Breast cancer knowledge in nuns of belagavi city- an observational study

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Key words: Breast cancer, Nuns and Knowledge.

Background

carcinoma is that the commonest cancer in women. Many risk factors are associated with cancer. Celibate life of nuns is an important cause for higher risk of breast cancer. Studies are lacking to assess their knowledge about breast cancer.

Objectives

To assess the level of knowledge and awareness regarding breast cancer in nuns.

Methods

The present study is an observational study, will be conducted on nuns of Belagavi city. Permission to conduct the study will be obtained from the authorities of the schools and churches. The purpose of the study will be explained and subjects will be screened for inclusion and exclusion criteria. Informed consent will be obtained from all. A questionnaire on knowledge regarding early detection and prevention of breast cancer will be given and data will be analyzed. There are a wide range of kinds of bosom disease and normal ones incorporate ductal carcinoma in situ (DCIS) and obtrusive carcinoma. Others, like phyllodes tumors and angiosarcoma are less common.Once a biopsy is completed, carcinoma cells are tested for proteins called estrogen receptors, progesterone receptors and HER2. The tumor cells are also closely looked at in the lab to find out what grade it is. The specific proteins found and therefore the tumor grade can help decide treatment options. Bosom malignant growth can spread when the disease cells get into the blood or lymph framework and are conveyed to different pieces of the body.

The lymph system is a network of lymph (or lymphatic) vessels found throughout the body that connects lymph nodes (small bean-shaped collections of immune system cells). The clear fluid inside the lymph vessels, called lymph, contains tissue by-products and waste, also as system cells. The lymph vessels carry lymph fluid faraway from the breast. In the case of carcinoma, cancer cells can enter those lymph vessels and begin to grow in lymph nodes. The greater part of the lymph vessels of the bosom channel into:

• Lymph nodes under the arm (axillary nodes)

• Lymph hubs around the neckline bone (supraclavicular [above the neckline bone] and infraclavicular [below the neckline bone] lymph hubs)

• Lymph hubs inside the chest close to the bosom bone (inner mammary lymph hubs

The extent of the cancer and its spread at the time of diagnosis determines its stage, which is essential for guiding treatment options and prognosis (prediction of disease outcome). The two main staging systems for cancer are the American Joint Committee on Cancer (AJCC) staging system, typically utilized in clinical settings, and therefore the Surveillance, Epidemiology, and End Results (SEER) summary staging system, used for descriptive and statistical analysis of tumor registry data. The AJCC system was recently updated (effective January 2018) to add prognostic stage groups.1 AJCC anatomic stage is based on extent of the cancer (in the breast, regional lymph nodes, and distant spread), while prognostic stage also includes information on the presence of estrogen receptors (ER), progesterone receptors (PR), levels of human epidermal growth factor receptor 2 (HER2, a growth-promoting protein) and/or extra copies of the HER2 gene (HER2), and grade (reflecting how closely the cancer's microscopic appearance looks like normal

breast tissue). In this document, we generally refer to the SEER summary stage except in the section on the description of breast cancer treatment (page 23), which references AJCC anatomic stage. Incidence rates of DCIS and invasive breast cancer rose rapidly during the 1980s and 1990s (Figure 6), particularly among women 50 years of age and older, largely due to increases in the prevalence of mammography screening, which increased from 29% in 1987 to 70% in 2000.21 For example, DCIS rates among women 50 and older, increased more than 11-fold from 1980 (7 cases per 100,000) to 2008 (83 cases per 100,000). In contrast, there was a sharp drop (nearly 13%) in the invasive breast cancer rate between 1999 and 2004, believed to be largely due to the decreased use of menopausal hormones following the 2002 publication of clinical trial results that found higher risk of breast cancer and heart disease among menopausal hormone users, and may also reflect small declines in mammography screening since 2000.22, 23 The decline in breast cancer incidence occurred primarily in white women, in those 50 years of age and older, and for ER+ disease.22, 24 In the most recent time period (2012-2016), the DCIS rate declined by 2.1% per year8 and the invasive breast cancer incidence rate rose by about 0.3% per year.20 In fact, the incidence rate for invasive breast cancer has been slowly increasing since 2004.20 A recent study concluded that increases in body mass index (BMI) and declines in the average number of births per woman (both breast cancer risk factors) have likely contributed to the recent increase in incidence. 2001-2011, but has since stabilized. The increase in distant-stage disease may be partly explained by the decrease in unknown stage, because of more complete staging of advanced tumors.26 This trend may also reflect increased detection of asymptomatic metastases due to the rise in the use of advanced imaging. Relative survival rates are an estimate of the percentage of patients who will survive their cancer for a given period of time after diagnosis, accounting for normal life expectancy. Survival among cancer patients is compared to survival among people of the same age and race who have not been diagnosed with cancer. Relative survival rates should be interpreted with caution because they are based on the average experience of all women and do not predict individual prognosis because many patient and tumor characteristics that influence carcinoma survival aren't taken under consideration . In addition, long-term survival rates are based on data from patients diagnosed and treated many years ago and thus, do not reflect more recent improvements in early detection and treatment

Results

The present study is an on- going study.

6th Global Conference on Physiotherapy ,Physical Rehabilitation and Sports Medicine
Aug 6-7, 2020, London.

Volume 5 • Issue 2