



A CLINICAL STUDY OF ATTITUDE AND AWARENESS ABOUT EARLY DIAGNOSIS OF CARCINOMA BREAST IN REGARDS TO SELF-EXAMINATION OF BREAST AMONG WOMEN IN JORHAT DISTRICT OF ASSAM.

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ABSTRACT

INTRODUCTION: Breast carcinoma is one of the leading causes of death in women. Due to lack of knowledge and awareness of Breast self-examination among women and self-consciousness they consult only at the late stage of the disease. 1.15 million new cases registered.- Incidence increasing in most countries.-4,70,000 death.-Half of the global burden is in Low and medium resourced countries.

Our aim of this study is to spread awareness and to measure knowledge regarding breast self-examination and Breast cancer among people of different cultures belonging to rural and urban areas, whether educated and non-educated, irrespective of their difference in ages and economic status. And also study on attitude, awareness and practice and barriers against breast self-examination by using qualitative (one-to-one interview, concept of mapping) and quantitative method or both (cross section survey).

Study variables: - Age, marital status, religions, Parity, educational status, body mass index

MATERIAL AND METHOD: - Patients attended in surgical outpatient department of Jorhat Medical College, different health checkup camps in Jorhat and Nursing school of Jorhat.

Total number of women- 100.

- 5 steps of breast self-examinations demonstration by poster and interaction.
- Clinical examination.

Correlate with -

- 1.-Mammography.
- 2.- Ultrasonography of the breasts.
- 3.- FNAC
- 4.- Excision biopsy.

RESULTS AND CONCLUSION: - In my study 100 women participated. Out of 100 women 38 women have positive attitude and awareness belonging to different age groups, marital status and religions. After giving knowledge about the risk factors and demonstrating to do self-examination of breast in 5 steps, everybody came forward to learn more about it and spread its knowledge in society.

KEYWORDS : Breast Self-Examination, aware, attitude, (cross section survey), Risk factors

INTRODUCTION: –

Breast cancer is the most common cause of death in middle aged women in western countries. In 2010, approximately one and three quarter million new cases were diagnosed worldwide. In England and Wales, 1 in 12 women will develop the disease during their lifetime. The incidence is expected to continue rising as the population ages, although more slowly than previously thought as the use of HRT (Hormone Replacement Therapy) has reduced in USA and UK (Bailey & Love's Short practice of surgery).

Breast carcinoma is one of the leading causes of death in women. Due to lack of knowledge and awareness of the Breast self-examination among women and also due to self-consciousness women hesitated to come forward and tried to hide the disease from others. As a result, they consulted with the doctors at the late stage of the disease.

Aim of this study is to educate the women regarding practice of Breast self-examination in 5 steps and make them aware regarding any abnormality of architecture of the breast or any abnormal feeling in the breasts which will help the patients and surgeons for early diagnosis and treatment of the most common carcinoma of the women, as there is no annual Health checkup policy in our country. On the other hand, we can give knowledge and make them aware regarding familial or genetically transmission of the disease and also give them advice to avoid risk factors.

FACTORS DETERMINING THE RISK OF DEVELOPING BREAST CANCER

Breast cancer Risk factors

Age :

About 2 out of 3 **invasive** breast cancer are found in women age 55 or older.

Family History :

Women with close relatives who have been diagnosed with breast cancer have a higher risk of developing the disease. In first degree female relatives (sister, daughter) risk is double.

Genetics :

5% to 10% cases are thought to be hereditary.

Radiation :

Patients having radiation to the chest for treatment of another cancer are at higher risk of developing breast cancer later in life

Race :

White women are slightly more likely to develop breast cancer than African American, Hispanic and Asian women.

Over weight or Obese :

Obese women have a higher risk of being diagnosed with breast cancer compared to healthy weight.

Pregnancy History :

Women who have not had their 1st child before 30 years have a higher risk than who gave birth before are of 30.

Breast feeding history :

Breast feeding can lower breast cancer risk specially if a woman breast feeds for longer than 1 year.

Menstrual History :

Women who started menstruating younger than age 12 years having risk of breast cancer later in life. The same is true for woman who go through menopause when they are older than 55 years.

Hormonal Replacement therapy ;

Current or recent user have a higher risk of being diagnosed with breast cancer.

Drinking alcohol :

Drinking alcoholic beverages – beer, wine, liquor increases a woman risk of hormone receptor positive breast cancer.

Lack of exercise :

Exercising regularly at a moderate or intense level for 4 to 7 hours per week are lower risk of breast cancer.

