

Breast Cancer AMA Week: We're experts with Bright Pink, here to answer your questions about the latest improvements in breast cancer risk assessment, and how young women can become advocates for their own breast health.

Breast<sub>Cancer</sub>AMA<sup>1</sup>and/ScienceAMAs<sup>1</sup>

<sup>1</sup>Affiliation not available

April 17, 2023

### Abstract

Hi Reddit! We're experts with Bright Pink. Helping young women receive better breast & ovarian healthcare is what we do best. Today we're here to talk about breast cancer risk assessment. Many people, including some health care providers, believe that young women in their 20s and 30s don't need to worry about breast and ovarian cancer. But the urgency is real. It's critical to identify women who are at increased risk— based on genetic history— in time to initiate early screening and risk reduction. Additionally, research has shown that early adulthood is when people establish their lifetime health behaviors, making it a critical time to educate women on healthy lifestyles and the changes can reduce their risk. Cancer prevention starts with appropriately identifying your risk level and working with your healthcare provider on a personal risk management plan. Bright Pink educates both young women and healthcare providers on risk assessment and management through research-based digital tools, in-person workshops and social media. In the last two years alone Bright Pink has helped over 400,000 women assess their risk and trained over 6,000 healthcare providers to give better breast and ovarian healthcare to their patients. Here's a bit about those of us answering your questions today: Rebecca Bouck: I am Vice President of Programs at Bright Pink. I can discuss how an advocacy group is able to successfully reach and educate over half a million women on their risk for breast and ovarian cancer. Dr. Huma Q. Rana, MD: I am a board certified Internist and Geneticist and the Clinical Director of the Center for Cancer Genetics and Prevention at Dana-Farber Cancer Institute. I am also an Instructor in Medicine, Harvard Medical School and a Medical Lecturer for Bright Pink. I can explain how health providers assess and manage breast cancer risk in their patients, and the role that genetics can play. If you would like to assess your own breast cancer risk, visit Webby Award-winning AssessYourRisk.org. You can also find more information about our work at BrightPink.org and ExploreYourGenetics.org. We'll be back at 1 pm EST (10 am PST, 6 pm UTC) to answer your questions, ask us anything! Note from mods: if you are interested in issues surrounding men and breast cancer, please check out the AMA we hosted earlier this week with the Male Breast Cancer Coalition! EDIT: We have concluded our AMA and will no longer answer new questions. Thanks to everyone for bringing up such important topics.

[REDDIT](#)

# Breast Cancer AMA Week: We're experts with Bright Pink, here to answer your questions about the latest improvements in breast cancer risk assessment, and how young women can become advocates for their own breast health.

BREAST\_CANCER\_AMA [R/SCIENCE](#)

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We're experts with [Bright Pink](#). Helping young women receive better breast & ovarian healthcare is what we do best.

Today we're here to talk about breast cancer risk assessment. Many people, including some health care providers, believe that young women in their 20s and 30s don't need to worry about breast and ovarian cancer.

But the urgency is real. It's critical to identify women who are at increased risk— based on genetic history— in time to initiate early screening and risk reduction. Additionally, research has shown that early adulthood is when people establish their lifetime health behaviors, making it a critical time to educate women on healthy lifestyles and the changes can reduce their risk.

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Rebecca Bouck: I am Vice President of Programs at Bright Pink. I can discuss how an advocacy group is able to successfully reach and educate over half a million women on their risk for breast and ovarian cancer.

Dr. Huma Q. Rana, MD: I am a board certified Internist and Geneticist and the Clinical Director of the Center for Cancer Genetics and Prevention at Dana-Farber Cancer Institute. I am also an Instructor in Medicine, Harvard Medical School and a Medical Lecturer for Bright Pink. I can explain how health providers assess and manage breast cancer risk in their patients, and the role that genetics can play.

If you would like to assess your own breast cancer risk, visit Webby Award-winning [AssessYourRisk.org](#). You can also find more information about our work at [BrightPink.org](#) and [ExploreYourGenetics.org](#).

