In the shad

Choices are tough for women who know risk is high

By Patricia Guthrie
pguthrie@ajc.com

Grandmother. Mother. Aunt. Sister. Me?

For a woman living in the shadow of family breast cancer, it's hard to silence the inner voice that asks, "Am I next?"

Sharon Black, a 42-year-old Lawrenceville kindergarten aide, hears a voice that is particularly haunting. Her twin sister, Karen Guzman, died of breast cancer last November after a seven-year struggle.

Their mother, Gladys, underwent breast cancer treatment five years ago. Black's aunt also had breast cancer.

"I live with it every day, wondering if I have it," said Black, mother of a 22-year-old daughter and 14-year-old son. "One of my doctors says go ahead and have the genetic test. The other says don't. I just don't know what to do."

As the annual breast cancer awareness campaign gets under way next month, previewed by the Avon 3-Day walk on Friday, women with a genetic risk for breast cancer will seem to be everywhere. But they are the exception.

Of the 182,800 women diagnosed with the disease this year, only 5 percent to 10 percent of cases will be attributed to the mutated genes known to raise risks of breast cancer, called BRCA 1 and BRCA 2.

All women are at risk for breast cancer — more than 80 percent of cases occur in women with no family history or identifiable risk factors. That's why there's such an emphasis on catching the cancer early using regular mammograms and self-breast exams.

For women at average risk, their choice is easy: Screening works. The five-year survival rate of women whose breast cancer is detected early is above 95 percent, the American Cancer Society says.

But for women in Black's situation, the choices aren't so clear. Even though women with a family history could live to be 85, never hearing the words "breast cancer" in the same breath as their name, many want to do something to lower their risk for the disease.

First, they must decide whether to take a genetic test. Many women don't want to know. Others don't

ow of a deadly disease

What you should know about breast cancer

- **This year 182,800 women nationwide will be diagnosed with breast cancer; 40,800 will die from it.**
- **Nationwide 1,400 cases in men will be diagnosed; 400 will die.**
- **In Georgia, 4,600 cases will be diagnosed; 1,000 will die.**

Who's at risk?

- **Every woman.** Risk increases with age. Here are the odds:

Age 25,	one in 19,608
Age 30,	one in 2,525
Age 40,	one in 217
Age 50,	one in 50
Age 60,	one in 24
Age 70,	one in 14
Age 80,	one in 10.
Age 85,	one in 9
Over 85,	one in 8

What can be done?

- **Learn how to look** for changes or lumps in your breasts and armpit areas. Conduct a monthly self-exam. For information, see Web sites: www.cancer.org or www.preventcancer.org.
- **Beginning at age 40, get a** mammogram every year. If you aren't covered by insurance, find free screening sites (see list below).
- **Women 40 and older** should get a clinical breast examination by a physician every year. Those younger than 40 should get one every three years.

Early detection works

- **60 percent of American women older than 50 have had a mammogram in the past year.**
- **If all women older than 50 had mammograms, 15,000 to 18,000 deaths would be prevented yearly.**
- **More than 95 percent of women survive breast cancer if it is caught early.**

What are the risk factors?

Age: Most patients are 50 or older.
Race: African-Americans have the highest death rate but more white women get breast cancer. Asians and Hispanics have lowest risk.
Sexual orientation: Lesbians may have slightly higher risk.
Genetics: 5 percent to 10 percent of cases are hereditary, resulting from a genetic mutation.
Family history: Having a mother, sister or daughter with breast cancer approximately doubles a woman's risk.
Hormones: Risk increases if you start to menstruate at an early age or take postmenopausal estrogen.
Alcohol: Consuming two or more drinks daily slightly increases risk.
Smoking: No conclusive link, but cigarettes cause lung cancer, which kills more women than breast cancer.
Weight: Gaining weight after menopause increases risk.
Diet: No conclusive link, but fresh fruits and vegetables are known to reduce risks for other cancers. A low-fat diet may help prevent weight gain after menopause.
Exercise: Research has yet to link physical activity specifically to a lower breast cancer risk, but 30

No money for screening?

These organizations can help answer mammogram screening questions and point you to free or low-cost screening sites:

Georgia Division of Public Health's BreastTest and More program. Call your county health department to check eligibility.
American Cancer Society: 1-800-227-2345.
YWCA's ENCOREplus Program: Call 1-800-953-7587 or a local YWCA.
National Cancer Institute: Call 1-800-422-6237 to find accredited mammography facilities in your area; some give a reduced rate based on financial situation.

Breast cancer: High risk, tough choices

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And a positive result doesn't mean they'll get breast cancer. It means the risk has increased to between 50 percent to 85 percent that they'll develop it by age 70.

"Some women should not be tested if they're not planning to use the information," said Dr. Janice Galleshaw, medical oncologist with Georgia Cancer Specialists. "They should know going in what action they're going to take."

Their choices:

■ Carefully monitoring changes in the breasts through vigilant self-exams, mammograms and doctors' visits, the same advice for women of average risk.

■ Taking the drug tamoxifen, proven to lower risk by almost 50 percent but not without troubling side effects.

■ The most radical step — surgically cutting off the breasts before cancer sets in, known as bilateral prophylactic mastectomy.

Cindy Sullivan, 42, of Snellville chose the surgery. It wasn't an easy decision, she said, but it seemed the most sensible, considering her breast cancer family history, the death of her mother at age 49 and the death of her younger sister.

"I really felt like a walking time bomb," said Sullivan. "Two weeks after I buried my sister, I found my first lump. I pretty much went over the deep end, emotionally."

The lump in her breast turned out to be benign, as did another one 15 months later.

