

# Breast Cancer Fact Sheet

## **Detection**

The earlier breast cancer is found, the better chances for successful treatment. A mammogram is the best way to find breast cancer because it can often identify breast abnormalities that may be cancerous before physical symptoms develop; however, some cancers that are not apparent on a mammogram may still be felt by a woman or her health care provider. For this reason, the American Cancer Society recommends the following guidelines for finding breast cancer early:

- Women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.
- Women in their 20s and 30s should have a clinical breast exam (CBE) by a health professional every three years. After age 40, women should have a CBE every year.
- Women should know how their breasts normally feel and report any breast change promptly to their health care provider. Breast self examination (BSE) is an option for women starting in their 20s.
- Screening MRI is recommended for women with an approximately 20% to 25% or greater lifetime risk of breast cancer, including women with a strong family history of breast or ovarian cancer and women who were treated for Hodgkin disease.

Together, these methods offer the best chance of finding breast cancer early.

## **Who is at risk?**

**Gender** Being a woman is the greatest risk factor for breast cancer; however, men can develop breast cancer.

**Age** The risk of developing breast cancer increases with age. Half of all breast cancers are diagnosed in women older than 61 years.

## **Other Risk Factors**

Breast cancer risks are higher among women with a family history of the disease. Having a first-degree relative (a mother, sister, or daughter) with breast cancer increases a woman's risk, while having more than one first-degree relative who has or had breast cancer before the age of 40 or in both breasts increases a woman's risk even more. However, it is important to remember that mostly women with breast cancer do not have a first-degree relative with the disease. Studies also show that 5% of breast cancer cases result from inherited mutations of the BRCA1 and BRCA2 genes. Women who carry these rare mutations have a 35% to 85% lifetime risk of developing breast cancer. Additional risk factors include:

- Postmenopausal hormone therapy (especially combined estrogen and progesterone therapy)
- Overweight or obesity, especially excessive weight gain after menopause
- Use of alcohol, especially one or more drinks daily
- Physical inactivity
- Long menstrual history
- Never having children or having first live birth after age 30
- Previous chest radiation to treat different cancer

## **Additional Resources**

To learn more about breast cancer and the American Cancer Society's resources and programs, please call 1-800-ACS-2345 (toll free), or visit our web site at [www.cancer.org](http://www.cancer.org)

Additional information on breast cancer can be found at:

- National Cancer Institute  
Cancer Information Service  
Toll-free number: 1-800-4-CANCER  
Web site: [www.cancer.gov](http://www.cancer.gov)
- Susan G. Komen Foundation  
Toll-free number: 1-800-IM AWARE or  
1-800-462-9273  
Web site: [www.komen.org](http://www.komen.org)
- Y-Me National Breast Cancer Organization  
Toll-free number: 1-800-221-2141  
Web site: [www.y-me.org](http://www.y-me.org)

# Colorectal Cancer Fact Sheet

## Detection

Colorectal cancers are more successfully treated when detected early. Screening tests can detect colon polyps before they become cancerous, as well as early stage colorectal cancers.

Beginning at age 50, people of average risk with no symptoms should follow one of the screening options below:

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every 5 years\*, or
- Colonoscopy every 10 years, or
- Double contrast barium enema every 5 years\*, or
- CT colongraphy (virtual colonoscopy) every 5 years\*

Tests that primarily find cancer:

- Yearly fecal occult blood test (FOBT)\*\*, or
- Yearly fecal immunochemical test (FIT)\*\*, or
- Stool DNA test (sDNA), interval uncertain\*\*

\* If the test is positive, a colonoscopy should be done.

\*\* For FOBT or FIT used as a screening test, the take-home multiple sample for method should be used. An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

The more invasive tests that are designed to find both early cancer and polyps are preferred if they are available to you and you are willing to have one. Talk to your doctor about which test is best for you.

## Who is at risk?

**Gender** Men and women are similarly affected.

**Age** More than 90% of colorectal cancers are diagnosed in people 50 and older.

**Racia/Ethnic Background** African Americans have the highest rates of colorectal cancer of all racial and ethnic groups in the United States. Jews of Eastern European descent (Ashkenazi Jews) also have a higher rate of colon cancer.

## Other Risk Factors

**Heredity** Fewer than 10% of colorectal cancers are caused by inherited gene mutations. Family history of colorectal cancers, certain other cancers, and a type of benign colon polyp called adenomatous polyp increases colorectal cancer risk.

**Personal Characteristics** Risk factors for colorectal cancer include a personal history of colorectal polyps, previously treated colorectal cancer, and inflammatory bowel disease. Obesity, smoking, and alcohol use are also risk factors.

## Additional Resources

To learn more about colorectal cancer and the American Cancer Society's resources and programs, please call 1-800-ACS-2345 (toll free), or visit our web site at [www.cancer.org](http://www.cancer.org)

Additional information on breast cancer can be found at:

- National Cancer Institute  
Cancer Information Service  
Toll-free number: 1-800-4-CANCER  
Web site: [www.cancer.gov](http://www.cancer.gov)
- United Ostomy Associations of America  
Toll-free number: 1-800-826-0826  
Web site: [www.uoaa.org](http://www.uoaa.org)
- Colon Cancer Alliance  
Toll-free number: 1-877-422-2030  
Web site: [www.ccalliance.org](http://www.ccalliance.org)
- American Gastroenterological Association  
Telephone: 301-654-2055  
Web site: [www.gastro.org](http://www.gastro.org)