PREVENTION OF BREAST CANCER

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Abstract: This article is about breast cancer, its symptoms, types, stages of prevention and treatment. Breast cancer prevention and what to pay attention to after treatment are also explained.

Key words: breast cancer, Screening, Mammography, genetic testing.

Often, the first symptom of breast cancer is a lump, which is usually different from normal breast tissue. In most cases of breast cancer, women develop a lump. If there is a characteristic thickening that appears in one breast but not the other, such a lump may be cancerous. Usually, diffuse lumpy changes in the breast, especially in the upper outer part, are not cancerous and indicate fibrocystic changes. Breast pain is not usually the first symptom of breast cancer. At the initial stage, when the finger is pushed with the fingers, it can move freely under the skin. In advanced stages, the joint usually adheres to the chest wall or the overlying skin. In such cases, the lump cannot be moved or moved separately from the overlying skin. Sometimes women can raise their hands above their head while standing in front of the mirror and detect a cancer that is slightly attached to the chest wall or skin. If the breast has cancer that is attached to the breast or skin, this maneuver may cause the skin to flutter or flutter, or one breast may feel different from the other. In more advanced cancer, swollen bumps or pus-filled sores may appear on the skin. Sometimes the skin over the lump is scaly and leathery, and looks like an orange color except for the color. The ankle may be painful, but pain is an unreliable sign. Lumpy pain due to breast cancer is rare. If the cancer has spread If so, the lymph nodes, especially those located in the armpit on the affected side, may feel like hard lumps. Lymph nodes can become stuck together or stuck to the skin or chest wall. They are usually painless but may be tender. Sometimes the first symptom appears only when the cancer has spread to another organ. For example, if it spreads to the bone, the bone may become painful or weak, resulting in a fracture. If the cancer has spread to the lungs, women may have trouble coughing or breathing. In inflammatory breast cancer, the breast is warm, red and swollen, as if it is infected (but it is not). The skin of the breast may become dimpled or ridged like an orange peel. The nipple may turn inward (inverted). Breast discharge is common. Most of the time, no lump is felt in the breast, but the whole breast is enlarged. Because breast cancer rarely causes symptoms in its early stages, and early treatment is more likely to be successful, screening is important. Screening is looking for a disease before any symptoms appear.

People may think that any test that can detect a serious illness should be done. However, this notion is not correct. Although screening has great benefits, it can also cause

problems. For example, breast cancer screening tests sometimes show that cancer is present when it is not (called a false positive). If the results of the breast exam are positive, a breast biopsy is usually performed. A false positive result means unnecessary biopsy and unnecessary worry, pain and expense. On the other hand, screening tests fail to detect an existing cancer (called a false-negative result). A false negative result can give women false confidence and ignore symptoms that would later send them to the doctor. Because of these concerns, doctors want to limit the use of screening tests. However, different doctors and different medical organizations do not agree on exactly when and how screening should be done (see: Breast Cancer: When Should You Start Mammography Screening?). Women should discuss their individual risks with their doctors, and they and their doctors should decide what type of screening, if any, is appropriate.

In the past, most doctors advised women to check their breasts for lumps every month. It was thought that regular self-exams would detect lumps that could be cancerous at an early stage. However, self-examination alone does not reduce the death rate from breast cancer and cannot detect early cancer as well as routine screening with mammography. Because self-examination cannot detect all lumps, women who do not detect any lumps should continue to see their doctor and have mammograms as recommended. Look carefully in the mirror, put your hands behind your head and press on your head. This position helps make the subtle changes caused by cancer more apparent. Look for changes in breast shape and contour, especially in the lower part of the breast. Place the hands firmly on the hips and press the shoulders and elbows forward, bending them slightly towards the mirror. Again, look for changes in shape and contour. Many women perform the next part of the examination in the shower, because the hand moves easily over wet, smooth skin. Raise the left hand. Using three or four fingers of the right hand, carefully examine the left breast with the flat part of the fingers. Move your fingers in small circles around the breast, starting from the breast and gradually moving outwards. When you feel an unusual lump or mass under the skin, press gently but firmly. Be sure to do a full breast examination. Also, carefully check the armpits and the area between the breasts and armpits for lumps. Gently squeeze the left nipple and look for a leak. (If discharge occurs at any time of the month, see your doctor, regardless of whether it occurs during breast self-examination.)

