HEALTH / GENDER STUDIES

Breast Cancer a Multifaceted Phenomenon in Older Women in Nigeria

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Abstract
The paper takes a look at Breast Cancer a Multifaceted Phenomenon in Older Women. The risk factors, screening, therapy and diagnosis, some forms of modern treatment were mentioned and described, their effects on victims enumerated and possible remedies spelt out for the management, reduction or eradication of the disease.

Introduction
In the life of women, you will discover that older women (middle age) are faced with a lot of problems (diseases) and one of the obvious one is Breast Cancer Musa, (2005). The breasts are phylogenitically considered as modifications of the sweat glands and therefore ectodemal in origin like all bilateral structures, slight inequality in the size of the breast is normal. It is important to note the gross asymmetry is often due to some abnormalities and that can be dangerous, you might be faced with Breast Cancer.

Understanding Cancer
According to Ademowo (1999) cancer begins in cells the building blocks that make up *tissues*. Tissues make up the organs of the body. Normally, cells grow and divide to form new cells, as the body needs them. When cells grow old, they die, and new cells take their place. Sometimes, this orderly process goes wrong. New cells form when the body does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or *tumor.* Tumors can be *benign* or *malignant.*

Benign tumors
Benign tumors are rarely life-threatening. Generally, benign tumors can be removed. They usually do not grow back. Cells from benign tumors do not invade the tissues around them. Cells from benign tumors do not spread to other parts of the body.

Malignant tumors
Malignant tumors are generally more serious than benign tumors. They may be life-threatening. Malignant tumors often can be removed. But sometimes they grow back. Cells from malignant tumors can invade and damage nearby tissues and organs. Cells from malignant tumors can spread t other parts of the body. Cancer cells spread by breaking away from the original (primary) tumor and entering the bloodstream or

lymphatic system. The cells invade other organs and form new tumors that damage these organs. The spread of cancer is called metastasis.

When breast cancer cells spread, the cancer cells are often found in lymph nodes near the breast. Also, breast cancer can spread to almost any other part of the body. The most common are the bones, liver, lungs and brain. The new tumor has the same kind of abnormal cells and the same name as the primary tumor. For example, if breast cancer spreads to the bones, the cancer cells in the bones are actually breast cancer cells. The disease is metastatic breast cancer, not bone cancer. For that reason, it is treated as breast cancer, not bone cancer. Doctors call the new tumor "distant" or metastatic disease.

Risk Factors

No one knows the exact causes of breast cancer, (Akosa, Ampadu, and Tettey, 1999) argue that you cannot explain why one woman develops breast cancer and another does not. They do know that bumping, bruising, or touching the breast does not cause cancer. And breast cancer is not contagious. You cannot "catch" it from another person. Research has shown that women with certain *risk factors* are more likely than others to develop breast cancer. A risk factor is something that may increase the chance of developing a disease. Baum (1995) have found the following risk factors for breast cancer.

The chance of getting breast cancer goes up as a woman gets older. Most cases of breast cancer occur in women over 40. This disease is not common before *menopause*. A woman who had breast cancer in one breast has an increased risk of getting cancer in her other breast. A woman's risk of breast cancer is higher if her mother, sister or daughter has breast cancer. The risk is higher if her family member got breast cancer before age 40. Having other relatives with breast cancer (in either her mother's or father's family) may also increase a woman's risk. Some women have cells in the breast that look abnormal under a microscope. Having certain types of abnormal cells (*atypical hyperplasia* and *lobular carcinoma in situ* [LCIS]) increase the risk of breast cancer. Changes in certain genes increase the risk of breast cancer. These genes include *BRCA1, BRCA2,* and others. Tests can sometimes show the presence of specific gene changes in families with many women who have had breast cancer. Health care providers may suggest ways to try to reduce the risk of breast cancer, or to improve the detection of this disease in women who have these changes in their genes. NCI offers publications on gene testing.

Reproductive and Menstrual History

The older a woman is when she has her first child, the greater her chance of breast cancer. Women who had their first *menstrual period* before age 12 are at an increased risk of breast cancer. Women who went through menopause after age 55 are at an increased risk of breast cancer. Women who never had children are at an increased risk of breast cancer. Women who take *menopausal hormone therapy* with *estrogen* plus *progestin* after menopause also appear to have an increased risk of breast cancer. Breast tissue may be dense or fatty. Older women whose mammograms (breast x-rays)

show more dense tissue are at increased risk of breast cancer.

