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DIAGNOSTIC EXAMINATION METHODS IN WOMEN WITH BREAST CANCER

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Abstract
Every year, approximately 1.38 million women are diagnosed with breast cancer, and more than 500,000 die from the disease (IARC, Globocan, 2012). Breast cancer is currently the most common malignant disease among women in both developed and developing countries worldwide. While prevention can reduce some risk factors, such strategies do not prevent the majority of breast cancer cases in low- and middle-income countries, where the disease is often diagnosed at very late stages. The incidence rate is widespread globally, with age-standardized rates of 99.4 per 100,000 people in North America. In Eastern Europe, South America, South Africa, and Western Asia, the incidence is relatively low, but a recent increase has been observed.

Keywords: Breast cancer, old age, adjuvant therapy.

Introduction

Breast Cancer Diagnostic Examination Methods

International literature analysis shows that among patients with malignant tumors worldwide, men have a higher incidence rate compared to women. European registries reveal that among 20 major malignant diseases, men constitute 55% and women 45%. According to official statistics from Russia, in the past 20 years, the incidence of cancer in men has increased to 334.5 per 100,000, while in women, it has reached 325.2, with an annual growth rate of 1.5-1.8%. The incidence and mortality rates of breast cancer are rising worldwide, underscoring the need for early diagnosis, treatment, risk factor management, prognostic criteria development, and effective preventive strategies. In developed countries, screening programs and timely treatment have led to a decrease in the incidence and mortality rates of the disease over the past two decades.

In underdeveloped countries, lower survival rates are mainly associated with a lack of early detection programs, leading to a higher frequency of diagnosis at later stages of the disease, as well as the absence of necessary diagnostic equipment and treatment resources. Having a family history of breast cancer increases the risk of the disease by two to three times. Certain mutations, particularly in BRCA1, BRCA2, and p53 genes, increase the risk of breast cancer, although such mutations are rare and account for no more than 5-12% of all cases.

The primary strategy for improving treatment outcomes and survival is early detection. For instance, the American Cancer Society recommends starting screening at age 40, which includes annual mammograms and clinical breast exams. The ACS also advises older women to continue mammograms as long as their health permits.

The most effective screening strategy for breast cancer involves multiple mammograms over an extended period. Eight international prospective clinical studies have shown a 20-30% reduction

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in mortality from breast cancer for women aged 50-70, with three of these studies being statistically significant. The positive effect of screening has been proven for the 40-75 age group, where the mortality risk from other causes is 20 times higher than that from breast cancer.

In several European countries, the upper age limit for mammographic screening is set at 75 years. A meta-analysis of Scandinavian studies from 1966 to 1993 showed that annual mammograms for women aged 50-74 reduced breast cancer mortality by approximately 26%. Furthermore, some studies indicate that mammography screening in the oldest groups does not reduce mortality but may reduce local complications (relapses, swelling, etc.), which is especially important for patients in this age group.

For women older than 75, the American Cancer Society recommends only physical exams, as the density of the breast decreases with age, making it easier to detect lumps and other signs of cancer. For elderly women, painless lumps in the breast, swelling of the areola, thickening of the skin, and various discharges from the nipple can be initial signs of cancer.

The promotion of screening programs and mechanisms to combat breast cancer is a primary strategy in the fight against this disease. Regardless of the method of early detection, successful identification of breast cancer requires well-planned and coordinated programs focused on the relevant population groups, with the aim of ensuring continuity and quality.

Clinical Diagnosis: Clinical diagnosis is based on general and local examination, subjective complaints, medical history, and the results of clinical and instrumental studies. The specificity of the pathology under investigation highlights the importance of mammography, ultrasound examination of the breast and pelvic organs, and laboratory research methods. Physical examinations and palpation of the breasts were conducted on all patients in both standing and lying positions.

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