I am 72 years old, and have a history of cancer (ovarian and histiocytoma in my leg). Five years ago I had a mastectomy, and I have scar tissue from the surgery. A few months ago I developed pink scar tissue in the area where the staple was pulled out. Within the pink scar tissue a large dark mole came, then another. It oozes occasionally, and at times is painful—usually after I do housework. I have had other large dark moles that eventually fall off, as well as several moles that start out as skin color and itchy, but then turn into dark moles. Should I be concerned about them?

When a person has treatment for cancer of the breast—or any cancer—it is vital that continued communication between the patient and therapist be maintained.

It is not easy for us to diagnose exactly what is happening in the scars of your surgery. It could be several things. Depending on the type of wound closure used, there could be remnants of suture material beneath the skin. These crusted lesions could represent small pockets of infection. The major concern, though, is that these could be small clusters of recurrent cancer. Sometimes cancer cells will grow in the incision line, if they were microscopically present at the time of surgery. You mention the lesions as “moles”; a doctor should definitely check those out. They may be related to your histiocytosis.

Not being able to see the actual lesions severely limits our ability to comment. But we are printing this question so that you and others who read this will get the most important advice: Go back to the doctor or the team who did the surgery and have the problem evaluated by people who know your situation.

We are complex in our makeup, and often when we have experienced a traumatic event such as yours with breast cancer we want to avoid further contact with the situation that evokes anxiety. You must, however, for the sake of your health, overcome your fears and go back to the doctors. A simple explanation may be able to allay all your fears, or a simple additional treatment put you back on the road to health.

Ever since my babies were born four years ago, I have been troubled with hemorrhoids. My problem is that in the past couple of months I have noted bleeding. My husband is pressuring me to go for a checkup. Is this necessary?

Hemorrhoids are varicose veins below the anal mucosa that can bulge through the sphincter and cause pain, itching, bleeding—and even lead to anemia. If all you have are hemorrhoids, you have several options. Various creams are available that will mollify the
irritation and soreness of the hemorrhoids. Surgeries of various kinds—from placing elastic ligatures to dissection—have been performed. Very often, the problem is related to constipation. There are three extremely easy control measures for constipation. First, consciously increase the intake of dietary fiber. This is readily accomplished by eating bran cereals, but a plentiful use of fruits, vegetables, and legumes usually accomplishes this first step. Second, there must be sufficient water to keep the fiber soft and bulky. The water requirement is higher in hot weather than in cold weather. Make sure that at least eight glasses of water are taken each day. The third step is the most important: Make time for a bowel movement. Many of us are so rushed and time-pressured that we neglect basic functions. Sit and wait until the bowel has an action. Do this regularly before your bathtime, and within a month you will be as regular as clockwork.

Now that's all about hemorrhoids. But the reason I am answering this question is really not about getting you regular! The crux of the question here is that any type of rectal bleeding requires investigation.

It may be—and likely is—that your bleeding is related to your hemorrhoids. But bleeding can indicate many other potentially serious problems as well. These can range from polyps, colitis, to the much-feared cancer. No matter how frightening the thought, cancer can be beaten—especially if it is attacked early. The first step is to make a diagnosis. So I agree with your husband: Make that appointment. Today.

Sometimes hemorrhoids are made worse by other pathology in the bowel, so such a possibility is best excluded.

I did not discuss blood in the stool from higher in the gastrointestinal tract, where it may in passage through the bowel darken in color, and even give black stools. Nor did I talk about blood and mucus, etc. The bottom line (pardon the pun) is that any bleeding, of any color, requires investigation.

Now for those complacent ones reading this column: if you are over 50 years of age, have you had your colonoscopy? Let's hop to it, and go see the doctor.

Why take chances with God’s magnificent gift of life?

I am 48 years of age and fairly active. I get occasional chest discomfort along with breathlessness. Since heart disease usually happens to men, could these be symptoms of menopause?

My first response is to ask the question "Is heart disease the sole domain of the male gender?" Absolutely and definitely not!

Heart disease remains the number one killer of both men and women. In the United States, statistics since 1984 show that it has claimed the lives of more women than men. Unfortunately, this trend is continuing. The lower outcome of heart disease in women has been thought to be because women’s heart symptoms have not been taken as seriously as men’s have (gender bias).

Women tend to exhibit less typical symptoms than do men. However, the result of this gender bias is that women in the past have had less heart catheterization referrals than men when exhibiting similar symptoms. This trend is changing for the better at the present time. Women consistently attend rehabilitation following a cardiac event (heart attack, angioplasty, bypass surgery) less than do men (38 percent of women compared with 67 percent of men). This is a problem that needs to be addressed.

In short, chest discomfort and shortness of breath may perhaps be part of the constellation of symptoms that plague postmenopausal women. But it is mandatory and a matter of urgency that you see your physician to ensure that all is well with your heart.

I am 35 years old, and have had a history of lumps in my breast. The doctors have told me that I have "benign breast disease." My concern is that I have an aunt who had
breast cancer. Should I be worried?

As much as we would like to completely reassure you, we can only do so conditionally. Benign breast disease can be divided into three groups that are significant when it comes to associations with breast cancer.

The first group is of abnormal pathology, but in which no increased cellular division or overgrowth seems to be taking place (pathologists call it nonproliferative). The second group shows evidence of increased cellular division, but the cells are normal and typical. The third group is called atypical hyperplasia, in which increased cellular division occurs with abnormal cells in the picture.

There is an increased risk of cancer that is slight in the first group and significant in the last group. The risk is usually quoted as "relative risk," which is a comparative number to the general population. So, for example, if the risk of the general population is made to be 1, then the first group has a risk of 1.27, or 27 percent more risk, while the third group (atypical hyperplasia) has a relative risk of 4.24, or four and a quarter times the risk of the general population.

Obviously, you need to discuss the pathology report with your doctor.

The family history may also play a role, if you share a familial predisposition to breast cancer. But the condition is so common that many people have a relative who had breast cancer without necessarily being at increased genetic risk. Only 10 percent of breast cancers have a genetic link.

The good news is that careful surveillance and attention to one’s breasts make for early diagnosis. The mortality from breast cancer is only a fraction of what it used to be.

There are no clear-cut links between lifestyle and breast cancer, though rather flimsy evidence has linked saturated fat intake to the disease. We don’t recommend saturated fat to anyone—and that means cheese, butter, and animal fats—but have to confess that only tenuous links to breast cancer exist.

Enjoy your life, and don’t worry. But do maintain regular medical visits. Worry has strong negative implications for health, and a merry heart doeth good like a medicine!

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