

Myths and Realities

Myth: You only get breast cancer if you have a family history.

Reality: Eighty percent to 85 percent of women with breast cancer have no family history of the disease.

Myth: I'm too young to worry about breast cancer.

Reality: Breast cancer can affect women of any age. The disease is more common in post-menopausal women, but 25 percent of women with breast cancer are younger than 50.

Myth: If I'm diagnosed with breast cancer, it means I'm going to die.

Reality: Doctors are doing quite well at treating breast cancer, with 10-year survival rates currently at 85 percent to 90 percent. When caught early, up to 98 percent of women survive at least five years.

Myth: I've made it five years as a survivor, so my breast cancer won't return.

Reality: Breast cancer can reoccur at any time, although it is more likely to happen within the first five to 10 years: 75 percent of women who will get a recurrence see it within six years, and 25 percent reoccur in the 10 years after that.

Myth: Chemotherapy will make me nauseated, and I will be vomiting all the time.

Reality: Chemotherapy does cause nausea and vomiting. But in the past 10 years, new drugs have become available that can almost completely control nausea, and very few people have persistent nausea and vomiting from chemotherapy.

Myth: If I have a breast lump, it's cancer.

Reality: Most breast lumps felt are not cancer. They could be cysts or a benign condition called fibrocystic changes or fibroadenoma. But all lumps should be checked thoroughly.

Myth: Herbal remedies and dietary supplements can help treat breast cancer.

Reality: No herbal remedy, dietary supplement or alternative therapy has been scientifically proven to treat breast cancer.

Myth: I eat a healthy diet, which will make me immune to breast cancer.

Reality: Diet does play a role in cancer development, but not by itself. No one food or vitamin will prevent breast cancer. Eat a healthy, balanced diet and strive to get a variety of nutrients.

Myth: My mammogram was normal, so I don't have to worry about breast cancer.

Reality: While mammography does catch the vast majority of breast cancers, it is only one screening tool. Women should also have a breast exam done by their health care provider each year.

Myth: I was called back for "extra views" after my mammogram. That must mean I have cancer.

Reality: Extra views may be necessary because there's a shadow on the image. A mass may turn out to be a benign cyst.

Myth: Mammograms are painful. Is it comfortable?

Reality: No. But it doesn't need to be excruciatingly painful, and most women will say it's not. Pre-menopausal women should schedule their exam for the first two weeks of their menstrual cycle, when their breasts are less tender. If you find mammograms are painful, talk to the technologist performing it. The amount of compression used can vary, so the technologist can ease up on the squishing if it's unbearable.

Myth: If I have a breast biopsy, the surgeon might continue during that operation to remove my entire breast without telling me.

Reality: Before the biopsy operation, you will sign an informed consent form that explains exactly what procedure will be performed. Many years ago, surgeons would remove a suspicious mass, biopsy it on the spot and proceed to mastectomy if it showed signs of cancer. Today, it does not happen that way.

Myth: My breast lump is painful, so it must not be cancer since cancerous lumps are supposed to be painless.

Reality: Generally breast cancers are painless, but pain alone cannot rule out cancer.

Myth: If cancer is exposed to air during surgery, it will spread.

Reality: Surgery will not cause the cancer to spread.

Myth: Radiation therapy is dangerous and will burn my heart, ribs and lungs.

Reality: Current radiation techniques are safe and effective for treating breast cancer, with few complications. Methods used today minimize exposure to the heart, ribs and lungs.

Myth: Participating in a clinical trial is fine for others but not for me.

Reality: Clinical research can offer high-quality care for everyone. In all clinical trials, the minimum any woman would receive is standard treatment. In some trials, participants receive standard treatment plus a new approach, such as a new drug or a new way to use an old drug.

