



MISSION CONCIERGE CARE

Dr. B. Grant Marshall · Titusville, FL



October Is Breast Cancer Awareness Month.

This issue covers what the newly updated screening guidelines actually say, what your real risk looks like based on current data, and why movement is one of the few things within your control.

We also share a first look back at July's medical mission trip.

Observation	When	Why It Matters
National Breast Cancer Awareness Month	All October	Screening saves lives. Know your risk.
Domestic Violence Awareness Month	All October	Safety is a health issue
Health Literacy Month	All October	Understanding your health is part of managing it
Talk About Prescription Month	All October	Know what you take and why
World Mental Health Day	Oct 10, 2026	Mental health deserves the same attention as physical health
National Physicians Assistant Week	October 6-12	Honoring the full care team
Halloween Safety Awareness	Oct 31, 2026	Exercise Caution and Common Sense

Message from Dr. B. Grant Marshall



Newsletter Highlights

A MESSAGE FROM DR. B. GRANT MARSHALL

CELEBRATING THIS MONTH: BREAST CANCER & DOMESTIC VIOLENCE AWARENESS

MONTHLY FOCUS: THE NEW BREAST CANCER SCREENING GUIDELINES, EXPLAINED

THE RESEARCH BACKED ADVICE: UNDERSTANDING YOUR REAL RISK

HEART-HEALTHY RECIPE: GINGER PUMPKIN SOUP (AMERICAN HEART ASSOCIATION)

MONTHLY FITNESS: MOVEMENT AS PREVENTION

October carries a particular weight in this practice. Breast Cancer Awareness Month is not an abstraction here. It is patients I know by name, conversations I have had in this office, and a screening test that, more than almost anything else in medicine, changes outcomes when it happens on schedule.

This year the conversation is a little more complicated than usual, because the guidelines changed. In April 2024, the U.S. Preventive Services Task Force lowered its recommended starting age for mammograms from 50 to 40, a meaningful shift that brought federal guidance closer to what the American Cancer Society has recommended for years. If you have been confused about when to start or how often to go, you are not alone, and this issue is built to clear that up.

We will also talk honestly about risk. Most women who develop breast cancer have no family history at all. That fact surprises people every time I share it, and it is exactly why screening matters for every patient, not just those with a family history to point to.

Finally, I want to share something personal. In July, I had the privilege of traveling on a medical / missionary trip that reminded me why I do this work in the first place. It is my absolute joy and honor to share the work of our small but mighty team in service of Christ.

As always, my door and my phone are open. If it has been more than a year since your last mammogram, or if you have never had one, let this newsletter be the nudge that starts that conversation

Dr. B. Grant Marshall

Mission Concierge Care · Titusville, FL

To Every Woman Screened. To Every Survivor. To Every Family Rebuilding Safety.



Breast cancer is the most common cancer diagnosed in American women, and this year an estimated 321,910 women in the United States will be diagnosed with invasive breast cancer, with about 42,140 expected to die from the disease (American Cancer Society, Cancer Facts & Figures 2026). Behind every one of those numbers is a woman, a family, and a community whose life can be changed by a diagnosis.

The encouraging side of that data is significant: when breast cancer is caught at a localized stage, before it has spread beyond the breast, the five-year relative survival rate exceeds 99%. Early detection is not a slogan. It is the single most powerful variable we have. Staying current with recommended mammograms, knowing what is normal for your body, understanding your personal and family risk factors, and speaking with your physician about any changes or concerns can all play an important role in finding breast cancer earlier, when treatment is often most effective. Breast Cancer Awareness Month is an important reminder not to postpone the screenings or conversations that are easy to put off when life gets busy. If you are due for a mammogram or are unsure when you should begin screening based on your age and individual risk, make that conversation part of your next medical visit.

Domestic Violence Awareness Month

Health and safety are inseparable. Domestic violence affects patients across every demographic, regardless of age, income, education, race, or background, and it often goes unspoken in a medical visit unless the door is deliberately opened. Abuse is not always physical; it can include emotional abuse, intimidation, threats, financial control, isolation, or other behaviors intended to exert power and control.

For healthcare providers, creating an environment where patients feel safe enough to speak is part of caring for the whole person. For patients, it is important to know that you do not have to wait for a situation to become an emergency before asking for help.

If you or someone you love is in an unsafe situation, **the National Domestic Violence Hotline is available 24 hours a day at 1-800-799- SAFE(7233)**. Within these walls, this is always a safe subject to raise. Your health includes your physical well-being, your emotional well-being, and your safety—and all three deserve care.

The New Breast Cancer Screening Guidelines, Explained



For years, the guidance on when to start mammograms was genuinely confusing, because different organizations recommended different ages. In April 2024, that gap narrowed in a significant way.

