

# BREAST CANCER SCREENING FOR VETERANS WITH TOXIC EXPOSURE

## *Information for Patients*

**The Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans in Combat Environment (SERVICE) Act allows Veterans who served in certain combat locations and periods to receive services to check their risk of breast cancer and get a screening mammogram if needed.**

The SERVICE Act was signed into law on June 7th, 2022, and is named in honor of Dr. Kate Hendricks Thomas, a Marine Veteran and public health professional. Dr. Hendricks Thomas was deployed to Iraq in 2005, where she was exposed daily to a burn pit on base, and in 2018, was diagnosed with stage 4 breast cancer. Dr. Hendricks passed away on April 5th, 2022, at the age of 42.



Both the **SERVICE Act** and the **Honoring our PACT Act (Pub. L. 117-168)**, which was signed into law in August 2022, focus on the health effects of toxic exposures. While the PACT Act expands and extends eligibility for VA health care for Veterans with toxic-exposures and certain Veterans of the Vietnam, Gulf War, and Post-9/11 eras, the SERVICE ACT focuses on ensuring that VA policy permits Veterans deployed to certain locations during certain periods of time to be eligible for a breast cancer risk assessment and mammography screening for breast cancer if a risk is found.

While no direct link has been found between toxic exposure and breast cancer, VA is concerned about individual reports and is continuing studies to find out if toxic exposure may be a cause of breast cancer. For Veterans already using VA health care, see your primary care provider to assess your risk for breast cancer. If you're not already enrolled or using VA health care, go to this link for further information:

<https://www.va.gov/health-care/how-to-apply/>

## **IF I SERVED IN AN AREA WHERE I MAY HAVE BEEN EXPOSED TO TOXIC SUBSTANCES SUCH AS OPEN BURN PITS, SHOULD I BE SCREENED FOR BREAST CANCER?**

- Because the risks of toxic exposure are not yet known, VA will ask about your potential toxic exposure when assessing your breast cancer risk.
- We do not recommend mammogram screenings in women under 30 because they are not generally useful for that age group, particularly if there are no other risk factors present.
- For female Veterans identified in the SERVICE Act who are between 30 and 39 years old, VA clinical experts recommend a clinical risk review that takes into account your toxic exposure(s), family medical history, and other risk factors to determine whether you should have a mammogram.
- For other female Veterans (not covered by the SERVICE Act) who have only an average risk of developing breast cancer, our guidelines recommend starting mammogram screenings when they are 40 or 45 years old.



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## RISK ASSESSMENT



**HIGH-RISK FAMILY HISTORY OF BREAST CANCER?**

YES

Genetic counseling and a detailed risk assessment with a provider

NO



**POSITIVE HISTORY FOR TOXIC EXPOSURE?**

YES

Discussion of risks and benefits of screening mammography with a provider

NO

Screening according to American Cancer Society guidelines (see page 4)

### Note:

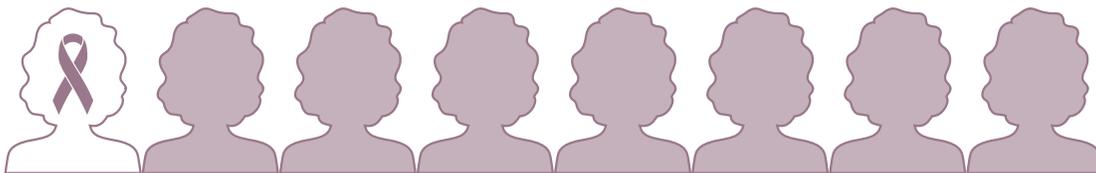
Toxic exposure such as burn pits could be a risk factor, but research, so far, has not shown that it is a risk.

## What is screening?

- Screening tests look for disease when an individual does NOT have signs or symptoms of the disease.
- Finding diseases early increases the chances of a better result or a cure.
- If you have breast symptoms such as lump, skin changes, pain, or nipple discharge, you should see your provider.