**We'll be back at 1 pm EST (10 am PST, 6 pm UTC) to answer your questions, ask us anything!**

Note from mods: if you are interested in issues surrounding men and breast cancer, please check out the [AMA we hosted earlier this week with the Male Breast Cancer Coalition!](#)

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CORRESPONDENCE:

DATE RECEIVED:

How do you feel about the argument that breast cancer awareness month is a marketing ploy for companies like the NFL to boost sales to a demographic that they might not sell to otherwise? Coming from someone who has had multiple loved ones who've gone through breast cancer, I truly appreciate the research you do. On the other hand, I believe breast cancer gets more funding than other diseases

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that take more lives due to the sexualized marketing, i.e. "Save the boobies" not save the woman's life at all costs.

[Cianwoo](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. I agree with an earlier commenter in that any marketing that boosts awareness of a deadly disease can do good, and potentially save a life. That said, "pinkwashing" —where a brand or company's support of breast cancer is superficial—does not do enough. From our perspective, the best scenario is when an organization forms a partnership with a brand that commits to contributing monetarily and programmatically. To use Bright Pink as an example, we have partners that support us through financial contributions and who commit to helping us reach more women by delivering our educational content to their audiences. We find that two-pronged approach is most effective in our mission to educate women on breast and ovarian cancer prevention and early detection.

Hi Rebecca, thank you for doing this AMA. This question is for you.

Can you talk about the value proposition of a patient advocacy group? Oftentimes, there is confusion about what these groups do and why they should receive funding/donations instead of giving the money directly to researchers trying to find cures or to clinicians trying to treat the disease.

Can you also talk about what sort of metrics you use to evaluate how successful/effective any particular patient advocacy group is? What can donors look for when thinking about how best to spread out their donations to have the best impact? Thanks!

[SirT6](#)

Hello, Rebecca Bouck here, VP of Programs at Bright Pink. Thank you for this question! It is true that the value proposition of an advocacy group can be less clear. When you donate to a research-focused organization, you know that you are funding experiments that could lead to new developments. A patient advocacy group is focused on support of a patient, outside of their treatment plan with their doctor, so that they are able to live the highest quality of life possible despite their disease.

Bright Pink is actually a women's health advocacy group, because we focus on neither of the above. Bright Pink was created to fill the void prior to diagnosis. Our educational content and workshops are focused on empowering women to live proactively at a young age. We want young women to put more emphasis on breast and ovarian self-awareness so that they have the tools they need to take action to prevent breast and ovarian cancers or, detect them early when they are survivable. As it currently stands, we recognize a knowledge gap here and we are focused on seeing a world in which fewer people die from these cancers.

We measure our impact in a number of different ways. Quantitatively, we look at the number of women we educate, the number of healthcare providers we reach with our programs, and the number of people we reach through our virtual tools [AssessYourRisk.org](https://www.assessyourrisk.org) and [ExploreYourGenetics.org](https://www.exploreyourgenetics.org) and the number of women who are part of our high risk. support network. We also utilize immediate and follow-up surveys, pre/post assessments, and program evaluations to measure knowledge gained and knowledge retention during digital and in-person activations of our educational workshops.

While these numbers are extremely important, I also measure our success in the voices of the women who we have impacted. We have women who have told us that our Breast Health Reminder text message program and our Brighten Up workshop were directly responsible for their early detection and successful treatment of their cancer.

Hi! Thanks for the AMA!

Your focus seems to be screening young women, but there's also a lot of talk lately about the right cut-off age to start routine mammograms for women above a certain age. Can you comment on the difficulties of screening and balancing the risks of undetected cancer versus the risk of unnecessary testing and false positives? At what point (if any) should women start routine screens and how does that align with the current standard of care?

[superhelical](#)

Huma Q. Rana, MD – Cancer Geneticist -- Excellent question. There are numerous guidelines for breast cancer screening in women in the general population. Many have overlapping recommendations with breast imaging beginning between age 40-50 in women without a family history of a breast cancer or at high risk due to a genetic mutation. For women with BRCA1 and BRCA2 mutations breast screening begins at age 25. The important point here is that one size doesn't fit all and knowing ones family history and genetic status can help tailor surveillance. The goal being to reduce false positives and provide appropriately sensitive screening.

Hi! Thanks for the AMA!

