
The different methods of management of the first stage of cancer breast

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SUMMARY Carcinoma of the breast is, currently, the most commonly diagnosed tumour among females (nearly 1 in every 9 females, will exhibit the disease during her life and it is the second leading cause of cancer deaths in females (after carcinoma of the lung). The breast is a modified sweat gland lying on the pectoral fascia as a subcutaneous organ. The aetiology of the disease is still unknown, but there are many factors, known as risk factors, which increase the women's risk for developing carcinoma of the breast. Of these factors, family history of breast cancer, previous history of contralateral breast cancer, early menarche and late menopause, hormones, nulliparity and age greater than forty, nutrition and body size, alcohol, other malignanciesetc. Pathologically, most breast cancers are duct cell carcinomas and a minority are lobular carcinomas, both may be present as non invasive lesions i.e. DCIS and LCIS. Inflammatory breast cancer and Paget's disease of the nipple represent special conditions of cancer breast. Staging is grouping of patients according to the extent of their disease, and it is done for prognostic purposes. The most commonly used system for staging is the T.N.M. system. The first stage of cancer breast is defined, according to the T.N.M. system, as T1 N0 M0 and according to the Manchester classification as a localized growth in the breast without or with skin attachment or ulceration not exceeding the size of the tumour, the tumour must not be adherent to the pectoral muscles or chest wall, and no palpable axillary lymph nodes. The only hope for improvement of outcome of different modalities of treatment of breast cancer is early detection, which can be reached via 101 screening programs, specially for high risk women, including both BSE physician examination and screening mammography, as there is one third reduction in mortality, from cancer breast after screening. The ACS and NCI (1980) recommended a special program for screening mammography aiming at early detection of breast cancer (mentioned before). However, even properly performed mammogram fail to disclose 10-15% of carcinomas of the breast and the causes of the negative mammography were mentioned before, so, once the decision to investigate a suspicious area in the breast has been made, some type of biopsy must be done. Breast biopsy is indicated for mammographic abnormality suggesting a malignancy or for a solid mass on physical examination. Biopsy techniques include FNAC, needle core, excisional and incisional biopsy. Ultrasonography, thermography, MRI, breast transillumination are other methods for diagnosis. D.T.P.A. breast scintigraphy on suspected breast cancer, was

of value 111 establishment or exclusion of breast cancer, but this diagnostic value is too low in comparison with mammography. DNA ploidy may be of value in predicting the most biologically aggressive pre-invasive breast disease or invasive carcinoma arising from DCIS. Local and regional therapy include surgical and radiation therapy, the surgical options include mastectomy with or without axillary node dissection or conservative surgery with or without axillary node dissection and with or without radiation therapy. Conservative surgery with radiation, in selected patients, provide survival equivalent to MRM, for larger lesions, MRM is the standard procedure.¹⁰². Adjuvant therapy (hormonal and non hormonal) improve the disease free survival and decrease the rate of local and distant recurrence in node negative patients. Reconstruction is extremely important, immediate reconstruction is increasingly accepted because it does not hinder follow-up care and, in selected cases reconstruction is a better alternative than breast conservation, resulting in a better cosmetic result with less chance of recurrence.