Breast Self-Examination: A Facilitator's Guide

TG 256

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USACHPPM

Readiness thru Health

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Acknowledgements

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Recognition is also given to the Radiology Department of Johns Hopkins Bayview Physicians for their contribution of mammography slides.

Introduction: How To Use This Guide

This guide has been prepared for your use as an instructor or facilitator focusing on early detection of breast cancer, specifically using breast self-examination (BSE) techniques. The materials will assist you in teaching breast self-examination. Basic information about mammograms is also provided. These recommendations are solely based on the American Cancer Society's (ACS) program. Other guidelines are available but this guide follows only ACS.

Breast self-examination is a useful tool for the early detection of breast cancer and should not be discontinued, say American Cancer Society experts. "There is considerable evidence suggesting a benefit to use BSE, says Robert Smith, PhD, director of cancer screening for the American Cancer Society (ACS).

Larissa Nekhlyudov, MD of Harvard Medical School's department of ambulatory care notes that "Women should be taught how to perform BSE and should discuss it with their doctors, "However, they should also be aware of its limitations,' she adds.

It is recommended the military providers continue the standard practice for teaching women BSE accepted by the American Cancer Society and National Cancer Institute.

As an instructor/facilitator, it is very important that you demonstrate sincerity and a caring attitude. Most likely, the people that you teach will have acquired some knowledge of cancer (either personally or from someone they know), which provides a critical element to use to increase their personal motivation to perform BSE. Participants must know that you empathize with their personal experiences and genuinely want to increase their knowledge, self-confidence, and motivation. This identification link should be stressed at the beginning of each training session to reinforce the importance of individual BSE.

Format & Options

You will find outlines of instruction for 2½ hour, 1 hour, 1½ hour, and $^{1}/_{2}$ hour sessions. Any of them may be personalized by the insertion of additional resource materials located in the appendices. The core outline is the full-length didactic lecture that can be used in whole or in part with the shorter lesson plans. Related instructor activities are placed in parentheses ( ). The experiential exercise component (Sections 6 and 7) is related to instructor activities.

Content

Each lesson plan lists the suggested time, objectives to be covered, and appropriate instructional materials. Training support materials include icebreakers, pre-post tests, personal action plan cards, and the clock face, as well as templates for these materials.

The objective of the icebreaker is to set the tone for the educational sessions. Icebreakers also serve as a strategy to raise awareness about, encourage and/or enhance the practice of healthy behaviors among participants.

If Evaluation 3 (Expectations Exercise, Appendix B, page 47) is used, then the results of Icebreaker 3 (*One Minute Autobiography, Appendix A, page 30)* must be recorded and retained.

Basic learning objectives are provided for each instructional block. Depending upon participants' needs, the instructor has the option of excluding or varying the learning objectives being presented.

The evaluation component consists of three different types of evaluations. Evaluations 2 and 3 are interactive. Evaluation 3 can only be used if expectations for the session have been recorded. The selection and utilization of an evaluation is based on the setting and the time of the session.

The overall learning objectives addressed in this guide are:

A. Identify the correct time of the month to perform breast self-examination (BSE).
B. Describe the three steps of BSE.
C. Demonstrate the proper patterns for palpating breast tissue.
D. State the proper procedures to follow if symptoms or a lump is found.
E. State the three early detection guidelines as cited by the American Cancer Society.
F. Locate the lumps in the breast model.
G. Cite referral sources for mammography in the local area.
H. Develop a personal action plan for BSE.

Learning objectives A, B, C, D and E are core objectives and should always be addressed.

Materials Needed

1. AV Equipment:
   TV/VCR
   Slide/overhead projector

2. Training Tools:

   - Anatomical breast models (The use of a breast model is strongly encouraged. Locating and identifying lumps are part of the learning process. Can be obtained from the American Cancer Society or purchased from a commercial health education products company.)

   - Breast health/BSE videos (Listed in Appendix C.)
   - Slides/overheads (Appendix A)
     - breast tissue/lump sizes
     - incidence rates
     - risk/mortality rates
     - survival rates
     - mammography benefits/risks
     - BSE patterns
     - clock face
     - checklist of BSE techniques
     - Icebreaker exercises (Appendix A, page 24):
       "Find Someone Who"
       "High Ball - Low Ball"
       "One Minute Autobiography"

3. Supplies:

   - pencils/pens
   - transparency pencil/marker
   - markers
   - newsprint paper
   - masking tape
   - paper towels
   - powder
   - blank pre/post tests
   - Fact sheets

4. Pamphlets/handouts:

   - BSE
   - Mammography
   - Nutrition

- American Cancer Society brochures
- clock face
- BSE patterns
- BSE check list
- Personal action plan (Appendix A, page 32)

5. Optional materials/fact sheets:

- slides of x-rays (Appendix A, pages 39B8-B11)
- types of biopsies (Appendix C, page 54)
- staging information (Appendix C, page 56)

CORE OUTLINE and LESSON PLANS

Breast Cancer Education Program

(Adapted from American Cancer Society materials)

Time: 2.5 hours

Materials Needed:
TV/VCR
BSE video (choice of two videos, see Appendix C, page 52)
breast models (obtain from the American Cancer Society or purchase from a commercial health education products company)
pamphlets: BSE, mammography (Appendix C, page 50)
slides & slide projector
pencils
flip chart
display board

1. **Icebreaker**
   Open the session with an icebreaker exercise. (See Appendix A.) **(15 minutes)**
   Provide and expand upon ground rules as needed.

2. **Opening**
   Present the perspective. Provide an overview of the objectives. **(10 minutes)**
   Read aloud from a display board, flip chart or handout.

3. **Administration of Pre-Test** **(15 minutes)**

   - Distribute pre-test and provide instructions for completion of test.
   - For general audience sessions, the pre-test is anonymous.

4. **Video Presentation** **(15 minutes)**
   Bridge to the video by highlighting the key points from the opening. Incorporate the pertinent objectives (A, B, C, D, E). Present the video (Video #2, "Quality Mammography Can Save Your Life." See Appendix C, page 52.). Summarize key points and bridge to the discussion.

   (Bridging is an instructor function that uses descriptive words to link ideas or one section of a topic to the next to provide a connected learning experience; it supports learning by association.)

5. Lecture/Discussion **(30 minutes)**

Using slides or transparencies, discuss recommended guidelines as indicated in the following core outline, "how-to's" of a BSE, mammography procedures, resources, and referrals.

Perspective

Early detection of breast cancer is the most important defense for reducing deaths from this disease. Breast self-examination is a useful tool for the early detection of breast cancer and should not be discontinued, say American Cancer Society experts. "There is considerable evidence suggesting a benefit to use BSE, says Robert Smith, PhD, director of cancer screening for the American Cancer Society (ACS). (Reference: ACS News Today, 2001/06/28) Three techniques for early detection of breast cancer that are supported by the American Cancer Society (ACS) are breast self-examination (BSE), mammography, and physician exam. However, women should be aware that after a thorough review of the pertinent literature, the Canadian Task Force of Preventive Health Care stated that BSE failed to show a benefit when compared to women who do not use BSE and that it was associated with the negative consequences of increased physician visits and higher rates of unnecessary breast biopsy. (Reference: Canadian Medical Association Journal ,(Vol.164, No.13:1837-1846.) The practice of BSE is currently controversial and women should be made aware of the risks and benefits associated with the practice. Nevertheless, most breast lumps are found by women, not by physicians, and women should promptly report any breast changes or concerns to their physician. For women who choose to practice BSE as a routine part of their individual preventive health care strategy there should be a means to ensure that BSE is conducted correctly in a thorough and proficient manner. This guide attempts to address this need.

During this session, we will learn about breast health guidelines, including breast self-examination, based on these objectives. ***(Display objectives or provide handout.)*** *There will be a video, discussion, and demonstration of BSE. You will also have the opportunity to practice BSE on a breast model.*

Objectives

Participants should be able to:

A. Identify the correct time of the month to perform BSE.
B. Describe the three steps of BSE.
C. Demonstrate correct technique.
D. State the proper procedures to follow if symptoms are noted or lumps are found.
E. State the three early detection guidelines as cited by the American Cancer Society.
F. Locate the lumps in the model.
G. Discuss referral sources for mammography in the local area.
H. Develop a personal action plan for BSE.

(Ask for other concerns/possible issues that may be addressed relevant to the session. Post the list.)

Didactic Lecture: (Core Outline)

- **Importance of early detection.**

  - Breast cancer is the most common cancer among women.
    (Display slides on incidence rates, mortality. Use the breast cancer fact sheets. See Appendix A, pages 39A5-39A9.)
  - All women are at risk. Risk increases with age.
    (Display table of lifetime and individual risk factors. See Appendix A, pages 39A5-39A9.)
  - Breast cancer has a high cure rate when detected early, around 90%. Early detection gives women more treatment options; and can save the breast.
    (Provide statistics on survival rates. See Appendix A, pages 39A5-39A9.)
  - There is no definite way to prevent breast cancer. However, a person who avoids risk factors connected with breast cancer is less likely to develop it. For good overall health, it is important to exercise, eat right, and manage stress. *(Provide nutrition and cancer information. See Appendix C, pages 50-51.)* What we do know is that early detection of breast cancer reduces the risk of serious illness and death.

- **Discussion of the American Cancer Society guidelines**.
  (Bridge to guidelines by highlighting key points addressed in the topic of early detection. See Appendix A for handout of objectives/key points. Page 35.)

  The three early detection techniques used together in a complete evaluation of the breast are mammography, a physician's examination, and breast self-examination.

  - Mammography
    (Define/describe mammography using a basic definition. Can provide more detailed information about mammograms as needed: screening vs. diagnostic, cost.)

    A mammography is a specialized set of x-rays of the breast in which the breasts are placed between two plastic plates and pressed slightly to get a picture of the inside of the breast. A certified radiological technologist performs a mammogram. It detects 90-95% of all breast cancer. A mammogram can detect breast cancer very early, 1-1/2 to 2 years before it can be felt.

    A <u>screening</u> mammogram is an x-ray examination of the breast of a woman who has no breast complaints, no symptoms or problems. It is a routine procedure. The goal is to detect cancer when it is too small to be felt by her physician or by the woman and involves two pictures of each breast.

