

# [Introduction of black bile. in appearance of the](https://assignbuster.com/introduction-of-black-bile-in-appearance-of-the/)

INTRODUCTIONBreast cancer is a disease in whichcells in the breast grow out of control. There are different kinds of breastcancer. The kind of breast cancer depends on which cells in the breast turninto cancer. Breast cancer can begin in different parts of the breast.

A breastis made up of three main parts: lobules, ducts, and connective tissue. Thelobules are the glands that produce milk. The ducts are tubes that carry milkto the nipple.

The connective tissue (which consists of fibrous and fattytissue) surrounds and holds everything together. Most breast cancers begin inthe ducts or lobules. Breast cancer can spread outside the breast through bloodvessels and lymph vessels. When breast cancer spreads to other parts of thebody, it is said to have metastasized. On average, 72 Canadian womenwill be diagnosed with breast cancer every day. On average, 14 Canadian womenwill die from breast cancer every day . 26, 300 women will be diagnosed with breast cancer. Thisrepresents 25% of all new cancer cases in women in 2017.

5, 000 women will die frombreast cancer. This represents 13% of all cancer deaths in women in 2017. . “ The pie graph shown onpage 11 shows the percentage of all estimated new cancer  and death in women.” HISTORY Ancient Egyptians were the first tonote the disease more than 3, 500 years ago.

The condition was described fairlyaccurately in both Edwin Smith and George Ebers papyri. One of the descriptionsrefers to bulging tumors of the breast that has no cure. In 460 B. C., Hippocrates, the father of Western Medicine, described breast cancer as ahumoral disease.

He postulated that the body consisted of four humors – blood, phlegm, yellow bile, and black bile. He suggested that cancer was caused by theexcess of black bile. In appearance of the breast cancer too black, hard tumorsare seen that burst forth if left untreated to yield a black fluid. He namedthe cancer karkinos, a Greek word for “ crab,” because the tumorsseemed to have tentacles, like the legs of a crab. Thereafter in A. D.

200, Galen described the cancer as well. He also suggested excessive black bile but, unlike Hippocrates, he postulated that some tumors were more dangerous thanothers. He suggested medications like opium, castor oil, licorice, sulphur, salves etc.

for medicinal therapy of the breast cancers. During this time ofhistory breast cancer was a disease that affected the whole body and thussurgery was not considered. TYPES OF BREASTCANCERThere aremany types of breast cancer. There is also Invasive and Non- invasivebreast cancer. In invasive breast cancer the cancerous cells break out from theplace of origin and affect other nearby cells and organs.

In Non-invasivebreast cancer the cancer remains still at the place of origin. It doesn’taffect the other cells and organs. The mostcommon types are ductal carcinoma in situ, invasive ductal carcinoma, andinvasive lobular carcinoma. Ductal Carcinoma In Situ (DCIS)- Ductal carcinoma in situ(DCIS), is also called intraductal carcinoma and Stage 0 breast cancer. DCIS is a non-invasive or pre-invasive breast cancer. This means the cells thatline the ducts have changed to cancer cells but they have not spread throughthe walls of the ducts into the nearby breast tissue. Because DCIS hasn’tspread into the breast tissue around it, it can’t spread (metastasize) beyondthe breast to other parts of the body. Nearly all women with this early stageof breast cancer can be cured.

Invasive (infiltrating) ductal carcinoma (IDC)- This is the most common type of breast cancer. About 8 of10 invasive breast cancers are invasive (or infiltrating) ductal carcinomas(IDC). IDC starts in the cells that line a milk duct in the breast, breaksthrough the wall of the duct, and grows into the nearby breast tissues. At thispoint, it may be able to spread (metastasize) to other parts of the bodythrough the lymph system and bloodstream.

“ The diagram shown on page10 shows the ductal carcinoma.” Invasive lobular carcinoma (ILC) – Invasivelobular carcinoma (ILC) starts in the milk-producing glands (lobules). LikeIDC, it can spread (metastasize) to other parts of the body. About 1 invasive breast cancer in 10  is an ILC. Invasive lobularcarcinoma may be harder to detect on physical exam as well as imaging, likemammograms, than invasive ductal carcinoma. And compared to other kinds ofinvasive carcinoma, about 1 in 5 women with ILC might have cancer in both breasts.  STAGESThere are 2 maintypes of staging systems for cancer.

