

signals intraductal papilloma, a condition characterized by a wartlike growth in the nipple duct. "We almost always remove the warts surgically to make sure they're not cancerous. They're usually benign and don't return," explains Dr. Love.

tion—for the latest legislative news about breast cancer. (202) 296-7477

• Throughout October, check out an online chat on breast cancer sponsored by the National Alliance of Breast Cancer Organizations at [www.nabco.org](http://www.nabco.org).

lumps, then repeat under the opposite arm. After drying, repeat the inspection lying flat on your back with a pillow under your left shoulder and your left arm over your head. Then repeat on your right side. Ideally, you should feel only soft fat,

## When your breasts are touched, the nerves

**O**rgasm Your breasts are an orgasmic powerhouse, since they not only contain sensory nerves but also have a second set of nerves connected to your autonomic nervous system, which is responsible for a range of involuntary bodily functions, such as breathing. When your breasts are touched, the autonomic nerves send signals to your clitoris that can bring about clitoral excitement—even though nothing "down there" is actually being touched. (In fact, a 1970s Masters and Johnson survey found that 1 percent of women achieve orgasm from breast stimulation alone.) As sexual excitement builds, your nipples harden and become erect, your breasts plump up from increased blood flow, and your areolae (the area of pigment around your nipples) swell, all peaking at orgasm. Still, it doesn't mean you're frigid if you don't like being sucked or stroked. "Different women respond to different sexual stimuli, and some women's breasts are so sensitive, they don't like having them touched," explains Dr. Marchant.

**P**ills If you're on the Pill (or *ever* have been) get your mammography during the first two weeks of your menstrual cycle. You're twice as likely to have a false-negative reading during the *second* half of your cycle, according to a University of Toronto study published in the August 1997 journal *Cancer*.

**Q**uestions For resources and referrals, check out the following:

- The American Cancer Society national hot line—for physician referrals, free brochures, and support groups in your area. (800) 227-2345
- The American Society of Plastic and Reconstructive Surgeons—for board-certified plastic surgeons. (800) 635-0635
- The National Breast Cancer Coal-

**R**eduction A total of 57,679 women in the United States had their breasts reduced in 1996. "The best candidates are women with very large breasts—often a D cup or bigger—that restrict their activities and cause physical discomfort, like back and shoulder pain," explains Frederick Lukash, a Manhattan plastic surgeon. The procedure usually involves your surgeon's making an incision that circles the areola and extends downward to the natural crease beneath your breast and sometimes along the crease itself. After excess fat and skin are removed, your nipples and areolae are moved into a higher position, and skin is brought from both sides of the breast down and around the areola, shaping your breast's new contours. Surgery is almost always done in a hospital under general anesthesia, and you're usually released the next morning, able to resume work within a week and light exercise in three weeks. Scarring usually fades with time. Cost: approximately \$8,000, which may be covered by insurance (a doctor's note about the physical hardships of your large breasts—back pain, shoulder pain, slouching—often helps).

**S**elf-Exam "During my years of practice, I've encountered numerous women who've found their breast lump themselves," stresses Dr. Pressman. You should examine your breasts every month, 10 days after the start of your period. While in the shower, raise your left arm and, using the pads of the first three fingers of your right hand, make small, circular motions on your left breast, beginning at the outermost part and slowly moving clockwise toward the areola and nipple. Repeat the process with your right breast. Next, raise your left arm and again, using the pads of your first three fingers, explore your armpit for any

but you may also detect some general lumpiness. "Lumpiness should be checked by your doctor the first time you feel it," says Dr. Pressman, "but if your doctor examines you and tells you the lumpiness is just a textural change, you should thereafter be able to differentiate on your own between normal breast lumpiness and any irregularities." All individual lumps (as opposed to general lumpiness)—whether they be hard or soft, stationary or movable—should *always* be checked by your doctor.

**T**enderness Breast tenderness is especially common around your period. "The changes in estrogen and progesterone levels cause breast tissue to swell, which can make your breasts sore," explains Dr. Bailey. "Taking 200 milligrams of vitamin B<sub>6</sub> daily during your period may help because of its mild diuretic properties." Another option is to take one daily capsule (500 mg) of evening primrose oil, found in most health-food stores. And avoid coffee and alcohol, which dehydrate you and thus exacerbate PMS symptoms. Another possible culprit is pregnancy, which in the early stages makes your breasts tender. Although only 10 percent of all breast pain is cancer-related, if the pain is chronic or doesn't appear to be period-related, it needs to be evaluated immediately by your doctor.

**U**ltrasound Ultrasound, which uses high-frequency sound waves to examine body tissue and organs, is often recommended for women in their 20s, 30s, and sometimes even early 40s as an alternative to mammography if a breast lump is found. "Unlike older women, who benefit from a mammography, younger women have denser breast tissue, which is harder to view on X-rays," explains Dr. Bailey. Ultrasound is also