    A <u>diagnostic</u> mammogram is performed for women who have a lump or other problem that needs to be evaluated. It is an x-ray examination of the breast of a woman who either has a breast complaint (for example, a breast mass, nipple discharge, etc.) or has had an abnormality found during a screening mammography.

More pictures are taken of each breast and are tailored to the patient's needs. Special images known as *cone views with magnification* are sometimes used to make a small area of altered breast tissue easier to evaluate. A diagnostic mammogram may suggest that a biopsy is needed to tell whether or not the lesion is cancer. The cost of mammograms can range between $40-$150.

- Additional mammography requirements

  - ❖ Physicians who interpret mammograms must have medical board certification and/or have three months of training in mammography.
  - ❖ Technologists are required to do an average of 200 mammograms every two years to keep their skills current.
  - ❖ Medical physicists, who survey mammography equipment and facilities, are required to have updated continuing education and experience.
  - ❖ Mammography facilities are required to give patients an easy-to-read report on the results of their mammogram within 30 days. Mammography facilities are required to retain and transfer mammograms to a patient's physician or to the patient.
    (Present slides on mammography, video clip, or refer to video shown earlier. See Appendix A, pages 39 B1- B11.)

  Recommendations for having a mammogram are:

  - ❖ To have a baseline mammogram by age 40
  - ❖ Repeat the mammogram every year after age 40

- Physician Exam
  (Define/describe a clinical breast exam.)

  A physician's exam is an in-depth examination by a physician or other health care provider in which the breasts are thoroughly examined for lumps, discoloration, dimpling, scaling, etc.

  The ACS recommendations are:

  - ❖ Every 3 years between ages 20 and 40
  - ❖ Every year after age 40

- Breast Self-Examination (BSE)
  (Define/describe breast self-examination.)

  A breast self-examination is a health habit that involves looking at and feeling both breasts with your fingers to check for lumps, changes in appearance or other abnormalities.

  A breast self-exam is recommended once a month, <u>every</u> month after age 20.

Performing Breast Self-Examination (BSE)

- Key points about the BSE

  - ❖ An important health habit used in conjunction with mammography and physician exam.
  - ❖ Not time consuming or costly.
  - ❖ Proper technique and frequency are directly related to a woman's ability to find a change in breast tissue.

  - ❖ Frequency

    - ♦ Once a month
    - ♦ 7-10 days after menstrual period
    - ♦ If no longer having periods, pick a date once a month that will be remembered

  - ❖ Positions – all three of the following positions should be practiced monthly

    - ♦ Lying down
    - ♦ In the shower or tub (with soapy hands)
    - ♦ In front of a mirror

Check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your BSE each month.

(Display the slides of the woman performing BSE in all 3 positions.
See Appendix A. PowerPoint presentations Pages 39A1-A3.
Ask question. Why is it important to examine breasts in all three positions? State answer: Breast tissue may feel different in each of these positions. Review signs and symptoms.)

- ❖ Signs and symptoms

  - ♦ Lump or thickening that is detected
  - ♦ Change in the size or shape of the breast
  - ♦ Nipple discharge
  - ♦ Dimpling or scaling of the skin or nipple

- ❖ Patterns of palpation
  (Display the chart of the three patterns for examining the breast. See Appendix A, page 38. Distribute handout. Describe the patterns.)

  - ♦ Circular
  - ♦ Wedge
  - ♦ Strip

- Steps for palpation
  (Describe process for palpating breasts.)

  - ❖ Use 3 patterns for BSE
  - ❖ Palpate under arm and around collarbone
  - ❖ Use middle three fingers (tips/pads)
  - ❖ Keep fingers flat
  - ❖ Firm compression

  (***Discuss other factors that can impact on doing a BSE properly: breast-feeding, previous breast surgery/reconstruction. Emphasize and highlight the bulleted items below.)***

Special Considerations: Pregnancy, Breast-feeding, Breast Reconstruction

- The American Cancer Society recommends that women who are pregnant, breast-feeding, or have had breast reconstruction or breast surgery also need to do regular breast self-examinations. Do the BSE in the same manner.

- Women who are breast-feeding can perform a BSE after nursing or after expressing their breast milk.

- Women who are breast-feeding can still get mammograms. They can express their breast milk before the mammogram.

  (Define breast reconstruction.)

Breast reconstruction is a surgical procedure for breast cancer patients that rebuilds the breast. Breast reconstruction such as an implant or flap rarely hides or obscures a lump that recurs in the same site.

The fundamentals of BSE are not affected by breast surgery or reconstruction.

- Check both breasts at the same time each month.
- A woman will need to learn what is normal for her since she had breast surgery or reconstruction.

7. Experiential Exercise **(40 minutes)**
Practice BSE on models

- Demonstrate three patterns of palpation on the breast model.

  - Tell participants to perform the visual inspection in front of a mirror with the arm positions and look for signs and symptoms.

- Do a "walk-through" emphasizing firm compression, flat fingers, and complete coverage.

- Observe participants examining models. Comment on correctness of their technique. Give additional "hands on" instruction as necessary.

- Distribute and use the checklist of BSE technique. *(See Appendix A, page 34.)*

- Distribute clock face sheet. Demonstrate how to record lumps on clock face. *(See Appendix A, page 36.)*

- Provide other suggestions/strategies:

  - Inform women that it may take several months to become comfortable examining their breasts.
  - Encourage women to compare their right and left breasts. If something "different" is felt in one breast, examine the same area of the other breast. If it feels the same, it is probably normal.
  - Encourage women who do not like to touch their own breasts to have their partners examine their breasts for them.
  - Symptoms/signs of breast changes can be for reasons other than breast cancer. Many breast changes are hormone related.
  - One of every three women has fibrocystic breast tissue (add a little explanation of what it is and reassure that it is not related to probability of developing breast cancer.)

8. Personal Action Plan **(10 minutes)**

- Discuss importance of preparing a personal action plan for BSE.

  - Brainstorm possible actions or steps toward doing a BSE.

- Distribute sample personal action plan. (*See Appendix A, page 32.)*

  - Review the steps listed.

- Encourage participants to regularly use their own personal action plan.

  - Brainstorm ideas with the participants to add to their plan (having a buddy, family support, etc.).

- Ask for volunteers to share ideas and thoughts about their plan.

9. Summary and Evaluation **(15 minutes)**

(Administer/review post-test, distribute and collect evaluations)

- Summarize and review

  - Review ACS guidelines. Summarize symptoms to look for as listed in the BSE process.
  - Review proper breast self-examination procedures as referenced by objectives A, B, C, D, and E.
  - Address additional questions or provide feedback on health concerns that are raised by the participants.

- Administer the post-test

  - Provide instructions to complete the test. (*See Appendix B, page 42.)*
  - Review and collect the tests.

- Evaluation/Closing

  - Select an evaluation best suited for time and use with participants. (*See Appendix B, page 44.)*
  - Distribute evaluations. Provide instructions to participants on the completion and collection of any forms.
  - Provide closing statements. Thank participants.

Breast Cancer Education Program

(Based on American Cancer Society materials)

Time: 2 hours

Materials needed:
TV/VCR
BSE video (choice of two videos, see Appendix C, page 52)
breast models (obtain from the American Cancer Society or purchase from a commercial health education products company)
pamphlets: BSE, mammography (see Appendix C, page 50)

1. **Icebreaker (15 minutes)**
   Open the session with an icebreaker exercise. (See Appendix A, page 25.)

2. **Opening (10 minutes)**
   Present the perspective. Provide an overview of the objectives.

3. **Administration of pre-test (15 minutes)**

4. **Video Presentation (15 minutes)**

5. **Lecture/Discussion (15 minutes)**
   Teach/discuss BSE technique, mammography procedures, resources, referrals.

6. **Experiential Exercise**
   Practice BSE on models. **(25 minutes)**

7. **Personal Action Plan for Breast Health (10 minutes)**

8. **Summary and Evaluation (15 minutes)**
   Administer/review post-test, distribute and collect evaluations.

Perspective

Early detection of breast cancer is the most important defense for reducing deaths from this disease. Breast self-examination is a useful tool for the early detection of breast cancer and should not be discontinued, say American Cancer Society experts. "There is considerable evidence suggesting a benefit to use BSE, says Robert Smith, PhD, director of cancer screening for the American Cancer Society (ACS). (Reference: ACS News Today, 2001/06/28) Three techniques for early detection of breast cancer that are supported by the American Cancer Society (ACS) are breast self-examination (BSE), mammography, and physician exam. However, women should be aware that after a thorough review of the pertinent literature, the Canadian Task Force of Preventive Health Care stated that BSE failed to show a benefit when compared to women who do not use BSE and that it was associated with the negative consequences of increased physician visits and higher rates of unnecessary breast biopsy. (Reference: Canadian Medical Association Journal ,(Vol.164, No.13:1837-1846.) The practice of BSE is currently controversial and women should be made aware of the risks and benefits associated with the practice. Nevertheless, most breast lumps are found by women, not by physicians, and women should promptly report any breast changes or concerns to their physician. For women who choose to practice BSE as a routine part of their individual preventive health care strategy there should be a means to ensure that BSE is conducted correctly in a thorough and proficient manner. This guide attempts to address this need.

During this session, we will learn about breast health guidelines, including breast self-examination, based on these objectives. ***(Display objectives or provide handout.)*** *There will be a video, discussion, and demonstration of BSE. You will also have the opportunity to practice BSE on a breast model.*

Objectives

Participants should be able to:

A. Identify the correct time of the month to perform BSE.
B. Describe the three steps of BSE.
C. Demonstrate correct technique.
D. State the proper procedures to follow if symptoms are noted or lumps are found.
E. State the three early detection guidelines as cited by the American Cancer Society.
F. Locate the lumps in the model.
G. Discuss referral sources for mammography in the local area.
H. Develop a personal action plan for BSE.

(Ask for other concerns/possible issues that may be addressed relevant to the session. Post the list.)

Breast Cancer Education Program

(Based on American Cancer Society materials)

Time: 1.5 hours

Materials needed:
TV/VCR
BSE video (choice of two videos, see Appendix C, page 52)
breast models (obtain from the American Cancer Society or purchase from a commercial health education products company)
pamphlets: BSE, mammography (see Appendix C, page 50)

1. **Icebreaker (10 minutes)**
   Open the session with an icebreaker exercise. (See Appendix A, page 25.)