These are the TNM system and the number system. The TNM stagingsystemTNMstands for Tumour , Node, Metastasis. This system describes thesize of the initial cancer (the primary tumour), whether the cancer hasspread to the lymph nodes, and whether it has spread to a different part of thebody (metastasised). The system uses letters and numbers to describe the cancer. T refers to the size of the cancer and how far it has spread into nearby tissue – it can be 1, 2, 3 or 4, with 1 being small and 4 large N refers to whether the cancer has spread to the lymph nodes – it can be between 0 (no lymph nodes containing cancer cells) and 3 (lots of lymph nodes containing cancer cells) M refers to whether the cancer has spread to another part of the body – it can either be 0 (the cancer hasn’t spread) or 1 (the cancer has spread)Number stagingsystemStage 0: Known as ductal carcinoma insitu (DCIS), the cells are limited to within a duct and have not invadedsurrounding tissues.

Stage 1: At the beginning of thisstage, the tumor is up to 2 centimeters (cm) across and it has not affected anylymph nodes. Stage 2: The tumor is 2 cm across andit has started to spread to nearby nodes. Stage 3: The tumor is up to 5 cmacross and it may have spread to some lymph nodes. Stage 4: The cancer has spread todistant organs, especially the bones, liver, brain, or lungs. CAUSESAlthough the precise causes of breast cancer are unclear, we know the main risk factors. Still, most womenconsidered at high risk for breast cancer do not get it, while many withno known risk factors do develop breast cancer. Among the most significant factors are advancing age and afamily history of breast cancer. Risk increases for a woman who has certaintypes of benign breast lumps and increases significantly for a woman whohas previously had cancer of the breast or the ovaries .

Awoman whose mother, sister, or daughter has had breast cancer is two to threetimes more likely to develop the disease, particularly if more than onefirst-degree relative has been affected. Researchers have identified two genesresponsible for some instances of familial breast cancer. These genes are known as BRCA1 and BRCA2. About one woman in 200carries the genes. Having one of them predisposes a woman to breast cancer but does not ensure that she will get it. The greater a woman’sexposure to the hormone estrogen, the more susceptible she is to breast cancer. Estrogen tells cells to divide; the more the cells divide, the more likelythey are to be abnormal in some way, possibly becoming cancerous . A woman’sexposure to estrogen and progesterone rises and falls during her lifetime, influenced by the age shestarts and stops menstruating, the average length of her menstrual cycle, andher age at first childbirth.

A woman’s risk for breast cancer is increased if she startsmenstruating before age 12, has her first child after age 30, stopsmenstruating after age 55, or has a menstrual cycle shorter or longer than theaverage 26-29 days. Women who have taken birth control pills in the recent pastmay have a slightly higher risk of developing breast cancer.  This riskgoes away if you have not taken birth control pills for at least 10 years. Somestudies suggest that taking hormone replacement therapy for menopause withcombined estrogen and progestin may increase risk, especially when taken formore than five years. The jury is still somewhat out on this matter, though. Heavy doses of radiation therapy may also be a factor, but low-dose mammograms pose almost no risk.

SYMPTOMS The main symptoms are thickening ofbreast and formation of any lump on the breast. Pain in breast and armpits that doesn’t changewith monthly cycle. Redness of the breast skin like the skin ofthe orange.

A rash around or on the nipple and alsodischarge of blood from nipple. Change in the size of the nipple. Flaking, peeling or scaling of the skin on thebreast or the nipple. Thickening or swelling of part of the breast.

Irritation or dimpling of breast skin. Pulling in of the nipple or pain in the nipple area. Nipple discharge other than breast milk, includingblood .

Any change in the size or the shape of the breast. RISKFACTORS1) Age- At 20 years, the chance of developing cancer is less as 0. 6 percent. But atthe age of 70 years, it is more like 3. 84 percent. 2) Genetics- There are two types of genes that are responsible for breast cancer. Theseare BRCA1 and BRCA2 that are responsible for risk of developing breast cancer, ovarian cancer or both. TP53 is another gene that is responsible for breastcancer.

