



TASMIA TAHMID
BREAST CARE

Saturday, August 28, 2010

Star Health

Am I at risk of getting breast cancer?



Dr Tasmia Tahmid

Certain risk factors increase your chance of developing breast cancer. Check on the following points to assess whether you can be at risk. This is very helpful for early diagnosis of breast cancer.

Family history of breast cancer

It is thought that up to 5% of all breast cancers are inherited owing to the presence of abnormal genes. These genes are passed on from mother to daughter, so having a first-degree relative (such as a sister or mother) with breast cancer will increase your chance of developing the disease.

Also, if a male relative (uncle, father) had prostate cancer, your chance of getting breast cancer will raise.

Cancer of the other breast also increases the likelihood of breast cancer in the remaining breast.



TASMIA TAHMID BREAST CARE

Hormonal risk factors

* Starting periods before the age of 11 years

* **Later pregnancy** — first full term pregnancy after 35 increases breast cancer risk

* **Later menopause** — after 53 increases risk

* **Oral contraceptive pill:** Oral contraceptive pill that contains oestrogen within the previous 10 years slightly increases the chance of developing breast cancer. The greater the oestrogen-content in the pill, the higher the risk of developing breast cancer.

* **Hormone Replacement Therapy (HRT):** Taking HRT after the menopause seems to increase the risk of developing breast cancer, especially if it is continued for more than 10 years.

Lifestyle risk factors

Obesity: Obesity after the menopause increases the risk of breast cancer in women, whereas obesity before the menopause seems to reduce breast cancer risk. In post-menopausal women the body fat is the main source of oestrogen production; so obese women will have more oestrogen on board, thus increasing their breast cancer risk.

Diet: The research studies looking at the issue of diet and breast cancer show conflicting results. However, it is thought that a high intake of saturated animal fats and red meat (especially if overcooked) increases the risk of developing breast cancer, whereas diets high in fibre and vitamins (A, C and E), such as fresh fruits and vegetables, decrease the risk. It is also thought that fish and green tea reduce the risk of breast cancer.

Other risk factors

Previous benign breast biopsy: If your breast biopsy showed, certain microscopic features of a risk lesion, may be associated with a higher risk. For example, the risk is increased by 4-5 times if a condition known as atypical epithelial hyperplasia is found in the breast biopsy.

Environment: Research showed number of women from Eastern world affected with breast cancer, after moving to Western world is increasing.

The breast awareness 5-point code

1. Know what is normal for you
2. Know what changes to look and feel for
3. Look and feel
4. Report any changes to your breast specialist without delay
5. Attend routine breast screening if you are aged 40 or over

The writer is the Lead Breast Surgeon of United Hospital, Dhaka



**TASMIA TAHMID
BREAST CARE**

Saturday, December 11, 2010

Star Health

Paget's disease of nipple — a form of breast cancer



Dr Tasmia Tahmid

Paget's disease of nipple is a special type of breast cancer, which is not very common. However, it is the one which can be misdiagnosed easily. It is frequently thought to be a skin inflammation or infection, leading to unfortunate delays in detection and care.

I have seen few patients in Dhaka who had their treatment as nipple eczema for certain length of time and eventually searched for help, as the treatment for eczema did not help at all, instead got worse. After doing punch biopsy of nipple, diagnosis was confirmed as Paget's disease of nipple with underlying invasive breast cancer and had mastectomy (removal of whole breast)!

What is it?

It is an eczema-like change in the skin of the nipple, and 9 out of 10 women who have it have an underlying breast cancer. The underlying breast cancer may be an invasive breast cancer or ductal carcinoma in situ (DCIS). In DCIS, the cancer cells are completely contained within the milk ducts. It is seen in 1-4% of cases of female breast cancer.

How does it present?

* Presents as chronic eczematous change of the nipple with itching, erythema, scale formation, erosions, nipple discharge including bleeding



TASMIA TAHMID BREAST CARE

* Underlying palpable breast lump (usually indicates an invasive nature).

Investigations

* Punch Biopsy of nipple with immuno-histochemistry and special stains

* Investigation of breast lump if palpable

* Investigations looking for underlying malignancy if no lump palpable, e.g. mammography or MRI (may be more useful) and core biopsy.

Management

The treatment of Paget's disease of the breast will depend on:

* whether or not there is an underlying breast cancer

* whether it is DCIS or an invasive tumour

* how much of the breast is affected.

Surgery

Surgery is the main treatment for Paget's disease. This may involve an operation to remove all of the breast (a mastectomy) or an operation to remove the affected area of breast, including the nipple and areola, and some surrounding normal breast tissue (breast-conserving surgery). Some of the lymph nodes in the underarm may also be removed.

A mastectomy may be recommended if the cancer is affecting a wide area. It may be possible to have breast reconstruction at the same time as a mastectomy or as a second operation some months later.

Some people don't need any further treatment after surgery. Others may need radiotherapy, hormonal therapy or chemotherapy and or immuno-therapy. These treatments may be given separately or together.