2. **Opening (10 minutes)**
   Present the perspective. Provide an overview of the objectives.

3. **Administration of Pre-test (15 minutes)**

4. **Video Clip/Film Presentation (10 minutes)**

5. **Lecture/Discussion (15 minutes)**
   Teach/discuss BSE technique, ACS resources, referrals.

6. **Experiential Group Exercise/Instruction (20 minutes)**
   Perform BSE on models.

7. **Summary and Evaluation (10 minutes)**
   Administer/review post-test, distribute and collect evaluations.

Perspective

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During this session, we will learn about breast health guidelines, including breast self-examination, based on these objectives. ***(Display objectives or provide handout.)*** *There will be a video, discussion, and demonstration of BSE. You will also have the opportunity to practice BSE on a breast model.*

Objectives

Participants should be able to:

A. Identify the correct time of the month to perform BSE.
B. Describe the three steps of BSE.
C. Demonstrate correct technique.
D. State the proper procedures to follow if symptoms are noted or lumps are found.
E. State the three early detection guidelines as cited by the American Cancer Society.
F. Locate the lumps in the model.
G. Discuss referral sources for mammography in the local area.
H. Develop a personal action plan for BSE.

(Ask for other concerns/possible issues that may be addressed relevant to the session. Post the list.)

Breast Cancer Education Program

(Based on American Cancer Society materials)

Time: 1 hour

Materials needed:
TV/VCR
BSE video (choice of two videos, see Appendix C, page 52)
breast models (obtain from the American Cancer Society or purchase from a commercial health education products company)
pamphlets: BSE, mammography (see Appendix C, page 50)

1. **Icebreaker** **(5 minutes)**
   Open the session with an icebreaker exercise. (See Appendix A, page 25.)

2. **Opening** **(5 minutes)**
   Present the perspective. Provide an overview of the objectives.

3. **Administration of Pre-test** **(15 minutes)**

4. **Video Clip/Film Presentation** **(10 minutes)**

5. **Lecture/Discussion** **(15 minutes)**
   Teach/discuss BSE technique, ACS resources, referrals.

6. **Summary and Evaluation** **(10 minutes)**
   Administer/review post-test, distribute and collect evaluations.

Perspective

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F. Locate the lumps in the model.
G. Discuss referral sources for mammography in the local area.
H. Develop a personal action plan for BSE.

(Ask for other concerns/possible issues that may be addressed relevant to the session. Post the list.)

Breast Cancer Education Program

(Based on American Cancer Society materials)

Time: 0.5 hour

Materials Needed:
TV/VCR
BSE video (choice of two videos, see Appendix C, page 52)
breast models (obtain from the American Cancer Society or purchase from a commercial health education products company)
pamphlets: BSE, mammography (see Appendix C, page 50)

1. Icebreaker

Open the session with an icebreaker exercise. (See Appendix A, page 25.) **(5 minutes)**

2. Opening

Present the perspective. Provide an overview of the objectives.

3. Video and Discussion **(20 minutes)**

Show video. Demonstrate and discuss BSE techniques. Circulate breast model in class providing participants an opportunity to locate lumps.

4. Summary and Evaluation **(5 minutes)**

Summarize the lesson; distribute and collect evaluations.

Perspective

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E. State the three early detection guidelines as cited by the American Cancer Society.
F. Locate the lumps in the model.
G. Discuss referral sources for mammography in the local area.
H. Develop a personal action plan for BSE.

(Ask for other concerns/possible issues that may be addressed relevant to the session. Post the list.)

Appendix A

Training Tools

1. Icebreakers:

- *"Find Someone Who"*
  (Instructions follow exercise, page 26)

- *"High Ball - Low Ball"*
  (Instructions follow exercise, page 28)

- *"One Minute Autobiography"*
  (Instructions follow exercise, page 30)

*2. Breast Self-Exam Handouts and Graphics **

- *Personal Action Plan Cards*
- *Breast Self-Exam Technique*
- *Check List of Breast Self-Exam Techniques*
- *Learning Objectives/Key Points (for handout or flipchart)*
- *Clock Face*
- *Side View of Mammogram*
- *Breast Self-Exam Patterns*

3. PowerPoint Presentations

- *Breast Self-Exam*
- *Mammography*

Used with permission from the American Cancer Society

Icebreaker 1

Find Someone Who…

Purpose: To find someone in the room who responds "yes" to the activities listed below and have them initial in the space provided.

Instructions for participants: Ask only one or two questions of any one person from the list below. If the person replies with a "yes," have that person initial the blank. Try to get all the blanks filled in. When all the blanks are initialed or when the leader calls "time," have a seat.

Find Someone Who...	**Initials**
1. Has regular gynecology and dental appointments.	_____
2. Flosses teeth daily.	_____
3. Has gone skinny-dipping.	_____
4. Knows the three breast self-examination (BSE) patterns.	_____
5. Has a favorite hobby or sport. What is it?	_____
6. Knows the procedures at their local mammography center.	_____
7. Is a "chocoholic," "coffee addict," etc.	_____
8. Eats five fruits and vegetables a day.	_____
9. Knows what "palpate" means.	_____
10. Exercises at least three times a week.	_____

Icebreaker 1: Instructions for Facilitator

1. Distribute copies of exercise to each participant.

2. State the objective and review the instructions.

3. Reinforce these points with the participants:
   - Ask only one or two questions of any one person from the list.
   - If the person replies with a "yes", have them initial the blank.
   - Try to get all the blanks filled in.
   - The time you have to complete the exercise is very short, about 5 minutes.
   - A stop time will be announced. When time is announced, stop getting initials and take a seat.

4. Instruct participants to start the exercise.

5. Give the group about 5 minutes to get their sheets initialed. Observe the process. Look for non-verbal cues and gestures, which may assess the group's comfort level and experience with these topics.

6. Announce "time" and instruct participants to stop and take their seats.

7. Process the exercise by asking the questions listed below (and/or others based on your observation):
   - How many people got their blanks completely filled?
   - What did you think about the exercise? Difficult? Enjoyable or not?
   - How did it make you feel?
   - Was it difficult for you to ask participants the questions? Were you uncomfortable hearing the responses?
   - Did you learn anything about your health vs. the health of the group as a whole that you found interesting (commonalities, efforts at being healthy, etc.)?

8. Offer the opportunity for one or two people to share their thoughts with the group.

9. Close the exercise. Bridge to the learning objectives.

Materials:
- Adequate copies of the exercise sheet for group size
- Pencils/pens

Comments:
- Time: 10 minutes
- Group size: 10-80 persons

Icebreaker 2

High Ball - Low Ball

Purpose: **To identify who has or who practices or is aware of the most healthy behaviors in this group; who has the highest amount of healthy behaviors.**

Introduction:

We all have some healthy and unhealthy behaviors or practices. We all know someone who currently has or has had some healthy and unhealthy behaviors. This is an exercise that indicates health practices and behaviors of you or someone you know.

Health Behaviors/Practices List:

1. Exercises at least three times a week for at least 30 minutes.
2. Eats five fruits and vegetables a day.
3. Drinks eight glasses of water each day.
4. Brushes teeth daily.
5. Wears seatbelt every time while driving or riding with someone.
6. Has annual pap smears.
7. Visits the doctor on a regular basis.
8. Does not smoke.
9. Flosses teeth daily.
10. Examines breasts monthly.
11. Manages stress in a positive manner.
12. Consumes two to three servings of calcium rich foods daily.
13. Eats low-fat foods on a daily basis.
14. Controls salt intake.
15. Has mammograms on a regular basis.
16. Does not drink alcohol, or consumes less than three alcoholic beverages in a day.
17. Practices safe sex.

Icebreaker 2: Instructions for facilitator

1. Read the purpose of the exercise, and read the introduction to the participants.

2. Instruct them to stand, if they are able. If unable to stand, instruct them to hold up their hand.

3. Instruct the group to remain standing "**only if all behaviors apply to you or to someone you know.**"

4. Read aloud and read slowly the list of healthy behaviors. Observe the group's responses.

5. Instruct participants to sit down as each behavior is read, if it does not apply to them or to someone they know. (Provide time for people to sit down before reading the next behavior.)

6. After reading the list, there should only be a few people that remain standing.

7. Congratulate those persons standing for practicing 100% of healthy behaviors or for knowing someone who practices 100% of the healthy behaviors.

8. Ask how many people have practiced 50% or 75% of the healthy behaviors listed.

9. Process the exercise using the questions listed below (and/or others based on your observations):
   - What did you think about the exercise? Difficult? Enjoyable or not?
   - How did it make you feel?
   - Did you learn anything about your health vs. the health of the group as a whole that you found interesting? (Commonalities, efforts at being healthy, etc.)

10. Close the exercise and bridge to course objectives.

Materials: None

Time: 5-15 minutes

Comments:
- ***Option*** - To reduce the time or to positively reflect the participant group character(s)/personality, read and select only certain health behaviors.
- Group size: 10-80

Icebreaker 3

One-Minute Autobiography

Purpose: To introduce yourself while wrapping a string around your finger and complete the introduction before running out of string.

Autobiography
- Introduce yourself by name.
- Name an activity that you enjoy.
- State a healthy behavior that you practice regularly.
- State a healthy behavior that you would like to improve upon or start practicing.
- Give an expectation for this session.

Instructions:
1. Prepare the above bulleted information for display on flip chart paper.
2. Briefly introduce yourself and instruct participants to form two lines facing each other, (or form a circle).
3. Give each participant a piece of string.
4. State that you are going to lead an exercise in which we will share information about ourselves in the form of an autobiography.
5. Display and direct participants to read the bulleted information for the autobiography.
6. Explain the objective. Demonstrate by sharing your autobiography first.
7. Wrap the string around your finger as you respond to each bulleted item.
8. Direct the next person in line to introduce themselves in the same manner.
9. Repeat the process until each person shares his or her autobiography.
10. Record the expectations of the participants on flip chart paper. Store the expectations for evaluation.
11. Process the exercise by asking questions about the participant's comfort levels and thoughts.
12. Close the exercise by reviewing the expectations; bridge to the objectives.