3) Ahistory of breast cancer or breast lumps – The women who had history ofbreast cancer are more likely to develop it again. Sometimes the non- cancerouslump on the breast can change into cancerous cells. So, if this exists womenshould check with health care professional. 4) DenseBreast tissue – Breast Cancer is more likely to develop in higher densitybreast tissue. 5) Estrogenexposure and breast feeding – Due to long term exposure to estrogen appearsto be cause of breast cancer because the concentration of estrogen become lowand high while entering the menopause. And also women who breastfeed more than 1year are less likely to develop cancer as breastfeeding reduces estrogen. 6) BodyWeight – women who are overweight or obese are at more risk of developingcancer due to high level of estrogen. High Sugar content is also a cause ofbreast cancer.

7) AlcoholConsumption – Women who consume at least 3 drinks a day have 1. 5 timeshigher risk of developing cancer. 8) Cosmeticimplants and breast cancer survival – Women with cosmetic breast implantsare diagnosed with breast cancer have a higher risk of dying from the diseaseand a 25 percent higher chance of being diagnosed at a later stage, comparedwith women without implants. DIAGNOSISA diagnosis often occurs as the result of routine screening, or when awoman approaches her doctor after detecting symptoms. The doctor may ask about personal and family medical history and do a physical exam. The doctoralso may order lab tests, scans, or other tests or procedures.

Diagnostic tests are used to confirm the presence ofcancer , identify the type of cancer identify the grade of the cancer (howabnormal the cells look and behave) , find the site where the cancer started(primary tumour) , determine the stage of the cancer (how far the cancer hasprogressed), help plan cancer treatment , monitor response to treatment , helpdetermine if cancer has returned (recurred)SELFEXAMAdult women of all ages areencouraged to perform breast self-exams at least once a month.  JohnsHopkins Medical center states, “ Forty percent of diagnosedbreast cancers are detected by women who feel a lump, so establishing a regularbreast self-exam is very important.” While mammograms can help youto detect cancer before you can feel a lump, breast self-exams help you to befamiliar with how your breasts look and feel so you can alert your healthcareprofessional if there are any changes. In the Shower : Using the pads ofyour fingers, move around your entire breast in a circular pattern moving fromthe outside to the center, checking the entire breast and armpit area. Checkboth breasts each month feeling for any lump, thickening, or hardened knot. Notice any changes and get lumps evaluated by your healthcare provider. InFront of a Mirror : Visually inspect your breasts with yourarms at your sides.

Next, raise your arms high overhead . Look for any changesin the contour, any swelling, or dimpling of the skin, or changes in thenipples. Next, rest your palms on your hips and press firmly to flex your chestmuscles.

Left and right breasts will not exactly match—few women’s breasts do, so look for any dimpling, puckering, or changes, particularly on one side. Lying Down: When lying down, the breast tissue spreads out evenly alongthe chest wall. Place a pillow under your right shoulder and your right armbehind your head. Using your left hand, move the pads of your fingers aroundyour right breast gently in small circular motions covering the entire breastarea and armpit. Use light, medium, and firm pressure. Squeeze the nipple; check for discharge and lumps. Repeat these steps for your left breast.

LABTESTHigh orlow levels of certain substances in your body can be a sign of cancer. So, labtests of the blood, urine, or other body fluids that measure these substancescan help doctors make a diagnosis. However, abnormal lab results are not a suresign of cancer. Lab tests are an important tool, but doctors cannot rely onthem alone to diagnose cancer.

BREAST EXAMYour doctor will check both of your breasts and lymphnodes in your armpit, feeling for any lumps or other abnormalities. MAMMOGRAM A mammogram is an X-ray of the breast. Mammograms arecommonly used to screen for breast cancer. Patient will stand in front of the mammography machine, andbreast is placed between 2 plastic compression plates. The plates are thenpressed together to flatten, or compress, the breast. BREASTULTRASOUNDUltrasound uses sound waves to produce images ofstructures deep within the body. Ultrasound may be used to determine whether anew breast lump is a solid mass or a fluid-filled cyst.

BIOPSYAbiopsy is the only definitive way to make a diagnosis of breast cancer. Duringa biopsy, your doctor uses a specialized needle device guided by X-ray oranother imaging test to extract a core of tissue from the suspicious area. Often, a small metal marker is left at the site within your breast so the areacan be easily identified on future imaging tests. TREATMENTTreatment will depend on:·        The type of breast cancer ·        The stage of the cancer·        Sensitivity to hormones·        The patient’s age, overall health, and preferencesThe main options include: 1)      Surgery– The types of surgeries are lumpectomy, Mastectomy, Sentinel node biopsy, Axillary lymph node dissection and reconstruction2)      Radiation Therapy– Controlled doses of radiation are targeted at the tumor to destroy the cancercells.

