Africa Cancer Care Inc.

CANCER AND THE AFRICAN WOMAN.

Authored By Dr. Eucharia Iwuanyanwu, PA-C April 23, 2012

For a number of years now, immigrant men and women in the Houston communities have died of one form of cancer or another. In the past, the thought was that cancer was a disease of the Western World. They thought it did not happen to them. The reality is that cancer knows no boundaries. Cancer affects men, women, children, young, old, black, white, Hispanic, Asian, the rich, poor and the famous alike. Cancer affects all people. Even more disturbing is the fact that even though the incidence of some cancer is lower among blacks, the tendency is for cancer to be more aggressive among blacks with resultant higher mortality and morbidity rate.

April is minority health month. The last week of April is minority cancer awareness week. We at Africa Cancer Care Inc, have chosen to devote this year's cancer awareness to the African Woman. Speaking of African Women or women of black heritage both in the US and in developing countries, the number one cancer killer is breast cancer. The number 2 killer is cervical cancer and number 3 is shared between colon, lung, and ovarian cancers.

In this article, I will focus on breast cancer. This will be the first of a series of articles on cancer among Black women. The hope is that after reading these articles, that our women will be motivated to be more pro-active about their health. I hope that they will take the necessary steps to participate in health promotion and disease prevention rather than wait for illness and treatment with associated cost, pain and time constraint at a later date.

BREAST CANCER

Breast cancer begins when a single cell in the breast duct or lobule undergoes changes. This change causes it to start growing out of control. At first, even though the cells are growing very rapidly, they stay within the duct or lobule. At this stage the cancer is called cancer in situ. This is the stage at which one wants discover breast cancer. At this stage, treatment is very effective. Survival guaranteed and relapse least likely. Later, the cells may break out of the duct or lobule into the fat and surrounding tissue, where they continue to divide and multiply. At this point, breast cancer is said to have metastasized. Into surrounding tissue is stage 2-3 and more distance tissues is stage 4. The further out breast cancer is from the breast of origin, the more difficult it is to cure and the higher the chances of reoccurrence. Since a tumor needs nourishment to grow, it sends out signals in the form of proteins that cause new blood vessels to form and support it. Once stage 4, it will always remain a stage 4 disease. Furthermore regardless of where it spreads to, the tissue will always behave like a breast tissue. So imagine breast tissue in the lung, liver, brain or bone. No wonder it destabilizes the invaded structure.

Facts About Breast Cancer

•Breast Cancer is a potentially dangerous tumor that develops in the cells of the breast.

•It is a disease characterized by over growth and necrosis of some abnormal breast cell.

- •It sometimes spread to other parts of the body: lungs, liver and brain, bones
- •It most definitely leads to death if not discovered early or left untreated.
- •Among Caucasians, it occurs in women above 50 years

•Breast cancer among women of African descent is said to occur a decade earlier. The reality is that breast cancer is seen in young black girls in ages as young as 16, 18, and in their twenties. More worrisome is the fact that breast cancer is also more aggressive in women of African. despite this knowledge, African women both in the US and developing countries like Nigeria and Jamaica present with late stage 4 disease at diagnosis making treatment and survival difficult. Compounding this problem is the fact that developing countries lack the resources to manage this disease especially at very advanced stage. These women are therefore sentenced to painful miserable deaths. There is an urgent need to be pro-active in taking our own health in our hands through learning all about breast cancer and doing what we can to find it early. We also need to help our sisters back home by educating them.

It also very important to note that breast cancer also occurs in men. Men have breast just like women. Unlike women, they do not have as much breast tissue. The information below also applies to men.

WHAT WE MUST KNOW

1. Risk factors of Breast Cancer

This is anything that increases ones chances of getting a breast cancer.

Risk of developing breast cancer includes:

- Smoking
- •Breast Feeding Less than 15 months in one's life time
- •Older age, obesity, sedentary life style, failure to get screened
- •Menstruating at an early age and menopause at late age. (This exposes the breast to long period of high estrogen in the body)
- •Older age at first birth or never having given birth (Due to dense breast tissue).
- •A personal history of breast cancer or polycystic breast.(Polycystic breast is made worse by caffeinated products and chocolate) use these in moderation
- •A mother or sister or brother with breast cancer.
- Drinking alcoholic beverages.
- •Treatment with radiation therapy to the breast/chest.
- •Breast tissue that is dense on a mammogram.
- •Taking hormones such as estrogen and progesterone especially when combined with birth control pills.

.Having BRAC 1 or 2 mutations (A natural mutation that runs in families and increases risk of breast cancer).

WHAT WE MUST DO:

Perform Monthly Breast Examination!!