Your focus seems to be screening young women, but there's also a lot of talk lately about the right cut-off age to start routine mammograms for women above a certain age. Can you comment on the difficulties of screening and balancing the risks of undetected cancer versus the risk of unnecessary testing and false positives? At what point (if any) should women start routine screens and how does that align with the current standard of care?

[superhelical](#)

The USPSTF guidelines recommend that women wait to start getting mammograms until age 50, and that they get them only every two years until age 74. This is true despite the fact that, according to the American Cancer Society, 25% of women who die from breast cancer are diagnosed in their 40s, and despite the fact that finding breast cancer at an earlier stage means that it's more easily treated.

The ACS recently released revised mammography guidelines. Those guidelines recommend that women at average risk begin getting mammograms at age 45 instead of 40, and that physicians forego giving clinical breast exams to their patients altogether.

Bright Pink aligns with the majority of breast cancer nonprofits and societies and recommends that women at average risk get mammograms starting at age 40. If you have a first-degree relative with breast cancer, you'll want to discuss mammography with your doctor earlier. For example, if you mom had breast cancer at age 45, talk to your doctor about beginning screening at 35.

Recommending that women delay screening to age 50 may mean we miss a lot of patients. On the flip side, you mentioned unnecessary testing and false positives. False positives can cause women anxiety and worry plus any follow up tests can be costly and cause distress. However, the rate of false positive is relatively low and Bright Pink believes women should discuss these pros and cons with their health care provider.

Hi Huma, thank you for doing this AMA. This question is for you.

One of the reasons that breast cancer is so devastating, is that most treatment plans (and essentially all stage III or IV cases) will involve some combination of chemotherapy or radiation therapy. As we are all too aware, these drugs can take a devastating toll on patients and their caregivers.

However, we are in an era of targeted therapy (building on the success of trastuzumab). I was hoping that you could comment on where you see the field moving in the next few years in terms of treating breast cancer.

Currently, the field is very excited about the prospect of PARP inhibitors (especially in BRCA-mutated patients).

But what other interventions are on your radar? Do you think that immunotherapy (either checkpoint inhibitors or more targeted agents, e.g. CAR-Ts, bispecific antibodies) will make an impact on the field? Thanks!

[SirT6](#)

Huma Q. Rana, MD – Cancer Geneticist -- Great questions. The most exciting thing is the field at the present time is absolutely PARP inhibitors, which are FDA approved for high-grade serous ovarian cancer with or without BRCA1 or BRCA2 germline mutations. There is also compelling data for Olaparib in men with metastatic prostate cancer who harbor DNA repair defects (BRCA2, ATM, etc.) from the TOPARP-A Trial. Extending PARP inhibitors to various disease processes --- prostate, pancreatic (in the setting of DNA repair deficiency) and combining these targeted therapies with immunotherapy is a natural and exciting progression and one that may help to save lives in individuals with advanced cancers. As a non-oncologist, I can't comment on new treatments for breast cancer.

Hi guys, how much of the money a person donates actually goes to helping diagnose a person when they have to get tested?

[TheLonelyEcho](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. Funds donated to Bright Pink go towards our education programs for young women and their healthcare providers, as well as support groups for high risk women. Our goal is to empower young women to advocate for their own breast and ovarian health. Training the healthcare professionals who see these young women ensures that the medical profession is kept up-to-date with the latest recommendations and can accurately assess breast and ovarian cancer risk and recommend risk management plans. So essentially money donated to Bright Pink does not go toward developing new or more accurate testing, it goes towards empowering women to understand their bodies and to advocate for their own care to aid in early detection, or where it is an option, knowledge of what prevention measures they have at their disposal.

Hello! I'm 32, and going for my first mammogram on the 7th. I'm terribly nervous. I should of been going since I was 30. My paternal grandmother got breast cancer at 40 and died at 45. My mother got breast cancer at 45. My maternal grandmother was diagnosed in her late 70's. I feel as though I'm absolutely going to get it, it's just a matter of time. What can I do to prevent this way of thinking, and what can I do prevent/catch early enough to ensure it doesn't kill me. I'd also like to add that in ready fed for a total of three years. But, the genetics in my family are shit, obviously. Ms, breast cancer, Alzheimer's, various cancers, high blood pressure...

