Breast and Ovarian Cancer
Screening and detection

The best time to find breast or ovarian cancer is early when treatment is easiest and most successful. Your best chance of early detection is to learn to recognize symptoms and to have the screening exams suggested for your level of risk.

Breast Cancer Screening and Detection

Breast self-exam (BSE) performed every month is something any woman, at any level of risk, can do for herself. By learning to check for lumps, thickenings, skin dimpling, and other changes in your own breasts, you can detect early changes that may need further checking. It is good to know that most breast lumps are benign and not harmful, but all changes deserve to be checked carefully.

For most women, clinical breast exams performed by a trained professional are recommended every year. Also, the American Cancer Society recommends a mammogram every year from age 40.

Ultrasound and/or magnetic resonance imaging (MRI) are sometimes used to check lumps or abnormal mammograms. Ultrasound and MRI have not been proven effective for routine breast cancer screening. Screening with ultrasound or MRI should be done as part of a carefully controlled research trial that can tell us more about the best use of these techniques.

Women whose risk is higher than ordinary may have annual mammograms recommended at an earlier age and clinical breast exams every 6 months. Women at higher than usual risk may include those with several female blood relatives who had breast cancer before age 50 or who had ovarian cancer, who have a male relative with breast cancer, or who have had certain breast disorders. Talk with your health care provider to find out more about your risk of breast cancer.

Women who know they carry the BRCA1 or BRCA2 gene mutation may be advised to have clinical breast exams and an annual mammogram starting at age 25 to 32.
MRI for breast cancer screening of women at high risk of developing breast cancer is being tested in several locations, including the University of Washington. See “Other Resources” on the last page of this handout for information about this study.

**Ovarian Cancer Screening and Detection**

Ovarian cancer is not as common as breast cancer, and regular screening for ovarian cancer is not recommended except for women at unusually high risk. Women with family members who have had ovarian cancer may be at higher risk, but only about 1 in 10 women with ovarian cancer has a family history of the disease.

All women can become aware of symptoms, which **MAY** indicate cancer of the ovary. The symptoms listed below have all been reported by women diagnosed with ovarian cancer. These often indicate other, more benign conditions but if any of these symptoms persist for more than a week or so, it is well to find out the cause.

**Possible symptoms of ovarian cancer:**
- Abdominal swelling, discomfort, or pain
- Indigestion or loss of appetite; feeling full after a few bites of food
- Constipation or diarrhea
- Unusual fatigue
- Unusual shortness of breath with activity or at rest
- Back pain
- Frequent, difficult, or painful urination
- Unplanned weight gain or loss
- Changes in menstrual pattern or flow, cramps, or unusual vaginal discharge
- Abdominal mass(es)

Acting on an awareness of what is normal for your body can improve your health, and it could save your life. Tell your health care provider if the symptoms listed above persist.

Screening tests for ovarian cancer are being developed and tested, but none has yet been proven effective. For now, biannual pelvic exams are generally recommended every 1 to 3 years for women under 40 and yearly thereafter. (Pap smears, which screen for cervical cancer, are also recommended at those intervals.)

Women with many family members with breast, ovarian, or colorectal cancer, especially at young ages, should talk with a health care provider to assess their risk of ovarian cancer. Women who are at high
risk may have regular screening recommended. In addition to pelvic exams, blood tests for tumor markers such as CA125, and transvaginal ultrasonography (TVS) may be suggested. It is not yet known if these screening practices are effective in catching ovarian cancer early, but they may be helpful.

For women who know they carry the BRCA1 or BRCA2 mutation, screening with a gynecological exam and CA125 is recommended every 6 months, in addition to annual transvaginal ultrasound, starting at ages 25 to 35.

**Early Detection Is Best**

By doing regular breast self-exams, being aware of symptoms of breast and ovarian cancer, and following an exam schedule tailored to your situation, you give yourself the best possible chance of catching breast or ovarian cancer at the best time – early.

**Community Resources**

The High-Risk Breast and Ovarian Cancer Genetics Support Group is led by a psychologist and a genetic counselor. The group is for people who have a known genetic risk of breast or ovarian cancer and for patients with breast cancer with genetic factors. It meets the 2nd Tuesday of each month from 6 to 8 p.m. at the Team Survivor NW office, 200 N. Pacific St. #101, Seattle, WA 98195. Contact: Ksenia Peters Koon, 206-667-7282, kpeters@fhcrc.org.

**Breast Cancer Support Groups:**

The Recurrent/Advanced Breast Cancer Support Group, led by oncology social workers, is a support group for people who have a recurrence of breast cancer or advanced breast cancer disease. Contact: Siobhan Ginnane, 206-598-4527, sginnane@u.washington.edu.

The Breast Cancer Support Group provides support to women with an initial diagnosis of breast cancer. With open discussion led by specialists, strategies are taught that support quality of life skills to better face the challenges of breast cancer diagnosis and treatment. Contact: Leslie Sullivan, 206-221-2350, sullivan@u.washington.edu.

**Other Resources:**

MRI Screening Study for Women at High Risk for Breast Cancer: 206-288-2045

Screening Study for Women at High Risk for Ovarian Cancer: 206-215-6200

UW Breast Care and Cancer Research Center Web site: www.uwbreastcare.org