For women who are menopausal, pick one day of each month and stick with it. For girls and ladies who still have periods, perform self breast examination within the first 5 days of your cycle when your breast tissue is soft and easy to palpate or feel. Most breast cancer found in stage 1, are discovered by the patients themselves.

What you will be looking for. Stand in front of a mirror, hands on the hip and tilt forward enough that your breast are hanging out sort of freely, look at yourself, you will be looking for:

1. Breast Size: check symmetry in size. Breast are not necessarily equal in size. But the difference should not be too much.

2. Shape: Both breast should be rounded at the outer sides. They should not be flattened. If flat. something is wrong. Have it checked out by a doctor.

3. Dimples. There should not be any dimples on your breast.

4. Nipples. Looking for retraction. Both nipples should be pointing outward or inward i.e. same direction. if not, have checked out.

5. Color/Texture of skin: Should be smooth and soft with uniform color. Not hard and looking like skin of orange.

6. Looking and later feeling for lumps. Report any abnormal lumps to your doctor immediately

7. Nipple discharge. Report any greenish or bloody discharge to your doctor. If milky discharge, there may be some hormonal imbalance if not breast feeding or pregnant.

When feeling your breast, its best to keep palmer aspect of fingers moist and slippery. Start from your axilla o armpit. That where the tail of the breast is located and feel every aspect of the breast before lifting your fingers. Don't forget to feel the back of the breast behind the areola ie the darker part surrounding the nipple. Place fingers on areola and push to back of breast felling that part. At the end squeeze the breast looking for nipple discharge.

Picture below shows signs of breast cancer or what to look for.

Skin dimpling

Change in how the nipple looks, like pulling in of the nipple.



Lump



Change in skin color or texture



Clear or bloody fluid

that leaks out of the nipple

SCREENING FOR BREAST CANCER

Screening and early detection is key to good outcome for breast cancer treatment.

Screening is the process whereby breast cancer can be found before symptoms develops.

Symptoms Includes:

- 1. Necrosis, smell, infections, etc
- 2. Spreads to other breast
- 3. Spread to other parts of the body e.g. lungs, liver, bone, brain, etc

Participate in Screening and Early Detection!

GENERAL GUIDELINES FOR BREAST CANCER SCREENING

•Beginning at age 18: Perform monthly breast self-exam (BSE)

•Age 20-35: Monthly BSE + Have a health care professional check your breast every year.

•Age 35-40: Monthly BSE + Breast exam by your health care provider yearly+ Have your first mammogram

•Age 40 and up: Monthly BSE + Breast exam by your health care provider yearly + Have a mammogram every year

PREVENTION OF BREAST CANCER

This entails genetic testing in women with first degree relatives with breast cancer or with the BRCA mutations. Some of these women may opt for prophylaxis mastectomy to avoid breast cancer.

DIAGNOSIS OF BREAST CANCER

Various tests are used, including:

- Ultrasound
- Needle aspiration
- •Needle biopsy
- Excision biopsy
- Mammography
- .CT Scans/MRI

METASTASIS

Cancer cells may enter the bloodstream, where they may be killed by the immune system (the body's defense system against diseases). If cancer cells are not killed by the immune system, the cancer cells may travel to distant organs of the body, settle there, grow, and divide. This process of spread is called metastasis. Breast cancer cells have the tendency to travel to the lungs, liver, and bones. Cancer is usually named after the place where it starts. When breast cancer travels to the lungs, liver or bones, it is still called breast cancer and acts like breast tissue.

TREATMENT OF BREAST CANCER

Breast cancer can be treated in a number of ways.

- •Surgery (Mastectomy)
- Radiotherapy
- •Hormone Therapy
- Chemotherapy

.More recently Targeted Therapy based on mutational analysis

Any combination of the five

Do not wait to be diagnosed with stage 3 to 4 disease. At this point. Treatment is very expensive. Your life will be centered around the treating institution. Your family is disrupted. The emotional toll on all involved is huge and treatment above all does not guarantee cure. Most people working for themselves do not have Health Insurance. Take advantage of free health screening or reduced fee screening events in the community. Also look for reasonable Insurance that cover chronic disease and invest in them now before you get sick. Having health Insurance of any form is not a luxury but a necessity especially considering that we are getting older. Older age is a risk factor for all cancers and chronic diseases as hypertension, diabetes and hyperlipidemia. The stress we subject ourselves through our nightly parties and struggle to make adequate living for our families does not help. I can give recommendations if asked.

Next Article will be devoted to a different type of breast cancer called Inflammatory breast cancer. It is very different in presentation. I hope this helps. I will like to receive feedback on what you think. Is this too technical or is just enough or too simple.

Our Next Cancer Medical Mission will be to Imo State. We welcome volunteers and donations.