Materials:
- 10 - 12 inch pieces of string (one per participant)
- Magic markers
- Flip chart paper/easel/tape

Time Required: 10-15 minutes depending on group size

Comments:
- Can be done standing or sitting
- Group size: 5-15 persons

Breast Self-Exam Handouts and Graphics

Personal Action Plan

I promise myself to:
- Examine my breasts at the same time each month.
- Use one of the three patterns.
- Use the checklist.
- Use the clock face to record the lumps.
- See a doctor if needed.
- Get a mammogram as required.

I will make my breast health a priority.

Signature Date

Personal Action Plan

I promise myself to:
- Examine my breasts at the same time each month.
- Use one of the three patterns.
- Use the checklist.
- Use the clock face to record the lumps.
- See a doctor if needed.
- Get a mammogram as required.

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Signature Date

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- Use one of the three patterns.
- Use the checklist.
- Use the clock face to record the lumps.
- See a doctor if needed.
- Get a mammogram as required.

I will make my breast health a priority.

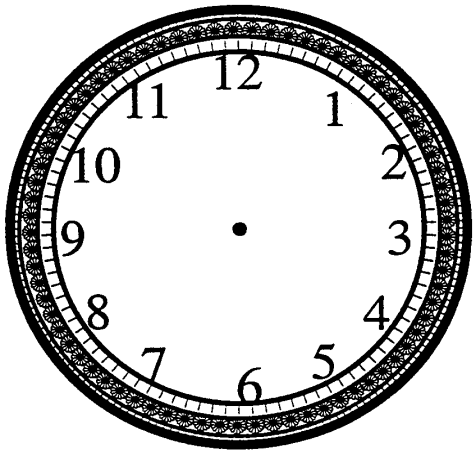
Signature Date

BSE Technique

Complete Coverage

- Use circular, strip, or wedge pattern.
- Use three middle fingers. Keep them **flat**.
- Check under arm and around collarbone for lumps.
- Apply pressure firmly.
- Using the pads of your first 3 fingers, make a gentle rotary motion on the breast.
- Feel nipple, note any changes. Apply gentle pressure to nipple to observe for discharge.
- Compare right and left breasts.

Clock Face



Other Suggestions

- Draw lumps on a clock face as they are found. Refer to clock face to determine if lumps are in the same place or are different in any way.
- Examine your breasts even if you are not comfortable doing so. It becomes easier each month.
- Have your partner examine your breasts if you do not feel comfortable doing it yourself.
- If you notice **any** change, see your doctor.

Check List of Breast Self-Examination Technique

Check as each item is demonstrated or described.

_____ Visual inspection is mentioned with arms at side.

_____ Visual inspection is mentioned with arms overhead.

_____ Visual inspection is mentioned with chest muscles flexed.

_____ Uses opposite hand to palpate.

_____ Uses flat part of three middle fingers to perform examination.

_____ Fingers are held together and pressed firmly against breast.

_____ Fingers are moved in circular, strip or wedge pattern.

_____ The entire breast is examined.

_____ Examining the axilla (underarm) and nipple for discharge is mentioned.

_____ Examining the opposite side is mentioned.

Learning Objectives

A. Identify the correct time of the month to perform breast self-examination (BSE).

B. Describe the three steps of breast self-examination.

C. Demonstrate properly the patterns for palpating (feeling) breast tissue.

D. State the proper procedures to follow if symptoms or a lump is found.

E. State the three early detection guidelines as cited by the American Cancer Society.

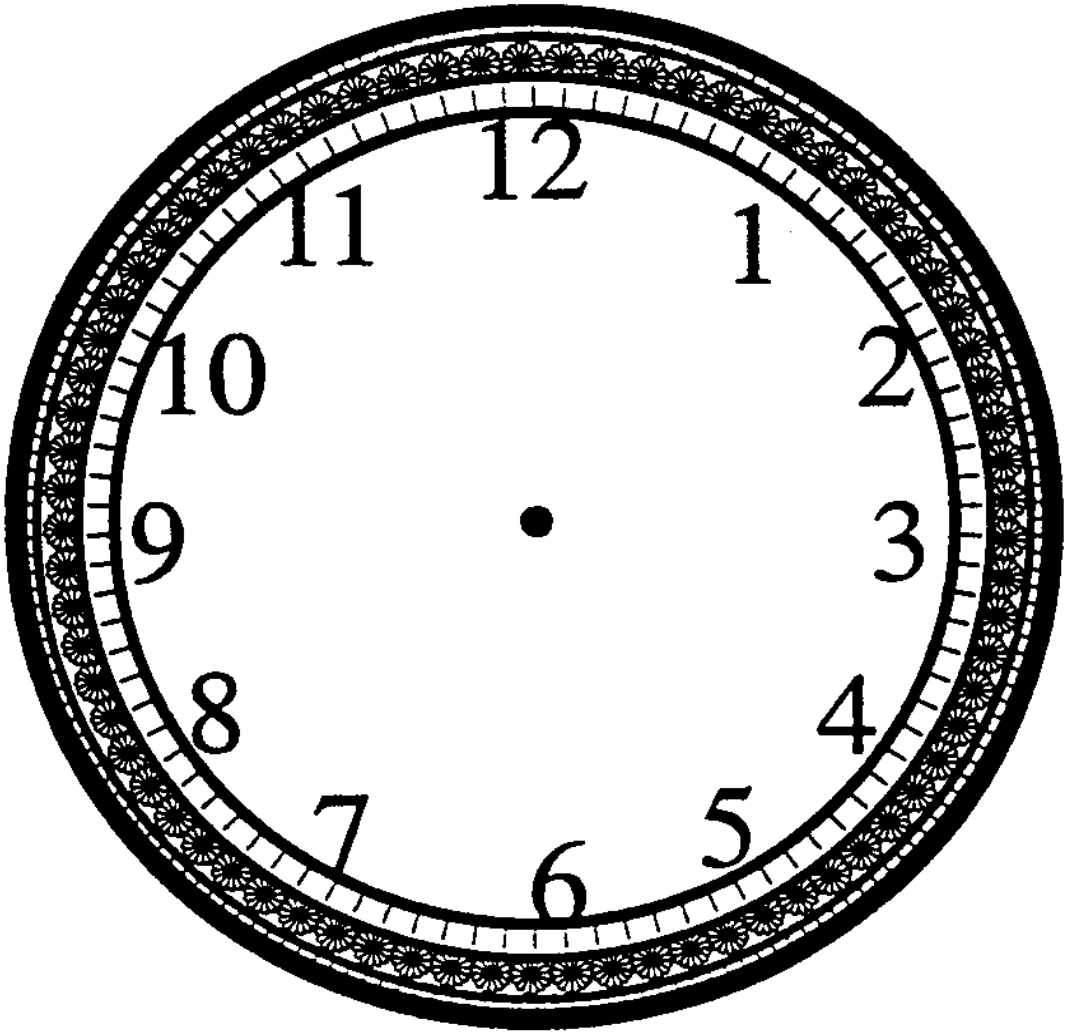
F. Locate the lumps in the model.

G. Cite referral sources for mammography in the local area.

H. Develop a personal action plan for breast self-examination.

Learning objectives A, B, C, D and E are core objectives and should always be addressed.

Clock Face for Marking the Location of Lumps



Side View of Mammogram

Breast Self-Exam Patterns

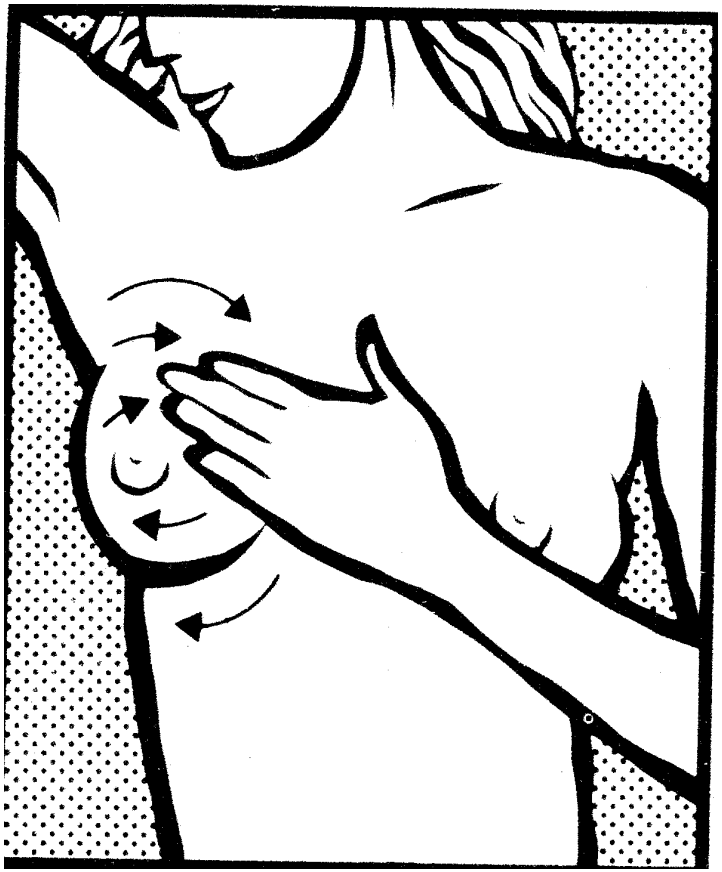
PowerPoint Presentations

Attachments 39A and 39B

For Women Only

(How to do BSE a self-exam)

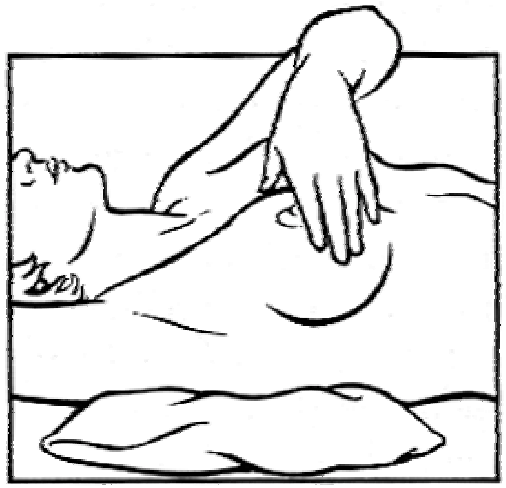
Breast cancer may be cured if you find it early.
The best early diagnostic cancer check is a mammogram.
When your doctor checks your breasts ask about this.



