

Surviving Breast Cancer; the Dream that Comes True

Prof. Mohamed Abdulla
Professor of Clinical Oncology,
Kasr El-Aini School of Medicine, Cairo University.

Breast cancer is the most common malignancy affecting females during their life time, constituting about 25% of all human cancers. Radical and modified radical mastectomy (removing the entire breast tissue, lymph nodes in the axilla as well as the chest wall muscle) were the traditional sole treatment in the early years of the 20th century, however, the dismal outcome in terms of high incidence of locally recurring disease and development of distant spread of disease to bones, lungs, liver and brain and hence higher rates of disease related deaths. This tragedy had contributed to maximize fear against cancer and the tendency to deny its occurrence as well as seeking medical advice for treatment. During the 2nd half of the 20th century and the past 10 years, evolution and advances in molecular biology had aided in better understanding of many cellular events playing in the back-stage of disease, which are responsible in part for disease causation and its behaviour and aggressiveness in the other part. These achievements had contributed successfully in the war against cancer.

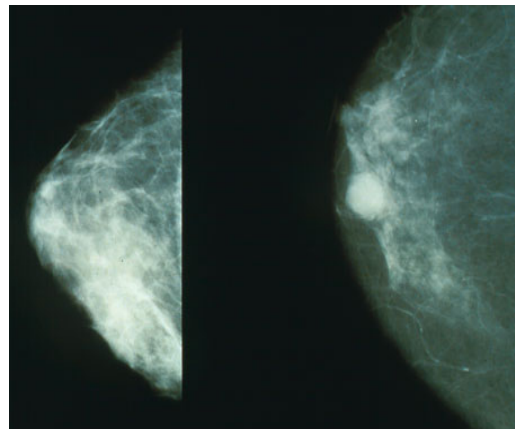
Who Are at Increased Risk?

Any woman can develop breast cancer throughout her life, however, certain populations are at increased risk including; women with previous history of breast cancer, 1st and 2nd degree relatives of breast cancer patients and family history of ovarian, uterine or colonic cancers. The use of hormonal replacement therapies and contraceptive pills were claimed to increase the risk at a time, however, no definite or established were reported to support this theory especially with the safe use under strict and expert medical supervision.

Screening of Breast Cancer:

1. Mammography:

The development of high resolution digital mammography had facilitated early detection of very small lesions in the breast and hence increasing the possibility of avoiding the need to adopt radical and mutilating surgeries, and increasing the frequency of using breast conservation strategies. It should be done every 3 years for low risk individuals and at shorter intervals for high risk population starting at the age of 30-40 years.

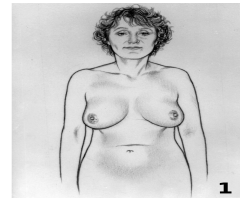


High Resolution Mammography of
Normal Breast and Breast with Cancer.

2. Breast Self Examination:

Every lady should monitor her breasts at a fixed time every month (preferably just after the end of menstrual cycle as the breasts become maximally lax and amenable for better assessment). If any change in relation to the prior month's examination was detected; she should consult her physician immediately for the proper action.

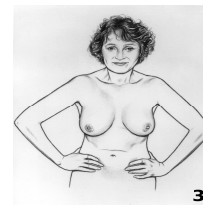
→ Standing in up-right position in front of a mirror to inspect the shape and contour of both breasts as well as the nipples.



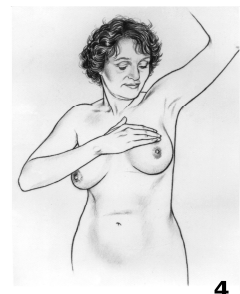
→ Re-inspecting the shape position while holding the hands over the head. Notice the up-ward movement of both breasts symmetrically.



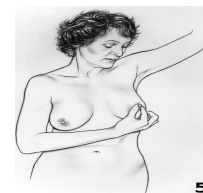
→ The same but while holding both hips and leaning forward.



→ Divide the breast into 4 quarters (upper outer, upper inner, lower inner and lower outer) with centred nipple region. Examine every part with finger tips (most sensitive) in rotatory movements while standing.



→ Special attention to the nipple and its position as well as direction.



→ Re-examination while lying flat.



If any abnormality was found, please don't be panic atoll as cancer is not so frequent like other benign possibilities, but we have to role it out as it is the most serious.

Treatment of Breast Cancer:

Cancer is like any other disease, when detected early, can be dealt with and cured easily with minor interventions leaving the patient in perfect shape and in normal action with her family and community. So our ultimate goal is to detect its existence as early as possible.

With the wide and routine use of early detection and screening programs; very small lesions are readily seen and diagnosed. Nowadays, we are living in the era of breast conserving therapy where only the tumor with adequate safety margins all around and axillary lymph nodes without compromising cure rates. Even though, for patients where complete removal of the breast is a must (*when we have a contraindication for conservation as small breast size where safe surgery will be followed by bad cosmetic outcome*); there is no problem as plastic surgeons can reconstruct another breast with marvellous cosmetic outcome.

The use of appropriate therapy after surgery (**Adjuvant Treatment**) is a crucial point, and it has to be remembered that all improvements in disease control and prevention of its spread are the sum of integrating all available weapons including proper type of surgery, drug and radiation therapies in a professional and integrated manner. Most of treatment related side effects can be avoided or effectively dealt with on the best hand so as not to adversely affect the patient's quality of life. Specific targeted therapy to certain cellular events are now available with established benefits in achieving better cure rates in some, and improving disease control in other patients. Even for those initially diagnosed in a relatively advanced stage; upfront use of drug therapy prior to surgery (**Neo-adjuvant Treatment**) can effectively result in down-staging of disease permitting the use of conservative rather than radical approach.

***Final Take home message** for every woman with newly diagnosed breast cancer, is to get rid of sense of fear since cancer is readily a treatable disease without a significant permanent impact upon cosmetic issues or quality of life. Be sure that every symptom can be effectively alleviated and best results can be achieved provided that the proper medical decision is taken through a specialized team (Surgical Oncologist, Medical Oncologist, Radiation Oncologist and Pathologist). Early detection as well as accurately designed screening programs are the back-bones of war against cancer and every woman in the reproductive age group and older should be encouraged to actively participate in early detection programs even if not complaining.*

