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NOT TOO YOUNG AFTER ALL

Until recently, breast cancer was believed to be a disease that predominantly threatens women over 50. New research says otherwise, yet many doctors are still telling their younger patients not to fret. But *should* they be worried?

By SYDNEY LONEY

IN MARCH 2024, Stephanie Massé lay on the examination table in her doctor's office in Montreal and guided his hand to what she was worried might be a cancerous lump in her right breast. She had first noticed the mass while showering one day in the fall and then promptly dismissed it. She was only 35 years old and had no family history of breast cancer. She thought (hoped) it would go away on its own. But by springtime, she knew that whatever it was, it was growing.

Massé's doctor reassured her that he didn't feel anything at all and there was no need for concern. "He told me that at my age, it was bound to be nothing," she says. "It was a Friday, and he told me to not lose sleep over it and just go home and enjoy my weekend." But Massé didn't budge from the exam table. "I was pushy. I told him I'd really like to have it checked out." Her doctor agreed to give her a referral for a mammogram just to put her mind at ease. One week later, she was diagnosed with breast cancer.

Dr. Jean Seely, head of breast imaging at The Ottawa Hospital and a professor in the University of Ottawa's radiology department, hears stories like Massé's every week. "It's so common," she says. "And it's heartbreaking." There are many misconceptions about breast cancer that Seely would like to dispel, including the notion that doctors can tell everything is fine just by doing a breast exam. But, more importantly, she'd like to eradicate the idea that breast cancer rarely affects women under age 50—that they're "too young" to get the disease.

"I graduated from medical school in 1989, and we were taught that breast cancer usually only occurs in older women," Seely says. "It was pretty much unheard of that we would diagnose someone in their 20s or 30s, and even diagnosing women in their 40s was uncommon. That's no longer the case." Her own career in radiology was inspired ➤

by her grandmother, who had breast cancer in her 40s. "It fuelled my passion for doing research to correct misconceptions and find ways to diagnose cancer more quickly, because I didn't want other people to lose loved ones the same way."

The breast-health centre where Seely works identifies roughly 1,400 cases of breast cancer every year. Over the past few years, she has been noticing that women under 50 are increasingly being diagnosed with the disease. She set out to prove that what she was seeing in her clinic wasn't anomalous. In 2024, she led a study that showed a significant increase in breast-cancer rates in younger women in Canada over the past 35 years, including a 45 percent increase in cases in women in their 20s. Seely's research also found that breast cancer in younger women is often diagnosed at later stages and tends to be more aggressive than cancers found in women over 50.

Scientists don't know what's behind the increase, although there are theories that it could be linked to hormones and the fact that women are getting their periods earlier as well as having children later. Despite this uncertainty, there is some good news, says Seely. Even the most aggressive forms of breast cancer have positive outcomes if they're caught early. "It's a devastating disease, but the worst subtype of breast cancer has a 96 percent survival rate after five years if it's caught at stage one." In order for that to happen, though, both women and their doctors need to understand that what we thought we knew about breast cancer has changed.

Massé doesn't blame her doctor for initially dismissing her lump. After all, she, too, didn't believe she was old enough to have breast cancer. The shock of the diagnosis shattered her. "When my oncologist told me, the tears just erupted. I *couldn't* stop crying. He had a young resident with him in the exam room. I remember her pink Crocs and how she held my hand really, really tight. I'll never forget her. She was really comforting in that moment."

A biopsy revealed that the cancer was stage two and was more advanced than her doctors had initially thought. There were concerns that the disease may have spread to her lymph nodes. Massé says she wasn't afraid for herself; she was afraid for her three-year-old daughter. "I couldn't face the thought of her growing up without her mom," she says, recalling the countless nights she cried herself to sleep after tucking in her toddler. "I often wonder what would have happened if I'd just been like, 'Okay, my doctor doesn't feel anything' and gone home. How long would it have taken for me to realize that something really *was* wrong? And by that time, would it have been too late?"

Massé's friend Sophie Boyer, a 36-year-old business owner in Montreal, found a lump in her breast around the same year as Massé and was also told not to worry—that she was too young for it to be anything serious. Although Boyer's doctor referred her for a mammogram, the radiologist who reviewed her results told her that the lump she'd felt near her armpit was just a cyst. "She said, 'You're young, you're in good shape—it will probably go away by itself,'" says Boyer. Still, her doctor offered to get her a second opinion. "I said yes right away. I think deep down I knew something was very wrong."

The second radiologist agreed with the cyst diagnosis but also told Boyer that because she had dense breast tissue, she could refer her for an MRI. Boyer agreed. Because it wasn't considered urgent, her case didn't get fast-tracked—so it wasn't until nine months after she'd first found the lump that she received a diagnosis of stage three triple-positive breast cancer.

