

## Importance of Breast Self-examination Education in Primary Care: A case Report

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**ABSTRACT:** Breast cancer is in the first position for women among the whole cancer types. However, technological developments especially in the recent years, brought this disease treatable. Early diagnosis provide effective treatment of breast cancer. Regular breast examinations made by women themselves have critical role for the early diagnosis. In this point, it must be noted that breast examination must be done in accordance with the proper procedures. Inappropriate breast examinations could lead to unnecessary suspected thoughts in the individuals and affect the psychological state of the women. From this perspective, in this study, importance of breast self-examination training given training in primary health care were emphasized.

**Keywords:** Breast, cancer, examination, primary care

### I. INTRODUCTION

Breast cancer is an increasing trend all over the world (1). International Cancer Agency especially draws attention to increase of breast cancer. It is stated that incidence of breast cancer in women has raised %20 and the rate of death due to breast cancer has raised %14 compared to previous estimate (2). Breast cancer is the most common cancer and it mostly causes death. Moreover, in the world one in four cancer women is the patient of breast cancer. According to International Cancer Agency, incidence of breast cancer is higher in developed countries than developing countries, and the death rate is lower in developed countries than developing countries. It is because of the reason that women, living in an underdeveloped countries, have difficulties to get diagnosis, screening, and treatment of breast cancer.

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Breast cancer is one of the most common cancer and it is in an increasing trend in our country (3). Turkey Public Health Institute Headship of Cancer Department has pioneered in the process of struggle against cancer furthermore, it is the authorized institute in the primary health care step.

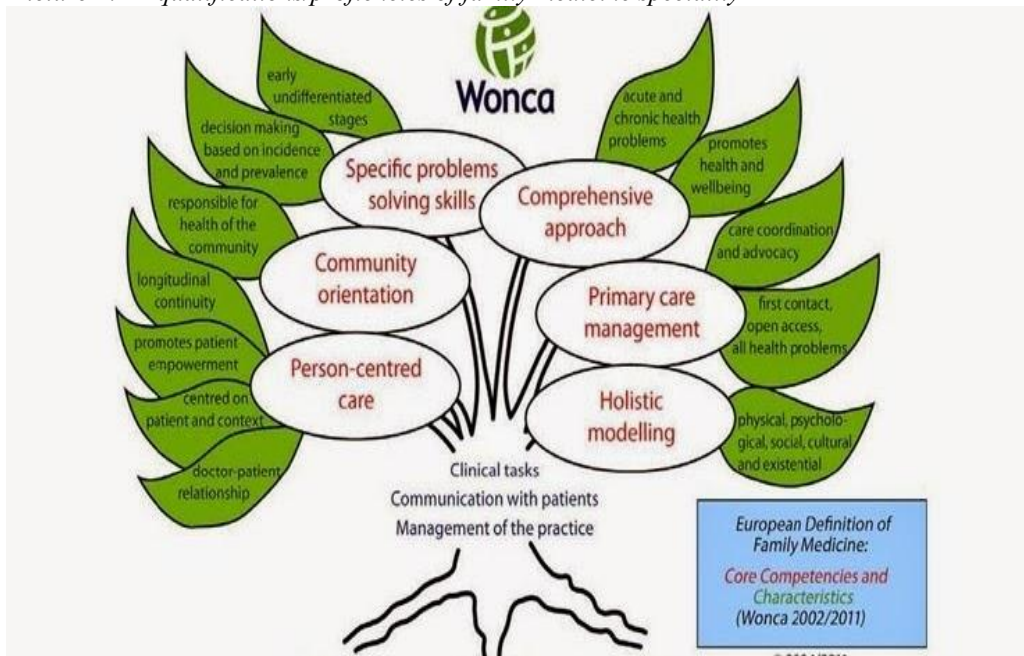
In the breast cancer diagnosis, the ideal method is screening mammography between 40 and 69 ages (including 40 and 69) in women once a year. Moreover, it is suggested that in the first step of health care, all women over 20 ages in our country should take breast-self examination consultancy once a month during lifelong and this should be guided in the scope of community based breast cancer screening program by Turkey Public Health Institute to be able to reach wide masses and also to increase the level of awareness about breast cancer.

Breast self examination:

In the breast cancers, early diagnosis improve the efficiency of treatment. Regular breast self examination is very important matter in the early diagnosis. The point to be considered is that breast self examination should be done in a suitable way to its method. Improper breast self examinations cause some unnecessary doubts and it effects psychological condition of person. As a result, it is beneficial to advert breast self examination technique. With the start of menstrual bleeding, effects of estrogen and progesterone hormones decrease and it makes tissue palpation of breast easier. Therefore, breast self examination should be done between 5th and 7th days of menstruation.