Symptoms

Common symptoms of breast cancer include: the breast. A nipple turned inward into the breast. The skin of the breast, areola, or nipple may be scaly, red, or swollen. It may have ridges or pitting so that it looks like the skin of an orange.

Early breast cancer usually does not cause pain. Still, a woman should see her health care provider about breast pain or any other symptom that does not go away. Most often, these symptoms are not due to cancer. Other health problems may also cause them. Any woman with these symptoms should tell her doctor so that problems can be diagnosed and treated as early as possible.

Diagnosis

If you have a symptom or screening test result that suggests cancer, your doctor must find out whether it is due to cancer or to some other cause. Your doctor may ask about your personal and family medical history. You may have a physical exam. Your doctor also may order a mammogram or other imaging procedure. These tests make pictures of tissues inside the breast. After the tests, your doctor may decide no other exams are needed.

Screening

Screening can help doctors find and treat cancer early. Treatment is more likely to work well when cancer is found early. The following types of screening can be done. 1. *Screening mammogram* 2. *Clinical breast exam* 3. *Breast self-exam.* You should ask your doctor about when to start and how often to check for breast cancer Dixon (1992).

Screening Mammogram

To find breast cancer early, I will recommend that:

- Women in their 40s and older should have mammograms every 1 to 2 years. A mammogram is a picture of the breast made with x-rays.
- Women who are younger than 40 and have risk factors for breast cancer should ask their health care provider whether to have mammograms and how often to have them.

Mammograms can often show a breast lump before it can be felt. They also can show a cluster of tiny specks of *calcium*. These specks are called *microcalcifications.* Lumps or specks can be from cancer, *precancerous* cells or other conditions. Further tests are needed to find out if abnormal cells are present. If an abnormal area shows up on your mammogram, you may need to have more x-rays. You also may need a *biopsy.* A biopsy is the only way to tell for sure if cancer is present. Mammograms are the best tool doctors have to find breast cancer early. However, mammograms are the best tool doctors have to find breast cancer early. However, mammograms are not perfect: A mammogram may miss some cancers. (The result is called a "false negative".) A mammogram may show things that turn out not to be cancer. (The result is called a

"false positive".) Some fast-growing tumors may grow large or spread to other parts of the body before a mammogram detects them.

Mammograms (as well as dental x-rays, and other routine x-rays) use very small doses of radiation. The risk of any harm is very slight, but repeated x-rays could cause problems. The benefits nearly always outweigh the risk. You should talk with your health care provider about the need for each x-ray. You should also ask for shields to protect parts of your body that are not in the picture.

Clinical Breast Exam

During a clinical beast exam, your health care provider checks your breasts. You may be asked to raise your arms over your head, let them hang by your sides, or press your hands against your hips. Your health care provider looks for differences in size or shape between your breasts. The skin of your breasts is checked for a rash, dimpling, or other abnormal signs. Your nipples may be squeezed to check for fluid.

Using the pads of the fingers to feel for lumps, your health care provider checks your entire breast, underarm, and collarbone area. A lump is generally the size of a pea before anyone can feel it. The exam is done on one side, then the other. Your health care provider checks the lymph nodes near the breast to see if they are enlarged. A thorough clinical breast exam may take about 10 minutes.

Breast Exam

1. Clinical Breast Exam
2. Diagnostic Mammogram
3. Ultrasound
4. Magnetic Resonance Imaging
5. Biopsy

a. Fine-needle aspiration: Your doctor uses a thin needle to remove fluid from a breast lump. If the fluid appears to contain cells, a pathodogist at a lab checks them for cancer with a microscope. If the fluid is clear, it may not need to be checked by a lab.
b. Core biopsy: Your doctor uses a thick needle to remove breast tissue. A pathologist checks for cancer cells. This procedure is also called a needle biopsy.
c. Surgical biopsy: Your surgeon removes a sample of tissue. A pathologist checks the tissue for cancer cells.

If cancer cells are found, the pathologist can tell what kind of cancer it is. The most common type of breast cancer is ductal *carcinoma*. Abnormal cells are found in the lining of the ducts. Lobular carcinoma is another type. Abnormal cells are found in the lobules.

