Pathophysilogy

Family

Running head: BREAST CANCER Breast Cancer Daniela Shehaj January, Breast cancer is the most common cancer among women. Although statistics show that there has been a decline in the recent years, the number of cases is still relatively high. Cancer etiology is not specifically known, so there is actually no “ prevention” in the context of the word itself. It implies that risk factors may possibly influence acquiring the illness at certain degrees. Albeit cancer cannot be prevented, there are practices that could lessen chances of being affected by breast cancer. Pathophysiology Breast cancer pathophysiology is connected to the outcome of multiple environmental and hereditary factors. Some factors pointed out by experts include genetic mutations linked to estrogen, immune surveillance failure, malignant cell growth facilitated by stromal cells and epithelial cells, and inherited genetic defects (“ Breast Cancer Pathophysiology,” n. d.). When these factors are heightened to a certain extent, breast cancer tends to develop, especially when the client is in the vulnerable age and ethnicity, and a woman. It invades locally and spreads initially through the regional lymph nodes, bloodstream, or both (Vogel, 2008). Once the cancer metastasizes, it can affect other nearby organs including the lungs and liver. However, metastatic breast cancer does not appear until years later after the initial diagnosis and treatment. Risk Factors: Magnitude, Identification, and Modification There are several known breast cancer risk factors, generally grouped into non-modifiable and modifiable. Non-modifiable risk factors include age, family history, age at first full-term pregnancy, early menarche, late menopause, and breast density; while modifiable factors include postmenopausal obesity, use of combined estrogen and progestin menopausal hormones, alcohol consumption, and physical inactivity (American Cancer Society, 2009, p. 9).

Among all these factors, genetic predisposition or family history is seen to contribute significantly to the incidence of breast cancer. Risk factors are categorized according to magnitudes which are high, moderate and slight. Morrow and Jordan (2003) present in tabular form these factors according to magnitude, but emphasizing that albeit risk factors can be classified as high or low, there is no agreed opinion on what level of risk would be enough to classify her as a high risk client (p. 5). When genes are considered, the client is usually in high risk category, except when there is only one 1st degree relative with a history, using Morrow and Jordan's (2003) classification. Genetic mutations of BRCA1 or BRCA2 have shown in researches the extent to which they make individuals with such alterations in high susceptibility to have breast cancer, with the percentage of risk higher than 50%. Because risk factors aid in determining the extent of a client's predisposition to breast cancer, it is thus essential to identify these factors. Physical assessment of women nowadays usually includes clinical breast examination as well, and health care providers are tasked to obtain the client's complete health history in order to have an idea of a gauge of her breast cancer risk. There is a need to educate women and increase their awareness by teaching the sign and symptoms of the condition, usually a lump palpated on the breast. Those clients with genetic tendencies, especially if they have more than one 1st degree relative who had breast cancer, should talk to the physician regarding this history. BRCA1 and BRCA2 genetic testing that could influence decisions could also be done. There are established standards in early detection of the condition, which may involve regular breast self-examination and annual mammography screening from age 35 or 5 years before the earliest cancer in the family (della Rovere, Warren, & Benson, 2006, p. 25).

Health care providers are responsible to advise and teach clients these methods, especially those with increased hereditary tendencies, because screening has been seen to be a significant aid in breast cancer survival. As mentioned, the condition cannot be specifically prevented because of its unknown etiology. Thus, “ when exact causes of a disease are unknown, prevention strategies are often aimed at modifying risk factors implicated in the disease” (Dow, 2004, p. 26). Genetically predisposed clients are encouraged to have lifestyle changes that would decrease their risk for breast cancer. Dow (2004) also suggests that with genetic factors, clients may engage in current breast cancer prevention options of increased surveillance, chemoprevention, prevention surgery, and limiting exposure to irradiation and cigarette smoke (p. 28). Certain organizations have endeavored to raise the awareness of the entire population on breast cancer and serve as a support system to those affected by the condition, as well as its survivors. By understanding the nature of breast cancer and the risk factors associated with it, including increased genetic predispositions, we could help others and our families, and society as a whole to fight against cancer. References American Cancer Society. (2009). Breast cancer facts & figures 2009-2010. Atlanta, GA: American Cancer Society. Breast Cancer Pathophysiology. (n. d.). Retrieved from http://www. news-medical. net/health/Breast-Cancer-Pathophysiology. aspx della Rovere, G. Q., Warren, R., & Benson, J. R. (2006). Early breast cancer: From screening to multidisciplinary management (2nd ed.). Abingdon, Oxon: Taylor & Francis. Dow, K. H. (2004). Contemporary issues in breast cancer: A nursing perspective (2nd ed.). Sudbury, MA: Jones and Bartlett. Morrow, M., & Jordan V. C. (2003). Managing breast cancer risk. Lewiston, NY: BC Decker. Vogel, V.

G. (2008). Breast Cancer. In The Merck Manuals Online Medical Library. Retrieved from http://www. merckmanuals. com/professional/sec18/ch253/ch253e. html