WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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WER SRI LANKA - 2014

Breast Cancer (Part III)

This is the third of the series of the four articles on Brest Cancer

What Screening Tests Are There?

Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Three main tests are used to screen the breasts for cancer. Talk to your doctor about which tests are right for you, and when you should have them.

Mammogram

A mammogram is an X-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram symptoms have presented, even with the administration of proper and intensive care.

Clinical Breast Examination

A clinical breast examination is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes.

Breast Self-Examination

A breast self-examination is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit).

Which Tests to Choose

Having a clinical breast examination or a breast self-examination have not been found to decrease risk of dying from breast cancer. At this time, the best way to find breast cancer is with a mammogram. If you choose to have clinical breast examinations and to perform breast self-examinations, be sure you also get mammograms regularly.

Where Can I Go to Get Screened?

Most likely, you can get screened for breast cancer at a clinic, hospital, or doctor's office. If you want to be screened for breast cancer, call your doctor's office. They can help you schedule an appointment.

What Is a Mammogram and When Should I Get One?

A mammogram is an X-ray picture of the breast. Doctors use a mammogram to look for early signs of breast cancer.

Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt. When their breast cancer is found early, many women go on to live long and healthy lives.

When should I get a mammogram?

Women should have mammograms every two years from age 50 to 74 years. Talk to your health professional if you have any symptoms or changes in your breast, or if breast cancer runs in your family. He or she may recommend that you have mammograms before age 50 or more often than

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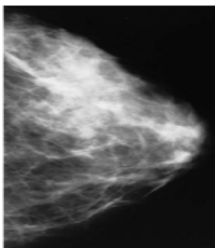
usual. A woman with a strong family history of breast cancer should get a mammogram done at the age of 30 or less than 10 years of the age of the family member's diagnosis of breast cancer, whichever comes first.

How is a mammogram done?

You will stand in front of a special X-ray machine. A technologist will place your breast on a clear plastic plate. Another plate will firmly press your breast from above. The plates will flatten the breast, holding it still while the X-ray is being taken. You will feel some pressure. The other breast will be X-rayed in the same way. The steps are then repeated to make a side view of each breast. You will then wait while the technologist checks the four X-rays to make sure the pictures do not need to be re-done. Keep in mind that the technologist cannot tell you the results of your mammogram.

What does having a mammogram feel like?

Having a mammogram is uncomfortable for most women. Some women find it painful. A mammogram takes only a few moments, though, and the discomfort is over soon. What you feel depends on the skill of the technologist, the size of your breasts, and how much they need to be pressed. Your breasts may be more sensitive if you are about to get or have your period. A doctor with special training, called a radiologist, will read the mammogram. He or she will look at the X-ray for early signs of breast cancer or other problems.



X ray picture of a normal mammogram

When will I get the results of my mammogram?

You will usually get the results within a few weeks, although it depends on the facility. A radiologist reads your mammogram and then reports the results to you or your doctor. If there is a concern, you will hear from the mammography facility earlier. Contact your health professional or the mammography facility if you do not receive a report of your results within 30 days.

What happens if my mammogram is normal?

Continue to get regular mammograms. Mammograms work best when they can be compared with previous ones. This allows your doctor to compare them to look for changes in your breasts.

What happens if my mammogram is abnormal?

If it is abnormal, do not panic. An abnormal mammogram does not always mean that there is cancer. But you will need to have additional mammograms, tests, or examinations before the doctor can tell for sure. You may also be referred to a breast specialist or a surgeon. It does not necessarily mean you have cancer or need surgery. These doctors are experts in diagnosing breast problems.

Other tests

Breast ultrasound- A machine uses sound waves to make detailed pictures, called sonograms, of areas inside the breast.

Diagnostic mammogram. If you have a problem in your breast, such as lumps, or if an area of the breast looks abnormal on a screening mammogram, doctors may have you get a diagnostic mammogram. This is a more detailed X-ray of the breast.

Magnetic resonance imaging (MRI)- A kind of body scan that uses a magnet linked to a computer. The MRI scan will make detailed pictures of areas inside the breast.

Biopsy- This is a test that removes tissue or fluid from the breast to be looked at under a microscope and do more testing. There are different kinds of biopsies (for example, fine-needle aspiration, core biopsy, or open biopsy)

Staging of breast cancer

Stage 0 (carcinoma in situ)

Stage I

Stage II

Stage IIIA

Stage IIIB

Stage IIIC

Stage IV

There are three ways that cancer spreads in the body.

Cancer can spread through tissue, the lymph system, and the blood.

Tissue-The cancer spreads from where it began by growing into nearby areas.

Lymph system-The cancer spreads from where it began by getting into the lymph system. The cancer travels through the lymph vessels to other parts of the body.

Blood-The cancer spreads from where it began by getting into the blood. The cancer travels through the blood vessels to other parts of the body.

