BREAST CANCER PREVENTION

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Breast cancer is the commonest type of cancer in women both in the West and in Singapore. The incidence of breast cancer varies geographically, being highest in North America and Northern Europe and lowest in Asia and Africa. In USA, it accounts for 32% of all cancer found. There is an estimate of 182,000 new cases and 46,000 deaths in 1994. The average lifetime risk for a woman in the US developing breast cancer is approximately 1 in 9. It is the second leading cause of cancer death after lung cancer. In Malaysia, it is the second commonest malignancy after lung and ranked fifth in the cause of cancer death in 1979-80. It has an incidence of 28/100,000 female population for all races and the incidence is found to be higher in the Chinese, approximately 34/100,000 against 24/100,000 for the Malays. The mean age of women having breast cancer was 48 years old, being younger in the Malays (46 years) compared with the Chinese (50 years).

There are a number of risk factors associated with women who are at increased risk of breast cancer. See Table 2.

However, 75% of breast cancer occur in women without any known risk factors. Moreover, a study in the state of Kedah, Malaysia found that late disease presentation was very common in the population studied, with about 2/3 of the patients presented with Stage III & IV diseases. As breast cancer mortality is strongly influenced by the stage of the disease at detection, early detection with the goal of finding a curable disease and/or improving the survival rate seems vital. Aggressive screening is therefore recommended. This is further supported by the observation that the chance of a screened woman dying from breast cancer was 30-50% less than the unscreened women.

Efficacy and Effectiveness of Screening

There are three screening tests commonly employed for breast cancer: breast self examination, clinical examination of the breasts and X-ray mammography.

Breast Self Examination

In the usual US community medical practices, more than 75% of breast cancer was detected by women themselves. Breast self examination has been promoted as a simple, inexpensive, low risk self screening procedure for early detection. A survey of the primary care physician by the American Cancer Society in 1985 has found that virtually all of the physician are advising patients to do breast self examination and 59% of them are teaching their patients to do so. Mant had shown that with

Table 1. Risk factors associated with increasing risk of breast cancer

1. Age. Annual incidence and mortality increases with age.
2. Family history of breast cancer in a first degree relative (sister/mother)
3. Nulliparity
4. First pregnancy after age of 30
5. Menarche before 12 years old
6. Menopause after 50 years
7. Postmenopausal obesity
8. Benign breast disease
9. High socioeconomic status
10. Personal history of ovarian/endometrial cancer
11. Radiation exposure
12. Alcohol use
13. Anovulatory menstrual cycle
14. Immunodeficiency
15. Previous breast cancer

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The Family Physician Vol 8 No 1 & 2 March, 1996