



Breast Cancer Awareness Month

Breast cancer awareness month is an annual observance held throughout the month of October to raise awareness of breast cancer screening, prevention, and treatment of women of all races, ethnicities, and to focus research on the cause, prevention, diagnosis, treatment, survivorship, and cure of the disease.

Breast Cancer Facts 2024

Did you know.....

- Breast Cancer Is the most commonly diagnosed cancer among women in the United States, after skin cancers.
- In the US, breast cancer is one of the leading causes of *cancer related* deaths in women.
- In West Virginia, breast cancer is the most common cancer diagnosed in women and the second most common cause of cancer-related death.
- In 2021, 1679 breast cancer cases were diagnosed in WV and incidence of female breast cancer was 135.5 per 100,000 women.
- In 2022, 297 women died from breast cancer in WV and the female breast cancer death rate of 20.7 per 100,000 women.
- An estimated 1 in 8 (13%) US women will develop invasive breast cancer during their lifetime.
- In recent years, the overall incidence rate of breast cancer has slightly increased.
- Breast cancer was the most common cancer in women in 157 countries out of 185 in 2022.
- In the US, in 2024, approximately 310,720 women and 2,800 men will be diagnosed with invasive breast cancer.
- There are currently more than four million women with a history of breast cancer in the US.
- Men also get breast cancer, but it is not very common. About 1 out of every 100 breast cancers diagnosed in the US is found in a man.
- Breast cancer diagnosis is relatively rare in younger women; only about one out of eight invasive breast cancers are diagnosed in women younger than 45, whereas about two out of three invasive breast cancers are found in women 55 or older in the US.
- The median age at the time of breast cancer diagnosis is 62 — meaning that half of women with breast cancer are diagnosed before age 62 and half are diagnosed afterward.

Why Screening is Important

Regular breast cancer screenings are important because they can help detect breast cancer early, when it's easier to treat and before it can be felt or any cause symptoms. Early detection can improve a woman's prognosis and chance of survival. According to the American Cancer Society, the 5-year relative survival rate for breast cancer that's detected early and hasn't spread is 99%!

Screening and early detection of breast cancer are vital to the health and well-being of West Virginia women. The best method to reduce deaths due to breast cancer is through early detection of the disease

Screening guidelines for breast cancer vary; women, transgender persons, and non-binary persons born with female anatomy are encouraged to talk to their health care provider about their specific risk factors and what screening schedule is best for them.

As of April 30, 2024, the U.S. Preventive Services Task Force (USPSTF) recommends that all women at average risk for breast cancer start getting mammograms every other year at age 40 and continue through age 74. This is a change from the previous recommendation of starting screenings between the ages of 40 and 50.

Mammograms

A mammogram is an x-ray picture of the breast that is used as a screening test for breast cancer. It is used to find small cancers as early as two to three years before you or your healthcare provider can feel a lump or bump. Finding breast cancer early makes it easier to treat and have successful outcomes.

The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years. The screening guidelines for breast cancer vary from one national organization to another. See chart below.

Women, transgender persons, and non-binary persons born with female anatomy are encouraged to talk to their health care provider about their specific risk factors and what screening schedule is best for them.

Table 1. Breast Cancer Screening Recommendations of Selected Medical Organizations

<i>Organization</i>	<i>Mammography</i>	<i>Clinical breast examination</i>	<i>Breast self-examination instruction</i>	<i>Breast self-awareness</i>
American College of Obstetricians and Gynecologists	Annually in persons 40 years and older	Every one to three years in persons 20 to 39 years of age Annually in persons 40 years and older	Consider for high-risk persons	Recommended
American Cancer Society	Annually in persons 40 years and older	Every one to three years in persons 20 to 39 years of age Annually in persons 40 years and older	Optional for persons 20 years and older	Recommended
National Cancer Institute	Every one to two years in persons 40 years and older	Recommended	Not recommended	—
National Comprehensive Cancer Network	Annually in persons 40 years and older	Every one to three years in persons 20 to 39 years of age Annually in persons 40 years and older	Recommended	Recommended
U.S. Preventive Services Task Force	Biennially in persons 50 to 74 years of age	Insufficient evidence	Not recommended	—

Adapted with permission from American College of Obstetricians and Gynecologists. Practice bulletin no. 122: breast cancer screening. Obstet Gynecol. 2011;118(pt 2):373.

Where should I go for a mammogram?

Ask your healthcare provider where to go for a mammogram.

