

Breast Cancer Summarized



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Recent days have been filled with talk about the rise of cancer rates in Lebanon. For women, breast cancer has taken center-stage, as it currently effects one in eight (1/8) women in Lebanon, and the world in general. This translates to a figure of 12%, meaning that any woman will have a chance of 12% to get diagnosed with breast cancer during her lifetime. Although lung cancer holds the top position of cancers in both men and women, breast cancer, which is the second most common cancer in women has been seen more and more in younger ages also.

Data from the United Kingdom suggests that 25% of breast cancers are preventable. They also point out that only 15% at the most are of genetic or hereditary type. The hereditary

breast cancer is usually diagnosed in earlier ages, and already we have the ability to test for the presence of the genes responsible. These genes are collectively known as the BRCA 1 & 2 groups of genes. Testing positive for them means the patient is at an increased risk for breast or ovarian cancers, and must be tested more regularly than usual. Recently,



actress Angelina Jolie, who tested positive for BRCA genes, opted instead to have a double mastectomy.

Risks that affect the chances of having breast cancer are still emerging. We know now that 15% cancers are genetic. This leaves the rest of the population (85%), which is getting the cancer due to spontaneous and sudden mutations. Alcohol and obesity, for example, increase the risk by 8% each. Not having a baby before the age of 30, not having a baby at all, and not breastfeeding all increase the risk. Another risk increaser is hormonal replacement therapy, such as post-menopausal estrogens. Smoking seems to have less risk than the intake of hormonal replacement pills.

Diagnosing breast cancer starts at home, with routine and frequent self-examination. Every patient's gynecologist must explain the steps necessary for each individual to follow after a certain age. Since mammograms or other tests are done once a year, self-examination can be done more frequently, and costs nothing. Other diagnostic tests on top of the screening mammography are the echography and Elastography (also a form of new echography), followed by the MRI. Newer PET scans are also used sometimes, but these are expensive and radioactive elements are used. The final test is the biopsy, which decides whether a lump detected is dangerous (infiltrating ductal) or a simple calcification.

A tumor marker is also available, called CA 15-3, but as all tumor markers are, it is a prognostic indicator, and should not be used as a primary diagnostic test. An elevated CA 15-3 does not mean presence of breast cancer. Its purpose is to monitor patients with already diagnosed breast cancer during treatment; its gradual lowering indicates that the therapy is working.

In conclusion, breast cancer has been one of the newer news-causing cancers in the world today. With the emergence of newer and better diagnostic schemes, better education for self-examination, annual check-up schemes with mammography, and some preventive measures, many of the previous mortality numbers can be avoided.



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