Repeat steps 4 and 5 for your right breast, lifting the right arm and using the left arm. Lie on your back with a pillow or folded towel under your left shoulder, left arm on top. This position flattens the breast and makes it easier to examine. Check the breast in steps 4 and 5. Repeat for the right breast. Women who choose to have a breast exam should do so at the same time each month. Menstrual mud for menstruating women Breast examination by a health care practitioner A breast examination can be part of a routine physical examination. However, like breast self-exams, a doctor's exam can miss cancer. If women need or need screening, a more sensitive test such as a mammogram should be done, even if the doctor's examination does not reveal abnormalities. Many doctors and medical organizations no longer require a doctor's breast exam every year. During the examination, the doctor checks the breast for irregularities, dimples, narrowed skin, lumps and discharge. The doctor feels (palpates) each breast with a straight hand and checks for enlarged lymph nodes under the armpit - most breast cancer spreads to the first and upper part of the skull. Normal lymph nodes cannot be felt through the skin, so those that can be felt are considered enlarged. However, non-cancerous conditions can also cause enlarged lymph nodes. Checks for abnormal lymph nodes that can be felt. For

mammography, X-rays are used to check for abnormal areas in the breast. The technician places the woman's breast on the X-ray plate. An adjustable plastic cover is lowered over the top of the chest, tightly compressing the chest. In this way, the breast is flattened so that the maximum amount of tissue can be imaged and examined. X-rays are directed down through the chest and create an image on an X-ray plate. In this case, two x-rays are taken from each breast. Plates can then be placed vertically on either side of the chest and X-rays are directed from the side. This position gives a side view of the breast. Mammography is one of the best ways to detect breast cancer early. Mammography is designed to be sensitive enough to detect cancer at an early stage, sometimes years before it is noticed. Because mammography is so sensitive, it can show cancer—a false positive. About 85 to 90 percent of abnormalities detected during screening (that is, in women with no symptoms or lumps) are not cancer. Usually, when the result is positive, more specific follow-up procedures, usually a breast biopsy, are scheduled to confirm the result. Mammography can miss up to 15 percent of breast cancers. Less accurate in women with dense breast tissue.

An image is often taken during a biopsy to help doctors determine where to place the biopsy needle. Using imaging to guide biopsy increases the accuracy of core needle biopsy. For example, for a mass (whether felt or seen on a mammogram), an ultrasound is performed during a core needle biopsy to precisely target abnormal tissue. If the abnormality is detected only on MRI, MRI is used to guide the placement of the biopsy needle. A stereotactic core biopsy is often performed. It is useful when there are abnormal patterns of small calcium deposits (called microcalcifications) in the breast. This type of biopsy helps doctors accurately identify and remove a sample of abnormal tissue. Stereotactic for a biopsy, doctors take mammograms from both sides and send two-dimensional images to a computer. The computer compares them and calculates the exact location of the anomaly in three dimensions. With a stereotactic core biopsy, doctors take a sample of abnormal microcalcifications after X-ray examination of the breast tissue to be biopsied. When a guide is used for needle placement, a clip is usually placed to mark the location during the biopsy. Most women do not need to be hospitalized for these procedures. Usually, only local anesthesia is needed. If Paget's disease of the tube is suspected, a breast tissue biopsy is usually performed. Sometimes this cancer can be detected by examining a sample of nipple discharge under a microscope. A pathologist examines biopsy samples under a microscope to determine the presence of cancer cells. In general, a biopsy will confirm cancer in a few women who have an abnormality detected during a mammogram.