Edit: I'd like to add that I live in America, have Medicaid and had to push for the mammogram because of age. Luckily my doctor is amazing and would of fought with me for it. AND my mother tested negative for the gene.

[WickedHaute](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. I hear from our constituents every day that have concerns like your own. Over and over again, they echo that their fear is alleviated through

knowledge. By learning more about what your risk of cancer is and WHY, you can feel more empowered to take action to reduce that risk. It sounds like you've already started a risk-focused conversation with your doctor, which is fantastic. It's important for all women to do this, even if you are under 40 years of age! Also knowing what's normal for you and checking in with your breasts monthly can help you feel more in control. If you notice any changes that don't go away, contact your doctor.

Based on your extensive family history, I also encourage you to check out our digital risk assessment tool, [AssessYourRisk.org](http://AssessYourRisk.org). This is a 19-question quiz that will ask you questions about your family's medical history and lifestyle. At the end, it delivers a comprehensive risk assessment report that will give you tips on how you can reduce your risk further. If you do decide to take [AssessYourRisk](http://AssessYourRisk.org), many young women find it helpful to print out their report and bring it to their exam as a starting point.

What misconceptions about breast cancer (and/or cancer in general) do you feel are the most problematic?

[2FeetOffTheGround](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. There are so many misconceptions, here are a few; 1) That breast cancer only affects older women. The reality is breast can occur at any age. 2) That you should only look at your mother's side of the family with regards to family history when determining risk. Both your mother and your father's family health history need to be considered. 3) That if you have no family history, breast cancer will not affect you. 75% of breast and ovarian cancers occur in the average risk category. 4) Pap smears detect ovarian cancer (they check for cervical cancer). 5) That the BRCA mutation is the only mutation that can increase your risk. New gene mutations are still being discovered that link to breast and ovarian cancer risk.

Thank you so much for taking the time to join us today! I have a bunch of questions for you!

What are some of the issues that affect young people with breast cancer, specifically? Are treatment options different for early onset breast cancer vs postmenopausal breast cancer? Are there different genetic risk factors that are specifically predictive of early onset breast cancer? Do you find young women concerned about their ability to breastfeed in the future, and if so, are there treatment options that take this into consideration?

[p1percub](#)

Huma Q. Rana, MD – Cancer Geneticist -- Breast cancer treatment is dependent on the stage at diagnosis, the hormone receptor status of the cancer (estrogen receptor, progesterone receptor and HER2), not necessarily based on age of onset. There are certainly genetic risk factors that confer an increased risk for early-onset cancers including mutations in tumor suppressor genes including TP53, BRCA1, BRCA2. We start screening for breast cancers at earlier ages in individuals who have hereditary risk. Young women diagnosed with breast cancers have a number of difficult decisions they face about reproductive options as well as breast feeding. These are best dealt with on an individualized basis with ones oncologist.

I know it seems like a silly question or one that might annoy or aggravate but I've never heard what people who work on breast cancer research. I have tremendous respect for what you do in helping treat women who suffer from such a horrible condition. To my question. What do you have to say to the people who argue breast cancer receives a disproportionate amount of finance when compared to other types of cancer that could be viewed as more dangerous than breast cancer?

[Chips734](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. This is not a silly questions at all. As an organization that focuses on both breast and ovarian cancer, we see the difference in the levels of funding even between these two groups.

There is justification for funding on different levels. For example one can argue for funding around breast cancer, which is the leading cancer diagnosis in women, OR you could make a greater argument for funding around ovarian cancer, which is the deadliest gynecological cancer. In the end it is up to the individual donors to look at what they prioritize.

I appreciate what you do, but I have always wondered why it is that breast cancer is the most "popular" cancer when it comes to support. Is it marketing, or is there something in statistics and facts that I'm missing?

[MacAirt](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. It is a little bit of both. The high levels of awareness is partly due to decades of fantastic marketing by national organizations and name brands. But more than that, it comes down to the number of people who are directly affected by breast cancer. 1 in 8 women will be diagnosed in her lifetime. People are naturally drawn to support causes that have affected them personally. Sadly, the likelihood that you, or someone you love, has been affected by breast cancer is great. This personal link resonates and becomes a personal motivation to rally behind the cause.