Prognosis

Paget's disease of the breast is associated with a poor prognosis, which is worse if the lesion is associated with an underlying palpable mass.

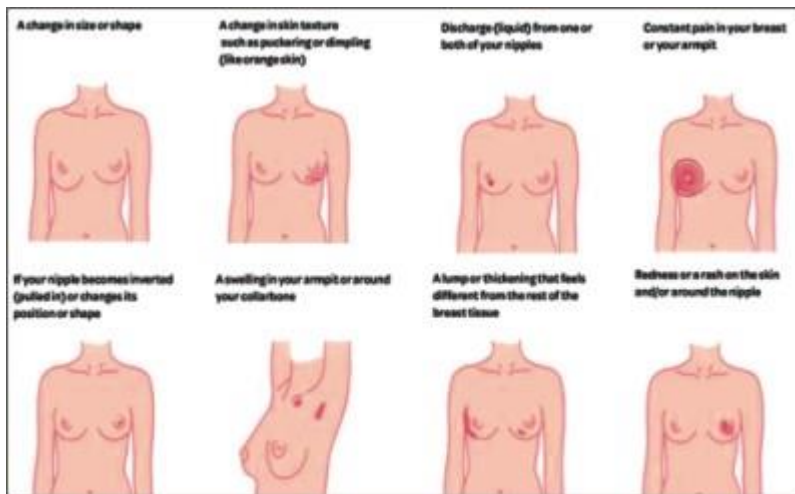
The writer is the Lead Breast Surgeon of United Hospital, Dhaka. E-mail: tasmiahmid@aol.com



Saturday, July 17, 2010

Star Health

Know the alarming changes of breast



Dr Tasmia Tahmid

Breasts change constantly throughout the life from puberty, through adolescence, the childbearing years, and after the menopause. Some changes are considered normal whether some may be a sign of diseases. Knowing the sign can help you from distinguishing between diseases and normal one. Here are some points noted to illustrate the changes — normal and abnormal.

Before a period

From puberty onwards female hormone named oestrogen and progesterone are responsible for the changes you may notice in your breasts just before your period. The breasts may feel heavier and fuller. They may also be tender or lumpy. After a period this lumpiness becomes less obvious or may disappear altogether, although some women have tender, lumpy breasts all the time. Many women also have breast pain linked to their menstrual cycle (cyclical breast pain).

<>

Breast changes can be an early sign of being pregnant. Many women feel a change in sensation in their breasts such as tingling and soreness (particularly of the nipples). This is due to increased levels of progesterone and the growth of the milk ducts.

When breastfeeding

Large amount of milk are produced to breastfeed a newborn baby, and the breasts can change size many times a day according to the baby's feeding pattern. Nipples can sometimes become sore and cracked, but this generally gets better over time. When breastfeeding stops, the breasts gradually go back to how they were before pregnancy, although they may be of different size and less firm than before.

The alarming changes

These are the changes to every woman should look for and if there is in any doubt, get medical advice:

* A lump or thickening which is different to the rest of the breast tissue



TASMIA TAHMID BREAST CARE

- * Continuous pain in one part of the breast or armpit

- * One breast becomes larger or lower

- * A nipple becomes inverted or changes shape or position

- * Skin changes including puckering or dimpling

- * Swelling under the armpit or around the collarbone

- * A rash on or around the nipple

- * Discharge from one or both nipples

The writer is Lead Breast Surgeon at United Hospital, Dhaka. She is also the member of British Association of Surgical Oncology (BASO) and Association of Breast Surgeons of Britain (ABS). E-mail: tasmiahmid@aol.com



**TASMIA TAHMID
BREAST CARE**

Saturday, October 16, 2010

Star Health

Triple assessment is crucial to confirm breast cancer



Dr Tasmia Tahmid

Breast cancer can be sudden and dreadful nightmare for any woman's life. Many of Bangladeshi women are diagnosed with breast cancer at an advanced stage. However — proper assessment with physical examination, imaging and tissue examination called biopsy — the triple assessment leads to early diagnosis, easier management and more successful treatment for breast cancer.

Every year, October is observed as the breast cancer awareness month with a view to creating awareness regarding symptoms, risk and screening procedure. Noticing a change in your breasts, reaching a landmark age and having a baby are all situations that may prompt you to think about breast health. If you notice a breast lump, do not get scared. Most lumps in the breast are actually non-cancerous. You need to consult with a physician to evaluate the lump.

Triple assessment comprises clinical examination, imaging investigations and biopsy evaluation, will enable a confident diagnosis in 95 percent of patients with suspected breast cancer.

Clinical examination is an essential first step in the diagnosis of the problem. This procedure can help the doctor in establishing whether s/he thinks something is innocent or suspicious.

Imaging consists of a mammogram, ultrasound or MRI. Biopsy — a sample of your breast tissue is removed and sent to a laboratory for testing to determine whether the cells are cancerous (malignant) or non-cancerous (benign). There are several different biopsy procedures including fine needle aspiration, core biopsy, vacuum assisted core biopsy and open biopsy. Your doctor will explain which procedure is most suitable for you.

