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Editorial

PREVENTION OF GENITAL AND BREAST CANCER

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INTRODUCTION

The major task faced by a gynecologist, made a diagnosis of genital and breast cancers to determine the most effective therapy and formulate a prognosis for the patient.

Out of genital cancer, Ovarian cancer is the commonest gynecological cancer. The incidence is increasing with around the globe. Unlike cervical cancer, there is no premalignant stage and most cases present with advanced disease (stage III or IV).

Cervical cancer is the most common cancer among women in many developing countries. Incidence is high in early marriage, high number of sexual partners and smoking etc.

Endometrial cancer usually seen in post-menopausal women, is the third common gynecological cancer after the cancer of ovary and cervix. It does not have a long premalignant phase; hence it is not suitable for a screening programme.

Approximately, one in nine elderly women, will eventually be diagnosed as having a breast cancer.

Risk factors for breast cancer, apart from heredity factors include obesity, advancing age, early menarche, late menopause, null parity, delayed age of first birth and alcohol consumption. A woman with sister or mother with bilateral breast cancer would be at a fourfold risk of breast cancer and should undertake breast self-examination and mammography.

PREVENTION AND EARLY DIAGNOSIS

Therefore, early screening (pap smear, biopsy, colposcopy) along with improved socio-economic status, avoid early marriage and multiple sex partners and proper hygiene is very much significant to diagnose and prevent cervical cancer.

As regards, endometrial cancer in addition to endometrial biopsy (D&C, PAP SMEAR, HYSTEROSCOPY, PUNCH BIOPSY) monitoring, prevention and early treatment of irregular menstrual cycle, diabetic, hypertension, obesity, prolonged intake of OC PILLS, Oestrogen & Tamoxifen tab. etc are found to be very significant.

Patients with ovarian cancer are always came in late with indigestion, malaise & weight loss and pelvic mass. Those considered to be at high risk group (family history, prolonged exposure to estrogen or HRT therapy, nulliparous, or late menopause) should be screened for (1) USG/CT SCAN/MRI (2) CA 125 blood test after 35 years of age whereas those with family history of ovarian cancer should be screened for BRCA I & BRCA II tumour suppressor genes & pelvic USG & CA 125 blood tests from <30 years of age.

Breast cancer can be prevented when a woman at gynae clinic with a breast complaint after exclusion of infection, trauma and other benign disease, CBE, Mammogram, USG, U/S guided core biopsy and open biopsy is to be done, assessment of breast cancer risks may be modified by other factors, including prolonged

exposure to estrogens (Endogenous or Exogenous), family history, and (in 5%-10% of women) specific inherited mutations, such as BRCA I or BRCA II.

Management options for women considered to be at high risk for developing breast cancer includes – Bimanual breast examination, Annual mammogram, Annual breast MRI, Tamoxifen 20mg daily for 5 years (after excluding endometrial cancer) (Reduce breast cancer – 50%), Bilateral prophylactic mastectomy with or without reconstruction (Reduce breast cancer – 98%)

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