

FYI

Health Watch: Cancer Awareness

BY CHERYL CASH
Staff Writer

Are women 40 and under at a higher risk of undetected breast cancer? A 3-day government sponsored conference was held at the National Institutes of Health; The 12-member panel, which consisted of doctors, scientists and women's health advocates, headed by Dr. Leon Gordis of Johns Hopkins University School of Hygiene and Public Health, was unable to come to an agreement on when mammogram screening should start.

The NIH ruled against recommending routine mammogram screening for breast cancer for women in their 40s, wrote Susan Okie, Staff Writer for the Washington Post. Okie wrote that the NIH panel concluded not to recommend routine mammograms for women in their 40s, because the latest scientific evidence on whether the X-ray test prevents breast cancer deaths is not strong enough to justify such advice. Mammography does not detect small cancers in women, especially younger women who have denser breast tissue, and it does not guarantee that a woman will not develop a cancer after being tested.

On January 23, 1997 the NIH panel members concluded: "the available data does not warrant a single recommendation for mammography for all women in their 40s. Each woman should decide for herself whether to undergo mammography."

The NIH panel argued/noted several issues concerning their decision. They calculated that "2,500 women in their 40s would need to undergo regular mammograms to prolong the life of one woman diagnosed with breast cancer, while the other 2,499 would not benefit from the testing. They also found that 10 percent of the mammograms would be

read as abnormal leading to additional tests and in some cases to biopsies or surgery."

However, strong opposition against the NIH panels recommendations were held by several attending the conference. "I do fear that this document is tantamount to a death sentence for thousands of women," said Dr. Michael Livner, a New Mexico radiologist.

One fourth of invasive breast cancer, cancer that has spread from inside the breast duct or lobule to invade other parts of the breast, in women in their 40s are not detected by mammography. The accuracy of detecting "invasive" breast cancer in women in their forties is lower than detection of cancers in women in their 50s. The reasons which are multi-faceted include: studies have been too small to advance the theory that cancer which strikes younger women is more aggressive and harder to treat; and the social-economic status of women who are unable to obtain health insurance which will pay for a mammograph, mostly African-American and Hispanic women.

NIH panelist said, "Having a normal mammogram might falsely reassure a woman with cancer causing her to ignore a breast lump or delay treatment."

Other concerns of the NIH panel was the possibility of radiation from mammograms being harmful to younger women. William E. Mitchell, M.D., a general surgeon at Piedmont Hospital in Atlanta, stated that "Mammograms should not be done on women under age 30 because the younger you are, the more vulnerable your breast is to radiation (the breast tissue has more density)."

African -American women in their 40s have the same incidence of breast

cancer as white women, but at a 50 percent greater mortality. Research shows that white women annually have mammograms. Why aren't Black and Hispanic women?

Dr. Patricia Zekan at Winston-Salem Health Care said, "The black community has not had as good screening as the rest of America. The American Cancer Society is trying to work out programs for high risk groups, to inform them and help provide easier access to screening facilities."

In a 1992 National Health Interview Survey, several reasons were given why Black and Hispanic women do not have annual mammograms. Some of the reasons included 1) Misconception that, without symptoms, there is no need to get screened; 2) Lack of physician recommendation; 3) Cost and/or lack of health insurance; 4) Lack of access to mammography facilities. The study also indicates that fear of cancer detection and language barriers may also exist.

Velma Couch, coordinator of Henry General Breast Cancer said "people say we've educated to death but if we've educated, why do we have only about 40 percent of the women complying with the American Cancer Society's recommendations?"

According to information released from the Breast Health Center at Piedmont Hospital, in Atlanta, 90 percent of all breast cancer lumps (cancerous and non-cancerous) are discovered by women themselves. Possible signs that women should look for are changes in breast such as lumps, skin dimpling, nipple discharge, thickening, swelling, skin irritations, distortions, retraction, scaliness, pain or tenderness of the nipple. Breast self-examination seems to be the best solution for all women.

Is this confusing to women? Probably yes because, The American Cancer Society on March 27, 1997, responded to the National Cancer Institute recommendation on screening mammography by saying that they "accept the recommendations of the National Cancer Advisory Board on screening mammography, and as a result will recommend that women in their 40s should be screened every one to two years; women aged 50 and older should be screened every one to two years; and women who are at higher than average risk of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and the frequency of screening."

The American Cancer Society's data shows that "the number of breast cancer cases in women ages 20-39 has been essentially stable over the past 10 years." The most significant increase has been for women over 50.

Several factors increase breast cancer risk in younger women such as 1) family history - if a mother, daughter or sister has been diagnosed, b) Pregnancy in women who have children after the age of 30 or who have no children, c) menstrual history for women who begin menstruating before age 12 or completed menopause after 55, d) oral contraceptives, e) alcohol increased the risk of cancer for women who drink one to two drinks or more a day, f) Atypical Hyperplasia which is a type of non-cancerous breast disease characterized by a growth of abnormal cells within the ducts and, g) being 40 percent overweight. The risk is higher in pre-menopausal women with a biopsy-confirmed diagnoses are at increased risk for developing invasive breast cancer.

Black Men Have Highest Rate of Prostate Cancer

BY JERMEL WIGGINS
Sports Writer

Many African-American men today are affected by a disease that is being overlooked by many African-American people in their communities. The disease is prostate cancer and studies show that African-American men have the highest rate of prostate cancer in the world.

According to a study in the *New England Journal of Medicine* about 41,000 Americans of all races die from prostate cancer each year. African American men tend to develop prostate cancer at an earlier age than men of other races.

Statistics also show that 1 out of 9 Black men will develop prostate cancer. Prostate cancer is the most common cancer among men and the second cause of cancer death in the United States. Prostate cancer cannot be prevented, however; if the disease is detected early, treatment can be more successful.

The prostate is the sex organ located at the base of the male urinary gland. Prostate cancer is a disease in which cancerous cells compress and destroy normal body tissue. These cancerous cells can also break away from one tumor in the prostate and spread or travel to other parts of the body where they form more tumors. After spreading, prostate cancer can affect a man's bladder, lungs, liver and bones such as the pelvic bone

and lower spine.

Symptoms of prostate cancer include back pain, hip pain, frequent or weak urination and blood in the urine. Many times prostate cancer is discovered during a routine examination, when no symptoms are present. It is recommended that men over the age of 40 have a rectal exam when they have their yearly physical. Doctors usually advise therapy based on the stage of the disease and characteristics of the cells. Treatment for cancer that has spread depends on the site of the first tumor as well as the site of the secondary tumors. The cure rate is very high and the disease can also be treated with hormone therapy.