Smoking :

Smoking is linked to a higher risk of breast cancer in younger and premenopausal woman.

DES :

DES – die ethyl stilbestrol
 pregnant women treated with DES to prevent miscarriage have a slightly higher risk of breast cancer.

FAMILY HISTORY AS A RISK FACTOR

Hereditary breast and ovarian cancer

CAUSES OF HEREDITARY SUSEPTIBILITY TO BREAST CANCER

5% to 10% breast cancer can be attributed to hereditary factors–

Contribution to hereditary breast cancer.

GENE CONTRIBUTION TO HEREDITARY BREAST CANCER-
 BRCA1 20% -- 40%
 BRCA2 10% -- 30%
 TP53 ,1%
 PTEN ,1%
 UNDISCOVERED GENE 30% --70%

Li-Fraumeni Syndrome

Abnormal TP53 gene on chromosome 17p associated with Pre-menopausal breast cancer, Childhood sarcoma, Brain tumor, Leukemia, Adrenocortical adenomas.

COWDEN™ S syndrome

Abnormal PTEN suppressor gene on chrosome 10 associated with Pre-menopausal breast cancer, Gastrointestinal malignancies,

FEATURES THAT INDICATE INCREASED LIKELIHOOD OF HAVING BRCA MUTATION

- Multiple cases of early onset breast cancer.
- Ovarian cancer (with family history of breast and ovarian cancer)
- Breast and ovarian cancer in the same woman.
- Bilateral breast cancer.
- Ashkenazi Jewish heritage.
- Male breast cancer.

BRCA1 – associated cancer

LIFETIME RISK –

1. Breast cancer 50%--85%.
2. Second primary breast cancer 40%-60%.
3. Ovarian cancer 15%-45%.
4. Possible increased risk of other cancer—Prostate and colon.

BRCA2 – associated cancer

LIFETIME RISK –

1. Breast cancer 50% --85%.
2. Male breast cancer 6%.
3. Ovarian cancer 10% - 20%.
4. Possible increased risk of Prostate, laryngeal and pancreatic cancer(magnitude unknown)

ESTABLISHED PROGNOSTIC MARKERS FOR BREAST CANCER

1. Axillary lymph nodes numbers.
2. Tumor size.
3. Histological grade.
4. Histological tumor type.
5. Steroid receptors status.
6. Age.

AIMS AND OBJECTIVES: -

Our aim is to educate women regarding practice of self-examination of the Breast and we try to make them aware regarding any abnormality of architecture of the breast or any abnormal feeling in the breast. This will also help the patients as well as surgeons for early diagnosis and treatment of the most common carcinoma in women, as there is no annual whole body checkup policy in our country.

MATERIAL AND METHOD

Patients attended in surgical outpatient department of Jorhat Medical College, different Health checkup camps in Jorhat and students of nursing school of Jorhat.

Total number – 100. DURATION- 1 YEAR

1. Question answer session and interaction.
2. Pesting and demonstration of 5 steps of Breast self examination.

3. Clinical examination.

Correlated with—

- a. Mammography.
- b. Ultrasonography of breast.
- c. FNAC.
- d. Excision biopsy.

HOW TO DO BREAST SELF EXAMINATION – 5 STEPS

Step –I.



Begin by looking at your breast in the mirror with your shoulders straight and your arms on your hips.

Here's what you should look for—

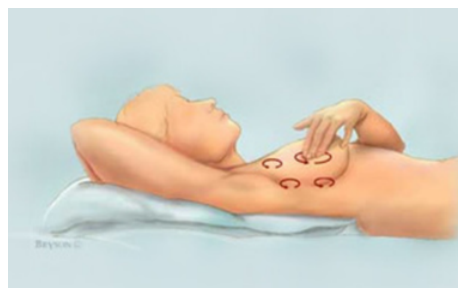
- Breasts that are their usual size, shape and colour.
 - Breasts that are evenly shaped without visible distortion or swelling.
- If you see any of the following changes, bring them to your doctor's attention.
- Dimpling, puckering or bulging of the skin.
 - A nipple that has changed position or inverted nipple (pushed inwards instead of sticking out)
 - Redness, soreness, rash or swelling.

STEP-II



Now raise your arms and look for the same changes.

STEP—III (picture for III & IV)



While you're at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milk or yellow fluid or blood.)

STEP—IV

Next feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast.

Use a firm, smooth touch with the first few fingers pads of your hand, keeping the finger flat and together. Use a circular motion, about the size of a quarter.

