

PINK OCTOBER: PREVENTION MONTH FOR FEMALE BREAST CANCER DESCRIPTION AND SITUATION IN ORAN

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Abstract

Among the most frequent cancers, female breast cancer is counted. This trend is observed at a universal level, in both developed and developing countries. It is the cancer most familiar in a society, because of its frequency and its incidence which keeps increasing. Cancer registries in Algeria rank the disease first at women with an often advanced stage of diagnosis. It ranks in second after lung cancer at men. It is one of the leading causes of female mortality. It is the most common gynecological location. In Oran, in 2017, it was in first position with a frequency of 51.7% of all cancers and mainly affects young women.

The prognosis of the latter is dominated by the risk of metastases. At the time of diagnosis, a good number of patients are already in the late stage in a patent or subclinical way whose aim of chemotherapy is to fight against this subclinical diffusion.

The month of October, with its famous pink ribbon, is a month chosen for prevention against breast cancer, the initiative for which comes to Mrs Evelyn H. Lauder, a celebrity in the cosmetics world, accompanied by the Breast Research foundation and breast cancer. She created the pink ribbon, recognized today as the international symbol of the awareness campaign on the importance of early detection of breast cancer.

Our goal is to extol this initiative to declare a pink month for the prevention and fight against breast cancer by recalling the history of the month of Pink October, the month dedicated to the fight against

breast cancer by putting the focus on breast cancer in Oran* Algeria by the description of its characteristics.

Keyword: breast; cancer; october rose; Oran, Algeria

1.INTRODUCTION

Among the most common cancers, is female breast cancer. This trend is observed at a level universal, in both developed and developing countries. He is the most cancer familiar in a society, due to its frequency, knowing that each person has been or is affected, directly or indirectly, by the disease. Cancer registries in Algeria rank the disease first among women whose diagnosis is often advanced (1, 2). It is the most common cancer in women; it comes second after lung cancer in humans. It is one of the main causes of female mortality. It is the most found and the most found gynecological topography. In Algeria, and more particularly in the west, it alone accounts for more than 50% of all female locations. In Oran, breast cancer is in first position with a frequency of 51.7% of all cancers and mainly affects young women (3).

The prognosis of the latter is dominated by the risk of metastases. At the time of diagnosis, a large number of patients are already in the advanced stage, either patent or subclinical, the objective being to combat this subclinical spread.

October, with its famous pink ribbon, is a month chosen for prevention against breast cancer.

2.HOW WAS BORN?



The initiative goes to Mrs Evelyn H. Lauder, a celebrity in the world of cosmetics, accompanied by the Breast Research foundation and suffering from breast cancer. She created the pink ribbon, recognized today as the international symbol of the awareness campaign on the importance of early detection of breast cancer with the aim of funding research and raising awareness about the disease. Thanks to her, October has become an annual event around the world. Since, this idea has been popular mobilization (4).

2.1. Historical

- In 1985, a partnership between the American Cancer Society and the company Imperial Chemical Industries launched a campaign to raise awareness of breast cancer screening and promote mammography.
- In 1992, Alexandra Penney, editor-in-chief of the journal self, devoted to women's health, offers a special issue "Breast Cancer". Evelyn Lauder, vice-president of the cosmetic company Estée Lauder and breast cancer survivor, is invited to be the editor of this special issue. Thus, the international community has decreed, October, a month of fight against breast cancer, with the aim of accelerating early detection for rapid treatment.
- In 1993, Mrs Lauder decided to help the greatest medical and scientific researchers on the planet and created the Breast Cancer Research Foundation (BCRF) to support innovation in clinical and genetic research.
- In 1994, Estée Lauder France and Marie-Claire magazine decided to engage together in the fight against breast cancer, which prompted the creation of the association "Breast Cancer, let's talk about it!«
- Since 2004, the Pink Ribbon awards set up by the association for the financial support of research against breast cancer.
- On November-12-2011, Evelyn Lauder died. The association "Breast Cancer, Let's talk about it!" continue the fight (4).

Algeria, strongly affected by the scourge, adheres and each year several scientific and other events, on the initiative of several associations are recorded.

2.2. the story of the pink ribbon



The ribbon symbol has been known since 1979 and the American Penney Laingen is the first woman to use it. Each morning and to keep to her combat engagement, she hung yellow ribbons on the trees to demand the release of her husband who was held hostage in Iran. Since that date, the ribbon has been taken as a symbol of combat and is taken for several diseases.

In 1992, Alexandra Penney, editor of Self magazine, imagined a pink ribbon to designate the fight against breast cancer and asked the company Estée Lauder to distribute it in its New York stores. The color "pink 150" chosen by the company Estée Lauder is, "one of the best-selling colors" at Offray, the largest ribbon company in the world. It is a feminine color, soft, cheerful and which evokes good health, all that this cancer is not ", approved by the association Breast Cancer Action which militates against breast cancer.