Approximately 43 percent of women have dense breasts, which means their breasts are composed of less fatty tissue and more fibrous tissue. Having dense breasts is normal, says Dr. Paula Gordon, a clinical professor of radiology at the University of British Columbia, but it does carry greater risks.

Not only are women with dense breasts more likely to get cancer in the first place but their tumours are also less likely to show up on a mammogram. "On mammograms, both cancer and normal dense breast tissue appear white—it's like looking for a snowball in a snowstorm," says Gordon. "That's why women need to be informed about their breast density, which can only be identified by a mammogram. And if they're identified as having dense breasts, they need supplemental screening with an ultrasound." (In 2025, Gordon led a study that found that ultrasound screening significantly improves breast-cancer detection in women with dense breasts, discovering cancers that would have been missed by standard mammography.)

Both Seely and Gordon are big proponents of better screening and early detection, and both are buoyed by new research and policy changes that could lead to better outcomes, particularly for younger women. The first step is ensuring greater equity for breast-cancer screening across the country. There is currently no unifying policy for screening in Canada—Seely calls it a "patchwork" across the provinces.

Most provinces have finally lowered their screening age to below 50, with the exceptions of Manitoba and Quebec, although they're reviewing their policies. Some provinces start screening at age 45, while others begin at 40. "One of the most rewarding aspects of my career has been seeing how many [cancers in] women in their 40s in Ontario are now being detected by screening," says Seely. Before October 8, 2024, the screening age in Ontario was 50. "We track the stats and see that the women who are being diagnosed now are almost all stage zero or stage one. Before the screening age was lowered, they would have presented at least a year or two later with more stage-two, -three or -four breast cancers. It's a public-health change that's saving hundreds of lives."

There is also high-risk screening for women under age 40. "We start high-risk screening for women who have a lifetime risk of 25 percent or greater at age 30, and we also start screening BRCA-gene-mutation carriers at age 25," says Seely. "The problem is that we don't identify all of the women who are at high risk." After all, 80 percent of women who get breast cancer have no family history. This, says Seely, is where personalized screening comes in—and there's some exciting new research on the horizon.

Scientists are studying individual risk assessment tools, including an at-home saliva test developed by Quebec researchers. The test pulls a person's genetic profile from their saliva and compares it with a statistical model based on family history, hormonal factors and lifestyle habits to determine their risk. (The Quebec Breast Cancer Foundation is currently petitioning for regulatory approval for the test.)

Seely is also researching how to use mammograms coupled with an AI tool to predict breast-cancer risk. "It's been validated in seven other countries and is better at predicting risk than conventional models." She and her team conducted the first validation study of the tool in Canada and are presenting their findings at the European Society of Breast Imaging this fall. "It's coming, and it's very exciting."

These new tests will benefit young patients like Massé and Boyer, potentially identifying their cancers sooner and helping them avoid more aggressive forms of treatment. There are also steps women can take to protect themselves, says Gordon. She recommends breast self-examinations, particularly for younger women. "That's usually how they discover their cancers," she says. "A family doctor can't remember what your breasts felt like a year ago—you are the expert on what your normal texture is and will be the first to notice if anything changes."

Both women and their health-care providers need to know that breast cancer is increasing in young women and that no lump should be dismissed because of a woman's age, says Gordon. "If your doctor really feels that it's nothing, at the very least you should have an ultrasound, and if it's negative, you should still monitor the lump with breast self-exams to make sure it's not growing over time."

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As for what to say if you get pushback at the doctor's office, she recommends visiting Dense Breasts Canada's website, which not only provides screening guidelines for each province (so you know what your options are) but also offers scripts to help women advocate for themselves. For example, if your health-care provider says "You don't have a family history or other risk factors so you don't need to start screening," one of the responses the site recommends is "I'm aware that the biggest risk factor for breast cancer is being a woman and that over 80 percent of women diagnosed with breast cancer have no family history."

The website is also a place where patients can share their stories. Boyer says one of the reasons she and Massé became close is that they'd had similar experiences. "I couldn't find anyone I could relate with—someone who was also young and didn't get taken seriously—until I connected with Stephanie."

Boyer has just completed a year and a half of treatment. She began with IVF to preserve her fertility and then underwent chemotherapy, surgery and radiation. Massé had six months of chemo and a round of Herceptin, a targeted therapy used to treat HER2-positive breast cancer, before her mastectomy in September 2024. She is now completing an immunotherapy/chemotherapy combo to reduce the risk of recurrence, and her breast reconstruction is scheduled for the fall. Both women are upbeat and positive—and glad they pushed.

"You have to trust your instincts," says Boyer. "It's so hard when a specialist tells you 'No, you're fine.' But you know your body, so push for more tests, and if you're not happy, go see another doctor." Massé adds that there were many times when she made progress only because she advocated for herself. "It's not everyone who's comfortable doing that, but if you get the 'You're too young' speech, it's so important to not sit back and wait for answers to come to you," she says. "You need to make things happen for yourself. In this medical system, you need to push." ■