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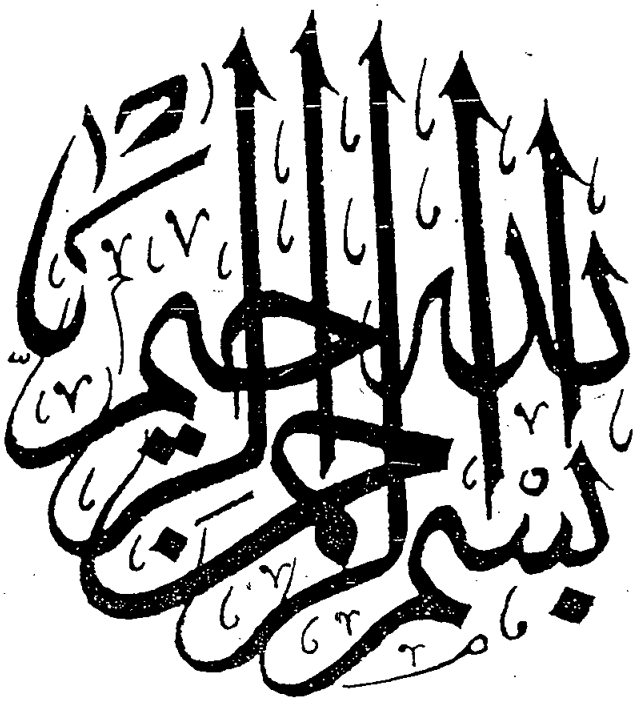
بسم الله الرحمن الرحيم

BREAST SCREENING: ORGANIZATION, FUNCTION AND ROLE IN EARLY DETECTION OF BREAST CARCINOMA

Thesis

Submitted to the Faculty of Medicine
University of Alexandria
As a part of the requirements of
the degree of

Master of Surgery

By

Magdy Fakhry Zaki
MBBCh, Alexandria

Faculty of Medicine
University of Alexandria

2000

SUPERVISORS

Prof. Dr. Ahmed Mohamed Ismail
Professor and Head of Department of
General Surgery and Surgical Oncology
Faculty of Medicine
University of Alexandria

Prof. Dr. Mervat Ali El Din Hamza
Professor of Pathology
Faculty of Medicine
University of Alexandria

Dr. Mohamed Gaber Ibrahim
Assistant Professor of General Surgery
And Surgical Oncology
Faculty of Medicine
University of Alexandria

DEDICATED

TO

My Wife,
Beloved Son
and My Family

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INTRODUCTION

INTRODUCTION

Breast carcinoma is the most fatal cancer in women the most feared cancer, the most self-diagnosed cancer, the cancer of which more x-ray examinations are performed whose treatment is perhaps the most contraversial.It is the most costly cancer in terms of cost to society.[1,2]

Size of the problem:

Breast carcinoma is one of the most commonly occuring cancers in females in the Eastern Mediterranean region (EMR). In north America, breast cancer is the most common malignancy among women and accounts for 27 % of their cancers and 18 % of the female cancer deaths. Among women in USA between ages of 40-55 years, breast cancer is the leading cause of death.[3]

In Egypt data reported by Mokhtar[4] indicated. That breast cancer ranked as number one (27.3 %) among females. On the other hand carcinoma of the male breast was 3.8 % only.

Recent results from the population based Singapore cancer registry (1968-1992) reported by Soew et al 1996[5] suggest that breast cancer incidence rates are likely to continue to increase more sharply in the future as women born after the mid-20th century

reach the high risk age groups they also suggest the pattern by which important etiologic factors for the disease in their population have extended their effects, and provides support for the role of demographic and life style changes as possible risk factors. In the Nordic countries, Ewertz, 1996[6] explained breast cancer as the most common malignant disease among women and the incidence has been increasing steadily for the past 30 years.

A study made in France by Bouchardy et al, 1996[7] showed unusual cancer patterns among North African populations who have low risk for most cancer sites, and high risk for certain cancers. Also that Egyptians migrate to France are at a lower risk of death from lung cancer and at higher risk for lymphoma and leukemia.

Risk factors:

1. Family history:

Women with a family history of breast cancer in a first or a second degree relative are at increased risk for developing the disease, there appears to be a two-to three fold increased risk in the incidence of breast cancer in women who have a female relative with the disease. It was found that women who have a first degree relative with colon cancer had 30 % increased risk of breast cancer[8-15].

2. Parity and age at first birth:

Are other endogenous hormonal factors that influence breast cancer risk. Nulliparous women are at a greater risk for development of breast cancer. With women whose first term pregnancy occurs after age 30 having a twofold to fivefold increase in breast cancer risk compared with women having a first term pregnancy before age 18-19 years.[3]

3. Age at Menarche:

There appears to be a small increased risk in patients who experience early Menarche as well as late menopause.[3]

4. Menopause:

The age specific incidence curve of female breast cancer suggests that the menopause has a protective effect. The relative risk of developing breast cancer for a woman with natural menopause before age 45 is 0.73% compared with a woman with a natural menopause between the age of 45 and 54 years.[3]

5. Breast feeding:

Some have reported no association and others reduced risk, particularly among premenopausal women.[3] The data from the US nurse's study on 89, 887 suggested that there is no important overall association between breast feeding and occurrence of breast cancer.[16]