**Breast cancer risk: what you can control**

A federal panel recently advised women get a mammogram every other year starting at age 40, rather than 50.

And the American Cancer Society estimates that in 2023, nearly 300,000 women in the United States will learn they have breast cancer. About 43,700 women will lose their life due to the disease.

The headlines are reminders to know your breast cancer risks. While many risks are out of your control, there’s just as much you can control, says Heather Chambers, a breast health navigator at OSF HealthCare.

**Major risks you can control**

* Active lifestyle and healthy eating: Chambers puts it plainly. If you eat junk, you’ll feel like junk. And any exercise will give you more energy and burn fat. Fat produces estrogen, which feeds cancer cells.

“You want to make sure you’re well-maintained with your weight, even after menopause,” Chambers says.

* Taking hormones: This impacts your ovaries, reducing or adding estrogen. Whether you’re at a routine appointment or you have been diagnosed with breast cancer, talk to your provider about what hormones you’re taking.

“We don’t encourage people who are having menopause symptoms [like hot flashes] to take hormones,” Chambers lists as an example. “We encourage other things to help treat those. It eliminates those estrogen cells increasing.”

* Alcohol and smoking: They are a risk for any type of cancer. But Chambers says one drink per day can increase a woman’s breast cancer risk by 12%. Alcohol is sugary, and that’s a fuel for estrogen.
* Night shift work: Chambers says our body expects to sleep when the sun goes down. Night work throws that off.

“You’re getting artificial light all night. That changes the melatonin that the body naturally makes,” Chambers explains. “When your melatonin is off, it increases estrogen.”

If you don’t work the traditional day job, see if you can work different shifts so you are not up all night all the time.

**Risks you can’t control**

* Age: Chambers says women generally develop breast cancer at age 50 and above.
* Family history and genetic mutations: A family history of breast cancer puts you at a higher risk. Chambers says the higher risk is often seen on the person’s mother’s side of the family. For example, your mother and her sister (your aunt) may have breast cancer, and so you’d need to talk to your provider about your risk.

Some women diagnosed with breast cancer and who have a family history may undergo a genetic test.

“Those tests can tell us if this is something being passed down from generation to generation,” Chambers says.

* Reproductive history: Young women who develop menstruation before age 12 and women who go through menopause after age 55 have an increased risk.

“That gives them a longer time with their ovaries working. They’re producing estrogen,” Chambers says.

* Dense breast: More tissue and less fat mean a dense breast and an increased cancer risk, Chambers says. Usually, the younger you are, the denser your breast is. The density of your breast is something that will be noted on every mammogram result. Chambers says mammogram technology is getting better at finding cancer in dense tissue. An early diagnosis may mean a better outcome.

**Takeaways**

Make sure your health care provider knows about your circumstances so they can decide on the best preventive care, like a different schedule for mammograms. Some of the information to have handy: a family history of cancer and any physical change you noticed during your monthly breast self-check.

Learn more about [breast health](https://www.osfhealthcare.org/breast-health/) and [breast cancer care](https://www.osfhealthcare.org/cancer/services/breast/) on the OSF HealthCare website.