

# Health Care Provider Education: Early Onset Breast Cancer — with Audio Descriptive Transcript

## Audio Descriptive Text

- Main slide:
  - Title: Health Care Provider Education: Early Onset Breast Cancer.
  - Logos—
    - National Association of Chronic Disease Directors. Promoting Health. Preventing Disease.
    - Centers for Disease Control and Prevention.
- Dr. Maya Hatton talking on screen.
- Scene showing Dr. Hatton at 28 years old inside of a hospital room reading a book receiving cancer treatment.
- Nearly 11% of breast cancer patients are under 45.
- Early Onset Breast Cancer:
  - Found at a later stage.
  - More difficult to treat.
  - Compounded by unique issues.
- A woman with her backpack on her left talking to her physician with a laptop at a practice.
- Information on—
  - Risk factors.
  - Reduction strategies.
  - Medical interventions.
  - Genetic counseling.
  - Risk management.
- Modifiable risk factors—
  - Weight gain.  
Image of a person gaining weight at the waist.
  - Physical inactivity.  
Image of person sitting on the couch watching television.
  - Not breastfeeding babies.  
Image of a baby bottle.
  - Alcohol consumption.  
Image of a bottle, glass, and cup with alcoholic beverages.
- Reducing risk—
  - Maintaining a healthy weight.
    - Image of a carrot and an apple.
  - Exercise regularly.
    - Image of a person using a treadmill.
  - Limit alcohol consumption.
    - Images of—
      - A bottle crossed out.
      - A wine glass crossed out
      - A cup of an alcoholic beverage.
  - Know the way your breasts look.

- Silhouette of a woman looking at her breasts.
- Non-modifiable risk factors—
  - Early onset menses.
  - Late childbearing.
- Non-modifiable risk factors strongly related to increased risk at a young age—
  - Family history of breast cancer (with diagram)—
    - Any ovarian cancer in females.
    - Any breast cancer in males.
  - Ashkenazi Jewish Descent with the acronym AJ.
  - History of genetic mutations with a gene icon—
    - Like the BRCA mutation.
  - History of breast cancer or ovarian cancer with ribbon icon on the top.
  - History of other non-cancerous breast diseases (icon of breast with two square dots), such as—
    - Atypical hyperplasia.
    - Lobular carcinoma in situ.
  - History of chest radiation treatment with a radiation icon.
  - African American Heritage with the acronym AA.
- Slide showing the factors mentioned earlier.
- Family History
  - Slide illustrating diagram of family history: parents, children, siblings, or other relatives either paternal or maternal.
    - Early onset breast cancer.
    - Any ovarian cancer.
    - First-degree male relatives with breast cancer.
  - First-degree relatives slide—
    - Siblings
    - Parents
    - Children
  - Second-degree relatives slide—
    - Grandparents
    - Aunts or uncles
    - Nieces or nephews
    - Half siblings
  - Family History slide showing family member's age and type of cancer—
    - Cancer genetic testing
- Ashkenazi Jewish Descent with the acronym AJ.
- Genetic mutations with a gene icon—
  - Family member younger than 50.
  - Any ovarian cancer younger than 50.
  - Family history of male breast cancer.
  - Lifetime risk of breast cancer (with a pie chart): 45 to 65 percent.
    - 50 percent of those are women younger than 50.
  - Lifetime risk of breast cancer (with a pie chart): 20 to 40 percent.
- Personal history of breast cancer or ovarian cancer with ribbon icon, female reproductive area, and breast illustrations.

- History of other non-cancerous breast diseases (icon of breast with two square dots) with two breast illustrations. The first of those illustrations showing the breast diseases.
- History of chest radiation treatment with a radiation icon.
  - Before age 30.
- African American heritage with the acronym AA—
  - 2 times higher than other descents.
  - Family history diagram.
  - Silhouette of a woman looking at her breasts.
- Does **not** mean they will develop breast cancer.
- **Can** manage risk.
- Genetic Counseling showing family history, genetic information, and breast diseases icons.
- Genetic counselors—
  - Explain options.
  - Weight options.
  - Discuss next steps.
  - Provide support.
- Genetic mutations—
  - Does **not** mean they will develop breast cancer.
  - **Can** manage risk.
  - The choice is **theirs**.
  - 50 percent of those with genetic mutation will develop breast cancer before age 70; many before 50.
  - 30 percent will have ovarian cancer by age 70.
- Refer high-risk patients to genetic counselors.
- Minimize risk with—
  - Regular screening.
  - Medication.
  - Surgery.
- U.S. Preventive Services Task Force recommends screening mammography **every other year** for **average risk patients** 50 to 74 years of age.
  - Icon of genetic counselor.
- Population under the age of 50—
  - Group of stick people. One of those growing larger and a question, checkmark, and x icons appear.
- Balance scale with the health care professional on one corner and the patient on the other.
  - Patient: expert on their body.
  - You (health care professional): expert on their risk level.
- For more information, visit the resources section.

