208) 367-8787

325 SW 9th St., Ontario, OR  
(541) 881-7474

323 E. Riverside Dr., Suite 132, Eagle, ID  
(208) 367-8787

325 Pocahontas Rd., Baker City, OR  
(541) 523-8137

4400 E. Flamingo Ave., Nampa, ID  
(208) 367-8787



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