Use the shower check.

- Check your breasts about one week after your period.
- Press firmly with the pads of your fingers. Move your left hand over your right breast in a circle motion.
- Now check your left breast with your right hand in the same way. If there are any lumps, knots, or changes, tell your doctor right away.

BSE Position - lying down



Lie down with a pillow under your left shoulder and place your left arm behind your head.

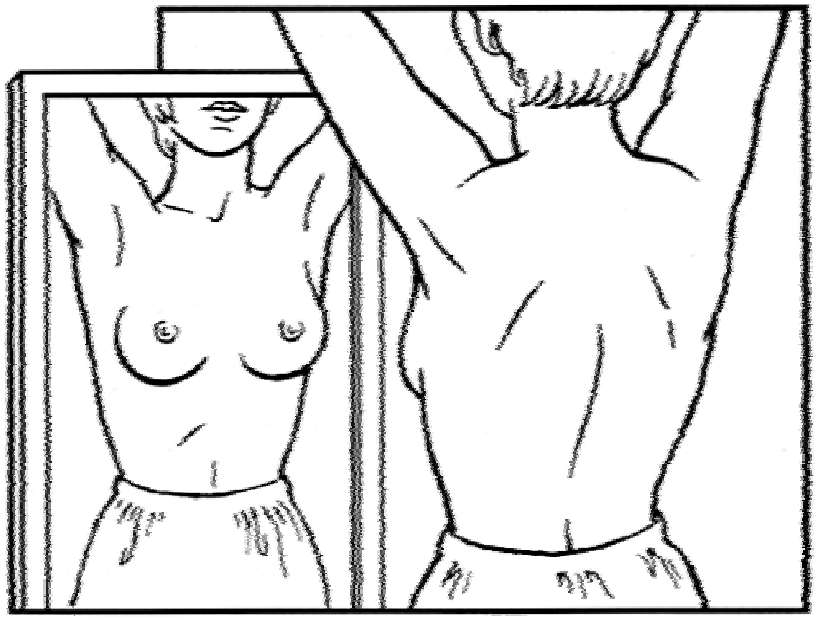
Press firmly with the pads of your three middle fingers on your right hand to feel for lumps in the left breast.

Move around the breast in using one of the patterns.

Check the entire breast area, under the arm, around the collarbone.

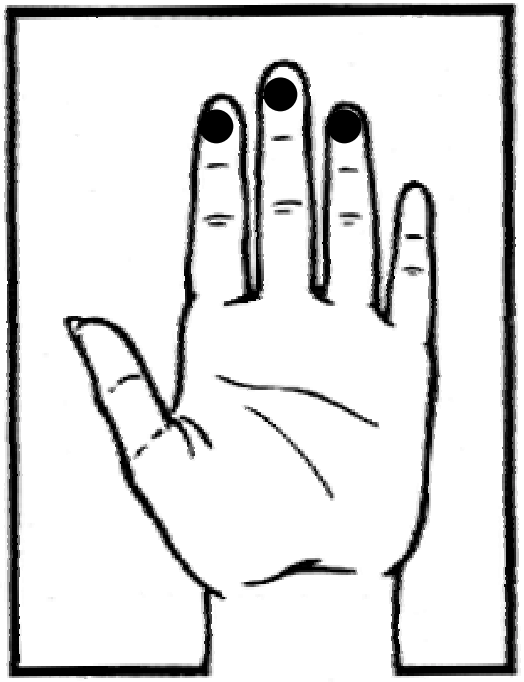
Repeat the exam on your left breast, using the finger pads of the right hand.

BSE in Mirror



- **Check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your BSE each month.**

BSE Technique



Use pads/tips of 3 middle fingers

Press firmly

Keep fingers flat

Breast Cancer Facts

- Breast cancer is the second leading cause of cancer death in women (lung cancer is first).
- Breast cancer incidence rates for women have increased about 2% a year since 1980, but recently have leveled off at about 1:10.

Breast Cancer Facts(Cont)

- The primary risk factors for breast cancer are being female and increasing age.
- Other factors include: family history, having no children, first child after age 30, early start of menstruation (before 12), late menopause (after 55), high fat diet.
- The five-year survival rate for breast cancer is: 97% if cancer has not spread beyond the breast, 77% if it has spread to nearby organs, 21% if it has spread throughout the body.
- Mortality can be reduced 30 to 40 percent among women age 50 and over by the use of mammography and clinical examination.

Age Specific Probabilities of Developing Breast Cancer

Current age	1 in:
20	2,187
30	258
40	67
50	38
60	29
70	25

Breast Cancer Facts (Cont)

- In 2000, 192,200 new cases were diagnosed.

- In 2000, there were about 46,400 deaths from breast cancer.

Breast Cancer Facts (Cont)

- Breast cancer is the second leading cause of cancer death in women (lung cancer is first).

- Breast cancer is the leading cause of cancer death for women aged 40 to 55.

Breast Self-Examination
3 Positions

- Lying down with the same arm of the breast to be examined behind your head and your shoulder rested on a pillow.
- In the shower or tub, upright with soapy hands.
- In front of the mirror for visualization.

Breast Self-Examinations

- Perform monthly.
- 7-10 days after the start of your period.
- If you are no longer having periods, pick a date once a month you will remember.

Quick Reminders

- Using the circle pattern, palpate under your arm, under your collar bone, and under your bra line.
- Use the pads of your three middle fingers.
- Press hard enough to know how your breasts feel.

What To Look For

- A lump or thickening that you notice has lasted longer than one month.
- A change in the size or shape of the breast.
- Nipple discharge.
- Dimpling, puckering, or severe dryness of the skin or nipple.
- Any change from the norm.
- Localized pain in the breast.

Signs and Symptoms

Fibrocystic Changes

- Fluid-like cysts, usually rubbery
- Monthly hormonal changes
- Tenderness or pain
- Swelling
- Periodic/cyclical recurrence

Cancer

- Usually hard lump
- Change in size or shape of breast
- Nipple discharge
- Dimpling or scaling of skin or nipple
- Stays over time

Mammography Fact Sheet

- Mammogram - an x-ray picture of the inside of the breast.
- Detects 90-95% of all breast cancer.
- Vital part of the complete evaluation of the breast along with monthly breast self examination and an exam by your physician.
- Only current method to detect breast cancer while still at an early stage.
- Amount of radiation is extremely low. It is as safe as traveling 5,000 miles by plane or 450 miles by car.

Mammography Fact Sheet (Cont)

- Two pictures are taken of each breast--one from the top and one from the side.
- The breasts are placed between plastic plates and slightly pressed to get a clear picture.
- The procedure may be uncomfortable for some women, but it is also over within seconds. Total procedure is usually completed within 30 minutes.

Mammography Fact Sheet (Cont)

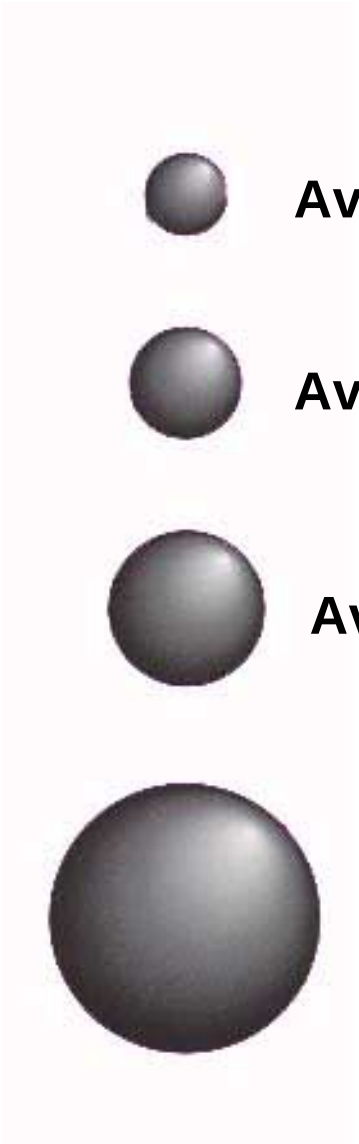
- A mammogram is done by a certified radiologic technologist.
- A mammogram can find breast cancer very early, 1 1/2 to 2 years before it can be felt.
- The cost range: between $40-$150.
- The American Cancer Society recommends mammograms as follows:
  - First mammogram by age 40
  - New Guidelines: <u>every</u> year

Mammography Fact Sheet (Cont)

- A screening mammogram is a routine procedure performed for women who have no symptoms or problems in the breast. It involves two pictures of each breast.

- A diagnostic mammogram is performed for women who have a lump or other problem that needs to be evaluated. More pictures are taken of each breast.

