

- Given for cancer treatment by mouth or via a vein, requiring direct supervision by a specialist in cancer treatment (oncologist).
- Can be given before operation to shrink cancer and enable operation to successfully remove cancer or after breast cancer operation to prevent cancer from coming back or given on its own
- Treats disease that has spread

Radiotherapy

Avery strong type of X-Rays requiring special equipment not available in Malawi.

- Used after operation part or total breast removal.
- Given to spare the breast (Lumpectomy). In this case results are the same as total breast removal (Mastectomy)
- Treats advanced breast cancer that can not be operated, or disease that has come back or spread to another site e.g. bone and is causing pain.

Tamoxifen

- A dug given usually after chemotherapy.
- Given to those whose tumours have

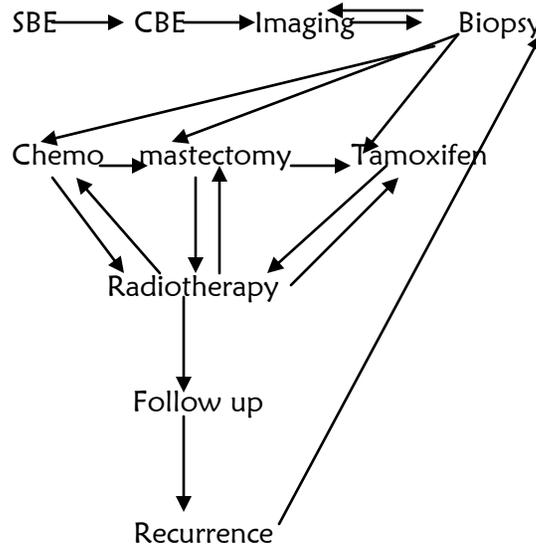
- It's given as a daily tablet for 5 yrs
- It prevents breast cancer from coming back on the chest wall or else where

Herceptin

- A newer drug that is too expensive but beneficial to some cancer patients

How does the treatment pathway look like?

- Patients may require 3-5 treatments.
- In Malawi almost all breast cancer patients will require chemotherapy and most also radiotherapy



Remember: Monthly Self Breast Examination!

Did you know...that most breast cancer cases present late? What are you doing about it?

Breast Cancer
<p>For More info contact; Cancer Association of Malawi</p> <p>Leo Masamba: leomasamba@yahoo.co.uk Dina Kamowa: dntkamowa@yahoo.com Tamara Chipasula:tamarachipasula@hotmail.com</p>

What is Breast Cancer?

- Abnormal growth from breast that destroys a breast
- If untreated spreads to other organs and causes death
- Can affect both men and women

How big is the problem?

- Commonest cancer worldwide
- 3rd commonest in Malawi among females
- Also affects young patients as young as 20 yrs.
- Most people go to hospital late, though number of reported cases are not known in Malawi
- Most women and men do not examine themselves
- Some health-workers ignore breast lumps that may be cancerous, resulting in late diagnosis

What are the risk factors?

The following are the things that put one at a higher risk of developing breast cancer:

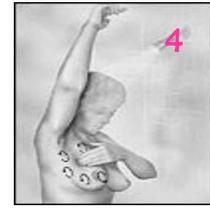
- Menstrual Pattern: early menstruation (early menarche) or late menopause
- Family History of Breast Cancer: if direct relative had breast cancer before 35 yrs
- Hormonal Replacement Therapy (HRT) for hot flashes
- Having 1st child after age of 35 yrs
- Nulliparity: women who live their life span without bearing children e.g. Nuns

How do I prevent it?

- Plan 1st child before age of 35yrs
- Avoid HRT without thorough breast assessment and surveillance through routine examination
- Monthly self breast examination. (SBE)
- clinical breast examination (CBE) every 6 months by a qualified health worker
- Go for Mammogram (available at Mwaiwathu) for those that can afford

How do I conduct self breast examination?

Follow these steps in the picture:



What treatment is available?

Surgery

- **Biopsy:** takes a piece of the breast to be examined by a specialist (Pathologist) to confirm cancer
- **Lumpectomy:** removal of cancerous lump in the breast (if radiotherapy is not given, this operation is inadequate as cancer will come back)
- **Mastectomy:** removal of breast and usually with nodes in the arm pit
- **Breast reconstruction:** to give shape to a breast site that was operated

Chemotherapy:

- This is a group of very strong drugs