Once cancer is diagnosed, doctors usually consult with cancer specialists (oncologists), including surgeons, oncologists, and radiologists (called a tumor board), to decide which tests to run and which treatment to choose. advise planning.

If cancer cells are detected, the biopsy sample is analyzed to determine the characteristics of the cancer cells, e.g

- How many HER2 receptors there are
- How fast cancer cells divide
- Genetic screening of cancer cells for certain types of breast cancer (multigenerational panels)

This information helps doctors determine how quickly the cancer has spread and which treatment will be most effective.

- A chest X-ray to see if the cancer has spread

• Blood tests to detect the spread of cancer, including a complete blood count (CBC), liver tests, and calcium measurements.
• In women with risk factors for inherited genes that increase the risk of breast cancer (eg, BRCA genes), a blood or saliva test to check for these genes.
• Sometimes bone scans (images of the bones in the whole body), computed tomography (CT) of the abdomen and chest, and MRI
• Blood tests to measure substances sometimes produced by cancer cells (cancer markers)

- Doctors can refer women for genetic testing to a genetic counselor, who can document a detailed family history (including any relatives with cancer), choose the most appropriate tests, and help interpret the results.
- Stage of breast cancer
- When cancer is diagnosed, it is given a stage. A stage is a number from 0 to IV (sometimes with letters below) that indicates how extensive and aggressive the cancer is:

• Stage 0 is assigned to breast cancer, for example, ductal carcinoma in situ. In situ means cancer in place. That is, the cancer has not invaded the surrounding tissues or spread to other parts of the body.
• Stages I-III They are prescribed for cancer that has spread to tissues in or near the breast (local or regional breast cancer).
• Stage IV is assigned to metastatic breast cancer (cancer that has spread from lymph nodes in the breast and armpit to other parts of the body).
Diagnosing cancer helps doctors determine the right treatment and prognosis.
Many factors go into determining the stage of breast cancer, such as the TNM classification system.
The TNM classification is based on the following.

Taking drugs to reduce the risk of breast cancer (chemoprevention) may be recommended to women who:

Are over 35 years old and have previously had lobular carcinoma in situ or abnormal tissue structure (atypical hyperplasia) in the milk ducts or milk-producing glands
Those with a BRCA1 or BRCA2 or other high-risk gene mutation
Those at increased risk of developing breast cancer are based on current age, age at menarche, age at first child birth, number of first-degree relatives with breast cancer, and previous breast biopsy results. yes

Breast cancer treatment usually begins after a thorough evaluation of the woman's condition, about a week or so after the biopsy.
Treatment options depend on the stage and type of breast cancer and the cancer's receptors. But treatment is complicated because different types of breast cancer vary greatly in characteristics such as growth rate, tendency to spread (metastasize), and response to different treatments. In addition, much is still unknown about breast cancer. Thus, doctors may have different opinions about the optimal treatment for a particular woman.
The preferences of the woman and her doctor influence the treatment decision. Women with breast cancer should ask for a clear explanation of what is known and not yet known about cancer, as well as a full description of treatment options. Then, they can consider the pros and cons of different treatments and accept or reject the options offered. Losing part or all of a

breast can be emotionally devastating. Women need to think about how they feel about this treatment, which has a profound effect on their integrity and sexuality.

Doctors may ask women with breast cancer to participate in research studies to study new treatments. New treatments aim to improve survival or quality of life. All women in the study will be treated as the new treatment is compared with other effective treatments. Women should ask their doctors to explain the risks and possible benefits of participating so they can make an informed decision.

Treatment usually involves surgery and often includes radiation therapy and chemotherapy or hormone-blocking drugs. Women may be referred to a plastic or reconstructive surgeon who removes the cancer and reconstructs the breast in the same operation.

Removal of lymph nodes often causes problems, because it affects the drainage of fluid in the tissues. As a result, fluids can build up and cause permanent swelling of the hand or arm (lymphedema). After surgery, the risk of developing lymphedema continues for life. Arm and shoulder movement may be limited, requiring physical therapy. The more lymph nodes are removed, the worse the lymphedema gets. Sentinel lymph node biopsy produces less lymphedema than axillary lymph node dissection.