Sullivan scheduled the surgery without waiting for results from genetic testing. Her intuition proved correct — the test came back positive.

With her mastectomy 10 months ago, the Snellville stay-at-home mom dramatically reduced her risk of breast cancer.

Prophylactic mastectomies cannot provide a 100 percent

CATHY SEITH / Staff

Kindergarten aide Sharon Black lost a twin sister to breast cancer. She is undecided whether to be tested for a genetic marker.

MORE INFORMATION

Women are needed to participate in a study of two breast cancer prevention drugs, tamoxifen and raloxifene. Women will be given either drug at random and be monitored for five years. Women must be postmenopausal, 35 years or older, and have an increased risk of breast cancer because of age, family history or other factors. Call 404-851-7115.

RESOURCES

For more information on breast cancer:

■ **Bosom Buddies of Georgia Inc.:** Support and information for women facing breast cancer surgery. Call 770-455-7637; *buddiesb@aol.com*

■ **The Susan G. Komen Breast Cancer Foundation:** *www.breastcancerinfo.com*

■ **National Alliance of Breast Cancer Organizations:** *www.nabco.org*

■ **American Cancer Society:** *www.cancer.org*

Nineteen percent said they were dissatisfied, mainly because of their altered physical appearance, and 11 percent were "neutral."

plastic surgeon in Duluth. "And they usually have to convince us."

Said oncologist Galleshaw: "It's something we offer only to women who are at extraordinarily high risk. A woman who's in a 20-year marriage with a supportive husband may be more inclined to choose it than a single woman. And some women tell me, 'Cut off my breasts? You've got to be kidding. I'd rather die.' "

Many high-risk women also balk at their other option, tamoxifen, because of its side effects: a higher risk in rare but potentially life-threatening conditions — uterine cancer and blood clots in the lungs or legs.

Tamoxifen, used for 20 years to treat cancer, is considered the best weapon in preventing cancer in high-risk women.

It works, in part, by interfering with the activity of estrogen, the hormone that promotes growth of breast cancer cells.

A breakthrough study revealed in 1998 that the oral drug can reduce by 49 percent the chances of breast cancer for women in the high-risk category. The drug is prescribed for five years, but the preventive effect lasts 10 years, said Galleshaw.

Cancer specialists say they're puzzled as to why more high-risk

row, can be removed. A 1997 Mayo Clinic study of 950 women who had undergone prophylactic mastectomies found a 90 percent risk reduction in developing breast cancer.

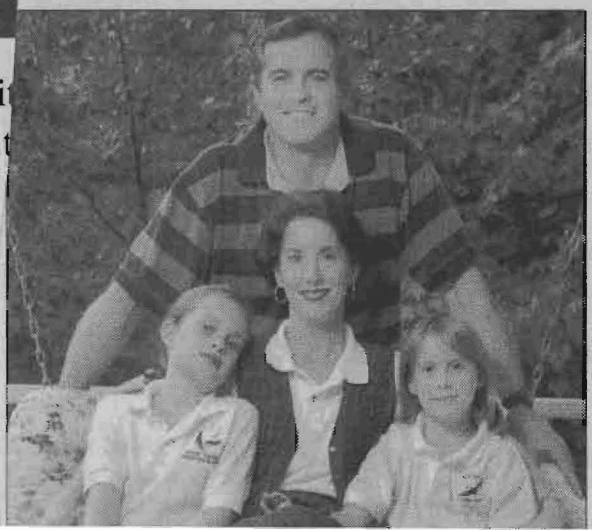
The surgeries cost about $10,000, and some insurance plans won't pay. (Sullivan's insurance covered both her genetic test and surgery.)

To gauge the psychological consequences of this most drastic option, the Mayo Clinic surveyed women who'd had their healthy breasts removed in the past 14 years to avoid breast cancer. Among the 572 questioned, 70 percent said they were satisfied with their decision, including six who developed breast cancer.

or confident with a decision in my life," she said. "I didn't care what I looked like, I just wanted to see my daughters grow up. I wanted to know I had done everything in my power to keep from getting breast cancer."

Among women considered at high risk for breast cancer, about 20 percent may seriously consider a prophylactic mastectomy, and even fewer actually undergo the procedure. Local plastic surgeons estimate that less than 2 percent of patients undergoing breast reconstruction have had both breasts removed before cancer strikes.

"Most of these patients come in convinced they are going to do it," said Dr. David Whiteman, a



"I just wanted to see my daughters grow up," says Cindy Sullivan of Emily (left) and Amy. Sullivan, who lives in Snellville with husband Tim, opted for a mastectomy as a preventive measure.

"I'm not sure why, but many women are absolutely terrified of tamoxifen," Galleshaw said. "They seem much more concerned of dying of uterine cancer than breast cancer."

The tamoxifen study showed the chance of uterine cancer death is less than 1 percent, while the chance of developing blood clots is about 3 percent, said Galleshaw, who leads a research study comparing tamoxifen to another promising drug with fewer side effects, raloxifene.

But there are many breast cancer patients, such as Sandra Nash of Conyers, who consider tamoxifen a "wonder drug."

"I'm one of the good candidates for it. I had a hysterectomy many years ago, so I don't have to worry about uterine cancer," said Nash, 52, whose right breast was surgically removed two years ago. "Having caught my cancer early, we are able to control it with this drug."

Sharon Black has heard the testimonials of women warding off breast cancer through drugs or surgery. She has not decided whether she'll take either route.

But this she does know — the tough decisions regarding breast cancer in the family do not end with her.

"My sister left behind a daughter, my 15-year-old niece. And I