You can also call the **West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) at 1-800-642-8522** and ask about mammogram providers in your area. You may qualify for a free or low-cost mammogram! The BCCSP eligible population includes those who are uninsured or underinsured, at or below 250% of the federal poverty level and aged 40 to 64 years for breast cancer services. Those who are symptomatic or high-risk under the age of 40 years and those over the age of 64 who do not have Medicare Part B may also receive services through the program.

How will I pay for a screening mammogram?

While most insurance agencies cover screening mammograms with no out of pocket costs, health coverage can vary by insurer. Many policies also have out-of-pocket costs for diagnostic or follow-up mammograms. If you are unsure about your coverage, you should contact your insurance agency.

If you have no insurance or have deductibles or co-pays that keep you from getting your breast exams or mammograms, the WVBCCSP may be able to help. Call WVBCCSP directly at 1-800-642-8522 to find out if you are eligible for free or low-cost cancer screening services. You can also visit www.wvdhhr.org/bccsp for program information, eligibility guidelines, and a list of WVBCCSP screening providers

Risk Factors

Risk factors you cannot change

- **Getting older.** The risk for breast cancer increases with age. Most breast cancers are diagnosed after age 50.
- **Genetics.** Women who have inherited changes (mutations) to certain genes, such as BRCA1 and BRCA2, are at higher risk of breast and ovarian cancer.
- **Reproductive history.** Starting menstrual periods before age 12 and starting menopause after age 55 expose women to hormones longer, raising their risk of getting breast cancer.
- **Having dense breasts.** Dense breasts have more connective tissue than fatty tissue, which can sometimes make it hard to see tumors on a mammogram. Women with dense breasts are more likely to get breast cancer.
- **Personal history of breast cancer or certain noncancerous breast diseases.** Women who have had breast cancer are more likely to get breast cancer a second time. Some noncancerous breast diseases such as atypical ductal hyperplasia or lobular carcinoma *in situ* are associated with a higher risk of getting breast cancer.
- **Family history of breast or ovarian cancer.** A woman's risk for breast cancer is higher if she has a mother, sister, or daughter (first-degree relative) or multiple family members on either her mother's or father's side of the family who have had breast or ovarian cancer. Having a first-degree male relative with breast cancer also raises a woman's risk.
- **Previous treatment using radiation therapy.** Women who had radiation therapy to the chest or breasts (for instance, treatment of Hodgkin's lymphoma) before age 30 have a higher risk of getting breast cancer later in life.
- **Exposure to the drug diethylstilbestrol (DES).** DES was given to some pregnant women in the United States between 1940 and 1971 to prevent miscarriage. Women who took DES have a higher risk of getting breast cancer. Women whose mothers took DES while pregnant with them also may have a higher risk of getting breast cancer.

Risk factors you can change

- **Not being physically active.** Women who are not physically active have a higher risk of getting breast cancer. Aim for at least 30 minutes of moderate-intensity physical activity each day, five days a week
- **Being overweight or having obesity after menopause.** Older women who are overweight or have obesity have a higher risk of getting breast cancer than those at a healthy weight. Eat a balanced diet with a variety of foods from all food groups, including five to eight servings of fruits and vegetables each day. Limit red and processed meats, sugary drinks and sodas, and processed foods high in fat and starch. Instead, incorporate brightly colored or strongly flavored vegetables and fruits into your diet, and increase your omega-3 fatty acids.
- **Taking hormones.** Some forms of hormone replacement therapy (those that include both estrogen and progesterone) taken during menopause can raise risk for breast

cancer when taken for more than 5 years. Certain oral contraceptives (birth control pills) also have been found to raise breast cancer risk. However, the risks and benefits of taking hormones should be discussed with a healthcare professional.

- **Reproductive history.** Having the first pregnancy after age 30, not breastfeeding, and never having a full-term pregnancy can raise breast cancer risk.
- **Drinking alcohol.** Studies show that a woman's risk for breast cancer increases with the more alcohol she drinks. Limiting alcohol consumption: Try not to drink alcohol at all, or drink in moderation.

Research suggests that other factors such as smoking, being exposed to chemicals that can cause cancer may increase breast cancer risk.

WV Breast and Cervical Cancer Screening Program

The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child, and Family Health, Breast and Cervical Cancer Screening Program works to raise awareness of the important lifesaving early detection practices and resources available for West Virginia women. The purpose of the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is to decrease cancer incidence, morbidity, and mortality by focusing on populations who are underserved and who have increased cancer risk due to health inequities. WVBCCSP seeks to achieve health equity by targeting efforts to populations disproportionately affected by cancer such as having higher mortality or rate of late-stage disease.