If lymphedema develops, it is treated by specially trained therapists. They teach women to massage the area to help drain the fluid and apply a bandage to prevent the fluid from accumulating again. The affected arm should be used as normally as possible, except that the unaffected arm should be used for heavy lifting. Women should exercise the affected arm daily as directed and bandage it indefinitely overnight.

If lymph nodes have been removed, women may be advised to ask health care practitioners not to insert catheters or needles into veins in the affected arm and not to measure blood pressure in that arm. These procedures lead to the development or worsening of lymphedema. Women are advised to wear gloves when performing operations that may scratch or damage the skin of the hands and arms during surgery. Avoiding injuries and infections can help reduce the risk of developing lymphedema.

Other problems that may occur after lymph node removal include temporary or permanent numbness, a constant burning sensation, and infection.

Although the fluid from the breast tissue eventually drains into many lymph nodes, the fluid usually drains through the first or a few nearby lymph nodes. These lymph nodes are called sentinel lymph nodes because they are the first to detect the spread of cancer. they warn about.

Some women with breast cancer have a higher risk of developing breast cancer. Doctors may suggest that these women have their breasts removed before cancer develops. This procedure is called contralateral (opposite) prophylactic (prophylactic) mastectomy. This preventive surgery may be suitable for women who have:

Treatment usually includes chemotherapy and radiation therapy. A mastectomy is usually performed.

Treatment for Paget's disease of the nipple is generally similar to other types of breast cancer. It often involves a simple mastectomy or breast-conserving surgery and removal of lymph nodes. Breast-conserving surgery is usually followed by radiation therapy. In rare cases, only the breast with the surrounding normal tissue is removed. If other breast cancer is present, treatment is based on that type of breast cancer.

Treatment for phyllodes tumors usually involves removing the tumor and a large amount of surrounding normal tissue (at least 1 centimeter (0.4 in) around the tumor), called a wide margin. If the tumor is large relative to the breast, a simple mastectomy may be performed to remove the large masts to remove the tumor. The recurrence of phyllodes tumors depends on how wide the tumor-free margins are and whether the phyllodes tumor is cancerous or cancerous. Repetition rate Saraton bo'lmagan fillodli o'smalar uchun: 10 dan 17% gacha

For cancerous phyllodes tumors: 21 to 36%

Cancerous phyllodes tumors can metastasize to distant sites such as the lungs, bones, or brain. Treatment recommendations for metastatic phyllodes tumors are evolving, but radiation and chemotherapy may be helpful.

Breast, breast, neck, and axillary examinations are performed every 3 months for 2 years after completion of treatment, then every 6 months, and every 5 months from the date of cancer diagnosis. will be held. Regular mammograms and breast self-exams are also important. Women should report certain symptoms to their doctor immediately:

Any changes in the breasts

Pain

Loss of appetite or weight loss

Changes in menstruation

Vaginal bleeding (if not associated with menstruation)

Blurred vision

Any symptoms that seem unusual or persist

Diagnostic procedures such as chest X-rays, blood tests, bone scans, and computed tomography (CT) scans are not needed unless symptoms indicate a recurrence of the cancer.

The effects of breast cancer treatment make many changes in a woman's life. Help from family members and friends can help support groups. Advice may be helpful.

For women with metastatic breast cancer, quality of life may be poor, and further treatment may be less likely to prolong life. After all, comfort may be more important than prolonging life.

Cancer can be adequately controlled with appropriate medications. Therefore, if a woman experiences pain, she should consult a doctor to eliminate it. The treatment also relieves other worrisome symptoms such as constipation, shortness of breath, and nausea.

Psychological and spiritual counseling can also help.

Women with metastatic breast cancer should prepare guidelines for the type of care they need if they are no longer able to make such decisions. It is also important to make a will or update it.

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