Management of cancer breast

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After reviewing the anatomy of the breast and itsblood supply and lymphatic drainage in full details,the physiology of the breast was also reviwed.The changes that occur in the breast since birthand the changes that Occur during each menestrual cycleand that which occur during pregnancy , lactation andinvolution were also discussed. Also, the effects ofindividual hormones were summarised.Breast cancer is the commonest malignant tumour inthe Egyptian females presenting about 41% of cancersin females and 1.4% of all cancer in males.Breast cancer arises in 60% in the upper outer quadrant,12% in the ’Ilpperinner quadrant, 12% in thecen tral region, and 10% in the lower outer quadrant andfI1, in the lower inner quadrant (Rains and Hi tchie,1981).Pathological classification of breast cancer is toprovide s tandarization of therapy of operable breastcancer and to offer a method for determining prognosis.- 139 -The primary focus of carcinoma within the breasttissue grows by division of its constituent cells,infilterating the breast tissue.Spread of breast cancer by migration of thetumour cells within the breast, lymphatic spread toregional lymph nodes and blood dissemination wasdiscussed in details.For successful treatment of breast cancer, thereis great need of early diagnosis of what is calledminimal breast cancer.Diagnostic aids of early breast cancer detectionas, clinical examination, biopsy (including needlebiopsy, fine needle aspiration biopsy , the ordinary,intraductal biopsy and smear of nipple discharge),mammography and its indications, xeroradiography,ul trasonography :Inbreast cancer, thermography , andurinary estriole excretion were discussed to evaluatethe best methods aiding for early detection of breastcancer.Also, investigatory procedures for establishedcases, such as (est~ogen.progesterone and androgenreceptors), pregnancy specific B, glycoprotein and- 140 -detection of immunologic reactivity in breast cancerpatients.The investigatory procedures for metastatic cases,as isoferritin estimation, carcino embryonic antigengross cystic disease fluid protein radioimmunoessay,and scintigraphy were also discussed.In the part that discussing clincial staging ofcancer breast, the Manchester classification, columbiaclassification and the T.N.M. system that was recommendedby the union International centre de cancer, werementioned.Ideal treatment of breast cancer must providea local control of the tumour preventing both localrecurrence and systemic dissemenation.Considering the surgical treatment, several operationsare competing for acceptance as the best, surgicaltreatment of primary, potentially curablebreast cancer, indicating that there is no singleoperation that can be considered the only one sUitablefor all cases.- 141 -These several operations are

local excision(lunbectomy), simple mastectomy, modified radical• mastectomy, radical mastectomy, extended radicalmastectomy, extended radical mastectomy plus supraclaviculardissection , extended radical mastectomyplus supraclavicular dissection plus internal mammaryand mediastinal lymph node dissection, radicalmastectomy combined with interscapular thorocicamputation and radical mastectomy with full-thicknessresection of the underlying chest wall.Also the treatment of inflommatory breast cancerand the reconstruction of breast after mastectomy withits indications and timing was discussed.Radiotherapy of breast cancer may be used as aprimary treatment aiming for cure of the disease or asa preoperative, postoperative measures or as adjuvanttherapy to surgery or as a palliative therapy in the- 142 -presence of local or systemic recurrence of the disease.Hormonal therapy of breast cancer is employed whensurgery and irradiation have failed or when wide -spreadmetastasis have rendered them useless.By clinical trial, endocrine therapy prolong diseasefreeinterval at the expense of minimal toxicity butno effect on crud survival (Baum and Berstock, 1982).Endocrine therapy including adminstration of hormonesor ablation of the ovaries, adrenals or pituitary givesresponse in about ~ of breast cancer patients (Giulinoand Wilson, 1983).A blative endocrine therapy is based on theconcept that certain breast cancer with high concentr_ation of estrogen receptors are sensitive to hormonalstimulation similar to the normal breast tissues andresultant tumour regression may be induced by loweringthe level of the circulating -hormones.Additive endocrine therapy as estrogen therapy,progestin therapy, anti estrogen(nolvadex) therapy,androgen therapy and corticosteroid therapy was mentionedin details.The modern USe of antisteroid anti-inflammatoryagent (flurbiprofen) which can inhibit prostaglandinsbiosynthesis was also discussed.Chemotherapeutic agents may be used as an