

HOW MUCH DO YOU KNOW ABOUT BREAST CANCER?

Breast cancer is the most common cancer in women, affecting an estimated 1.5 million women around the world each year. It is also a leading cause of cancer-related death in women.¹ So knowledge is power. Take this quiz to see how much you know.

- 1. Mammography is a type of:**
 - a. Radiation therapy to treat breast cancer
 - b. MRI
 - c. Ultrasound
 - d. X-ray
- 2. Screening mammograms:**
 - a. Can prevent breast cancer
 - b. Can find breast cancer when it's easiest to treat
 - c. Are rarely covered by insurance
 - d. Are recommended beginning at age 35
- 3. Most women who get called back after a screening mammogram have cancer.**
 - a. True
 - b. False
- 4. Most breast cancers are caused by:**
 - a. Mutations in the BRCA 1 or BRCA 2 genes
 - b. Smoking
 - c. We don't know what causes most breast cancers
 - d. Environmental factors
- 5. Your risk of breast cancer is higher if you:**
 - a. Smoke
 - b. Had two or more children
 - c. Drink more than one alcoholic drink a day
 - d. Don't get screening mammograms
- 6. You are more likely to die of breast cancer if you are:**
 - a. White
 - b. Black
 - c. Asian
 - d. Hispanic
- 7. Most breast lumps are cancerous.**
 - a. True
 - b. False
- 8. Most women with early stage breast cancer will not need chemotherapy.**
 - a. True
 - b. False
- 9. Women are very good about getting screening mammograms as recommended.**
 - a. True
 - b. False
- 10. The main reason women skip their mammogram is:**
 - a. Cost
 - b. Pain
 - c. Forgetting
 - d. Inconvenience

ANSWERS

- 1. D.** Mammography is an x-ray of the breast. Today, most are done digitally, which provides clearer images that can be manipulated for better clarity and stored as a computer file.
- 2. B.** Screening mammograms can find early stage cancers when they are most treatable. Most guidelines recommend beginning regular mammograms in your 40s or 50s.
- 3. False.** About 10 in 100 women who receive a digital screening mammogram will be called back for another look (the number may be lower with three-dimensional digital breast tomosynthesis, a newer form of mammogram).^{2,3} Of those, six will have a false positive, meaning the doctor *thought* there was something on the scan but it turns out to be nothing.³
- 4. C.** To date, only about 5 to 10 percent of women with breast cancer have a hereditary form related to genetic mutations.⁴
- 5. C.** Your risk of breast cancer increases with the amount of alcohol you drink. Two to three drinks a day increases your risk about 20 percent compared to women who don't drink.⁵
- 6. B.** African-American women are less likely to get breast cancer but more likely to die from it. We don't know why, but it could be related to biological differences between white and black women; the fact that black women tend to be diagnosed with more aggressive cancers and at an earlier age; differences in body weight; lack of health insurance; and being diagnosed at a later stage.⁶
- 7. False.** Most breast lumps turn out to be benign. However, if you do have a benign breast lump, you may have a higher risk of developing breast cancer in your lifetime.⁷
- 8. True.** A recent study found that 70 percent of women with early stage hormone receptor-positive, HER2-negative breast cancer that had not spread into the lymph nodes do not need chemotherapy after surgery.⁸
- 9. False.** Unfortunately, nearly half of all women miss at least one recommended mammogram; 30 percent of those 50 and older.⁸
- 10. B.** Nearly half of women skip their regular mammogram because the first one hurt too much.⁹

1. World Health Organization. Breast Cancer. Available at: <http://www.who.int/cancer/prevention/diagnosis-screening/breast-cancer/en/>

2. Pattacini P, Nitrosi A, Rossi PG, et al. Digital Mammography versus Digital Mammography Plus Tomosynthesis for Breast Cancer Screening: The Reggio Emilia Tomosynthesis Randomized Trial. *Radiology*. 2018;172:119.

3. American College of Radiology. This is What Happens When 100 Women Get a Mammogram. <https://www.acr.org/-/media/ACR/Images/Clinical-Resources/Breast-Imaging-Resources/MammographyScreeningFacts.jpg>. Accessed June 5, 2018.

4. Altobelli E, Lattanzi A. Breast cancer in European Union: an update of screening programmes as of March 2014 (review). *Int J Oncol*. 2014;45(5):1785-1792.

5. American Cancer Society. Lifestyle-related Breast Cancer Risk Factors. Available at: <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html>.

6. Yedjou CG, Tchounwou PB, Payton M, et al. Assessing the Racial and Ethnic Disparities in Breast Cancer Mortality in the United States. *Int J Environ Res Public Health*. 2017;14(5).

7. Hartmann LC, Sellers TA, Frost MH, et al. Benign breast disease and the risk of breast cancer. *N Engl J Med*. 2005 Jul 21;353(3):229-37.

8. Sparano JA, et al. TAILORx: Phase III trial of chemoendocrine therapy versus endocrine therapy alone in hormone receptor-positive, HER2-negative, node-negative breast cancer and an intermediate prognosis 21-gene recurrence score. Presented at: American Society of Clinical Oncology annual meeting. Chicago, IL: 2018.

9. Elwood M, McNoe B, Smith T, Bandaranayake M, Doyle TC. Once is enough--why some women do not continue to participate in a breast cancer screening programme. *N Z Med J*. 1998;111(1066):180-183.