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THE PROBLEM OF LATE DETECTION OF BREAST CANCER AMONG NIGERIAN WOMEN: A VIEW FROM THE POSITION OF A FAMILY DOCTOR

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Breast cancer is a malignant tumor of the glandular tissue of the breast. It is the most common form of cancer in the world among women with a incidence rate of 99.4 per 100,000 women aged 13 to 90 years [2]. It is also the second most common cancer after lung cancer. Breast cancer is one of the most common cancer diagnosed in Nigeria. Breast cancer can be seen in women of all age but in recent days, it has been found to be more common among young people. It can be seen in every 12–15 women in Nigeria. Breast cancer is also one of the major cause of death among women; others include heart disease, diabetes mellitus etc.

Cancer mortality can be significantly reduced if it is detected at an early stage, and at the same time, timely treatment is carried out, but many cases of preventable deaths are due to a lack of available technology for screening, diagnosing and treating cancer diseases [2].

Early diagnosis of cancer improves treatment outcome, but many patients in low-income countries do not have access to laboratory, pathological, radiological or other diagnostic methods of early diagnosis [2]. For this reason, in most patients in developing countries, malignant neoplasms are detected at a late, incurable stage.

From the standpoint of family medicine, prevention, early detection, diagnosis, and rehabilitation of women with breast cancer are an urgent problem, especially in developing countries.

In diagnosing breast cancer, mammogram is one of the best technologies currently used. It detects abnormalities easily and is also an easy way to identify the cancer cells early. Mammography is considered the gold standard. The World Health Organization states that every woman from age 40 must have her mammography once a year. Although mammography is not recommended as a first diagnostic method in patients under the age of 40 years. Ultrasound is an adjunctive examination for mammography. Ultrasound uses sound waves to make detailed pictures called sonograms, of areas inside the breast. Others diagnostic tools are Magnetic Resonance Imaging and biopsy. Mammography and ultrasound examination of the breast are the main in the arsenal of a family doctor in terms of timely diagnosis of breast cancer. Considering the demographic, economic and social indicators of developing countries, including Nigeria, one can note the lack of access of the population to basic, safe, high quality, affordable and effective health technologies and, accordingly, incomplete universal health coverage of the population. At-the-site cancer diagnostics enable disease detection and monitoring at the primary health care level, and is especially useful in situations where patients would have to travel long distances to reach medical institutions with a well-equipped laboratory. Improving access to healthcare products is key to ensuring timely prevention of breast cancer.

The aim is to evaluate the epidemiology, demographic characteristics and state of awareness and problems contributing to delays in diagnosis of breast cancer among Nigerian women.

Materials and Methods. The basis for our study were the results of a multi-disciplinary population-based case-control study of breast cancer which was conducted in 2016 year in two areas of Nigeria: Ekiti and Lagos [1]. We evaluated a demographic and histopathology characteristic women and analyzed links between their education, awareness of breast cancer and related measures for its detection, the availability of visits to the family doctor (including distance), social status, level of material wealth, stage of the disease at the time of detection of pathology. All study patients were interviewed in person using a detailed questionnaire that focused on established breast cancer risk factors. They are medical history, family history of breast cancer, occupational history, demographic factors, reproductive characteristics, anthropometric data and physical activity, other collected factors that could result in presentation delays like from whom they usually sought health care are how often they visited these facilities, types of traditional medications used, travel time from their home to where they seek health care, difficulties of hardships they face when seeking health care. Those women who were recruited as possible breast cancer cases were asked additional questions regarding when they first noticed a breast problem, the type of problems, when they first sought help and who they first saw for help or treatment.

Results. A majority of patients diagnosed with malignant breast cancers were under 50 years of age. The vast majority of women surveyed were from areas within restricted travel times from the study hospitals. 86.7% of women had measurable masses in biopsies result. The most common presenting symptom was a lump or mass, although some patients also presented with pain or tenderness or change in breast size. Other symptoms like skin dimpling, skin ulcerations or rashes were less commonly represented. One of the major predictors of risk was low education, with subjects having no formal education or merely some primary school compared to those with senior secondary/vocational/ university education. Single patients were not at

increased risk in contrast to currently married women. Also due to lack of funds some women visited traditional healers for treatment after symptoms started while some visited other provider, frequency of visits to a doctor or nurse, travel times to get to a health facility.

Conclusion. The majority of patient lacks awareness when it comes to diagnosing a cancer and thus, education is clearly an important component of breast cancer prevention. Therefore, family doctors, first of all, should carry out primary, secondary prevention and screening among this category of women - on less educated women to provide them with knowledge regarding the causes of breast cancer, the risk factors, the symptoms and the timely treatment in order to avoid further complications. The cost is also a potential limiting factor for many Nigerian women, especially in rural areas.

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