Monthly Breast Self Exam

Lie down: Lie down and place your right arm behind your head. The exam is done while lying down, not standing up. This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it easier to feel all the breast tissue.

Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue. Repeat the exam on your left breast, using the finger pads of the right hand.

In front of a mirror: While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any changes of size, shape, contour, dimpling, redness or scaliness of the nipple or breast skin. (The pressing down on the hips position contracts the chest wall muscles and enhances any breast changes.)

Standing up: Examine each underarm while sitting up or standing and with your arm only slightly raised so you can easily feel in this area. Raising your arm straight up tightens the tissue in this area, making it difficult to examine. Use 3 different levels of pressure to feel all the breast tissue. Light pressure is needed to feel the tissue closest to the skin; medium pressure to feel a little deeper; and firm pressure to feel the tissue closest to the chest and ribs. It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you’re not sure how hard to press, talk with your doctor or nurse. Use each pressure level to feel the breast tissue before moving on to the next spot.

Move around the breast in an up and down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).

Sisters Network® Inc. Breast Cancer Assistance Program (BCAP)

Sisters Network® Inc. National Breast Cancer Assistance Program (BCAP) was established in 2006 to provide financial help to Breast Cancer Survivors.

Guidelines for Survivors:
The Breast Cancer Assistance Program (BCAP) will provide financial assistance to breast cancer survivors currently in treatment (surgery, chemotherapy and radiation). BCAP will cover the following:

• Utilities (gas, electric, water)
• Rent/Mortgage
• Medical accessories (prosthesis, medical bras and compression arm sleeves)

Assistance for Non-Survivors:
Mammograms and ultrasounds are provided for individuals facing financial challenges who are not breast cancer survivors.

Donation

To make a donation, visit www.sistersnetworkinc.org to help in the fight against breast cancer.

National Headquarters
9668 Westheimer Rd., Ste 200-132,
Houston TX 77063
T: 713.781.0255
866.781.1808 toll free
infonet@sistersnetworkinc.org

A NATIONAL AFRICAN AMERICAN BREAST CANCER SURVIVORSHIP ORGANIZATION
**African American Breast Cancer Facts**

- In 2017, an estimated 252,710 new cases of invasive breast cancer will be diagnosed among women and 2,470 cases will be diagnosed in men. In addition, 63,410 cases of in situ breast carcinoma will be diagnosed among women. Approximately 40,610 women and 460 men are expected to die from breast cancer in 2017.**

- Breast cancer is the most common cancer among African American women and the second leading cause of cancer deaths among this ethnic group, surpassed only by lung cancer.

- African American women’s five-year survival rate of breast cancer is 83%, compared to white women’s rate of 92%. **

- The racial disparity in survival reflects later stage at diagnosis and poorer stage-specific survival in black women as well as higher rates of more aggressive, triple negative breast cancer.

- The incidence of breast cancer among women under 45 is higher for African American women compared to white women; however, the risk of breast cancer for all women increases with age.

- African American women have the lowest cause-specific survival rate of any racial or ethnic group, indicating that they have the greatest probability of dying of breast cancer. *

- African American women are more likely to be diagnosed with larger tumors and more advanced stages of breast cancer despite a lower incidence rate.

- The risk of breast cancer for all women increases with age.

**American Cancer Society, Cancer Facts and Figures 2017-2018**

**Triple Negative**

Triple Negative breast cancers are usually more aggressive, harder to treat, and more likely to come back (recur) than cancers that are hormone-receptor-positive or HER2-positive. Thirty-percent of breast cancers diagnosed in African American women were triple negative. *

- Triple-negative breast cancer is:
  - Estrogen-receptor-negative
  - Progesterone-receptor-negative
  - HER2-negative

Breast cancers with these characteristics tend to occur more often in younger women and in African American women. They also tend to grow and spread more quickly than most other types of breast cancer. Because the tumor cells lack these receptors, neither hormone therapy nor drugs that target HER2 are effective against these cancers (although chemotherapy may be useful if needed). Triple Negative breast cancer can also be highly aggressive in younger African American women (pre-menopausal). **

* Breastcancer.org
** American Cancer Society

It is important to know that risk of breast cancer for all women increases with age. Early detection is very important for African American women.

**Risk Factors**

- Gender
- Aging
- Genetic
- Family history
- Personal history
- Race and ethnicity
- Dense breast tissue
- Certain benign breast conditions
- Hormone therapy after menopause
- Alcohol
- Being overweight or obese
- Absence of physical activity

**Early Detection Guidelines**

**Mammogram:** Women 40 years and older should have a screening mammogram every year. If your mother or sister has had breast cancer, you may need to get a mammogram earlier and more frequently.

**Clinical Breast Exam:** Women between 20 and 39 years old should have clinical breast exam by a healthcare professional at least once every three years. Women ages 40 and older should have a clinical breast exam every year.

**Monthly Breast Self-Exam (BSE):** Women 20 years and older should do a monthly breast self-exam.

**Ultrasound:** An ultrasound is used to determine if a lump is a solid mass or a fluid-filled cyst. Clinicians use ultrasound to help determine if a lump is normal or abnormal.

**Breast Magnetic Resonance Imaging (MRI):** Magnetic Resonance Imaging (MRI), uses magnetic fields instead of x-rays to create a picture. A MRI produces clearer images of your breast to help detect abnormalities.

**Signs & Symptoms**

- Because mammograms do not find every breast cancer, it is important for you to be aware of changes in your breasts and to know the signs and symptoms of breast cancer.
- Breast cancer lumps vary and may be hard or soft and have rounded or uneven edges
- Swelling of all or part of the breast (even if no distinct lump is felt)
- Skin irritation or dimpling
- Nipple retraction (turning inward)
- Redness or scaliness of the nipple or breast skin
- Nipple discharge (other than breast milk)
- A lump or swelling in the underarm area

Source: Cancer.org 2018