3.WHY BREAST CANCER?

The peculiarity of the disease is that it tests body image, femininity, sexuality and familiarity. This cancer requires special attention on all levels: epidemiological, diagnostic, social and psychological, preventive and economic.

3.1. Epidemiologically

In 2015, 54062 new cases of cancer were registered and breast cancer was the most common in women with an SIT = 94.7 / 100,000 women (5). It is the second cancer (all locations combined), found after lung cancer.

In Algeria, the annual study of data from cancer registers makes it possible to present the epidemiological profile of cancer. In Oran, according to data from the network of registers in western Algeria, breast cancer is the most frequent and constitutes an epidemiological emergency. Its frequency and incidence are constantly increasing. They are three times more important than cervical cancer. Currently, almost 50% of cancers in women are gynecological cancers. It is the most common cancer

among women (56.2%). It is one of the first causes of mortality which is important and remains unknown in our population (1,3,6,7). This increase in cancer cases may be linked to the epidemiological transition marked by the demographic start, the change in lifestyles with the country's economic transition and the effect of the environment (1-2).

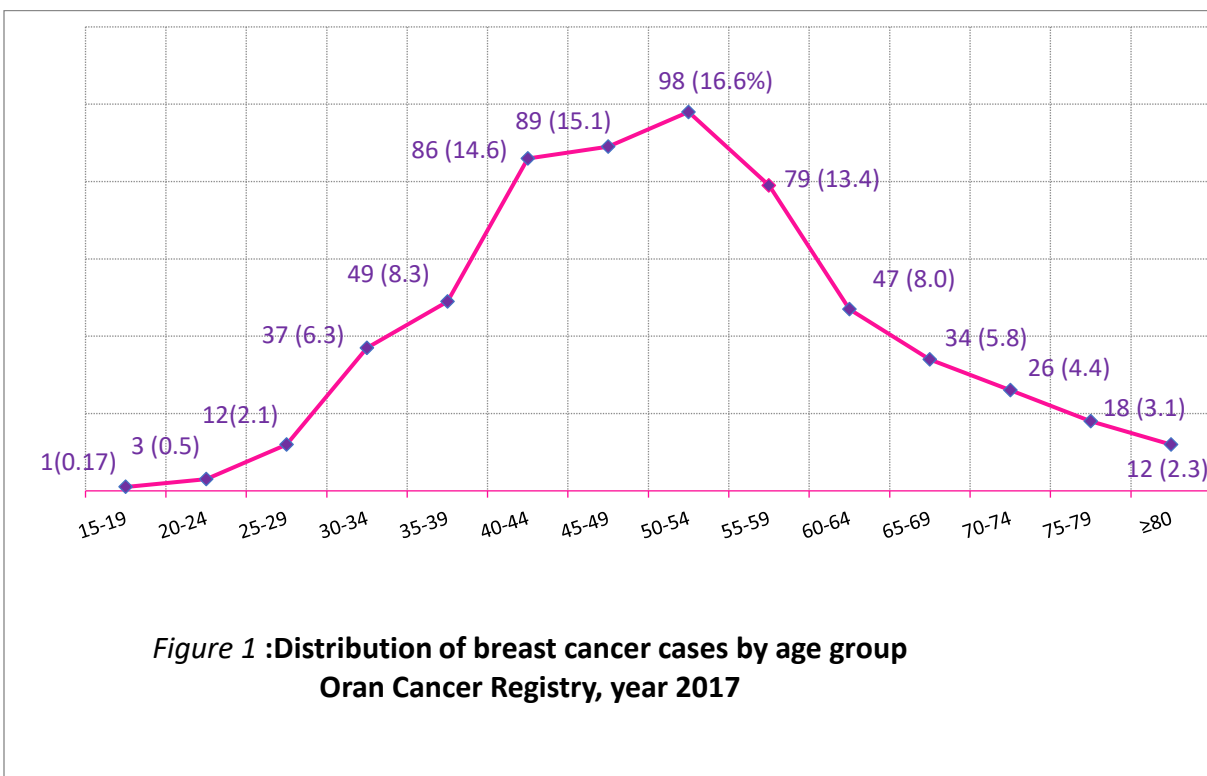
To date, the causes of breast cancer are unclear. Its origin is multifactorial. Several risk factors are cited in the literature.