The results of the triple assessment can help the doctor concerned decide whether you need any further treatment or breast surgery.

The writer is the Lead Breast Surgeon of United Hospital, Dhaka. E-mail: tasmiahtahmid@aol.com



**TASMIA TAHMID
BREAST CARE**

Dealing with breast pain

The DailyStar / [Star Health](#) : 09/06/2012



Breast pain is not worrying generally. Almost all women experience breast pain at some stage of their womanhood. Most commonly it is associated with periods. The pain is often mild but in some women, it may be severe enough to affect the quality of life. With simple measures and identifying the proper cause, women can manage such common pain quite effectively.

Breast pain, most commonly is cyclical that means it comes 1-2 weeks before period. It can first occur at any age after periods start, but most commonly first develops between the ages of 30 and 50 years. The 3-5 days prior to a period are usually the worst.

The pain usually eases soon after a period starts. Typically, the pain affects both breasts. After proper diagnosis by a doctor, women should be reassured that cyclical breast pain is not a symptom of serious breast disease like cancer. The problem may settle by itself within 3-6 months or may come and go over the years.

Treatment is not usually necessary in mild cases. If the pain is severe, or for the times when it may flare up worse than usual, treatment options include support the breasts with a well fitted bra, painkillers, topical pain medication and some other drugs depending on the condition.

Breast pain can also be non-cyclical that means it does not follow any regular pattern. It may radiate to back, arms and under rib-cage. Women sometimes describe it as a burning pain, which is not constant. This type of breast pain is not related to periods and is most common in women aged over 40.

The pain may be in just one breast, and may be localised to one area in a breast. The pain may be caused by infections such as tuberculosis, syphilis, and histoplasmosis as well as a foreign-body granuloma, sarcoidosis, Wegeners granulomatosis, giant cell arteritis and polyarteritis nodosa. The incidence of tuberculosis, in general, is still quite high in South East Asia and often overlooked and misdiagnosed as carcinoma or pyogenic abscess.



TASMIA TAHMID BREAST CARE

Pain also may radiate from the chest wall. Breast cancer is a very uncommon cause of breast pain. The first symptom of breast cancer is usually a painless lump. Pain is not usually an early symptom.

However, even though breast pain is not likely to be caused by cancer, you should see a doctor if you have any concerns about breast pain or any other breast symptoms.

The write up is compiled by Dr Tasmia Tahmid, a Breast Surgeon. E-mail: tasmiatahmid@aol.com

Saturday, October 13, 2012

Star Health

Breast cancer care in Bangladesh needs radical change



Regular self examination is the best way of early detection of breast cancer
Dr Tasmia Tahmid

It is estimated that one in fourteen women will be diagnosed with breast cancer at some point in their lives with incidence projected to rise in South-East Asia. Current service provision in our practices lack screening, diagnosis and treatment option delivery to patients in appropriate manner.

Outcomes for Bangladeshi Breast cancer patients are worse than India, Thailand, Singapore, Malaysia. Reasons for this include poor communication between professionals in different care settings, and inadequate planning and coordination of care between specialists. The establishment of networks, stressing the importance of multi-disciplinary consultations and management and to recognise the importance of collecting high quality, comprehensive cancer registration data are essential for delivering a quality cancer care.

We need to set out a vision to improve cancer services to become and stay comparable with other countries with a programme of investment and service improvement. Significant resources need to be allocated to improving standards. More need to be done to ensure our cancer services become trustworthy in the world.

Providing world-class services across the whole of Bangladesh, and to address the existing inequalities between centres to centres and doctors to doctors require radical change with the support from everybody.



TASMIA TAHMID BREAST CARE

Over the next 20 years, the cancer burden will increase. Cancer incidence, prevalence and mortality will variably change due to many reasons. The earlier cancer is diagnosed and treated, the greater the likelihood of survival, meaning earlier diagnosis has the potential to save lives.

Primary care has limited diagnostic facilities to exclude a diagnosis of cancer and there are no clear protocols for acting on the receipt of abnormal results in secondary care. Screening makes an important contribution to the early diagnosis of breast cancers. For example, over a third of breast cancer cases are detected through the breast screening programme in London.

Drivers for changes are enhancement of multidisciplinary work and developments in imaging facilities. Improving cancer treatments will demand increasing sub-specialisation in many areas. These include medical and clinical oncology, using new surgical techniques, imaging, histopathology and the use of increasingly sophisticated technologies. This will require hospitals to employ more appropriately highly trained clinical staff.

The delivery of world-class cancer care is dependent on factors beyond excellence in clinical service delivery. Evidence from the top cancer centres in the world indicates that research and development, teaching and training need to be embedded in service delivery. The future sustainability of world-class cancer care in Bangladesh depends on harnessing these synergies.

The writer is a Breast Surgeon.

E-mail: tasmiatahmid@aol.com