Breast self-examination consultancy service includes informations, for patients who apply for primary health service for any reason, about what breast self-examination is, its aim, its time, its method, parts to be examined, and conditions need to be consulted for health service and it just lasts 2-3 minutes. Each family doctor need to have some qualifications in the family doctor proficiency discipline. There are 12 qualifications/proficiencies and they are gathered in six qualifications/proficiencies (Picture 1).

Picture 1: 12 qualifications/proficiencies of family medicine speciality



We can say that when we evaluate together with breast self-examination consultancy education, these educations positively contribute to practice of family doctor (Table 1).

Table 1: Relation between core qualifications of family doctor proficiency education and EPAs which are targeted core qualifications in the education of breast self examination

		Core Qualifications of Family Doctor Proficiency Education					
		Acquisition of individual problem solving skill	Adopting comprehensive approach	Primary management	Integrated modelling	To be community oriented	Person centered care
<b>EPAs which are targeted core qualifications in the education of breast self examination.</b>	To take comprehensive history within the general surgical and systemic diseases for breast cancer.	XX	XXX	XXX	XXX		XXX
	To explain BSE's definition and its aim.	X	XXX	XXX	XXX	XXX	XXX
	Conditions need to be applied for health service after BSE	XXX	XXX	XXX	XXX	XXX	XXX
	To apply BSE	XXX	X	X	XXX		XXX
	To watch the person who is learning BSE	XX	XXX	XXX	XXX		XXX
<b>Not:</b> X: less adequate, XX: adequate, XXX: more adequate							

In this study, it is aimed to advert the importance of 'breast self examination' (BSE) consultancy service of primary health service in the struggle against breast cancer which is one of the most common cancer in our country.

## II. CASE

All women over the age of 20 are educated in our family medicine center for breast self-examination education once a month. A 40-year-old female visited our Family Medicine Center in order to control for palpable lump in her right breast that she has found by herself with breast self-examination. Process of the case began in this way. In our examination, we clinically found an irregular palpable lump (2 cm) in right breast, no nipple discharge was seen and no palpable axillary lymph node. Patient was guided to Cancer Survey Center, a diagnostic mammogram and ultrasound image showed a hypoechoic mass measuring 2.4 x 2.3 x 2.4 cm in the right breast; no abnormalities were seen in the left breast. The patient is guided to general surgery department of Research and Training Hospital with this report. After routine medical examination, a breast MRI performed; it was staged right breast as stage 5, left breast as stage 2, according to the Breast Imaging Reporting and Data System (BI-RADS) established by the American College of Radiology (ACR). (A core biopsy planned for the patient, biopsy showed infiltrating ductal carcinoma, e-cadherin positive, estrogen receptor (ER)-positive (+2, %65), progesterone receptor (PR)-positive (+3, %85) , and Cerb B2-positive (+2)(fish proposed) , with an immunohistochemical staining score of 6 (tubul formation 2, nuclear pleomorphism 2, mitotic index 2) grade 2. The treatment of the operated patient was organized. Postop care was performed. Medical treatment was organized. Patient's follow-ups continue.

In this process the patient's treatment which is necessary to continue in primary health care was re prescribed in accordance with the patient's treatment plan and the patient was informed about her disease. Medical reports and test results were explained to the patient as a way she could understand. Palliative care services were provided. She was guided to the other units for her additional complaints. The patient was told about the things she could do in the health care system in this difficult process.

### III. DISCUSSION

Breast cancer is the second common type among all people after lung cancer. It is the most common female cancer in the majority of both developed and developing countries (4). However, particularly technological advances in recent years have made this disease treatable. Developing effective strategies for reducing the incidence of breast cancer is so difficult because of the reason that a very small part of the existing risk factors is modifiable. Although some changes in lifestyle reduce the risk of breast cancer (5), the importance of breast self-examination for early diagnosis is important.

Also in our country for early diagnosis of breast cancer and to reduce mortality a continuous scan and registration program should be implemented in accordance with the conditions of our country. The common method applied in our country is making opportunistic screening with mammography.

The implementation of population-based screening programs is quite difficult so, a trained and experienced team, a complete call center which will not have any source problem with an available Long-term budget, a well-defined target audience and long-term screening program is required. From this perspective, as it is cheap and easy to apply, the facility of scanning a wider age group with Self-Breast Examination method increases the chance of early detection of breast cancer.

Breast cancer screening programs to fight against the most common type of cancer in our country has been developed. In this context, we believe that providing breast self-examination consultancy in family medicine practice will improve the quality of both public health and family medicine practice.

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