Prevalence, clinical characteristics, and risk factors for breast cancer in asymptomatic adults

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ABSTRACT

Background & Objectives: Our aim was to assess the prevalence of breast cancer among women screened in screening program during March 2012 – March 2015 Tirana Albania. To evaluate the value of routine physical examination in asymptomatic adults.

Methods: We checked women breast for cancer before there are signs or symptoms of disease. A total number of 26744 women were screened during 2012-2015. We did Breast physical exam as a careful manual examination of the breast. We provided health history including menstrual and pregnancy history and we looked at their breast for changes.

Results: Breast cancer is a malignant proliferation of epithelial cells lining the ducts or lobules of breast.

Interpretation & Conclusions: The most common tumor in women, breast cancer is hormone dependent. Estrogen replacement therapy may slightly increase the risk.

Key Words: Breast Cancer, screening, estrogen hormones

1. Introduction

According to previous Studies [8-10] of breast cancer it is observed that familial BRCA-1 mutations account for about 5%. BRCA-1 maps to chromosome 17q21 and appears to be involved in transcription coupled DNA repair. Breast has ductal-alveolar structure and function of milk production gains in its hormonal. From puberty and breast lifelong of women it stimulus interaction of several hormones, which play the main role of ovarian hormones, pituitary and ovarian. Estrogen hormones are the most powerful incentives to the proliferation of mammalian epithelium, resulting in increased simultaneously ducts. They stimulate system and connective tissue capillary permeability.

Breast cancer is characterized by deep fluctuations of the incidence geographical areas, people of different ethnic groups, and
between different statuses in the same places. The mean age and the median age of women with breast cancer is 61 years. The incidence of breast cancer has slightly decreased due to the use of post menopausal hormone replacement therapy. Mortality has also decreased slightly due to early detection and increased use of systemic therapy.

In the year 2007, about 180510 cases of invasive breast cancer 40,910 deaths occurred in the United States. The age distribution of breast cancer incidence in the population shows that increases in premenopausal women compared with those post-menopausal. Incidence is higher in urban areas compared to those rural and in 70% of Women in whom breast cancer has been diagnosed, do not have an obvious breast cancer development. Breast cancer is three times more likely to develop in women with a first degree relative (mother, daughter, or sister) who had breast cancer than in those without a family history. Nulliparous women have a higher incidence of breast cancer than multliparous women.

2. Results

We checked women breast for cancer before there are signs or symptoms of disease. Three main tests used to screen:

1-mamography
2-Breast Self exam
3-clinical breast exam the one we did. From screening program done in Policlinic nr 10 and 5 in Tirana Albania among 37639 examined women during three year period 26744 were screened.

Women were strongly encouraged to examine their breasts monthly. We performed in good light so as to see retraction and other skin changes. we inspected the nipple and areolae. We also noticed all regional lymph node groups.

We did Breast physical exam as a careful manual examination of the breast. We provided health history including menstrual and pregnancy history and we looked at their breast for changes. We did physical examination and in suspected cases continue with other examination. We identify about 4 cancers per 10000 women over the age of 50 and about 2 cancer per 10000 women under age of 50 about one third of the abnormalities detected on screening mammograms were malignant when biopsy is performed. According to different studies done women 20-40 years should have a breast examination as part of routine medical care every 2-3 years. Women over age 40 should have annual examinations. The National Cancer Advisory board recommended that women in their
40s with average risk factors have screening mammography every 1-2 years and that women at higher risk seek medical advice on when to begin screening. Studies support the value of screening mammography in women over 40 years. The beneficial effect of screening women aged 50-69 years is undisputed and has been confirmed by all clinical trials. About one fourth of abnormalities detected on screening mammograms will be found to be malignant when biopsy is performed.

3. Conclusion

Early detection is the key to improve survival. Our findings indicate that among 26744 screened women during three years period 863 women or 3% go for mammography test, in the end 134 or 0.3 % had a positive for breast cancer.

References

[1] Breast international group 1-98 collaborative group
P. Studies comparing screen-film mammography.