Hi and thank you both for doing this AMA!

How has health insurance changed as early screening and preventative medicine became more popular? Do most insurance plans now cover screening for breast cancer? What age does this screening typically begin? Are there programs for screening men for breast cancer?

[shiruken](#)

Huma Q. Rana, MD – Cancer Geneticist -- Yes, health insurance plans cover screening for breast cancer. Breast cancer screening in women with average risk typically begins at age 40 (American Cancer Society) or 40-50 (USPSTF). There are specific recommendations for clinical breast exams and self breast assessment in men who harbor BRCA mutations as they have an increased risk for breast cancer. Their absolute risk for breast cancer is still low though with risk estimates of 6-8% over a lifetime.

My mother had, and beat, breast cancer about 5 years ago.as far as I know it doesn't run in our family .really, what are my chances of getting it aS well?or my sister?

[tarnished713](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. Thanks for your question. Because you have a first-degree relative who has been diagnosed with breast cancer, you would be considered at "increased" risk for getting breast cancer yourself in the future. Your sister would also be at increased risk.

That may sound scary, but know there are many women in your situation and there is much you can do to reduce your risk. For example, exercising for 30 minutes on most days of the week, limiting alcohol

intake, and maintaining a healthy BMI are all ways you can be proactive about your breast health.

I encourage you to check out our digital risk assessment tool, [AssessYourRisk.org](#). This is a 19-question quiz that will ask you questions about your family's medical history and lifestyle. At the end, it delivers a comprehensive risk assessment report that will give you tips on how you can reduce your risk further. Having open conversation with your primary care health provider about your risk is also important. It can be very helpful to print out your [AssessYourRisk](#) results and bring them to your exam to start a conversation!

My girlfriend was recently told that she has dense breasts and that that puts her at higher risk for breast cancer, I was wondering if there is anything I might be able to do to help at all to catch it early if it does pop up, and otherwise what might be prudent in her case (if anything) toward preventing or catching it early?

[Mr\\_bananasham](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. It's great that you are being a proactive partner. Dense breast tissue shows up opaque on a mammogram, making it more difficult to read a mammogram. That said, there are proactive things your girlfriend can do. Although there are concerns about detecting cancer in dense breasts, mammograms are still effective screening tools to help detect any abnormalities. Her doctor may also recommend MRI or breast ultrasound. She'll want to talk to her doctor to discuss the best screening plan for her. It's also important for her to "know her normal" and be familiar with the normal look and feel of her breasts to be in a better place to know when something is out of the ordinary. As her partner, you can also help her identify any abnormalities, and encourage her to contact her doctor.

Thanks for doing this AMA.

I was diagnosed in April 2015 with Stage 2B, triple negative IDC (I also had triple negative DCIS in that breast as well). I also had melanoma in 2008. My family history on one side has an aunt with ovarian cancer (died at 40); one of her daughters had breast and cervical cancer; another had melanoma; and my grandfather had lung cancer.

Genetic testing revealed a VUS in PALB2. How often are VUS's upgraded or downgraded as significant?

My treatment included a unilateral mastectomy. How does my personal history impact (raise, I assume) the possibility of developing breast cancer in the remaining breast?

[Nyxtraza](#)

Huma Q. Rana, MD – Cancer Geneticist -- The vast majority of VUS are reclassified as benign, rather than pathogenic or disease-causing. I would recommend reaching out to your genetics group to determine if there are any updates on the classification of your VUS. You can also participate in the PROMPT study ([promptstudy.info](#)). Clinically, I do not use VUS to inform future risk or care, but it can be helpful to look at the personal and family history in totality.

Thanks for the AMA.

Recent breast cancer survivor here, 26 YO female. They found mine through what you're advocating. I had a strong family history, my mom and maternal grandmother were young when diagnosed. I was genetically tested turned out to be BRCA1+. Started biannual screenings with mammos and MRIs.

Diagnosed at 25, on top of all of that I learned I was triple negative - double whammy...