Size of Tumors Found by Mammography and Self Breast Exam



Average size lump found by getting regular mammograms

Average size lump found by first mammograms

Average size lump found by women practicing regular BSE

Average size lump found by accident

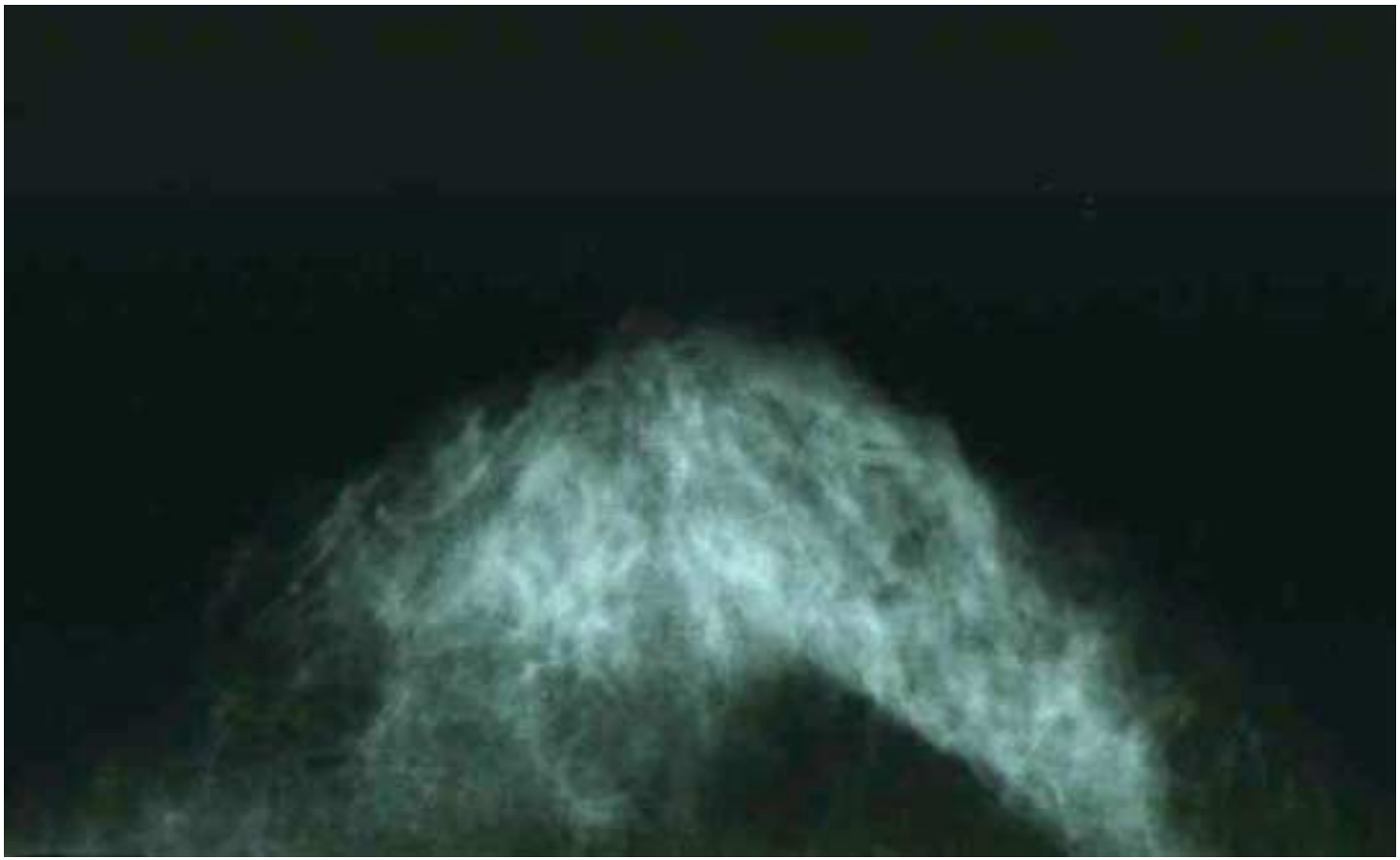
Mammogram Preparation

- Schedule 7-10 days after your period.
- Bring previous films for comparison.
- No perfume, powder, or deodorant.
- Take a pain reliever prior to exam, if needed.
- No caffeine for 1 week prior may decrease discomfort during this test.

Mammography Quality Standards Act of 1992

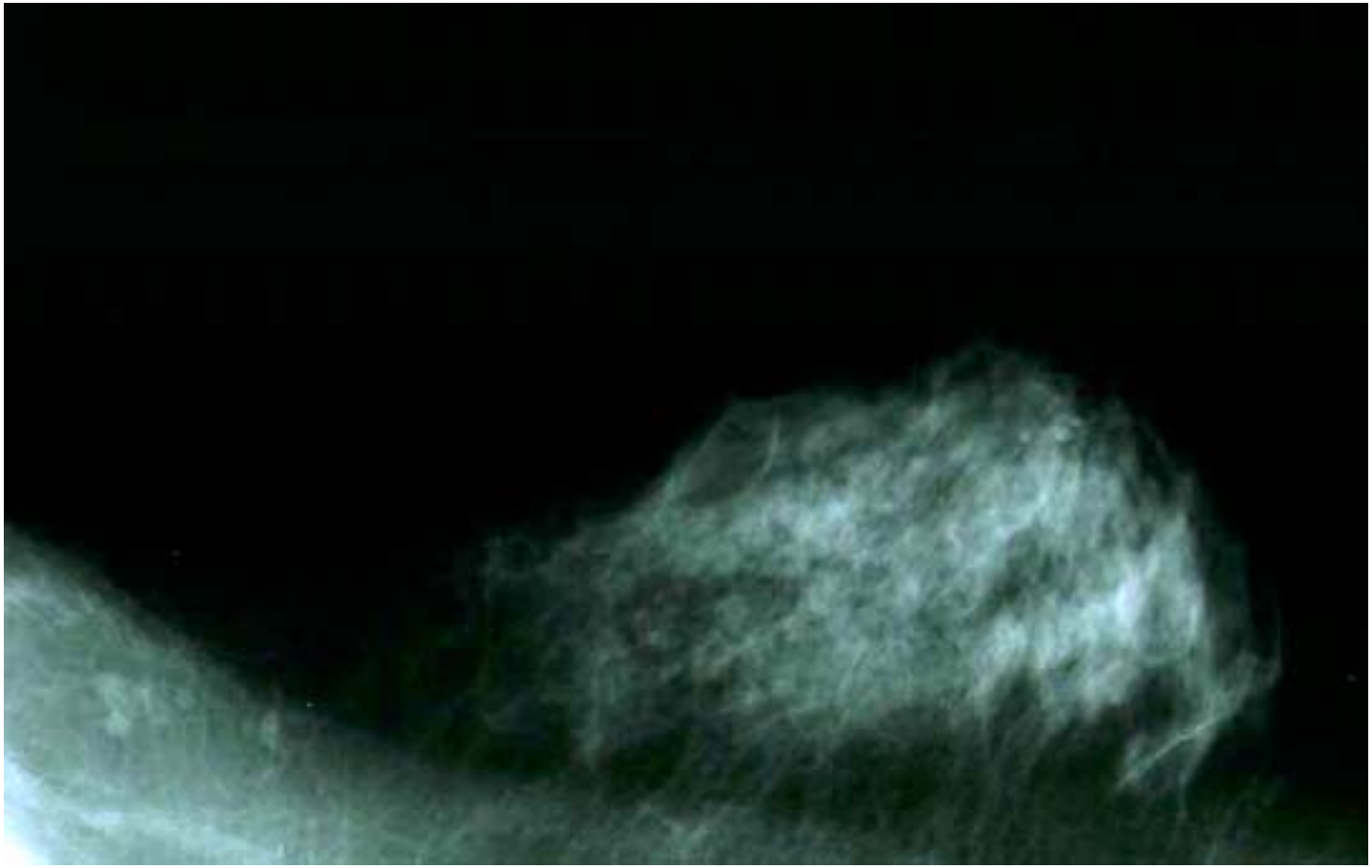
- Law passed by Congress.
- FDA oversees annual inspections of over 10,000 facilities and staff.
- Look for current certificate on display.
- Call for a listing of FDA-certified facilities by calling 1-800-4-CANCER.

Mammography Slide #1



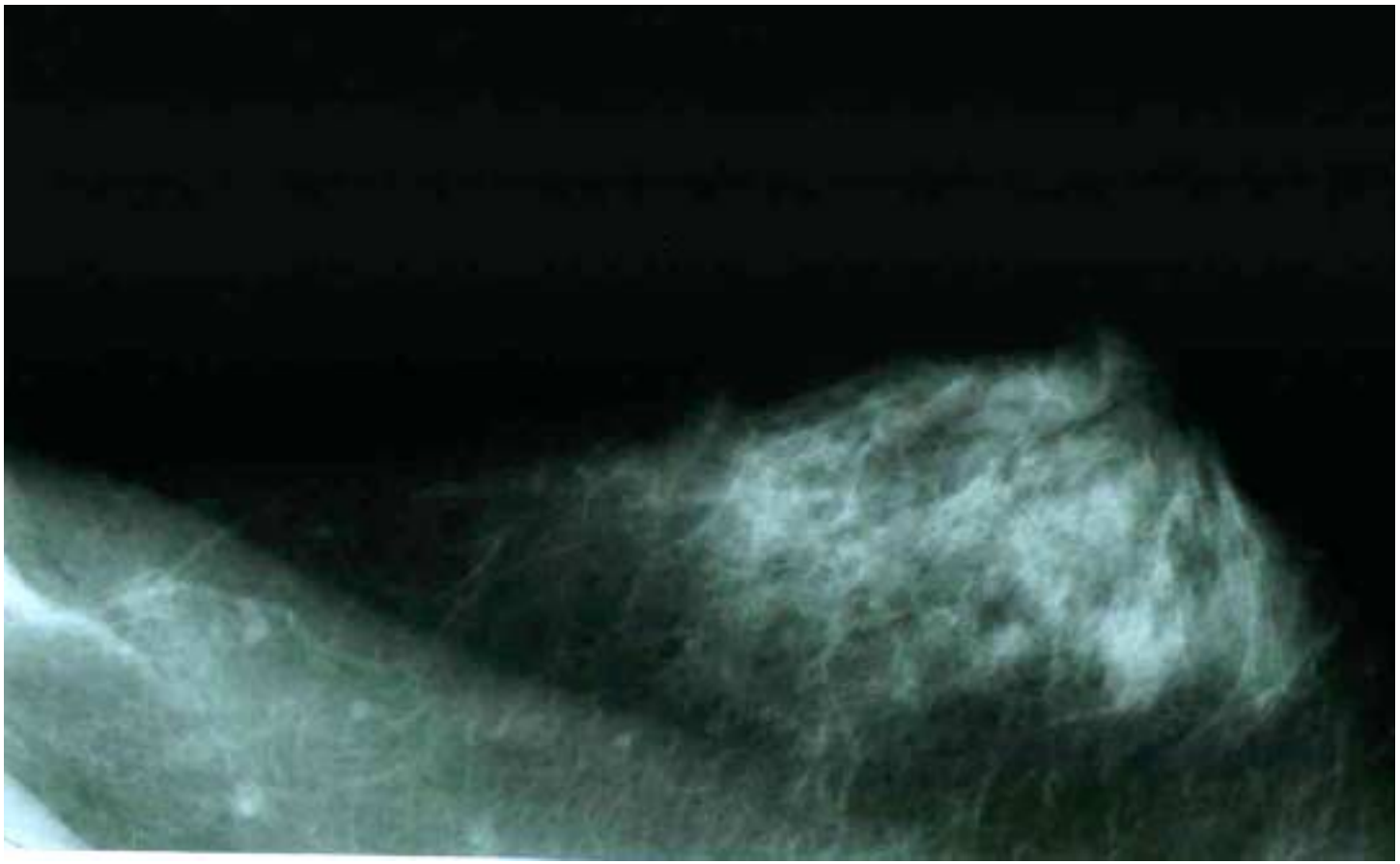
Left breast, top view. The breast was compressed horizontally between 2 plates and was radiographed.

