

# Health



## Why breast cancer was called ‘Nun’s disease’



**Dr. Emran Imami**  
Guest Columnist  
USA TODAY NETWORK – FLORIDA

Have you heard the term “Nun’s Disease?” My guess is you may not have as the phrase has become somewhat outdated over time.

The inception of the term became popular hundreds of years ago due to the high number of nuns being diagnosed with breast cancer, compared to diagnoses in the non-nun population of women.

As early as 1700, Dr. Bernardino Ramazzini, an Italian physician, considered to be the founder of

“occupational medicine” recognized there was one female profession whose members were far more likely to die from breast cancer than any other female community, and that was the nun occupation.

So why is this?

The answer is that lifelong nuns, comparable to all women who have not been reproductive, are at an increased risk of breast cancer, along with ovarian and uterine cancers, compared with women who have given birth.

Evidence supporting the Nun’s Disease theory points to the protective side-effects of having chil-

**See IMAMI, Page 3C**

Breast cancer has been called “Nun’s disease” because of the high number of nuns affected dating back to the 1700s. GETTY IMAGES

## How do I get adult child to move out, start own life?



**Pamper Your Mind**  
Kristin Woodling  
Special to Florida Today  
USA TODAY NETWORK – FLA.

*I see a wide variety of local clients every day and there are some pretty significant questions that I get — some of those are relevant to the larger community. This column serves as a way to answer the most frequently asked mental health and wellness questions for the benefit of all Space Coast residents.*

Q: This fall, many of my friends have moved their children off to college. My 20-year-old daughter dropped out of her freshmen fall courses two years ago expressing confusion about what she wanted to study and consequently a lack of interest in school.

I do not believe that college is fit for every kid or that every kid is ready for college right out of high school.

I supported her decision and encour-

aged her to gain work experience that might help her find a sense of personal direction.

It’s now going on two years and she is living in my home with no job and limited motivation.

I’ve expressed to her my feelings ranging from concern to anger, but I get little reaction followed by false promises.

Some people have suggested I kick her out. I can’t imagine putting my daughter out on the streets.

Is it possible that something is wrong with her that makes it harder for to find drive in life compared to other young adults?

As a parent who loves my daughter unconditionally, how should I be responding?

A. It can truly be disheartening anytime our children are not living up to their full potential...or at least trying.

**See WOODLING, Page 2C**



Sometimes an adult child might not be motivated to move out and get a job because a parent is giving them everything they need at home. GETTY IMAGES

# Trip to Philippines validated nurse's career decision

**From Staff Reports**  
Florida Today  
USA TODAY NETWORK - FLORIDA

**Q: Why did you go into this career?**

A: When I was very young, my great aunt was an RN in Texas. When my family would visit her, I recall how she had such a demeanor of confidence, intelligence, organization and kindness. She wore a crisp, starched white nursing dress, white stockings and a white cap.

Her stories were always told with such compassion in her heart — about those she cared for, leaving me longing to do such work someday. Over the years, the majority of my nursing career has been focused on nursing education/development in the hospital setting.

I find it so rewarding to have meaningful impact on the growth and development of eager minds. Because healthcare is constantly changing to focus on providing the most excellent care possible; education is an essential component for the healthcare team.

To be in a position where one can impact evidence-based teaching strategies that result in safer care is inspiring and ultimately necessary.

**Q: What Services do you provide?**

A: Our Community & Corporate Education team focuses on a wide array of services: Nursing Orientation, Preceptor Development, and Graduate Nurse Experience; Student Affairs; Competency Development; Continuing Education Programs; Leadership Development

Programs.

**Q: What makes this area of medicine fulfilling for you?**

A: It's when a learner masters a complex topic. It's that moment where full understanding is realized and the connection is made into meaningful work resulting in a positive outcome.

**Q: When did you realize this was the right medical career path for you?**

Early in my healthcare career — while I was active duty and stationed at Clark Air Base in the Philippines. I was lucky enough to have served on many medical outreach trips to remote villages where we offered a variety of needed minor medical and dental services.

Being part of that cohesive, yet multidisciplinary medical team in delivering what we might consider "basic care" through a makeshift clinic was such important work, yet intrinsically gratifying.

We helped hundreds of people each time and walked away feeling hopeful that at least those recipients of our care led to the promotion of their health and wellbeing at that given time.

**Q: What's the latest advancement in your field that will benefit patients?**

A: Technology advancements, especially related to high-fidelity simulation are completely changing the educational landscape — allowing our clinical students to practice complex care in a realistic yet safe environment.



**Alexandra Gutierrez is the director of Community and Corporate Education for Parrish Medical Center.**  
PROVIDED BY PARRISH MEDICAL CENTER

**Get to Know Your Health Pro**

**Name:** Alexandra Gutierrez

**Where you're based:** Parrish Medical Center | Parrish Healthcare.

**Education:** MSN and BSN: University of Central Florida.

**Professional Background:**

More than 20 years nursing experience, specializing in clinical education, acute care and oncology care services; Active Duty Senior Airman, United States Air Force.

**Address:** 951 North Washington Ave., Titusville, FL 32796

**Contact:** Parrish Medical Center Community & Corporate Education, 321-268-6111.

**On the web:** [www.parrishhealthcare.com](http://www.parrishhealthcare.com)

Additionally, as educators, we are also required to change our teaching strategies and delivery that also respects the technological-minded learner. Traditional classroom-type learning environments are not enough and frankly becoming the obsolete standard; instead, we must embrace how technology has reshaped the direction of education and be accepting of the rapid pace of that change.