## Video Summary

Nearly 11% of breast cancer patients are under the age of 45. Improve the quality of care for your young patients by learning about the risk factors for early onset breast cancer, and the steps you can take to improve outcomes for patients at risk. Visit [CDC's Bring Your Brave website](#) for more resources.

## Audio Script

Hello, I'm Dr. Maya Hatton. When I was 28 and just starting my residency, I was diagnosed with stage two breast cancer.

I was scared and overwhelmed. I just, I just didn't think it could happen to someone my age. I later learned that nearly 11% of all patients diagnosed with breast cancer are under the age of 45. My diagnosis was almost missed due to my age which is why I devote my career to spreading awareness about early onset breast cancer.

I hope that by drawing attention to this issue, we as providers can increase the quality of care for our young patients.

A breast or ovarian cancer diagnosis can be devastating for a young patient. It is often found at a later stage when it can be more difficult to treat and may be compounded by unique issues like infertility, concerns about body image, financial distress, and career stress. As providers, there is a lot we can do to inform our young patients and steps we can take to improve their outcomes.

Today, I want to share information to help you talk to your patients about breast cancer risk and breast health, and provide you with information that can help you identify patients who may have an increased risk for early onset breast cancer.

In this video, I will provide information on risk factors, risk reduction strategies, medical interventions, genetic counseling referrals, and risk management for patients at high risk for early onset breast cancer. I know it can be challenging to keep track of all this information and talk to your patients about these issues. I will provide you with resources on breast cancer in young patients.

First, there are modifiable risk factors that apply no matter a patient's risk level. These factors impact overall health as well as risk reduction, and you need to keep them in mind for all average or high risk patients you see in your practice. Weight gain after the age of 18, physical inactivity, not breastfeeding babies if they have them, and alcohol consumption.

By encouraging our patients to be mindful of these risk factors, we empower them to take their health into their own hands, but for our patients, knowing these risk factors is only the first step. Practicing healthy behaviors that can reduce these risks is the second.

Behaviors such as maintaining a healthy weight through nutrition and exercise. Adults need at least two hours and 30 minutes of moderate intensity physical activity per week. That's 30 minutes per day five days a week. Eliminating alcohol consumption or limiting to one alcoholic drink per day, and paying attention to the health of their breasts. Knowing how they look and feel and reporting any unusual changes to their healthcare provider.

So those are the modifiable risk factors, but what about non-modifiable risk factors?

Breast cancer is the most frequently diagnosed cancer in women, but there are factors that increase the risk for breast cancer in young patients. There are some non-modifiable risk factors that can affect breast cancer risk in all patients including early onset menses and late childbearing. We don't often discuss them, as there's not much that can be done to change them in most cases, but you should know if any of your patients fall into these categories and consider them risk factors.

It is important to be aware of the non-modifiable factors that do not apply to all women, but are strongly related to increased risk for breast and ovarian cancer at a young age. Healthcare providers need to be looking for these risk factors in our patients under the age of 45 and work with patients to develop a plan to manage it. These risk factors that may put your patient at a higher risk for getting early onset breast cancer include family history of early onset breast cancer or any ovarian cancer in females or any breast cancer in males, being of Ashkenazi Jewish descent, personal or family history of genetic mutations like the B-R-C-A or BRCA gene mutation, personal history of breast cancer or ovarian cancer, personal history of other non-cancerous breast diseases, personal

history of chest radiation treatment, being of African American heritage. Let's discuss these risk factors in more depth.

Taking a detailed family history on both the maternal and paternal sides of their families is a healthcare provider's most powerful tool.

Explain this to your patients when you start this conversation. At a minimum, be sure to address each of the following elements when digging into your patient's family health history whether there is a family history of early onset breast cancer or any ovarian cancer on either side of your patient's family. Having a first-degree male relative with breast cancer also raises a woman's risk and is often an overlooked factor.

Most hereditary cancer syndromes are just as likely to come from the father's side of the family as the mother's side, so we should always consider both sides of the patient's family history when assessing their risk.

Find out about any cancer history in first-degree relatives. Siblings, parents, and children.

Ask about any cancer history in second-degree relatives. Grandparents, aunts, uncles, grandchildren, nieces, nephews, and half siblings on both maternal and paternal sides of the family.