Mammography Slide #2



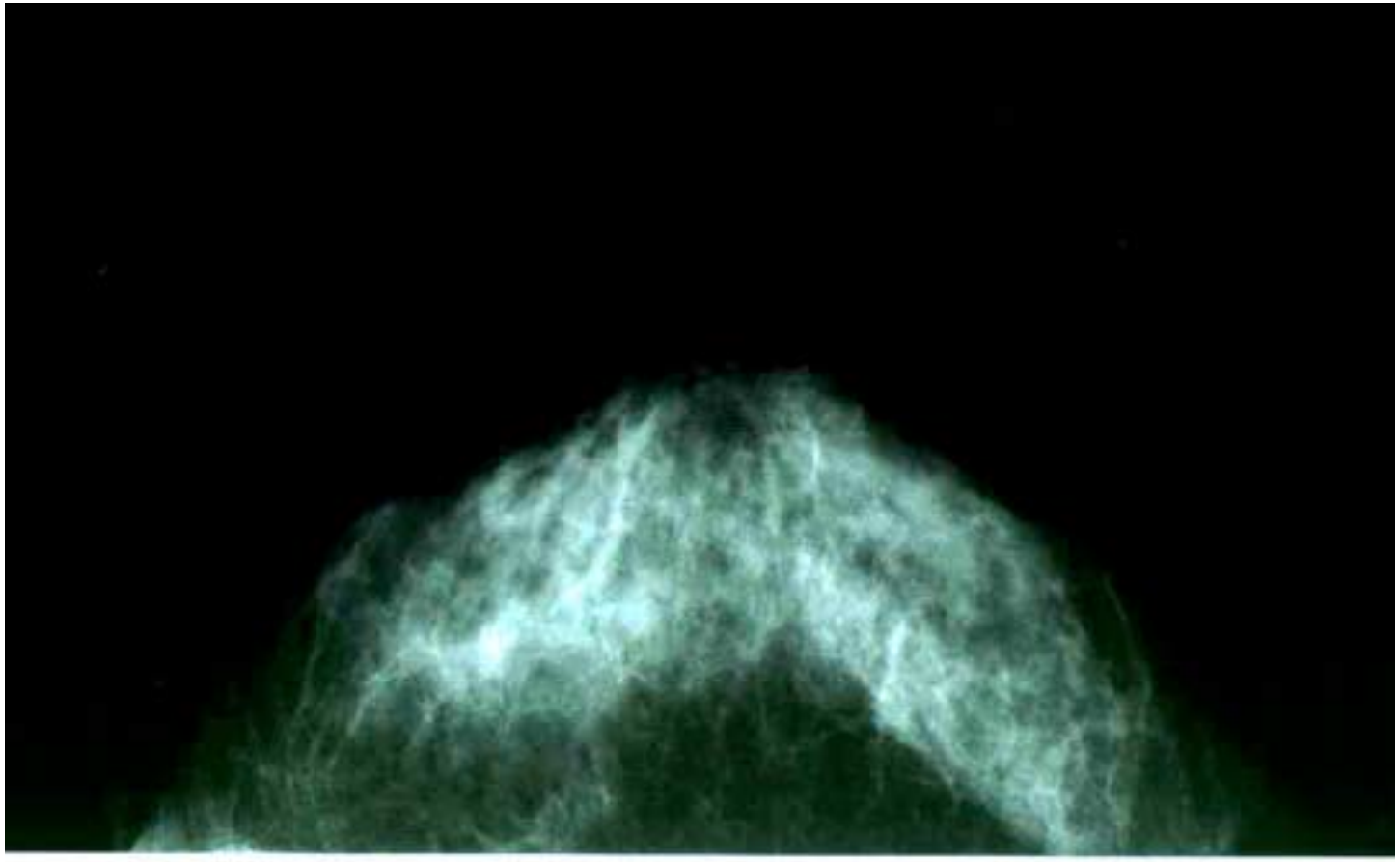
Right breast –side view. The breast was compressed vertically between 2 plates and was radiographed.

Mammography Slide #3



Left breast -side view. Breast was compressed vertically between 2 plates and was radiographed.

Mammography Slide #4



Right breast – top view. Breast compressed horizontally between 2 plates and radiographed.

Appendix B

Pre/Post Test

- Instructions and Test

Evaluations

- Evaluation 1: Participant Evaluation Form
- Evaluation 2: Johari's Window
- Evaluation 3: Expectations Exercise

Instructions for Administration of Pre/Post-Test

Give information and instructions for the tests as follows:

1. Inform participants that there will be a written pre-test and post-test which will be collected and reviewed at the end of the session.

2. Inform participants that the test is anonymous. Do not write your name on the tests.

3. Distribute the test.

4. For the pre-test, tell participants to circle the word "pre" indicating pre-test.

5. For the post-test, tell participants to circle the word "post" indicating post-test.

6. Instruct participants to write the letter "T" for true, if they think the statement is true or "F" for false, if they think the statement is false.

7. Collect the tests.

8. Review the answers for the post-test at the end of the session.

Breast Self-Examination Pre/Post-Test

Write in a "T" for true or "F" for false.

_____ 1. Women should perform breast self-examination (BSE) each month.

_____ 2. National standards require that women between the ages of 20 and 40 have a breast exam done by their doctor every 3 years.

_____ 3. A baseline mammogram is recommended at age 40.

_____ 4. All women over age 40 should have a mammogram every 1 to 2 years.

_____ 5. Mammograms can detect breast cancer before any symptoms are noticed.

_____ 6. If a woman is still having menstrual cycles, the correct time of the month to perform breast self-examination is a week after the menstrual period.

_____ 7. If a woman is no longer having menstrual cycles, she should choose a date of the month that she would remember to perform the breast self-examination.

_____ 8. A woman s ability to detect breast cancer early is directly related to using the correct technique.

_____ 9. A woman's ability to detect breast cancer early is directly related to performing the exam monthly.

_____ 10. If a woman has lumpy breasts (called Fibrocystic changes), she should examine her breasts until she can identify what are normal lumps for her.

_____ 11. After a woman finds a lump in her breast, she should see her doctor only if the lump hurts.

_____ 12. If a woman examines her breasts every month, she does not need to have a routine mammogram or clinical examinations.

_____ 13. Women who are in good health and with no family history of breast cancer can still get breast cancer.

_____ 14. The positions for performing self-breast examinations are: in the shower, in front of a mirror or lying down.

_____ 15. The three patterns for performing BSE are circular, strip "up and down" and wedge.

Evaluation 1: Participant Evaluation Form

Please complete the evaluation by responding to the following statements. Check the box that best describes your opinion. Your responses will help in the delivery of future programs.

	Date	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	The topic was interesting.					
2	I learned new information.					
3	The information has caused me to change my thinking and attitudes about breast health.					
4	I will use this information to change my behavior (doing BSE, getting a mammogram).					
5	I will share the information about breast self-examination and mammograms with friends.					
6	The slides/overheads were easy to read.					
7	The presenter answered all questions.					
8	The presentation was well organized.					
9	The time for the seminar was adequate.					
10	I would like a follow-up session or additional information on this topic.					
Comments:						

Evaluation 2: Johari's Window

Johari's Window: This is an "at-the spur-of-the moment" type of assessment. It is a light interactive exercise. It can be used by a participant group to quickly assess the presentation and the overall participant group satisfaction with the topic.

Johari's window provides an opportunity for participants to verbally express feedback in a controlled manner. It is a quick method for recording the feedback when time is limited and/or when an evaluation tool and writing instruments are not available.

Time: 5 minutes or less

Materials needed: blackboard and chalk or newsprint pad/poster and marker

Instructions:

1. Draw a big box and divide into four sections or divide newsprint into four sections. Make the top sections a little larger than the bottom sections to ensure ample space for writing.

2. Refer to the attached example.

3. Lead the exercise by stating that this is just a quick evaluation to get feedback from participants about the presentation.

4. Starting with the top left box. Solicit responses from participants. Record responses in the box. Do not write names of participants next to responses.

5. Go to the top right box. Solicit responses from participants. Record responses in the box. Do not write names of participants next to responses.

6. Go to the bottom left box and repeat the process until all the boxes are completed.

7. Close the exercise.

JOHARI'S WINDOW

What you expected and did get	What you expected and didn't get
1. 2. 3.	1. 2.
What you didn't expect and did get	**What you didn't expect and what you didn't get**
1. 2.	

Evaluation 3: Expectations Exercise

Time: 5-10 minutes

Materials Needed: flip chart/newsprint pad, markers, and tape

Expectations Exercise: To review the course objectives, the expectations of the participant group, assess the presentation and the overall participant group satisfaction with the topic. It provides an opportunity for participants to verbally express feedback in a controlled manner within a limited timeframe.