Used from around a month after surgery, along with chemotherapy. 3)      Chemotherapy– Medications known as cytotoxic drugs may be used to kill cancer cells, ifthere is a high risk of recurrence or spread. This is called adjuvantchemotherapy. If the tumor is large, chemotherapy may be administered beforesurgery to shrink the tumor and make its removal easier. This is calledneo-adjuvant chemotherapy.

4)      Hormone blocking therapy– Hormone blocking therapy is used to prevent recurrence in hormone- sensitivebreast cancers. There are often referred to estrogen receptive(ER) positive andprogesterone receptor (PR) positive cancers. 5)      Biological Treatment– Targeted drugs destroy specific types of breast cancer. Examples includetrastuzumab, lapatinib and bevacizumab. PREVENTIONMany factors over the course of a lifetime caninfluence your breast cancer risk. You can’t change some factors, such asgetting older or your family history, but you can help lower your risk ofbreast cancer by taking care of your health in the following ways. Keepa healthy weight. Exercise regularly (at least four hours a week).

Researchshows that lack of night time sleep can be a risk factor. Don’t drink alcohol, or limit alcoholic drinks to no more than oneper day. Avoid exposure to chemicals that can cause cancer (carcinogens) andchemicals that interfere with the normal function of the body. Limit  exposure to radiation from medical imaging tests like X-rays, CTscans, and PET scans if not medically necessary . If you are taking, or havebeen told to take, hormone replacement therapy or oral contraceptives (birthcontrol pills), ask your doctor about the risks and find out if it is right foryou.

Breastfeed any children you may have, ifpossible. COSTREALTED TO CANCER CAREFor patients not covered byhealth insurance, breast cancer treatment typically costs $15, 000-$50, 000 or more fora mastectomy or $17, 000 to $35, 000 or more for a lumpectomy followed by radiation. Chemotherapy can cost about $10, 000-$100, 000 or more, depending on the drugs, the methodof administration and the length or number of treatments. Depending on theindividual case and the type and number of treatments needed, the total cost ofbreast cancer treatment, on average, can reach $100, 000 — or, in advanced cases, $300, 000 or more.  A study published in BMC Cancer found thatthe average total cost of care over a mean follow-up of 532 days wasabout $128, 500 forwomen with metastatic breast cancer receiving chemotherapy as their primarytreatment. This includes the cost of the chemotherapy drugs, additional drugsto help manage side effects, administration of the drugs and medical care forchemotherapy-related complications. Mammogram cost $100 every six to twelvemonths . Breast cancer patients will need regular follow-up doctorvisits and screenings to check for recurrence.

LATESTRESEARCH ON BREAST CANCERDoctorsare working to learn more about early-stage and locally advanced breast cancer, including ways to prevent it, how to best treat it, and how to provide the bestcare to people diagnosed with this disease. The following areas of research mayinclude new options for patients through clinical trials. Always talk with yourdoctor about the best diagnostic and treatment options for you. Areas ofresearch includes research on the causes of early-stage and locally advancedbreast cancer, such as endocrine (hormone) disrupters, environment causes, diet, and lifestyle choices, to find other ways to help prevent the disease.

Finding new ways to prevent early-stage and locally advanced breast cancer andto help find breast cancer early. Developing ways to best evaluate the genesand proteins at work in each patient and each breast cancer, to determine thebest treatment options for each patient. Determining what early-stage cancersmay or may not need chemotherapy. CONCLUSIONA plan for the diagnosis and treatment of cancer is a keycomponent of any overall cancer control plan. Its main goal is to cure cancerpatients or prolong their life considerably, ensuring a good quality of life. In order for a diagnosis and treatment programme to be effective, it must neverbe developed in isolation.

It needs to be linked to an early detectionprogramme so that cases are detected at an early stage, when treatment is moreeffective and there is a greater chance of cure. It also needs to be integratedwith a palliative care programme, so that patients with advanced cancers, who canno longer benefit from treatment, will get adequate relief from their physical, psychosocial and spiritual suffering. Furthermore, programmes should include aawareness-raising component, to educate patients, family and community membersabout the breast cancer risk factors and the need for taking preventivemeasures to avoid developing cancer.                      References Bibliography A Brief History of Breast Cancer. (n. d.). Retrieved from www.

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