To accomplish this, WVBCCSP aims to increase breast and cervical cancer screening and has a focus with an emphasis that is reflected with five strategies:

1. Use of cancer and surveillance data to identify program-eligible populations and specific populations of focus who experience health disparities.
2. Support partnerships with community-based organizations, community health workers, cancer coalitions, and other chronic disease programs to reach populations of focus and maximize access to screening.
3. Deliver breast and cervical cancer screening and diagnostic services with a prioritization on populations that experience high mortality and rates of late-stage disease at diagnosis. Also assist individuals into and through the screening and diagnostic continuum using community health workers, patient navigators, and local partners to overcome barriers and address social determinants of health.
4. Work with partner clinics providing screening and diagnostic services to implement evidence-based interventions which increase access to, delivery of, and demand for breast and cervical cancer screening.
5. Monitor program efforts and evaluate outcomes to assess program effectiveness.

The WVBCCSP eligible population includes those who are uninsured or underinsured, at or below 250% of the federal poverty level, aged 40 to 64 years for breast cancer services, and

aged 21-64 years for cervical cancer services. Those who are symptomatic or high-risk under the age of 40 years and those over the age of 64 who do not have Medicare Part B may also receive services through the program.

Those who are underinsured have out-of-pocket cost sharing required by their health insurance plans that they cannot afford. These persons may be eligible to receive support from BCCSP to cover their out-of-pocket expenses.

The Diagnostic and Treatment Fund

What is the D&T Fund?

The WV Breast and Cervical Cancer Diagnostic and Treatment Fund (D&T Fund) was established by the 1996 WV State Legislature through the efforts of the WV Breast and Cervical Cancer Coalition and its partners. The D&T Fund is designed to provide financial assistance for West Virginians who are in need of diagnostic and treatment services for breast and cervical cancer. This specifically helps those who do not have health insurance and may not be able to afford the needed breast and cervical cancer services.

What services are covered by the D&T Fund?

A limited number of procedures are available for coverage through the D&T Fund. The WV BCCSP Medical Advisory Committee determines covered services based on availability of funds and data that determines the most frequently recommended procedures. A physician must refer a patient to the D&T Fund. To find out more about the services covered or how a patient can be referred to the D&T Fund, please call 304.558.5388 or toll Free In WV 800.642.8522.

Why is the donation money placed in the Greater Kanawha Valley Foundation?

The legislation set forth by the 1996 State Legislature specifically requires the WV Department of Health and Human Resources (WVDHHR) and the WV Comprehensive Cancer Control Coalition (formerly the WV Breast and Cervical Cancer Coalition) raise additional money to supplement the D&T Fund. Since the WV Bureau for Public Health does not accept donations, an agreement was made with the Greater Kanawha Valley Foundation to maintain donations for the D&T Fund. The Greater Kanawha Valley Foundation is a charitable community trust organization that maintains the D&T Fund. When the WV BPH needs to pay for breast or cervical cancer services, the money in the Greater Kanawha Valley Foundation is transferred to the Bureau account so the bill for services can be paid. Therefore, the Greater Kanawha Valley Foundation acts as a “bank” for the WV Bureau for Public Health. The Greater Kanawha Valley Foundation does not receive any money for housing the D&T Fund, nor does the city of Charleston receive more money from the D&T Fund because the Greater Kanawha Valley Foundation is located there. The money raised for the WV Breast and Cervical Cancer Diagnostic and Treatment Fund is for any uninsured West Virginian who meets the eligibility guidelines. Donations can be made via check, money order, or online. All donations made by check or money order must be made out to Greater Kanawha Valley Foundation with D&T Fund

in the memo line. Mail check or money order donations to, The Greater Kanawha Valley Foundation, PO Box 3041, Charleston, WV, 25331 or donate online by going to the link below and updating the fund name to “ West Virginia Breast & Cervical Cancer Diagnosis and Treatment”.

https://give2.tgkvf.org/page.aspx?pid=298&_gl=1*kz658a*_ga*MjE0NTQyOTc4My4xNzIzNjQyNzc2*_ga_788KBMTEZ8*MTcyNDk0MTk2NS41LjEuMTcyNDk0MjAwNS4wLjAuMA



A Survivor's Story

Melissa Bohan is the nurse manager of CAMC Breast Center. She has spent the majority of her career focusing on breast cancer screening. She kindly agreed to share her breast cancer story to show the importance of screening.