It is hormone-dependent cancer and the risk of developing it increases with age (figure1) which is the most important risk factor for breast cancer. The monotonic incidence curve increases from 30 to 70 years. However, there are breast cancers occurring before the age of 50, it is among these cancers that the frequency of a chromosomal mutation of the BRCA1 or

BRCA2 type is most frequent. Young age in itself seems to be a negative prognostic factor with an increased risk of local recurrence and reduced overall survival (1-9).

3.2. At the diagnostic and therapeutic level

Breast cancer occurs, especially, in young women. The maximum is reached at 47 years (figure 1). According to studies, a "young" woman corresponds to a woman under 35, under 40, or even just pre-menopausal. Theoretically, breast cancer in women under 35 is a rare problem. The proportion of women affected before the age of 30 is estimated at 1%, and 6.5% between 30 and 40 years, compared to all breast cancers (1-3). This is not the case in Oran, the frequency of which is 3% before 30 years of age and 14.5% in the age group between 30-40 years (figure1).



According to the results of work carried out in Algeria, most women present at an advanced stage of the disease. The diagnosis is made at a late stage of the tumor (5-10). At this time, many patients are already in

the clinical stage. This exposes the woman to radical treatment with more complicated medical treatment and follow-up, associated with a reduction in survival. This situation is the consequence of several facts; either on the part of the ill women or by delay in treatment which can also be linked to multiple causes.

From the ill women

- For fear of illness: it is known that the word cancer means "death". Several women, after the announcement of the diagnosis, disappear and do not return until after an even more advanced stage (pictures, table 1).
- -Rejection of radical treatment: most patients (especially young) refuse mastectomy. The breast is

an organ present in a woman's life. His loss damages him.

- -The use of traditional treatment which is becoming a common social phenomenon these days. The ill women flee the disease by approaching these practices in the hope of finding medical refuge. Many women come back with lesions, especially cutaneous, infected and in a complicated state. At this stage, care comes down to cleaning and palliative care.

Table 1 : Photos of patients who present at a very advanced stage of the disease



- -The delay in treatment, which may be due to several factors that can delay treatment: Remote mammography, surgical treatment and radiotherapy appointments, hence an extension of the time between the conservative treatment and radiotherapy. In this case, the radical treatment, mastectomy is essential.
- -The patient's remoteness and the lack of resources are also identified as the main causes of the delay in treatment.

3.3. To social and psychological plan

3.3.1. Mastectomy

He is a mutilating act felt to be a major trauma regardless of the woman's age. It is an "aggressive" treatment whose social repercussions are important knowing that it is known by the society that mastectomy is the systematic treatment in front of a malignant pathology of the breast. Social return (the look of pity) and social disinsertion are generally repudiated. Family disunity has been observed in several couples (9-10).

Mastectomy is the source of anxiety, psychological disorders, social and family disinsertion. He is described as "a serious insult to the personality of the patient".

Table 2 : Photos of women having undergone a mastectomy in the gyneco-obstetrics department year 2017



3.3.2. The Chemotherapy

It is a complementary medical treatment, called an adjuvant, to breast surgery. It can precede it in certain cases; we're talking about neo-adjuvant chemotherapy. Its undesirable effects are numerous and linked to the mode of action of the drugs. Chemotherapy is active on cells that multiply quickly, such as tumor cells, but also cells of the hair, nails, blood, and mucous membranes of the mouth and intestine. They are manifested by a significant loss of hair, by skin lesions, small deformations reaching the nails etc. which causes cosmetic damage

3.4. At the preventive level

The natural history of breast cancer is known. It is detected at an early stage by the mammography. Treatment at this stage gives more benefits than at a late stage. Primary prevention is not yet possible for this type of cancer.

We do not have the necessary data to conduct a cancer control policy due to lack of organization and involvement of health actors or even an organized screening program.

Individual screening or early diagnosis, at the stage of in situ cancer, remains the only preventive weapon that saves the woman and offers them survival with a quality of life.

3.5. Economically

The management of breast cancer is multidisciplinary. All treatments are the responsibility of the state. It implies an additional economic burden. It is also important in the family of a cancer patient. Funding is substantial and depends on the type of treatment provided and the molecules used (1, 2, 9).

4.CONCLUSION

The Algerian woman, especially in the west, seems to pay a heavy price for cancer disease on the various parameters defining cancer pathology (5-10). It is the most common cancer in women. Poor survival is recorded despite the evolution of diagnostic and therapeutic methods. Several factors characterize this frequency and above all affect their follow-up. This situation relates to the epidemiological emergency given the absence of an organized prevention strategy and the advanced stage of diagnosis which are the cause of high mortality. It is time to consider breast cancer as a medical and surgical emergency. The ill woman must be picked up as soon as the diagnosis is announced for adequate and rapid management. It would be interesting, within the framework of the cancer plan, to outline a project for the creation of a senology center with all the characteristics of multidisciplinary care.

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