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You are your own best detector of breast cancer

BY SHERRY KAHAN

"You are the single most important factor in detecting breast cancer," declared Dr. Susan Harold of Southfield to an audience of about 75 women at Schoolcraft College.

"If you have a lump and don't do anything about it, you are doing yourself the greatest disservice imaginable."

A specialist in oncology, the study of tumors, and a fellow of the American Cancer Society, Dr. Harold added:

"Early detection depends on self-examination each month."

"The longer the lump goes undetected, the greater the possibility of the cancer spreading to the lymph glands from which it then can spread all over the body."

Her remarks were underlined by Dr. Vincent Gallant of Harper Hospital, who also spoke in the lecture series sponsored by the Northern Wayne County Chapter of the National Organization of Women, the American Cancer Society, Schoolcraft College and Botolph Hospital.

He was joined on the platform by Mrs. Gerry Dahler of Livonia, who has had breast surgery, and who is now a volunteer for the cancer society's Reach to Recovery program which helps women get through the trauma of mastectomy.

"NINETY-FIVE per cent of breast cancer is detected by the woman herself," reported Dr. Gallant.

"Every breast is different. Only by repeated self-examinations can you acquaint yourself with your own breast tissue so that if anything unusual develops you can tell."

"It's on-the-job training. Experience is the best teacher."

Both physicians informed the women about diagnostic tools now available for early detection of breast cancer.

"One of the most promising is mammography which takes a low-powered x-ray of the breast," said Dr. Gallant. "The other is thermography which provides the doctor with a heat pattern image."

Dr. Harold explained that a mammo-

gram can be taken as often as once a year. "It uses a minute amount of radiation, a fraction of that used in a chest x-ray," she added. "A thermogram, a photo on polaroid film, can be taken more often than once a year because no radiation is involved."

She suggested a yearly mammogram for those who run a greater risk of breast cancer.

This includes women with any blood relative, particularly a mother or sister, who has had cancer. Women with a previous case of breast cancer also run a greater risk of this cancer, as do women, in general, over the age of 50.

The risk is somewhat lower for married women than single women, and lowest for married women who have borne and nursed children.

THE INITIAL STEPS for solving the problem of breast cancer are termed simple, modified and radical surgery.

A simple mastectomy means the removal of the breast and detection and the underarm area to remove lymph nodes and one of two muscles in the chest.

Radical surgery would result in the removal of the breast and the small and large chest wall muscles.

"There is no significant difference in the survival rate between the three groups," stated Dr. Harold, who now practices at Providence Hospital, Southfield. "It is a very controversial issue."

"There are now national surgical studies to determine the advantage of each procedure. All the facts are not in."

POST-OPERATIVE procedure, she said, usually involves radiation therapy or chemotherapy, the latter meaning the use of medicine by injection or pill.

"Radiation therapy is not used as often as in the past," said Dr. Harold. "In general, the location and size of the lump has a lot to do with whether radiation is used."

"The factors to be considered are whether the lymph nodes are positive (cancerous), the size of the mass itself and how close the mass is to the breast bone."

Dr. Harold pointed out that such new medicines as L-PAM and CMF have shown the potential to kill rapidly dividing cells, which are the cancer cells.

However, since some normal cells also divide rapidly, the medical problem known as side effects occurs.

"Such normal cells as the lining of the stomach, bone marrow, hair follicles can all be affected by chemotherapy," she reported.

In statistics on breast cancer, Dr. Harold indicated that Denmark has the highest incidence with 28.2 persons per 100,000, while England was second with 18.1. White Americans have an incidence of 17.6, black Americans 14.8. The lowest rate, 3.3, was in Japan.

IN HER TALK on her personal crusade with cancer, Mrs. Dahler seemed to have said all her audience would like to have said for her about her devastating mastectomy experience. This is one of the first steps of the Reach to Recovery program.

"I am one of the lucky ones," she declared. "I am as close to being cured as you can get."

Cataloging the stages through which women go after breast removal, she said, "At first they deny it, they say it's not happening."

"They really get angry at the doctor, and sometimes at his nurse," she added.

"The why-me stage is followed by self-pity. That's when Reach to Recovery comes along to help show the woman there is no reason to feel sorry for herself."

Worry, the reason that brought the women to the lecture, is also part of the post-mastectomy phase. In this case, the patient wonders if she can get back to normal.

"Reach to Recovery can do great things for the woman's morale," said Mrs. Dahler. "Those of us who have had breast surgery can show her we can function in a normal manner. I do more work now than I did 14 years ago."

IN SPEAKING OF other types of cancer, Dr. Harold had some good news and some bad.

"The incidence of cancer of the cervix and uterus is down, and also their mortality rate," she said. "This is because of the Pap test which is essential on a yearly basis for all women of all ages. Many lives have been saved by the Pap test."

On the negative side, she noted that lung cancer in women is now climbing astronomically because more of them have taken up smoking. Cancer of the breast is now occurring at the same rate it occurred in 1958.

"It should be decreasing," she concluded.



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