Cover the entire breast from top to bottom, side to side – from your collarbone to the top of your abdomen, and from your armpit to your cleavage.

Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your fingers Up and down vertically, in rows, as if you were mowing a lawn.

This up and down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of your breasts, for the skin and tissue just beneath, use light pressure, use medium pressure for tissue in the middle of your breasts, use firm pressure for the deep tissue in the back.

When you have reached the deep tissue, you should be able to feel down to your ribcage.

STEP-V



Finally feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breast is when their skin is wet and slippery. So they like to do this step in the shower. Cover your entire breast, using the same and movements described in step-IV.

RESULTS:-

In my study total 100 number of women participated during one-year period. Out of 100 women 38 women have positive attitude, conscious and aware about the tumor in the breast. Maximum number of the women participated in the age group of 20 to 40 years and maximum number of women are aware about any swelling or growth on the breast.

AWARENESS ABOUT THE ANY SWELLING IN THE BREAST AND SELF EXAMINATION OF BREAST

Age in years	Total no. of women	Awareness	percentage	Median value
15-20	20	10	50%	15
20-30	35	15	42.85%	25
30-40	30	10	33%	20
40-50	11	3	27%	7
Above 50	4	0	0%	2

Total 100 38 38% 69

2. Positive attitude about Breast self examination

Marital Status	Total no. of women	Positive attitude in women	Percentage	Median value
Unmarried (single)	25	20	80%	22.5
Married- parity				
Nullipara	10	8	80%	9
1 to 2 children	29	5	17%	17

More than 2 children	30	3	10%	16.5
Divorced	5	2	40%	3.5
Widowed	11	0	0	5.5

3. Knowledge about Breast self-examination and breast cancer- According to religion

Religion	Total no. of women	Knowledge present	Percentage	Median value
Hindu	50	14	28%	32
Muslim	35	12	34.28%	23.5
Christian	15	12	80%	13.5
Total	100	38	38%	69

4. POSITIVE ATTITUDE ACCORDING TO OCCUPATION

OCCUPATION	Total no. of women	Awareness present	Percentage	Median
Homemaker	45	13	28.88%	29
Employed	30	15	50%	22.5
Student	25	10	40%	17.5
Total	100	38		

5. POSITIVE ATTITUDE IN RELATION TO EDUCATION –

Education	Total number of participant	Positive attitude	Percentage	Median
Illiterate	10	0	0%	5
Under Highschool	23	7	30.43%	15
High school	27	10	37%	18.5
Higher secondary	18	12	66.66%	15
Bachelor degree	12	4	33.33%	8
Master degree	10	5	50%	7.5

Total - 100 38

6. AWARENESS AND ATTITUDE ACCORDING TO BODY MASS INDEX

Body mass index	Total number of women	Positive attitude	Percentage	Median
Below 19	15	2	13.33%	8.5
20- 25	36	19	52.77%	27.5
25 - 30	41	11	26.82%	26
Obese class I 30-35	6	4	66.66%	5
Class II above35	2	2	100%	2
Total	100	38		

DISCUSSION

Carcinoma Breast is the second deadly cause of death in women worldwide. One small group of people are aware about the disease. Due to self consciousness, social barrier and lack of knowledge 30% - 38% women came forward to consult with doctors. As a result out of 30% -38% only few nominal percent are able to treat the disease, still those women got a good social and personal life. In other groups only palliative surgery – mastectomy is possible due to distant metastasis. If we can teach them about the disease i.e. carcinoma breast examination of 5 steps breast self examination, avoid rich factors and correlate with family history of carcinoma of the breast can do early diagnosis and they will come forward in early stage of the disease which will help the patient and surgeons to treat the disease in early stage.

Social media, NGOs can take a major role to spread the knowledge about the disease and 5 steps of breast self examination and genetic transmission of the disease or family history can reduce the social barrier and self consciousness.

In our study, I had seen age groups 20 -30 and 30 – 40 years women are aware about the disease. Unmarried and Nullipara women had positive attitude. On occupation wise homemaker are more aware about the disease. Education wise high school and higher secondary school pass women are though less aware, still have more positive attitude.

CONCLUSION

Carcinoma of the breast can be prevented and prognosis and daily life can be improved by giving advice to avoid risk factors and following the 5 steps of examination of the breast along with early consultation with the doctors concerned. Regular health checkup should be done

who have familial history of the said disease.

CONFLICTS OF INTEREST

There are no conflicts of interest

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