My Breast Cancer Journey

Missy Bohan

May 21, 2024

"I have devoted the last 18 years of my nursing career learning about Breast Health and Breast Cancer. Reading, studying, attending conferences, and gaining as much knowledge as possible to care for others with breast disease/cancer. Statistically speaking, I always felt in my heart that I would likely have breast cancer somewhere around age 70. Little did I know, shortly after turning 50, my screening mammogram showed a finding that resulted in additional imaging and recommended biopsy for a very tiny thing that was “probably nothing”. In my gut, I knew it wasn't going to be benign, but at the same time there was peace in my heart. I knew whatever it was, God was going to help me through it.

I quickly found myself on the other side of a diagnosis. I was no longer the nurse; I was the patient. That tiny thing turned out to be Invasive Ductal Breast Cancer. WHAT???? How can that be?

I just turned 50 years old. I have no significant family history of any cancers, much less breast cancer. I have been getting yearly mammograms since I was 40 years old. Nothing more than a typical cyst had ever been found. Now I have this tiny area growing that is a cancer.....A Mammogram SAVED MY LIFE!!! I am here to tell you; the patient perspective is a whole different world than the nurse perspective. The Breast Center has the most compassionate,

caring, and knowledgeable nurses in the business. They listen, they hold hands, they hug, they cry with you, and they pray with you. In my situation, they are friends. They are angels from heaven. Until you are told you have cancer, you will never understand the patient perspective. So many thoughts and questions immediately go through your head. I would even venture to also say guilt. Guilt feelings of burdening your family. Your family would not see it that way, but as the patient, you do. Or at least I do.

How do I tell my husband? How do I tell my children? Am I going to die? How am I going to pay for this? What treatment do I need? Telling my husband and children the news was difficult, but I knew it had to be done. There was immediate fear in their eyes with many questions and concerns. Their fear quickly turned to a fighting spirit. I can't explain the feelings one has when your young adult child musters up enough courage to shave her mother's head.

The waiting and not knowing is one of the hardest hurdles. Even before you know it is cancer. From the time you know you need a biopsy, to getting the biopsy, to waiting for results, then waiting for more results. So much anxiety waiting for all the information just to begin building a plan of care.

A rollercoaster of emotions swarms you daily. One minute you have the fighting spirit and next you are overwhelmed with fear. You try to hide the fearful side from your family and friends so as not to worry them. You can only do that for so long. One day you will break.

I had a couple breaking points. The first was an appointment with my plastic surgeon. He knows my profession and where I worked and now I was the patient. He looked at me with such genuine concern and care, I lost it. He immediately hugged me and helped me through that moment.

The second one came 6 months into my treatment process. I had already completed my surgery and chemotherapy. I was at my radiation appointment for the simulation visit. This visit allows the doctor to mark your skin in specific areas for target points based on your radiation treatment plan. They positioned me on the CT table to begin the process. My mind and heart had hurt so long that I could not hold back the emotions. Tears just poured down my cheeks and two of the staff members, whom I will never forget, just hugged me, and got me through that moment. One even told me a personal story of her own and prayed with me. So many have been supportive and encouraging. My husband never left my side. He held me when I was scared. He made sure I was fed, took my medicines, change my dressings, emptied my drains, held me up when I didn't have the

strength to stand. He has been my rock. My prayer warriors are still praying. God is so good. He always provided what I needed when I needed it. Still today.

Breast Cancer is not Breast Cancer. Every single patient is different. Every single patient will have their own plan based on their pathology and other factors. Yes, there are national guidelines for best outcomes that are followed. Even in those guidelines, there are decisions to be made. Those are tough decisions. Even for those who work with breast cancer daily. Breast cancer is one of the most body altering cancers. No matter what you choose, you must sacrifice something. I am over a year out of surgery, and I am still trying to get used to my new normal. I am still adjusting to my new body image. It makes me angry at times, but at the same time, I am grateful and thankful God chose to spare me one more day to try and help someone else. From the very beginning I knew in my heart that something good would come of my diagnosis. That was the peace and strength God provided me to get through a tough situation. A good friend of mine gave a devotion at our church and I will never forget those words. "Sometimes the storms we go through are not always for us." I can tell you today that I am singing and praising God that my storm answered a huge prayer of mine, and I would go through it all again ten times over just to have that one prayer answered. I can tell you many other blessings I received and still receiving from this storm called my breast cancer journey."

Missy attributes her faith in God, prayers, and blessings to her strength in her journey and recovery.



To learn more about WVBCSP call 1-800-642-8522 for more information or visit www.wvdhhr.org/bccsp for program information, eligibility guidelines, and a list of WVBCSP screening providers.