## What is breast cancer and is it common?

- Breast cancer is a disease in which cancer cells grow out of control and spread into the breast tissue. If these cancer cells are not found and treated early, they can spread outside of the breast tissue into other parts of the body.
- **1 in 8 women will get breast cancer in their lifetime.**



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## What is breast cancer and is it common? (continued)

- The risk of breast cancer increases with age.
- Breast cancer is the 2nd most common cancer and cause of cancer deaths in American women.
- Black women are more likely to die from breast cancer than other races/ethnicities.

## What are the risk factors for breast cancer?

- There are many risk factors for developing breast cancer. You should discuss your individual risks with your health care provider.
- Common risk factors include a person's age, race, weight, and use of alcohol. Other risk factors are related to your:
  - » medical history such as the age of puberty, age of first pregnancy, not having a full-term pregnancy.
  - » use of certain medications.
  - » breast characteristics such as how dense your breasts are and whether you have had a breast biopsy or breast cancer before.
- Family medical history (genetics) can also affect your risk of breast cancer. Your health care provider can review your family medical history to see if you may be at an increased risk of developing breast cancer.
- Toxic exposure such as burn pits could be a risk factor, but research to date has not shown that it increases your risk.
- Personal history of breast cancer, a family medical history linked to genetic mutations, or a child history of having chest radiation are considered as creating a high risk of later developing breast cancer.

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## Is there a way to screen for breast cancer?

- Yes. Breast cancer screening is done by a mammogram.
- The mammogram gives X-ray pictures of the breast.
- The mammogram is the best test to look for early signs of breast cancer in individuals who have no signs or symptoms of breast cancer but who may be at risk of having breast cancer.
- Mammograms are done by trained mammography staff and read by trained radiologists.

## What is the general guidance for breast cancer screening in average risk women?

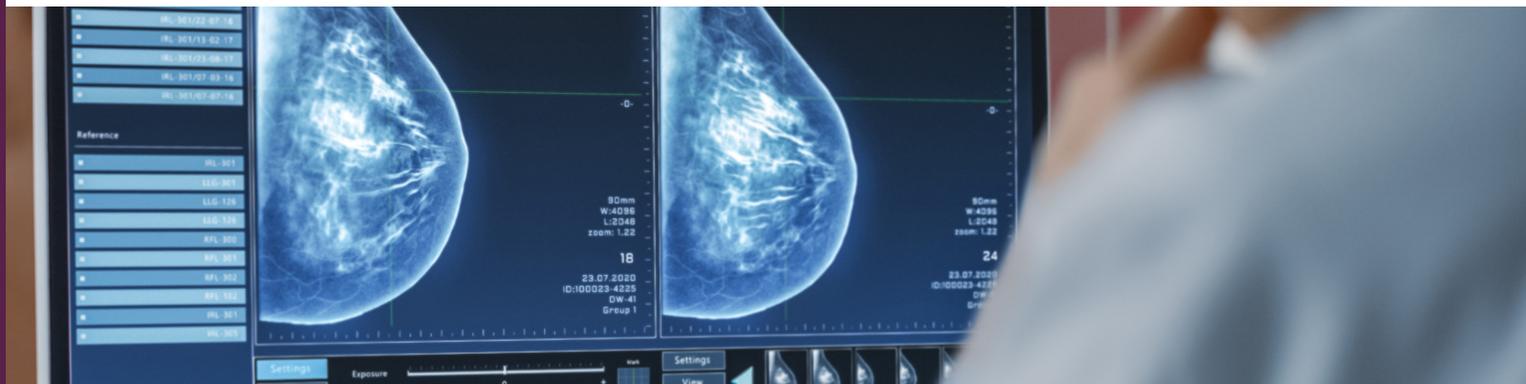
- VA follows the American Cancer Society (ACS) guidelines for AVERAGE risk women. They recommend that women:
  - » Aged 40-44 should have the opportunity to begin annual screening if this is a decision they make with their provider.
  - » Aged 45-54 should be screened yearly.
  - » Age 55 years and older may go to screening every other year or continue yearly screening.
  - » Screening should continue once their overall health is good and have a life expectancy of 10 years or longer.
  - » Clinical breast exams are no longer recommended for breast cancer screening at any age, but individuals should report any breast changes they notice to their healthcare provider.