My question is about ovarian cancer detection. Sources put me anywhere from 35-70% risk of lifetime incidence. I know ovarian cancer is the silent killer... the surgeon that performed my mastectomy advised I have an oophorectomy at latest age 35. Knowing the hormonal and physical hell it has caused my mother through the years, it sounds like such a terrible option. Other than unclear ultrasounds and non-foolproof tumor marker blood tests, what's my best option to stay on top of this? It seems so barbaric and unfair that the only thing most medical professionals can come up with is to keep removing parts of my body, parts that make me a woman...

Furthermore, do you feel like there is enough research out there on Triple Negative Breast Cancer? It seems we are among the forgotten, along with the S4 Metastatic Breast Cancer group.

[sublimesunshine](#)

Huma Q. Rana, MD – Cancer Geneticist -- Thank you for sharing your experience with us. You have astutely pointed out the limitations of ovarian cancer screening and you are correct, current recommendations for women with BRCA1 mutations are for risk reducing surgery (bilateral salpingo-oophorectomies between age 35-40). This is the gold standard in that there is a survival benefit. While salpingectomy (removal of the fallopian tubes) with delayed oophorectomy (removal of the ovaries) has not been studied in randomized trials, it is being evaluated in the Netherlands (<https://www.ncbi.nlm.nih.gov/pubmed/26286255?dopt=Abstract>) and I believe a multi-center US trial is pending. In addition, there are a number of non-hormonal medications that can be used to mitigate the symptoms of menopause. I wish that we had better screening available and more palatable risk reduction. Facing these surgical decisions is unfair and overwhelming, but it's important to remember that your womanhood is more than the sum of your female parts.

There are a number of trials currently recruiting for the treatment of TNBC ([clinicaltrials.gov](http://clinicaltrials.gov)), the INFORM trial is specific to BRCA1/2 mutation carriers.

Thank you for this AMA!

Does having a different type of cancer once before in or around the area of breasts/ovaries increase your chances of breast/ovarian cancer later in life? For me, I had a type of childhood cancer (immature teratoma/germ cell cancer) that manifested in one of my ovaries.

[remithehobbit](#)

Huma Q. Rana, MD – Cancer Geneticist Most of the time these tumors are not associated with a hereditary predisposition, but it may be worthwhile to have a genetics evaluation. In addition, if you had pelvic radiation as a child that is associated with future cancer risks and specialized screening may be in order.

Thank you for your research! Would you please discuss any emerging research related to Cowden syndrome and increased breast cancer risk? Are there any good resources available where I can read up on the disorder?

[WilliamTRiker69](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. Cowden Syndrome, or a PTEN mutation indicates a high risk for developing breast cancer over the course of a lifetime. Note that the risk of cancer begins rising around age 25, since the mutation starts to present itself in women between 25 and 40. You can read more in the NCCN guidelines for Hereditary Breast and Ovarian cancer. In

addition, a good study read read more is here: <http://jnci.oxfordjournals.org/content/105/21/1607.full>.

Thank you for your research! Would you please discuss any emerging research related to Cowden syndrome and increased breast cancer risk? Are there any good resources available where I can read up on the disorder?

[WilliamTRiker69](#)

Huma Q. Rana, MD – Cancer Geneticist -- I would recommend follow-up with your genetics specialist. There is more recent data on hormone receptor status of PTEN-associated breast cancers as well as other cancer risks with updated screening guidelines that include the renal surveillance.

I work for a genetics lab and part of my job is getting medical providers to utilize genetic testing to assess breast cancer risk. What do you believe is the most compelling information to provide these doctors/NPs ect to show them the value of testing?

[txwillandjj](#)

Huma Q. Rana, MD – Cancer Geneticist While I strongly believe patients should have improved access to genetic testing, I can't say that getting untrained professionals to order tests that they may or not be able to interpret is a useful strategy in providing better care to the populace. Education of patients and medical professionals is needed -- this includes discussing associated cancers, specialized management (both surveillance and risk reduction), and most importantly understanding the differences in informative and uninformative genetic testing.

