

BULLETIN

Breast health: do your part

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t started at work. HSAs communications and member mobilizing department participated in a womens health care event. We were on hand to give out information about the annual breast cancer awareness and fundraising event, the Run for the Cure. Our mission was to let people know that HSA is the union that represents the health care professionals on the front lines of the detection, treatment and rehabilitation of breast cancer patients.

We welcomed visitors to our booth, and gave out information about screening mammography ... who can have them and where they can have them.

And as these things happen. We got talking.

Who among us had regular screening mammograms? None.

Granted, some of us were just 40. Some of us not yet 40 and some of us, well, had had one when we turned 40. And some of us hadnt ever done it.

In British Columbia, women aged 40-79 are eligible to have a screening mammogram every two years, provided they do not have breast cancer, breast implants, and are not pregnant or breast feeding. Recent Canadian studies have shown that a high percentage of women are not accessing this service.

What better motivator than good old peer pressure to do what we all knew we should do, but never on our own could get it together to do? Five of us scheduled a group appointment. Once youre in, youre in. Its a lot harder to back out on your friends and colleagues than it is to phone up an anonymous voice and cancel.

Getting a screening mammogram isnt like a regular dental check-up to find out that neglecting flossing means a new filling. It comes down to squishing a body part you dont usually expose to strangers to find out if you have a life-threatening disease.

So, on the appointed day, the five of us sat in the waiting area, a bit too casually exchanging stories and laughing just a bit too loudly.

I had done my research. From reading the Canadian Breast Cancer Foundations website, I knew that a screening mammogram is a quick, safe and easy way to find problems in a womans breast. Two x-ray pictures are taken of each breast. A doctor with special training (radiologist) will look at these x-ray pictures to decide if the problem may be breast cancer. For most women, the x-ray pictures will show no signs of a problem. The woman will have what is called a normal result.

The grim reality is that one in nine Canadian women will develop breast cancer, and one in 27 will die.

Filling out the paper work at Mount St. Josephs that morning, I decided the statistic I liked was that "most women" have "normal results."

We were ushered into a little waiting room to wait our turn.

Our radiographer, Alex Finley (see [member profile](#) below), greeted us and made a quick assessment about this gaggle of women. Who had had a mammogram before? Who was nervous? Who wasn't? And who was going to agree to having a photographer in the room? We had hired a photographer to take photos for publicity and information purposes. Alex explained it would be difficult to get good images if we weren't able to relax. She prohibited first-timers from participating in the photo shoot, and let the remainder decide on their own comfort level.

The screening room is as friendly as a small room with big squishing equipment and processors can be. But Alex's personality filled up the room. She is friendly, sensitive and compassionate. She instantly made me feel at ease.

A thorough explanation of the process included showing me the equipment, explaining what it would do and how it would feel. And there were some surprises. It wasn't cold, it didn't hurt beyond mild discomfort, and I was relaxed.

Throughout the whole procedure, Alex chattered, checking I was comfortable and working to relax me so she could get the best possible image.

"Just relax and I'll guide you."

"I'll just pull a little bit of your skin up"

"Are you okay there?"

It is a challenging part of the job, particularly at a hospital where 80 per cent of the patients she sees don't speak English. Alex has posted little notes in all the areas the mammographers work in the screening room. She knows how to say things like "relax," "breathe," "are you okay," and "don't get changed yet," in Vietnamese, Cantonese, Italian, Mandarin and Farsi.

After about 15 minutes, the mammograms were done. The x-rays were to be forwarded to a specialist, and a letter would come in the mail with the result.

Out of the five of us, one was advised she would require a diagnostic mammogram to take a closer look. The diagnostic mammogram confirmed it was nothing, but at the back of all our minds, we knew it could have been something.

HSA staff will again have a team participating in the Run for the Cure October 5, 2003. We'll be running, like thousands of people across the country, for that one in five of us with an abnormal result. We'll be participating for our family, neighbours and friends who have experienced the disease. We'll be thinking of the one in nine Canadian women who develop breast cancer and the one in 27 of those women who die.

Will you run for them? 

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