The U.S. Preventive Services Task Force (USPSTF) released a final recommendation statement lowering the recommended age to begin mammography screening from 50 to 40, for women at average risk of breast cancer, with screening continuing every two years through age 74 (US Preventive Services Task Force, JAMA, 2024). This was a genuine change from the Task Force's 2016 position, which had recommended starting at 50 and left the decision for ages 40 to 49 to individual discussion between patient and physician.

The American Cancer Society (ACS) welcomed the change, noting it brought the Task Force closer to what ACS has recommended for years: the opportunity to begin annual screening at 40, with regular annual screening for all women beginning at 45 (American Cancer Society, 2024).

	USPSTF (2024)	American Cancer Society
Starting Age	40, for women at average risk	40 for the opportunity to begin; 45 for regular annual screening
Frequency	Every 2 years (biennial)	Annual (every year)
Upper age limit	74 (insufficient evidence beyond this age)	No upper limit specified; screening continues as long as a woman is in good health
Grade / Strength	B recommendation	Guideline recommendation
Source	JAMA 2024;331(22):1918-1930	ACS Cancer Facts & Figures 2026

Why the Guidelines Moved

Part of the motivation behind the 2024 update was a deliberate focus on health equity. Black women face a 40 percent higher breast cancer mortality rate than other groups, despite having a lower lifetime incidence of the disease, a disparity researchers attribute to a complex mix of factors rooted in unequal access to timely screening and treatment (Elmore & Lee, JAMA, 2024). Starting screening earlier, for all women, is one part of closing that gap.

What This Means for You

If you are 40 or older and at average risk: a mammogram every one to two years is appropriate. Ask me which cadence fits your personal history at your next visit.

- If you have a family history, a genetic mutation such as BRCA1 or BRCA2, or other elevated risk factors: your screening plan may need to start earlier and happen more frequently than the general guidelines above. This is a conversation, not a formula.
- If you have dense breast tissue: current evidence is still insufficient to make a firm recommendation on supplemental screening with ultrasound or MRI, but it is worth discussing directly, since dense tissue can make standard mammograms harder to read.



Understanding Your Real Risk

Most conversations about breast cancer risk focus on family history. That focus, while understandable, misses the larger picture.

According to the American Cancer Society, approximately 85 percent of women diagnosed with breast cancer have no family history of the disease at all. These cancers typically arise from genetic changes that accumulate through the natural aging process, not from an inherited mutation (American Cancer Society, Breast Cancer Facts & Figures, 2024-2025). That statistic alone is the reason screening guidelines apply to essentially every woman in the relevant age range, not just those with a family history to flag.

Statistic	Figure
Lifetime risk of invasive breast cancer (women)	1 in 8 (about 13%)
Lifetime risk of dying from breast cancer	1 in 43 (about 2.3%)
New invasive cases estimated in U.S. women, 2026	321,910
Deaths estimated in U.S. women, 2026	42,140
5-year survival, localized-stage diagnosis	Over 99%
Breast cancers diagnosed with no family history	About 85%
Black women's mortality rate vs. other groups	40% higher, despite lower incidence

For the minority of cases tied to inherited mutations, the risk is substantial. Women with a BRCA1 mutation face up to a 72 percent lifetime risk of developing breast cancer, and those with a BRCA2 mutation face up to a 69 percent lifetime risk, compared with the general population's 13 percent (National Breast Cancer Foundation, citing National Institutes of Health and American Cancer Society data). If breast or ovarian cancer runs in your family, particularly at a younger age, genetic counseling is a conversation worth having.

The Trend Worth Watching

Breast cancer incidence has been rising by about 1 percent per year in recent data, with a steeper increase, about 1.4 percent annually, among women under 50 (American Cancer Society, Key Statistics for Breast Cancer, 2026). The reasons are not fully settled, but researchers point to factors including excess body weight, having fewer children, and having a first child after age 30 as likely contributors. This is precisely why the lowered screening age matters: more cases are appearing in the decade where screening previously had not yet started for most women.

From the American Heart Association Kitchen

October's recipe is a warming, fiber-rich soup, reprinted directly from the American Heart Association's official recipe collection.



Ginger Pumpkin Soup

30 MIN TOTAL

SERVES 4

CREAMY WITHOUT SATURATED FAT

Why This Recipe Works for Heart Health

This bisque delivers the creaminess of a classic autumn soup without the saturated fat of heavy cream, relying instead on fat-free milk and pureed pumpkin. Pumpkin is naturally high in fiber, and this recipe reflects the American Heart Association's science-based dietary guidelines for a heart-healthy pattern. Recipe reprinted from the American Heart Association's official recipe collection at recipes.heart.org ("Ginger Pumpkin Soup").