Hi there, how important do you think it is to get tested for BRCA1/2 if I have family history of breast cancer (my grandmother had early onset, my mother hasn't had breast cancer though)? I get tested every 6-12 months (ultrasound and recently started mammography as well). Thanks

[liranjulia](#)

Huma Q. Rana, MD – Cancer Geneticist -- If your grandmother has not had genetic testing, it would be best for her to test followed by your mother. Most breast cancer, even early-onset breast cancer, is not due to a single hereditary risk factor. Therefore a negative test in you would be uninformative unless there is a known mutation in the family. This is why we recommend that the person with the striking history have testing first if possible, their first degree relatives would be the next best candidates (because they share 1/2 their genes with the person of interest). For example, your mom shares 50% of her DNA makeup with her mother (your grandmother). You and your grandmother share 25% and what you share with her is limited to what your mother passes down to you. If none of the 'better candidates' in a family is motivated or able to undertake testing, more distant relatives (grandchild) can certainly move forward with genetic testing. It's just important that they understand the limitations of a negative genetic test result in this situation. In this situation a negative result would be considered an uninformative negative.

What's the strangest breast cancer study you've heard of? Most useful study?

[Shaeos](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. One of the weirdest breast cancer research study that comes to mind is [this one](#) from last year that says that pigeons, with training, did just as well

as humans in a study testing their ability to distinguish cancerous breast tissue samples from healthy ones.

There are so many amazing research studies coming out on an almost daily basis regarding breast cancer prevention, screening, detection, and treatment. It is impossible to pinpoint just one as the "most useful." [Here is an article](#) about a recent study that we find really important from a prevention standpoint that says that a woman's risk of cancer may increase the longer that woman is overweight or obese.

Another interesting study is this one that shows that receiving DNA-based results about your risk for diseases doesn't lead to increased behavior change. This suggests that people out there who discover they are at high risk of a disease don't actually take action after receiving that information. That's why we believe what we do at Bright Pink is so important - we want women to feel educated about the actions they can take to reduce their risk so that taking that next step isn't so difficult.

Hi, thanks for the opportunity to ask you anything.

If you have any other life limiting conditions, for example, dementia or parkinson, yes that affect your likelihood of getting Breast cancer?

[akeanu4u](#)

Huma Q. Rana, MD – Cancer Geneticist --Life-limiting conditions such as dementia or Parkinsons do not alter ones risk for breast cancer. Assessing ones entire health picture including competing comorbidities is important when weighing risks and benefits of screening.

How do you know if breast cancer is a hereditary thing or not? My maternal grandmother was diagnosed with breast cancer around this time last year. She finished chemo and radiation. She is in recovery now. But does that mean I have an increased chance of developing breast cancer? As far as I know, no one else in my family has had it.

Edit: Wanted to also ask when I should start getting checked out. I'm 19 now, is it too soon to worry?

[ImStillHungryM](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. So glad to hear that your grandmother is recovering! Research does tell us that having a maternal (or paternal!) grandmother who has been diagnosed with breast cancer does increase your risk of getting breast cancer in the future.

That being said, it is very possible to be proactive about your health and take actions that reduce your risk of getting breast cancer in the future. Eating right and staying active to reduce your BMI is important. Limiting alcohol and red meat consumption also reduces your risk! Bright Pink's digital quiz, [AssesYourRisk.org](#), can give you a personalized risk assessment report that you can use to help start a conversation with your doctor that will hopefully answer more questions you have about this.

And, regarding your screening question, according to the American College of Obstetrics and Gynecologists, women with a first-degree relative who has been diagnosed with breast cancer should start getting screened 10 years prior to the age your relative was when they were diagnosed. For example, if your grandmother was 45 when she was diagnosed, you should start getting mammograms at age 35. However, if your grandmother didn't get diagnosed until age 70, you should follow the normal recommendations and start getting screened annually at age 40.

What relevant charity organization(s) would you recommend supporting/donating to?

[YNHReborn](#)

Hi, Rebecca Bouck here, VP of Programs at Bright Pink. I am going to extremely self-serving here and say [www.BrightPink.org](http://www.BrightPink.org) :) I know I may be biased, but I believe in this organization and believe that we can have a much greater impact when we focus on prevention and early detection.