



## Breast Cancer Screening Questions Should Not Overshadow Its Importance *By Daniel Schlosser, MD*

Among women, breast cancer is the most common non-skin cancer, the leading cause of death world-wide and, in the US, the second leading cause of cancer death. Early detection and newer treatment strategies have improved survival, and early detection remains a keystone in improving outcomes.

It may seem odd that there is any controversy regarding screening for breast cancer, but it remains a difficult topic. To clarify, screening applies to women who are completely asymptomatic and have no symptoms or self-identified lumps and do not fall into a higher risk category. Anyone with symptoms, new lumps, pain or nipple discharge should be evaluated by their doctor regardless of age. Many breast cancers are found by the patient themselves. Women with a family history of breast cancer, particularly first-degree relatives, may benefit from beginning screening even earlier or using different imaging modalities such

as MRI. Genetic testing also adds to the decision-making process.

The incidence of breast cancer increases with age and is more common over age 50. Screening guidelines in the past recommended starting to screen with mammograms at age 40. But because mammograms are not perfect, are uncomfortable, sometimes find non-cancerous changes, and can miss some cancerous lesions and therefore may lead to some unnecessary biopsies that lead to anxiety and stress, there has been debate about raising that age recommendation. All medical societies agree that women age 50 to 75 should be screened at least every 1-2 years. There is more disagreement now over what to do for those aged 40-49. The compromise approach now is to individualize the decision between patient and physician taking into account one's family history, personal history, exposures such as smoking/ alcohol, and the patients overall concern

about breast cancer. Screening in this age group may or may not be the right choice for everyone. Regardless of your choice to screen, you should review your decision annually with your doctor.

Women also ask, "when should I stop screening?" Over age 75, you can reassess your desire to screen. If you remain active and in good health, feel your life expectancy is greater than 10 years, and would want to be treated for breast cancer should it be found, then you should likely continue screening every 1-2 years.

Though less common, breast cancer can also occur in men. While breast cancer screening is not recommended in men, any symptoms of pain, lumps/nodules, or nipple discharge should immediately be brought to your doctor's attention.

For all women, screening for breast cancer really involves keeping a line of communication open with your PCP!

## No Appointment Needed for Flu Shots

Thunderbird Internal Medicine encourages all patients to get the vaccine which is now available at our Phoenix office and at our C-1 and F-1 Glendale locations on a walk-in basis anytime the offices are open (including Saturdays from 8 am – 1 pm at the F-1 location). No appointment is needed. Flu shots are \$40 for cash pay patients and we are happy to bill insurance for existing patients.

### LOCATIONS

Thunderbird Internal Medicine – Glendale  
5620 W. Thunderbird Rd #C-1, #F-1 & #G-2  
Glendale, Arizona 85306

Thunderbird Internal Medicine - Phoenix  
9150 W. Indian School Rd #118  
Phoenix, Arizona 85037