For each cancer case in the family, establish the age at cancer diagnosis and the type of primary tumor. Uncover results of any cancer genetic testing in any relative on both maternal and paternal sides of the family.

Ask your patients if they have European Jewish ancestry. One in 40 people of Ashkenazi Jewish descent has a BRCA genetic mutation that puts them at high risk for hereditary breast and ovarian cancer.

Having a genetic mutation like BRCA increases the risk of developing hereditary breast and ovarian cancer. If your patient has a history of breast cancer in a family member younger than 50 or any ovarian cancer and any family history of male breast cancer, consider their likelihood higher than average of having a hereditary genetic mutation that increases their risk of breast and ovarian cancer.

Carrying one of these gene mutations can mean a lifetime risk for breast cancer of 45 to 65% and more than 50% of those cancers occur in women younger than 50 years old. The lifetime risk for ovarian cancer with one of these gene mutations is 20 to 40%. You're also at risk if you've had breast or ovarian cancer in the past.

Patients who have had breast cancer are more likely to get breast cancer a second time.

Additionally, some non-cancerous breast diseases such as atypical hyperplasia, Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, and lobular carcinoma in situ are associated with a higher risk of getting breast cancer.

Patients who have had radiation therapy to the chest or breasts before age 30, maybe for a condition like childhood cancer or Hodgkin's lymphoma, have a higher risk of getting breast cancer later in life.

African American women under age 35 have breast cancer rates that are two times higher than white women of the same age, but research has not yet told us why. Ask your patients who are African American about their family histories to assess their risks further and advise them to know the look and feel of their breasts and report any changes to you.

Patients may feel nervous or overwhelmed to learn that they are at high risk. Advise them that there are steps they can take to manage their risk and that being at risk does not mean they will get cancer, though the chances are increased. While we can never completely eliminate the risk of cancer, there are steps patients can take to manage their risk.

For more information, including tips on collecting family history and tools that can be used in your practice, see the resources section in the description below.

Patients who have a high likelihood of a gene mutation based on these factors, or the family history information you gather, need to be told about their risk and referred for genetic counseling. If genetic counseling leads to genetic testing and they are found to be positive for a gene mutation, there are consistent recommendations for cancer screening to help them manage their risk.

Some patients may be reluctant to undergo genetic testing because they are afraid of what they will learn. If your patient is concerned, let them know that a genetic counselor can explain their options and the implications of learning their genetic risk. They can also help patients weigh those options, discuss what might happen next if a test is positive, and provide emotional support.

You can tell your patients that while a gene mutation does increase their risk, it does not guarantee that they will develop breast cancer, but it could help them and their providers create a roadmap to manage that risk. Remind your patients that the choice is always theirs.

You may also choose to share some of the following statistics. About 50 out of 100 women with BRCA mutations will develop breast cancer by age 70. Many of these cases will develop before the women turned 50 years old. About 30 out of 100 of these women will develop ovarian cancer by age 70. Genetic counselors are equipped to discuss all outcomes of tests, talk about your patient's options, and next steps for management if they test positive for a gene mutation, and provide emotional support as needed. Refer your high risk patients to genetic counselors unless you are credentialed as a genetic counselor.

For more information on genetic counseling and testing, see the resources section in the description below.

You can advise your patients that there are options to managing the risk that could include active surveillance to test your patient for cancer every six months to a year. Some medications may be prescribed to help prevent breast cancer in at-risk patients. Surgical options, such as preventive mastectomy or oophorectomy, to prevent breast and ovarian cancer.

The United States Preventive Services Task Force recommends biennial screening mammography for patients 50 to 74 years whose risks is average.

For most of the population with an average breast cancer risk, they do not recommend regularly screening under the age of 50. However, they suggest that the decision to start regular biennial screening mammography before the age of 50 be made on an individual basis that takes patient context into account, including the patient's values regarding specific benefits and harms. Different screening and risk management protocols have been established for patients at high risk for early onset breast cancer. If a patient is at high risk, review and follow the high risk protocol for the specific population.

This could include some of the risk management strategies we discussed earlier: surveillance, medication, or surgery. You can find more information about protocols for specific population in the resources section in the description below.

Finally, remember that you and your patient are always a team with each of you contributing your own area of expertise. Your patient is the expert about their own body and family history and you are the expert on their risk level and recommended next steps. This is a collaborative conversation, not one person dominating the exchange.

By being aware of the risk factors and protocols for early onset breast cancer and effectively communicating with our patients, we can hopefully catch more cases earlier and provide more of our patient with the support, testing, and treatment they need.

Thanks for taking the time to learn more about early onset breast cancer. For more information about any of the topics we discussed today, please visit the resources section.