Treatment

Many women with breast cancer want to take an active part in making decisions about their medical care. It is natural to want to learn all you can about your disease and treatment choices. Knowing more about breast cancer helps many women cope shock and stress after the diagnosis can make it hard to think of everything you want to ask

your doctor. It often helps to make a list of questions before an appointment. To help remember what the doctor says, you may take notes or ask whether you may use a tape recorder. You may also want to have a family member or friend with you when you talk to the doctor – to take part in the discussion, to take notes, or just to listen. You do not need to ask all your questions at once. You will have other chances to ask your doctor or nurse to explain things that are not clear and to ask for more details. Your doctor may refer you to a specialist, or you may ask for a referral Ajaji (2005).

Treatment Methods

Women with breast cancer have many treatment options. These include surgery, radiation therapy, chemotherapy, hormone therapy, and biological therapy.

Many women receive more than one type of treatment. The choice of treatment depends mainly on the stage of the disease. Your doctor can describe your treatment choices and the expected results. You may want to know how treatment may change your normal activities. You may want to know how you will look during and after treatment. You and your doctor can work together to develop a treatment plan that reflects your medical needs and personal values.

Cancer treatment is either *local therapy* or systemic therapy:

Local therapy: Surgery and radiation therapy are local treatments. They remove or destroy cancer in the breast. When breast cancer has spread to other parts of the body, local therapy may be used to control the disease in those specific areas.

Systematic therapy: Chemotherapy, hormone therapy and biological therapy are systemic treatments. They enter the bloodstream and destroy or control cancer throughout the body. Some women with breast cancer have systemic therapy to shrink the tumor before surgery or radiation. Others have systemic therapy after surgery and/or radiation to prevent the cancer from coming back. Systemic treatments also are used for cancer that has spread.

Surgery is the most common treatment for breast cancer. There are several types of surgery. Your doctor can explain each type, discuss and compare the benefits and risks, and describe how each will change the way you look:

- ***Breast-sparing Surgery:*** An operation to remove the cancer but not the breast is breast-sparing surgery. It is also called *beast-conversing surgery, lumpectomy, segmental mastectomy* and *partial mastectomy.* Sometimes an excisional biopsy serves as a lumpectomy because the surgeon removes the whole lump.
- ***Mastectomy:*** An operation to remove the breast (or as much of the breast tissue as possible) is a mastectomy. In most cases, the surgeon also removes lymph nodes under the arm. Some women have radiation therapy after surgery.

Sentinel lymph node biopsy is a new method of checking for cancer cells in the lymph nodes. A surgeon removes fewer lymph nodes, which causes fewer side effects. (If the doctor finds cancer cells in the axillary lymph nodes, an axillary lymph node dissection usually is done).

In breast-sparing surgery, the surgeon removes the tumor in the breast and some tissue around it. The surgeon may also remove lymph nodes under the arm. The surgeon sometimes removes some of the lining over the chest muscles below the tumor. In *total* (simple *mastectomy,* the surgeon removes the whole breast. Some lymph nodes under the arm may also be removed. In *modified radical mastectomy,* the surgeon removes the whole breast and most or all of the lymph nodes under the arm. Often, the lining over the chest muscles is removed. A small chest muscles also may be taken out to make it easier to remove the lymph nodes.

Radiation Therapy

Radiation therapy (also called radiotherapy) uses high-energy rays to kill cancer cells. Most women receive radiation therapy after breast-sparing surgery. Some women have radiation therapy before surgery to destroy cancer cells and shrink the tumor. Doctors use this approach when the tumor is large or may be hard to remove. Some women also have chemotherapy or hormone therapy before surgery. Doctors use two types of radiation therapy to treat breast cancer. Some women receive both types.

- ***External radiation:*** The radiation comes from a large machine outside the body. Most women go to a hospital or clinic for treatment. Treatments are usually 5 days a week for several weeks.
- ***Internal radiation (implant radiation):*** This plastic tubes (implants) that hold a *radioactive* substance are put directly in the breast. The implants stay in place for several days. A woman stays in the hospital while she has implants. Doctors remove the implants before she goes home.

Side effects depend mainly on the dose and type of radiation and the part of your body that is treated. It is common for the skin in the treated area to become red, dry, tender and itchy. Your breast may feel heavy and tight. These problems will go away over time. Toward the end of treatment, your skin may become moist and "weepy". Exposing this area to air as much as possible can help the skin heal.