Instructions:

1. Post the list of session objectives and participant expectations generated at the beginning of the session.

2. Compare the lists.

3. Read over the objectives.

4. Highlight and reinforce key points that address each objective.

5. Provide responses to the expectations listed, which are related to the objectives.

6. Validate any participant expectations that could not be met by the session.

7. Refer to other resources that could meet or satisfy the stated expectation.

8. Ask for and record additional feedback.

9. Close the exercise.

Appendix C

Resources

Sources for Related Products:

- ***Pamphlets***
- ***Book Marks***
- ***Reports***
- ***Videos***
- ***Web Sites***
- ***Fact Sheets***

Sources for Related Products:

Pamphlets:

- "Cancer Facts for Women"
  American Cancer Society

- "Breast Cancer Questions & Answers"
  American Cancer Society

- "How to do Breast Self-Examination Shower Card"
  American Cancer Society, 99-1.5MM-No.2028-CC

- "American Cancer Society's Guidelines for the Early Detection of Breast Cancer"
  American Cancer Society, Item No. 98-500M-3403-CC

- "Mammograms: Not Just Once, but for a Lifetime"
  National Cancer Institute

- "Questions and Answers about Breast Calcifications"
  National Cancer Institute

- "The Facts About Breast Cancer and Mammography"
  National Cancer Institute

- "Diet and Breast Cancer: How to Beat the Odds"
  The Susan G. Komen Foundation

- "Reducing Cancer Risks With Good Nutrition"
  National Cancer Institute

- "Action Guide for Healthy Living"
  National Cancer Institute

- "5–A Day: Take Time to Take 5: Eat 5 Fruits and Vegetables Every Day"
  National Cancer Institute

- "Tips on How to Eat Less Fat"
  National Cancer Institute

- "Understanding Breast Changes: A Health Guide For All Women"
  National Cancer Institute

- "Moving Towards a Plant-based Diet"
  American Institute for Cancer Research

- "Facts On Preventing Cancer: Alcohol"
  American Institute for Cancer Research

- "Diet and Health Recommendations for Cancer Prevention"
  American Institute for Cancer Research

To obtain American Cancer Society pamphlets, call 1-800-ACS-2345.

To obtain American Institute for Cancer Research pamphlets, call 1-800-843-8114.

To obtain National Cancer Institute pamphlets, call National Cancer Institute's Cancer Information Service, 1-800-4-CANCER.

To obtain Susan B. Komen Breast Cancer Foundation pamphlets, call 1-800-IM AWARE.

Book Marks:

- "Mammography: A Picture That Can Save A Life"
  Item No. 802-803
  Size of tumors found by mammography and breast self-exam
  The Susan G. Komen Breast Cancer Foundation, call 1-800-IM AWARE or 1-800-462-9273

- "We Want You To Stay Healthy... Taking Action, Making A Difference".
  Item No. 98-500M, 3416-CC
  American Cancer Society guidelines for the early detection of breast cancer
  American Cancer Society, call 1-800-ACS-2345

- "Mammograms: Not Just Once, but for a Lifetime!"
  National Cancer Institute's Cancer Information Service, call 1-800-4-CANCER (1-800-422-6237)

Reports:

- Breast Cancer Facts & Figures 1999-2000, American Cancer Society, call 1-800-ACS-2345

- Cancer Risk Report, Prevention and Control 1998, American Cancer Society, call 1-800-ACS-2345

- Breast Cancer Dictionary, American Cancer Society, call 1-800-ACS-2345

- "Food, Nutrition and the Prevention of Cancer: A Global Perspective, Part II, Cancers, Nutrition and Food" Chapter 4.11, Breast, American Institute for Cancer Research, call 1-800-843-8114

Videos:

- Video # 1, "Instructions for Breast Self-Examinations."
- Video # 2 "Quality Mammography Can Save Your Life."
  American Cancer Society, call 1-800-ACS-2345

Web Sites:

- American Cancer Society
  www.cancer.org

- The Susan Komen Breast Cancer Foundation
  www.breastcancerinfo.com

- American Institute for Cancer Research
  www.aicr.org

- National Cancer Institute's Cancer Information Service
  www.nci.nih.gov

Fact Sheets:

- About Biopsies, American Cancer Society

- General Staging Information, American Cancer Society

- How to Use the Breast Models

About Biopsies

A biopsy is the only way to tell if cancer is really present. The procedure removes a tissue sample from the body for examination under a microscope. A biopsy may be done when mammography, ultrasound, or physical examination finds something unusual. There are several types of biopsies.

The choice of which biopsy to use depends on each woman's situation and considers some of these the factors: how suspicious the lesion (breast abnormality such as a mass or area containing calcifications) appears and its size; how many lesions are present; the location within the breast; other medical problems a woman may have and her personal preferences. Women are encouraged to discuss the advantages and disadvantages of different biopsy types with their doctors.

Types of biopsies:

1. Fine needle aspiration biopsy: Fine needle aspiration biopsy (FNAB) uses a thin needle, smaller than the needle used for blood tests. The needle can be guided into the area of the breast abnormality while the doctor is *palpating* (feeling) the lump. If the lump can't be felt easily, the doctor might use ultrasound or a method called *stereotactic needle biopsy* to guide the needle. With ultrasound, the doctor can watch the needle on a screen as it moves toward and into the mass. For stereotactic needle biopsy, computers map the exact location of the mass using mammograms taken from two angles. A computer guides the needle to the right spot.

Once the needle is in place, fluid is drawn out. If the fluid is clear, the lump is probably a benign cyst. Bloody or cloudy fluid can mean either a benign cyst, or very rarely, a cancer. If the lump is solid, small tissue fragments are drawn out. Depending on a woman's individual situation and specific test results, options would include a repeat FNAB, another type of biopsy, or close clinical follow-up (repeating physical examinations and/or mammography sooner than indicated by routine screening guidelines).

2. Core needle biopsy: The needle used in core biopsy is larger than that used in FNAB. It removes a small cylinder of tissue (about 1/16 to 1/8 inch in diameter and ½ inch long) from a breast abnormality. The biopsy is done with local anesthesia in the doctor's office. A core biopsy can sample abnormalities felt by the doctor as well as smaller ones pinpointed by ultrasound or stereotactic methods. Depending on whether or not the abnormality can be felt or not, about three to five cores are usually removed.

Needle biopsy is considered the first step of a two-step procedure. The second step is to complete local treatment of the breast cancer, if results indicate cancer. This may involve radiation therapy or additional surgery.

3. Surgical biopsy: Surgery is performed to remove all or part of the lump for microscopic examination. An *excisional biopsy* is used to remove an entire *lesion* (breast abnormality such as a mass or area containing calcifications) as well as a surrounding margin of normal appearing breast tissue. This biopsy is usually done in the hospital outpatient department under local anesthesia (the woman is awake during the procedure but the breast is numb). Intravenous sedation is often given to make the woman less aware of the procedure.

The surgeon may use a procedure called a *wire localization* during an excisional breast biopsy if there is a small lump that is hard to locate by touch (or of areas that look suspicious on the x-ray). After numbing the area with local anesthetic, a hollow needle thinner than that used for drawing blood is placed into the breast and x-ray pictures are taken to guide the needle to the suspicious area. A thin wire is inserted through the center of the needle. A small hook at the end of the wire keeps it in place. The hollow needle is then removed, and the surgeon uses the wire as a guide to locate the abnormal area to be removed.

This excisional biopsy is considered the first step of a two-step procedure. Most health professionals prefer this two-step procedure. The second step is to complete local treatment of the breast cancer. This may involve radiation therapy or additional surgery.

4. Other stereotactic biopsy methods: One potential disadvantage of fine needle and core biopsy methods for biopsy of abnormalities found by mammography is that they remove only a small sample of tissue from the abnormality. If no cancer is found, there may be some uncertainty as to whether the needle point missed the target.

5. Other methods: In the past few years, two new devices have been invented that can be guided by stereotactic methods and can remove more tissue than a core biopsy.

a. The *Mammotome*, also known as vacuum-assisted biopsy, uses suction to draw tissue into an opening in the side of a cylinder inserted into the breast tissue. A rotating knife then cuts the tissue samples from the rest of the breast. This method usually removes about twice as much tissue as core biopsies.

b. The ABBI method (short for Advanced Breast Biopsy Instrument) uses a rotating circular knife to remove a large cylinder of tissue.

The U.S. Food and Drug Administration (FDA) has recently approved the *Mammotome* and ABBI instruments for use in diagnosis of breast abnormalities. There is disagreement by breast specialists about when each of these instruments should be used for diagnosis of non-palpable abnormalities or if they should be used at all.

General Staging Information

Breast cancer is diagnosed in stages. A staging system is a standardized way which describes the extent to which the cancer spread.

Stages are:

Stage 0: Ductal carcinoma in situ (DCIS*)* is the earliest form of breast cancer. Cancer cells are located within a duct and have not escaped into the surrounding breast tissue.

Lobular carcinoma in situ (LCIS), also called lobular neoplasia, is sometimes classified as Stage 0 breast cancer. Most oncologists believe that it is not a true breast cancer. Abnormal cells grow within the lobules or milk-producing glands, but they do not penetrate through the wall of these lobules. Most researchers think LCIS does not usually become an invasive cancer, but women with this condition are at increased risk of developing an invasive breast cancer later in the same breast or in the opposite breast.

Stage I: The tumor is less than 2.0 cm (about ¾ inches) in diameter and does not appear to have spread beyond the breast.

Stage II: The tumor is larger than 2.0 cm (about ¾ inches) in diameter and/or it has spread to the lymph nodes under the arm on the same side as the breast cancer. In Stage II breast cancer, the lymph nodes are not stuck to one another or to the surrounding tissues.

Stage III: The tumor is either larger than 5 cm (over 2 inches) in diameter or has spread to lymph nodes that are *fixed* (attached) to one another or to surrounding tissue. The cancer is also Stage III if both of these findings are present. Breast cancers of any size that have spread to the skin, the chest wall, or the internal mammary lymph nodes (located beneath the breast and inside the chest) are also included in this stage. Patients with Stage III cancer show no signs that the cancer has spread to distant organs or bones, or to lymph nodes that are not near the breast, such as those above the collarbone.

Stage IV: The cancer, regardless of its size, has *metastasized* to distant organs such as bones or lungs or to lymph nodes not near the breast.

American Cancer Society

How to Use the Mini-Breast Model

Breast self-examination is a life-saving skill that women of all ages should master. To perform it correctly, a woman's fingers must learn what to feel for and how to do a thorough search. Breast models are an educational product used for teaching persons how to feel for and locate lumps. Models are designed from a simulated breast form.

This lifelike mini breast model has two simulated lumps to educate your fingers. One lump can be felt. The other lump can only be seen but not felt easily which emphasizes the need for mammography.

Use the flat surface of your three middle fingers. Gently feel the model from the top. Press on the model in small circular patterns around the entire breast. After locating the pea-sized lumps, note how they move with pressure and can easily be missed if the breast is not thoroughly examined.

Directions for care: Wash the mini-model with soap and water. Pat dry and powder with talc. Keep in the bag when not in use. Do not lay model on printed material, vinyl surface or varnished wood.