Teaching strategies, new models for validating learning, and use of supportive devices are crucial to ensure active engagement and utilization of such tools to enhance safe, zero-harm care.

**Q: Best advice for current and potential patients?**

A: Be an advocate for safety and be proactive in your care plan. Always ask questions and don't be hesitant to ask for clarity if you don't quite understand what is being shared with you. Seek quality resources when it comes to educating yourself about any sort of medical information.

Have a suggestion for FLORIDA TODAY's Know Your Health Pro feature? Contact Tim Walters at [twalters@floridatoday.com](mailto:twalters@floridatoday.com)

## Imami

Continued from Page 1C

dren and breastfeeding in decreasing the chances of breast cancer.

As an example, the link connecting breast cancer and reproduction was long suspected, but not proven until a British study evaluated data from more than 150,000 women in 30 countries.

The outcome of the research continued to point to hormone related fluctuations in estrogen levels during pregnancy and while breastfeeding, decreasing breast cancer diagnoses in women who had reproduced.

In addition, a 1920s British physician, Dr. Janet Lane-Clayton, did epidemiological research that demonstrated the number of children a woman had, length of lactation, and age of first pregnancy also affected the accumulative risk of a breast cancer diagnosis.

According to WebMD, a woman has a 7% decreased risk of breast cancer per birth, and her chances drop another 4% for every year of breastfeeding.

In line with WebMD, sources from the Susan G. Komen Breast Cancer Foundation state, "women who give birth for the first time after age 30 are up to two times as likely to develop breast cancer as women who have their first child before the age of 20."

In addition, women who have children over the age of 35 have a slightly higher risk for breast cancer than women who don't have children at all.

It's also estimated that 5 percent of breast cancers could be prevented every year if women were to breastfeed their children for an extra six months.

If you have chosen to remain child free, the most realistic approach to reducing breast cancer is to focus on early detection and be aware of any genetic risk factors that could contribute such



**According to WebMD, a woman has a 7% decreased risk of breast cancer per birth, and her chances drop another 4% for every year of breastfeeding.**

GETTY IMAGES

as a family history; it's also important to focus on reducing dietary risks such as not smoking, drinking excessively, maintaining a healthy diet and exercising regularly.

Of course, the best trajectory is to do monthly self-breast exams and take preventative clinical measures.

Self-breast exams will help detect changes that might be indicative of growths such as cancer tumors.

It's important to note that self-examinations are solely not enough, as breast screenings and mammograms are evidenced based and a must for early detection.

The American College of Radiology has reported that mammography has reduced breast cancer mortality in the United States by almost 40% since 1990.

During the past several years there have been several updates, changes, and confusion regarding guidelines and safety precautions for breast screenings, so here is what you need to know.

The American College of Physicians

(ACP) offers four recommends for women:

1. In average-risk women aged 40 to 49 years, clinicians should discuss whether to screen for breast cancer with mammography before age 50 years. Discussion should include the potential benefits and harms and a woman's preferences. The potential harms outweigh the benefits in most women aged 40 to 49 years.
2. In average-risk women aged 50 to 74 years, clinicians should offer screening for breast cancer with biennial mammography.
3. In average-risk women aged 75 years or older or in women with a life expectancy of 10 years or less, clinicians should discontinue screening for breast cancer.
4. In average-risk women of all ages, clinicians should not use clinical breast examination to screen for breast cancer.

Simply, the goal of mammography is the early detection of breast cancer, typically, through detection of charac-

teristic masses or microcalcifications.

Annual mammograms can help detect breast cancer in the earliest stages, when it is most treatable, while also detecting changes that a woman would not notice on her own, until months later.

The US Census Bureau Population Survey stated in 2014, 47.6 percent of women between the ages of 15 and 44 had not had children, an increase of 46.5 percent from 2012.

These statistics represent the highest percentage of childless women since the bureau began tracking the data back in 1976, and sure to be influencing the increased breast cancer diagnoses in our country.

According to BreastCancer.org, one in eight women (about 12-percent) will develop invasive breast cancer over the course of her lifetime.

This year, an estimated 268,600 new cases of invasive breast cancer were expected to be diagnosed, along with 62,930 new cases of non-invasive breast cancer.

For women who have chosen to be childfree, or considered to be of high-risk for breast cancer, they should seek a breast surgeon to quantify those risks; while discussing the potential diagnostic role of a breast MRI and/or medications to reduce risk.

Childfree or not, high risk or not, it's important to focus on preventative breast health, to keep any potential breast cancer risks at a minimum.

*Emran Imami, MD, MBA, FACS, is the Medical Director of TEPAS Breast Center. He is certified by the American Board of Surgery, a Fellow of the American College of Surgeon, a member of the American Society of Breast Surgeons, and a member of American Association of Cosmetic Surgery. For more information go to [www.TepasBreastCenter.com](http://www.TepasBreastCenter.com), or call on TEPAS Breast Center at 321-312-4178.*



Open House

To celebrate our newly remodeled community!

Stroll our community and enjoy entertainment and refreshments while you experience the

GOODLIFE™

here at Buena Vida Estates.





Join us on

Thursday, SEPT 26

4:30 to 6:30pm

Brevard County's ONLY Continuing Care Retirement Community.

Ribbon-Cutting Ceremony

Melbourne & Palm Bay Chamber

5:30pm

(321) 724-0060 • Toll-free (800) 742-0060

2129 West New Haven Avenue, West Melbourne, FL 32904

— Entrance on Doherty Drive —

A 501(c)(3) Not For Profit Organization