Bras and some other types of clothing may rub your skin and cause soreness. You may want to wear loose-fitting cotton clothes during this time. Gentle skin care also is important. You should check with your doctor before using any deodorants, lotions, or creams on the treated area. These effects of radiation therapy on the skin will go away. The area gradually heals once treatment is over. However, there may be a lasting change in the color of your skin. You are likely to become very tired during radiation therapy, especially in the later weeks of treatment. Resting is important, but doctors usually advise patients to try to stay as active as they can. Although the side effects of radiation therapy can be distressing, your doctor can usually relieve them.

Chemotherapy

Chemotherapy uses anticancer drugs to kill cancer cells. Chemotherapy for breast cancer is usually a combination of drugs. The drugs may be given as a pill or by *injection* into a vein *(IV).* Either way, the drugs enter the bloodstream and travel throughout the body. Women with breast cancer can have chemotherapy in an

outpatient part of the hospital.

Hormone Therapy

Some breast tumors need hormones to grow. Hormones therapy keeps cancer cells from getting or using the natural hormones they need. These hormones are estrogen and progesterone. Lab tests can show if a breast tumor has hormone receptors. If you have this kind of tumor, you may have hormone therapy. This treatment uses drugs or surgery.

Treatment Choices by Stage

Your treatment options depend on the stage of your diseases and these factors: The size of the tumor in relation to the size of your breast. The results of lab tests (such as whether the breast cancer cells need hormones to grow). Whether you have gone through menopause. Your general health. These treatments are not likely to cure the diseases, but they may help a woman live longer. Many women have supportive care helps manage pain, other symptoms or side effects (such as nausea). It does not aim to extend a woman's life. Supportive care can help a woman feel better physically and emotionally. Some women with advanced cancer decide to have only supportive care.

Recurrent Breast Cancer

Recurrent cancer is cancer that has come back after it could not be detected. Treatment for the recurrent disease depends mainly on the location and extent of the cancer. Another main factor is the type of treatment the woman had before. If breast cancer comes back only in the breast after breast-sparing surgery, the woman may have a mastectomy. Chances are good that the disease will not come back again. If breast cancer recurs in other parts of the body, treatment may involve chemotherapy, hormone therapy or biological therapy. Radiation therapy may help control cancer that recurs in the chest muscles or in certain other areas of the body. Treatment can seldom cure cancer that reoccurs outside the breast. Supportive care is often an important part of the treatment plan. Many patients have supportive care to ease their symptoms and anticancer treatments to slow the progress of the disease. Some receive only supportive care to improve their *quality of life.*

From the Psychological point of view, things you must do to help yourself.

You may perform monthly breast self-exams to check for any changes in your breasts. It is important to remember that changes can occur because of aging, your *menstrual cycle*, pregnancy, menopause, or taking birth control pills or other *hormones.* It is normal for breasts to feel a little lumpy and uneven. Also, it is common for your breasts to be swollen and tender right before or during your menstrual period. Breast self-exams cannot replace regular screening mammograms and clinical breast exams. Studies have not shown that breast self-exams alone reduce the number of deaths from breast cancer.

Do not be *overweight* or *obese* after menopause: The chance of getting breast cancer after menopause is higher in women who are overweight or obese.

Engage in Physical Activity: Women who are physically inactive throughout life may have an increased risk of breast cancer. Being active may help reduce risk by preventing weight gain and obesity.

Keep away from Alcohol: Studies suggest that the more alcohol a woman drinks, the greater her risk of breast cancer.

Many risk factors can be avoided. Others, such as family history, cannot be avoided. Women can help protect themselves by staying away from known risk factors whenever possible. But it is also important to keep in mind that most women who have known risk factors do not get breast cancer. Also, most women with breast cancer do not have a family history of the disease. In fact, except for growing older, most women with breast cancer have no clear risk factors.

Above all, before starting treatment, you might want a second opinion about your diagnosis and treatment plan. You may have to gather your mammogram films, biopsy slides, pathology report, and proposed treatment plan. Usually it is not a problem to take several weeks to get a second opinion. In most cases, the delay in starting treatment will not make treatment less effective. To make sure, you should discuss this delay with your doctor some women with breast cancer need treatment right away.

Conclusion

Breast cancer is obviously a disease of older women and with modern and more improved therapy and treatment people who are affected can now be more psychologically prepared to go to the hospital to seek for help, treatment at most learn to live with it and age gracefully.

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