OCTOBER 2024 <<<



# **HEALTH TIPS**



### OCTOBER IS BREAST CANCER AWARENESS MONTH



This Health Tip is provided by Dr. Avis Artis, MD OB/GYN

### >>> BREAST HEALTH

The majority of breast cancers are diagnosed by an abnormal screening exam. However, a significant number are first noted by the patient. Regular screening and examination can decrease death and lead to early diagnosis and treatment. Cancer deaths have decreased since the 1980's with early detection and improved treatments.

#### **FACTORS IN DETERMINING RISK**



- · Personal or family history of breast, ovarian, tubal or peritoneal cancer
- · Ancestry (e.g. Ashkenazi Jewish) associated with BRCA1 or 2 mutations
- Dense breast tissue on mammogram
- · Previous atypical hyperplasia
- Age of menarche, age of first live birth, number of pregnancies and menopausal status
- · Radiation treatment to the chest between 10 and 30 years

## BREAST CANCER RISK CATEGORIES

Average risk = < 15% Moderate risk = 15-20% High risk = > 20%

# BREAST CANCER PREVENTION & SCREENING

### >>> RECOMMENDATIONS

- The US Preventive Services Task Force revised 2024 recommendations suggest routine biennial screening from age 40-74
- Most patients and their physicians will discuss specific risk assessment and benefits of annual vs biennial screening
- Most hospitals and centers are offering 3 dimensional (3D) mammograms
- Ultrasounds and MRIs are not recommended for ROUTINE screening

### OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

### **INTIMATE PARTNER VIOLENCE**

Intimate Partner Violence (IPV) affects more than 24 million Americans. It is a serious preventable public health problem. While it can happen to anyone, women are more likely to be affected than men.

The term "intimate partner violence" describes actual or threatened psychological, physical or sexual harm by a current or former partner or spouse. IPV can occur among people of all gender identities and sexual orientations and does not require sexual intimacy.

## >>> FOUR PRINCIPLES OF INTERVENTION

- Survivor safety Always keep in mind that the primary concern is to maximize safety and not increase risk for further harm
- 2. **Survivor empowerment** Encourage the survivors to make their own choices
- Perpetrator accountability Frame the violence as occurring because of the perpetrator's behavior and not the survivors'
- 4. Advocacy for social change Collaborate and advocate beyond the healthcare setting

### **ESTABLISHING A SAFETY PLAN**

If any significant risk factor is present, it is imperative to devise a safety plan which includes:

- An emergency kit with important documents, keys and money, stored outside the home for quick escape
- A place to go (family, friends, shelter)
- Avoiding rooms with potential weapons (kitchen) or risk for increased injury (hard bathroom surfaces) during times of escalating conflict.



# LIFETIME RISK OF A WOMAN IN THE U.S. BEING INVOLVED IN IPV = 22-39%



### ASSESSING UNSAFE SITUATIONS



- Violence occurring outside the home
- Violent to children
- · Threatening to kill the victim's children or themself
- · Escalating threats
- Using drugs and alcohol

### **RESOURCES**

#### **Breast Cancer**

- American Cancer Society: 800-227-2345 / cancer.org
- UNC Linegerger Comprehensive Cancer Center: 984-974-8762
- · Living Beyond Breast Cancer: Ibbc.org

#### **Domestic Violence**

- National Domestic Violence Hotline: 800-799-7233
- Durham Crisis Response: 919-403-6562

#### **Community Health Coalition**

919.470.8680 / chealthc.org contact@CommunityHealthCoalition.com

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