Ingredients

- 1 1/2 teaspoons canola oil or corn oil
- 1 medium onion, finely minced
- 3/4 tablespoon minced peeled ginger, or 1/2 teaspoon ground ginger
- 2 garlic cloves, minced, or 1 teaspoon jarred minced garlic
- 1/2 teaspoon dried thyme, crumbled
- 1/4 teaspoon ground cinnamon
- 1/4 teaspoon pepper (freshly ground preferred)
- 1/8 teaspoon salt
- 1 tablespoon all-purpose flour
- 1 (14.5-ounce) can fat-free, low-sodium vegetable broth
- 1 cup water
- 2 (15-ounce) cans solid-pack pumpkin (not pie filling)
- 1 cup fat-free milk
- 1/4 cup fat-free sour cream (optional)
- 2 tablespoons chopped chives (optional)

Directions

1. In a large heavy pot, heat the oil over medium-high heat, swirling to coat the bottom. Cook the onion for 6 to 8 minutes, or until very soft, stirring occasionally.
2. Stir in the ginger, garlic, thyme, cinnamon, pepper, and salt. Cook for 1 minute, stirring constantly. Stir in the flour. Pour in the broth and water, scraping the bottom of the pot to dislodge any browned bits. Stir in the pumpkin. Bring to a boil, then reduce heat to low and simmer for 10 minutes.
3. Stir in the milk. Remove from heat. Ladle the soup into bowls.
4. Garnish with the sour cream and chives, if using.

Movement as Prevention

Breast Cancer Awareness Month is usually framed around screening, and rightly so. But there is a second, quieter tool that deserves equal attention: physical activity.

A large study led by researchers from the American Cancer Society, the National Cancer Institute, and the Harvard T.H. Chan School of Public Health, published in the Journal of Clinical Oncology in December 2019, found that meeting recommended physical activity levels was associated with a meaningfully lower risk of seven cancer types, breast cancer among them. Specifically, the study found a 6 percent lower risk of breast cancer at 7.5 MET-hours of activity per week, and a 10 percent lower risk at 15 MET-hours per week (American Cancer Society Research News, 2019, citing Journal of Clinical Oncology).

The American Cancer Society's standing recommendation is 150 to 300 minutes of moderate activity per week, or 75 to 150 minutes of vigorous activity, for adults generally, with this same range linked to reduced cancer risk specifically (American Cancer Society; Susan G. Komen Foundation, citing ACS data).

Why This Matters Beyond the Numbers

- **It is one of the few risk factors you can actually change.** Age, genetics, and family history are fixed. Activity level is not.
- **The benefit does not require extreme exercise.** Moderate activities like brisk walking, cycling, swimming, and dancing all count toward the target.
- **It works alongside screening, not instead of it.** Movement lowers risk. Screening catches what develops anyway. Both matter, and neither replaces the other.

Week 1: Establish The Habit	150 minutes of moderate activity spread across the week: brisk walking, cycling, swimming, or dancing, in blocks of at least 10 minutes. Start with 20-25 minutes, 5-6 days this week.
Week 2: Add Variety	Continue moderate activity, adding one strength session (bodyweight or light resistance) focused on major muscle groups. Aim for 25-30 minutes of cardio most days plus one 20-minute strength session.
Week 3: Build Towards Your Target	Increase toward the full ACS-recommended range: 150-300 minutes of moderate activity or 75-150 minutes of vigorous activity weekly, plus two strength sessions.
Week 4: Sustain The Pattern	Hold the range you reached in Week 3. The research is clear that consistency, not intensity spikes, is what is associated with lower cancer risk over time.

If you have joint concerns, cardiovascular history, or are just returning to exercise after a break, please reach out before beginning. Dr. Marshall can help you build a plan that is safe and appropriate for exactly where you are right now.

This October, as we observe both **Breast Cancer Awareness Month** and **Domestic Violence Awareness Month**, this verse stands as a powerful testament to the resilience of women.

To the warriors fighting for their health, and to the survivors reclaiming their peace and safety: you are not alone, and you are far stronger than the storms you face. Clothed in dignity and anchored by faith, you shall not be moved.

"God is in the midst of her; she shall not be moved: God shall help her, and that right early."

Psalm 46:5 - KJV



Quote of the Month

"Early detection is your best protection."

American Cancer Society

Questions about your screening schedule, your personal risk, or anything else from this newsletter? Dr. Marshall is a text or call away.

That is the whole point of being a Mission Concierge Care member.

Schedule a Visit or Reach Out

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Reflections from El Salvador _ July 2026

