About 1 in 8 women in the United States will develop invasive breast cancer over the course of their lifetime. That's an alarming statistic, but there are steps you can take to protect yourself.

Our physicians put together this guide to arm you with knowledge about breast cancer prevention, diagnosis, treatment, and rehabilitation. It's your right to be educated about your condition, and it's our job to share as much knowledge as we can.

Prevention and Detection

Early detection is the No. 1 way to decrease your chance of dying from breast cancer. There is no perfect way to prevent breast cancer, but some risk factors can be controlled:

- **Breast cancer screening:** Screening mammograms are the number one thing women can do to reduce their chances of dying from breast cancer. In October 2015, the American Cancer Society (ACS) updated their recommendations for annual screening mammograms. The ACS recommends that women ages 45 to 54 who are at average risk of developing breast cancer get an annual mammogram, then every other year after age 54 for as long as they remain healthy and are expected to live another 10 years. Some women with certain risk factors may need to be screened earlier and more frequently. Talk with your physician to find out how often you should get a mammogram based on your age and your unique health risks.

- **Become familiar with your breasts:** Breast self-exams have not been shown to reduce deaths from cancer. However, it’s a good idea to know what your breast tissue feels like so you can tell if a lump appears.

- **Drink alcohol in moderation:** Women who drink two or more alcoholic beverages per day are at increased risk for breast cancer. Some alcohol (fewer than two drinks per day) may be good for your heart, but there’s no need to start drinking for that purpose.

- **Exercise most days of the week:** Exercise helps you avoid obesity, which has been linked to breast cancer. Aim for 30 minutes of physical activity five days per week.

Unfortunately, some risk factors for breast cancer cannot be controlled. These risk factors include:

- **Dense breasts:** Women who have dense breasts appear to have an elevated risk for breast cancer. It is harder to detect breast cancer in women who have dense breasts.

- **Genetics:** Breast cancer can be inherited from your father or your mother. The BRCA1 and BRCA2 genes are the most common hereditary breast cancer genes, but many genes have been associated with an increased risk.

- **Ethnicity:** Caucasian women generally have a slightly higher risk of developing breast cancer. Women of eastern European Jewish ancestry are at increased risk to have a BRCA gene mutation.

- **Menstrual periods and menopause:** Women who get their periods at age 11 or younger, and women who go through menopause at age 55 or older, are more likely to develop breast cancer. More menstrual cycles exposes the body to more hormones.

Having one or more risk factors does not mean you definitely will get cancer. But if you have any of them, be sure to tell your doctor right away.
**If You Are Diagnosed**

We know it’s easier said than done, but try to not panic if you are diagnosed with breast cancer. The vast majority of patients can spare a week or two to do some research about treatment options and, most importantly, ask for a second opinion.

During this investigatory phase, ask your doctor these questions:

- Can you help me understand why I got breast cancer?
- Is it hereditary?
- What treatment options are available to me?
- What’s your comfort level with treating cancer like mine?

The way we work is very fluid – our oncologists and cardiologists work together to ensure patients get the most effective treatment while protecting your heart from chemotherapy and radiation side effects. Our gynecologists partner with geneticists to determine if there is a genetic link and the risk of future cancers, like ovarian cancer. We all work together to provide the level of care you’d expect from a National Cancer Institute-designated Comprehensive Cancer Center.

**Treatment Options**

Not all women are the same – likewise, not all breast cancers can be treated the same way. We’ll take the time to answer all your questions, no matter how “silly” you think they are.

There currently is no cure for cancer, but advanced treatment options are improving outcomes for breast cancer patients every day. The most common surgical treatment options are lumpectomy (removing the affected area of the breast), total mastectomy (removing one breast), and bilateral total mastectomy (removing both breasts).

Radiation therapy and chemotherapy are often used in conjunction with surgery. There are many other forms of treatment, too, including hormone therapy and targeted therapy. It all depends on your body, your cancer, and your stage at diagnosis.

**Living Beyond Cancer**

We understand that your breast cancer journey doesn’t end with your last treatment. For many women, that’s when the real battle begins. Breast cancer survivors are often left with scars, both physical and emotional, that can be hard to understand for someone who hasn’t been there.

It’s OK to feel scared, unsure, and overwhelmed. Your body’s been through a warzone. Your nutrition needs a boost, and you and your loved ones could use a shoulder to lean on. That glowing SURVIVOR feeling doesn’t happen all at once – sometimes, it takes additional procedures, or just someone to talk to, to help you feel more like yourself.

There are many options for breast reconstruction after cancer. Complete reconstruction and wearable inserts are common choices, but it’s entirely your call – some women are comfortable without reconstruction. After surviving cancer, you deserve a choice. It’s your body – you get to decide what to see when you look in the mirror.

You are your best advocate for your cancer care. You know your body – you know what does and doesn’t feel right. Join us in our movement to Call Out Cancer, Talk to your doctor about prevention, treatment, and survivorship – together, we will help you achieve the most positive outcome for your breast cancer.