The image is a composite. The top half shows a woman's face, looking slightly to the right, with several splatters of dark red blood on her cheek and forehead. The background behind her is dark and textured, resembling a wall or a rough surface. The bottom half of the image shows a dark, horizontal object, possibly a piece of wood or a branch, with some reddish-brown material on it, set against a dark green background.

the  
*younger*  
generation

## AS A RULE WE THINK OF BREAST CANCER AS A DISEASE EXPERIENCED BY OLDER, POST-MENOPAUSAL WOMEN, BUT HOW IS IT AFFECTING OUR YOUTH? WORDS: SUE CLARIDGE

**BREAST CANCER IS MOST COMMON IN WOMEN OVER 50, HOWEVER A SIGNIFICANT NUMBER OF** cases occur in women in their 40s and although it's rarer in women under 40, women in their 20s and 30s, and even in their teens, can get breast cancer. In New Zealand in 2005, the latest year for which we have official figures, 72 percent of new breast cancer diagnoses were in women 50 years and over, 22 percent were in women 40 to 49 years, and only 6 percent were in women under 40 (see table below). Despite the widespread belief that younger women have poorer prognoses, the number of women dying in their 20s, 30s and 40s from breast cancer is lower as a percentage of the total deaths than for women 50 and over.\* The rates of breast cancer in these ages groups in the five years to 2005 has remained steady and there is no evidence available to suggest that there has been any dramatic change in the figures over the last four years.

Rates of breast cancer diagnoses and deaths by age group in New Zealand women.

Age Group	Breast Cancer Diagnoses	% of total Diagnoses	Deaths from Breast Cancer	% of total Deaths
50 +	1770	72.0	534	82.4
40-49	540	22.0	86	13.3
30-39	133	5.4	27	4.2
20-29	14	~0.5	1	0.1
15-20	1	≤0.1	0	0.0
Total	2458		648	

Source: Cancer: New Registrations and Deaths 2005 Revised edition, MOH, 2009.  
 Note: these figures do not include DCIS.

Breast cancer in young women is rare; the chances of a woman in her 20s being diagnosed with the disease are less than one in 2500. But while these figures may offer some comfort it doesn't alter the fact some 150 New Zealand women under the age of 40 are told that they have breast cancer every year.

Breast surgeon, Dr Erica Whineray Kelly says that despite the fact that these women have one or more symptoms, usually a lump, the diagnosis still comes as a huge shock to them, more so than for many older women who, because they are having regular mammograms, have considered that they may get breast cancer.

Whineray Kelly says that breast cancers in young women tend to be more aggressive, there is a greater rate of metastases and they have a poorer prognosis.

"Despite that plenty of young women have good outcomes," she said. "There is an 80% ten year survival rate among young women." While once upon a time breast lumps in young women might have been attributed to other conditions such as hormones or mastitis, or otherwise "ignored", this is no longer the case. There is such a high level of awareness among all women, and health practitioners, that breast lumps and other symptoms are swiftly investigated.

Dr Whineray Kelly says that it is the tumour's characteristics that result in more aggressive cancer and poorer outcomes for some women.

"Young women are more likely to be oestrogen receptor negative and HER2 positive, she says, "Or triple negative." However, as with the general population, only a very small number of women – about

five percent – have the BRCA genes, familial breast cancer or a close relative with the disease.

Young women are more likely to need chemotherapy, and Dr Whineray Kelly says that, while this may not be the best thing treatment wise, more young women have breast conserving surgery. For social reasons, young women are also more likely to have breast reconstruction. And young women will do anything to survive, to be able to watch their children grow up, which means doing anything that is necessary on the treatment front.

One of the major issues facing young women is fertility after treatment. Many have not yet completed their families; some have not had children at all when diagnosed. In as many as 25% of women diagnosed chemotherapy causes premature menopause and this is more likely when the woman is over 40.

And it is not just an inability to conceive that causes problems. Menopausal symptoms such as hot flushes, vaginal dryness and a loss of libido all take their toll, contributing to a considerable psycho-social burden for young women.


Dr Whineray Kelly says that infertility doesn't happen to every woman, and fortunately none of her patients have been so affected. In fact, several have gone on to have babies after their treatment.

"It is incredibly therapeutic for them," she says about their ability to return to a normal life path.

A huge amount of the recovery for young women is psycho-social. Like many of the women interviewed, Dr Whineray Kelly says that young women feel terribly let down by their bodies. She recommends counselling, including couple counselling, through the Cancer Society. However, some women suffer from on going anxiety and depression, and she recommends cognitive behavioural therapy (CBT) if counselling isn't sufficient.

The Auckland Breast Centre offers a survivorship programme. Women come back about six weeks after surgery for what Dr Whineray Kelly describes is a programme that is

"a bit provocative."

"We have a series of talking points; it's about wellness, risk reduction, and empowering women," she says. 

\*without a national breast cancer database, it is impossible to tell from the national cancer statistics how long women diagnosed in their 20s, 30s and 40s are surviving.

## TOP TIPS FOR YOUNG WOMEN

1. Look after yourself - put yourself first even if it is something you're not used to doing. Be discerning about how you spend your time and who you spend it with. Set boundaries and learn to feel good about saying no. Learn that self-care is not selfish.
2. Don't panic; it is not a medical emergency and you have time to come to terms with the diagnosis.
3. Make sure you empower yourself. Arm yourself with knowledge, find out what you need to know. Make sure you know about the choices you have regarding your treatment.
4. Keep asking questions until you are satisfied with the information you have and your ability to make an informed decision.
5. Surround yourself with really good support people.
6. Ask for help; learn to delegate.
7. If you haven't had children or want more, don't have treatment until you have discussed fertility, and get a referral to see a fertility specialist.
8. Get counselling. Have a plan for the period after treatment, a plan for counselling and for focusing on deeper inner healing.