Sources

Breast Cancer-available at *http://www.cdc.gcancer/ov/breast/basic_info/index.htm*

Breast Cancer-available at *http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics*

to be continued

Table 1: Selected notifiable diseases reported by Medical Officers of Health 01st – 07th Nov 2014 (45th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	296	12109	3	137	0	13	0	101	1	214	8	175	0	3	1	53	0	0	4	378	1	57	0	3	**88**	**13**
Gampaha	179	682	2	132	0	11	0	35	1	30	21	371	0	22	4	242	0	5	3	260	1	65	0	2	**73**	**27**
Kalutara	46	2309	3	147	0	11	7	56	1	79	11	292	0	4	0	20	0	1	1	226	3	68	0	0	**85**	**15**
Kandy	72	1617	1	82	0	7	0	25	0	20	4	53	1	80	12	189	0	1	1	169	2	29	0	5	**87**	**13**
Matale	18	458	1	63	0	2	0	18	0	18	1	38	0	3	0	134	0	1	0	48	0	47	4	31	**69**	**31**
NuwaraEliya	4	264	10	254	0	3	1	20	1	70	2	26	1	56	2	34	0	0	4	120	2	39	0	0	**77**	**23**
Galle	11	1005	1	113	0	6	0	8	0	33	4	187	1	95	1	11	0	1	5	385	0	53	0	3	**95**	**5**
Hambantota	5	578	1	46	0	4	0	11	0	16	1	81	0	68	0	18	0	0	0	136	0	38	5	325	**92**	**8**
Matara	9	616	1	91	0	4	0	23	0	20	6	94	3	61	5	45	0	0	2	169	1	33	0	76	**100**	**0**
Jaffna	48	1145	60	703	0	7	9	233	0	62	1	10	6	283	0	14	0	0	0	123	0	52	0	1	**92**	**8**
Kilinochchi	0	48	1	107	0	3	0	25	0	0	0	1	0	20	0	0	0	0	0	15	0	6	0	11	**50**	**50**
Mannar	0	157	1	48	0	10	0	35	0	9	0	4	0	24	0	1	0	0	0	10	0	8	0	4	**80**	**20**
Vavuniya	4	116	6	70	0	1	13	57	2	24	0	9	0	6	0	5	0	0	0	12	0	16	0	5	**75**	**25**
Mullaitivu	3	93	6	64	0	0	0	13	1	26	0	8	0	11	0	0	0	2	0	5	0	5	0	7	**80**	**20**
Batticaloa	6	699	6	301	0	3	1	37	0	30	0	17	0	2	0	7	0	1	0	56	0	6	0	0	**64**	**36**
Ampara	2	139	3	73	0	1	0	3	0	17	0	17	0	13	0	5	0	1	4	112	0	9	.0	11	**57**	**43**
Trincomalee	6	532	0	51	0	1	0	5	0	11	0	16	0	21	0	2	0	0	1	97	2	16	0	8	**42**	**58**
Kurunegala	53	1935	7	135	0	26	1	20	4	32	5	98	2	46	0	59	0	1	5	368	1	67	3	133	**85**	**15**
Puttalam	17	625	1	65	1	3	0	13	0	11	0	59	0	23	0	6	0	3	1	76	0	30	0	6	**69**	**31**
Anuradhapura	4	474	18	192	0	5	0	3	1	51	0	83	0	27	1	16	0	0	3	209	2	50	10	379	**79**	**21**
Polonnaruwa	6	463	2	48	0	4	0	7	0	1	1	59	0	8	0	8	0	0	0	142	0	26	0	118	**71**	**29**
Badulla	39	699	9	174	0	9	0	12	1	14	1	51	1	104	3	137	0	0	0	73	3	120	0	0	**82**	**18**
Monaragala	12	260	5	72	0	4	0	8	0	33	0	68	2	148	3	117	0	2	2	82	0	21	1	30	**91**	**9**
Ratnapura	14	2611	3	209	0	23	0	27	0	34	6	365	1	99	11	427	0	1	0	173	0	41	0	33	**83**	**17**
Kegalle	35	1481	1	97	0	10	0	49	0	34	10	221	1	57	10	239	0	0	4	237	1	69	0	2	**82**	**18**
Kalmune	3	169	0	115	0	1	0	6	0	76	0	3	0	0	0	1	0	0	0	93	0	8	0	0	**46**	**54**
SRILANKA	**892**	**37414**	**152**	**3589**	**1**	**172**	**32**	**850**	**13**	**965**	**82**	**2406**	**19**	**1284**	**53**	**1790**	**0**	**20**	**40**	**3774**	**19**	**979**	**23**	**1193**	**79**	**21**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 07th November , 2014 Total number of reporting units 337 Number of reporting units data provided for the current week: 270 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

01st – 07th Nov 2014 (45th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	04	72	90	-20%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	01	01	00	01	00	01	01	01	06	11	593	1347	-56.1%
Measles	17	02	03	00	00	04	00	01	01	28	68	2932	3561	-17.7%
Rubella	00	00	00	00	00	00	00	00	00	00	00	17	27	-37.0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	12	22	-83.3%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	22	66	-66.6%
Whooping Cough	00	00	00	00	00	01	00	00	01	02	02	69	77	-10.4%
Tuberculosis	151	00	21	09	09	04	11	04	08	217	72	8516	7088	+20.1%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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