INTRODUCTION

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Breast cancer is probably the most frequent and fatal neoplasm in women. Today it causes more fear, suffering and morbidity than any other disease.

Nowadays, cancer has become one of the leading causes of death in many countries especially rapidly developing countries where industrialization is a recent development. It is actually expected that the incidence of cancer there will inevitably rise, firstly, because of exposure to industrial carcinogens known and unknown. Secondly, with the prosperity associated with industrialization, there will be an improvement in preventive health programme and so life expectancy will rise. Thirdly, there will be false but significant increase in cancer rates due to better search and better reporting (Omran, 1964).

In recent years, much clinical and epidemiologic researches has shed new light on variables associated with the distribution of breast cancer in women and on potential etiologic factors. Although a variety of inter-related genetic, physiologic and environmental factors are implicated in the etiology and pathogenesis of breast cancer, no single or combination of factors presently known can predict the occurrence or explain the etiology of the disease, most likely, various initially and promoting factors contribute to it (Schottenfeld and Fraumeni, 1982).

MAGNITUDE OF THE PROBLEM

Breast cancer is the most common malignancy among women in almost all of Europe, in North America in much of Latin America and in Australia (Parkin et al., 1984).

Logan (1975) stated that about a quarter of a million women die from breast cancer throughout the world each year.

Silverberg (1980) stated that while one out of every 11 women will develop breast cancer during her life, breast cancer is not a chance event that occurs randomly through the population.

In the United States, Lippman et al. (1988) stated that, in 1986, breast cancer continued to be the leading cause of death in women, in 1987, approximately 120.000 newly diagnosed cases of breast cancer are expected in the United States and approximately 40.000 of these will eventually prove fatal. More recently, in 1989, American Cancer Society estimated that 142.000 new cases of breast cancer will occur in women and 43.000 women will die of this disease and added that breast cancer accounts for 28% of all newly diagnosed cancers in women and 18% of female cancer deaths.

In England and Wales, Williams and Buchanan (1987) stated that cancer is the commonest malignant tumor affecting women, with about 21000 registrations per year, the incidence having risen steadily during the past 20 years.

As regards breast cancer in Egypt, Aboul-Nasr (1982) stated that, cancer of the breast is one of the most frequent cancers among the Egyptian females and constitutes 25.5% of all their cancers.

Also, Ibrahim and Aref (1983) confirmed through a study of ten years report (1970-1981) from the National Cancer Institute (NCI) Cairo, that breast cancer is the most frequent malignancy among females attending the institute accounting for 34.7% of all female cancer cases and 14% of all cases of cancer registered.

As regards, the geographical distribution of breast cancer throughout the world, we find considerable variation in age-adjusted incidence and mortality rates, ranging from relatively high rates in the Western and industrialized countries (United States, Western Europe, Australia, New Zealand and South Africa) to intermediate rates in eastern and southern Europe and low rates in Asia, Latin America and Africa (Water House et al., 1976). Also they added in other situations, that the rates are six times higher in the U.S.A. compared with Asia or Africa, incidence being highest in industrialized countries. Also within the individual countries with a wide international variation, Gardene et al. (1984) found that the pattern of incidence shows some variation, for instance in England and Wales, the incidence is higher in the north compared with the south, with the industrialized MidlaNds having an intermediate rate.