**AVERAGE RISK** means that you do NOT have any risk factors for breast cancer.

**INCREASED RISK** means that you have one or more of the risk factors for breast cancer including personal history of breast cancer, genetic mutations linked to breast cancer, or history of chest radiation as a child. Individuals with increased risk should talk to their provider to decide when and how often to be screened for breast cancer.

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## Is the guidance different for transgender individuals?

- The United States Preventive Services Task Force (USPSTF) is currently working on guidance for transgender individuals. Recommendations from current literature are:
  - » Transgender women taking hormone therapy for more than 5 years and with risk factors should follow the same ACS recommendations described above.
  - » Transgender men who have not had their breast removed or only had a breast reduction, should continue to follow ACS guidelines.

## What is the guidance for birth sex men?

- Breast cancer screening is not recommended for men who do not have breast symptoms.

## What should individuals do if experiencing breast symptoms

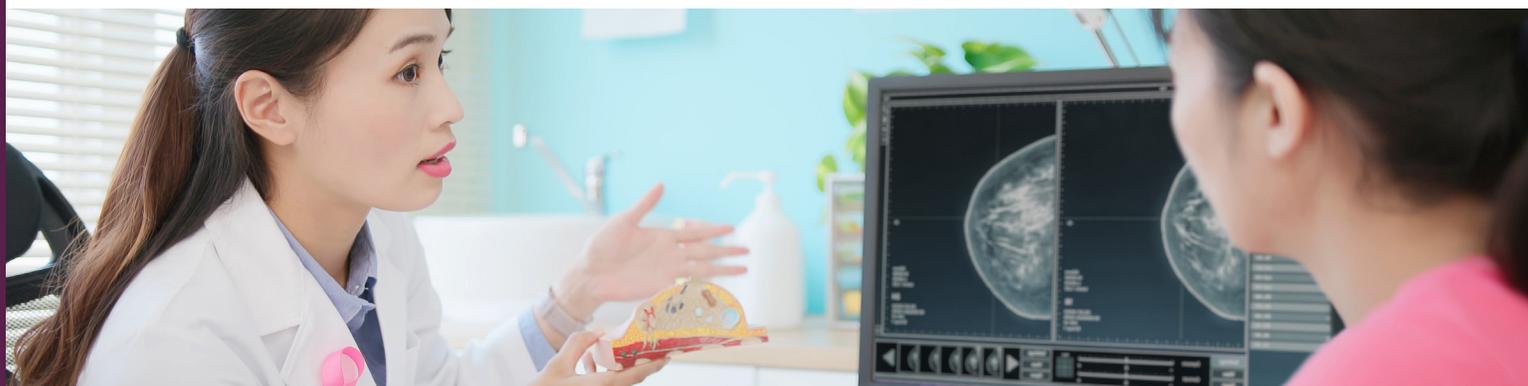
- Any individual who has breast symptoms, such as pain or a lump, should see their health care provider for a breast exam.

## What are the benefits of breast cancer screening?

- Screening mammograms can find breast cancer early. The earlier a cancer is found, the easier it is to treat.
- Screening mammograms decrease the chance of late breast cancer disease and death.
- The benefits of mammography are greatest among older woman compared to younger women.

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## What are the harms of breast cancer screening?

- Screening tests can have harms. You should discuss the following possible harms with your provider:
  - » The mammogram may find something that is not cancer but that still requires additional testing or biopsy. This is called a false-positive result. False-positive test results can lead to extra testing and can cause anxiety.
  - » The mammogram may miss a cancer. This is called a false-negative result. False-negative test results can delay diagnosis and treatment.
  - » Mammography exposes the breast to very low doses of radiation (less than the radiation from a chest x-ray).
  - » There may be discomfort during a mammogram.

## What can be done to reduce breast cancer risk?

- Being physically active.
- Maintaining a healthy weight.
- Not drinking alcohol or limiting alcohol intake
- Talk to your health care provider about your breast cancer risk.
- Stay up to date on your breast cancer screening.