

DO NOT FORGET TO EXAMINEE THE BREASTS A PLEA TO MY GYNECOLOGISTS COLLEAGUES

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"I had just returned from taking my children to lunch one day when, by absolute chance, I felt it. Whether through woman's intuition or because of my professional training, I knew at once what the lump in a woman breast could mean. I checked the lymph nodes under my arm. The swelling I felt there convinced me beyond any doubt. I had to face the terrifying truth. As a gynecologist who had felt many similar masses, I recognized the likelihood that this was a malignancy. Clinical tests confirmed the worst; it was breast cancer and it was an advanced stage. As if that is not enough it was one of the most aggressive type, with poorly differentiated cells and Cerb-B2 : 2+.

The statistics for late detection flashed through my mind with deadly clarity.....there could surely be only one outcome.

As a women, mother and physician, I began the journey. In this journey, I discovered many things.

I just hope, by sharing, some of what I have learned I may help my colleague Gynecologic doctors to appreciate our roles as health providers dealing with women's and breast cancer.

According to the National Cancer Registry (NCR) of Saudi Arabia which is a population-based registry developed in 1992, breast cancer is the most common cancer, ranked first among females and it accounted for 19.9% of all newly diagnosed female cancers (2,741). The ASR (Age-Standardized Rate) was 11.8/100,000 for female population⁽¹⁻³⁾.

World wide statistics confirm that cancer of the breast is

the most common cancer in the world among women. The estimated number of cases diagnosed in 2000 was 1,050,346. Fifty-five point tow percent (55.2%) were in more developed countries. The disease in Saudi Arabia is different from many industrialized countries in that it presents at an earlier age. Approximately more than a decade younger than their American counterparts, and in advanced stages^(4,5).

The fact, a rather frustrating one, is that successful treatment i.e. the cure, of breast cancer depends heavily on early detection⁽⁶⁾. Paramount to early detection is an organized screening programme including self breast examination, clinical breast exams (CBEs) and most importantly mammography.

In many countries particularly developing ones –such as in our country- gynecologists plays the role of the women "primary health care" physician. They are in a unique position to deal with women throughout most of their life stages. Some, not many, women may seek premarital checkup, but a large proportion come for common gynecological problems of reproductive age. The majority however are seen when pregnant and after delivery for postnatal checkup. Problems of the premenopausal years and early menopause are another opportunity for health check up. Beyond that, in advanced postmenopausal years, few women may report for gynecological checkup.

Hence it is Gynecologists – not family practitioners or surgeons – who can play a major role both in fashioning women's perceptions of screening breast cancer and particularly towards the importance of mammography check up.

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The real problem comes when women's fail to recognize the importance of early detection in improving chances of survival. In one study, more than 40% of high – risk women reported that the main reason they were not screened was “no reason/never thought about it” or didn't need/know that we need it”. The finding suggest that not only those studied but may others are unaware of their risk. (where is that study)

Another possibility is that health care providers- in such case the woman Gynecologist- may not recognize such risk, or perhaps inaccurately and often inconsistently address or consider risk factors for breast cancer^(7,8). Findings from a nationally representative dataset conservatively suggest an estimated 9.4million women ages 40 to 75 years recently seen by a health care provider have not had a mammogram within 2 years. Twelve percent of these women had increased breast cancer risk, and more than 70% regardless of risk, reported no screening recommendation⁽⁹⁾.

In Saudi Arabia there are a variety of structural, organizational, psychological, and socio cultural barriers that

may preclude women from using breast-screening services. This places an even greater challenge upon the health care system to convince such patients to undergo screening⁽¹⁰⁾. Health education and early screening programmes are important to raise public awareness and modify behavior for early detection of breast cancer. In this respect our role as gynecologist can't be overemphasized. The female breast, being relevant primarily to reproduction, is a “Gynecologic” organ. Hence gynecologists are in the best position to affect early diagnosis of breast cancer at its early stage.

In conclusion as a women and as a patient and most importantly as a Gynecologist I call upon all my colleagues to value our important and critical role in the early detection of breast cancer. By our own awareness and education of our patient we could play an effective role in substantiating a national program to fight forward breast cancer. This is not only important because breasts are emblematic of women identity, or being the prime source of nourishment of our babies, but so not to loose life just because we did not care to spend few more minutes to examine the breasts.

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