

E16. Life with breast cancer

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"It is not hard to live through a day if you can live through a moment – what creates despair is the imagination which pretends there is a future and insists on predicting millions of moments, thousands of days, and so drains that you cannot live the moment at hand."

Andres Dubois

This presentation aims to face the understanding of life with breast cancer through the ages, in an attempt to discuss what this means today – what are the key issues to be addressed, questions to be answered and goals to strive for.

Women, and indeed men, have had to live with breast cancer since ancient times, the word cancer deriving its name from the crab due to the early descriptions by Hippocrates of the veins stretched on all sides of a tumour that looked like a crab and its feet. Historical descriptions of malignant tumours in the breast in fact date back to Ancient Egypt with the first of these involving breast cancer in a man.

Life with breast cancer involves a breadth of issues; diagnosis, surgery, treatment, follow-up. The point at which the science of breast cancer finds itself today is linked directly to the past – the evolution of surgical and diagnostic techniques, the change in attitudes and beliefs, the transition from an encounter with a potentially always fatal disease to a life of hope.

Hippocrates, who is traditionally considered the father of national medicine, described the use of fire as a breast cancer treatment, while early mastectomies date back to the Hellenistic period with benign and malignant tumours being described and treated surgically as far back as 131–700 A.D. (Greek – Roman period).

Life with breast cancer has frequently been associated with feelings of fear and despair – feelings that arose historically due to being confronted with a disease that at the time could be neither understood nor explained. These emotions led our ancestors to seek solace in religion, searching and explaining cures as miracles, while in the 3rd century A.D. Agatha of Sicily was recognised as a Saint, following the bilateral surgical removal of her breasts.

The Arab world follows directly this path of the Byzantines and Ancient Romans, while the Renaissance period started to shed new light on the treatment

of the disease, with Skalketos (1595–1645) giving the first precise drawing of a mastectomy and F.D. le Boe (1614–1672) emphasising the relationship between the lymphatic system and metastases. The invention of the microscope produced a basic diagnostic tool that has enabled the disease to be staged.

Breast cancer advocacy today frequently has to effect changes in attitudes that are characterised by stigma and fear towards the patient. This stigma and fear are frequently born out of a lack of scientific knowledge and reflects attitudes of times past when N. Tulp preached that breast cancer was a contagious disease, passed on between women, which ultimately led to the patient's isolation and shame. This belief persisted until 1802, when Guillaume Depuytren proved that breast cancer was not a contagious disease, a question answered by experimental evidence following the establishment in 1795 of the first Society for Investigating the Nature and Cure of Cancer. Furthermore, the first cancer hospital of 12 beds was founded in 1740 in Rehms.

The recognition in 1745 of the separate professions of surgeons and barbers gave a further boost to surgical treatments, and throughout the 17th century medical documents refer to and describe numerous techniques of breast surgery — mastectomy. By 1838, Miller in Berlin had described the histological types of cancer, while treatment methods, including those of compression continued to be developed.

Medicine and surgical treatment was revolutionised with the introduction of anaesthesia and antiseptics, while by 1896, H. Gocht had attempted the first radiotherapy treatment for non-operable tumours.

The 20th century saw quality of life gradually change for the breast cancer patient. Radiotherapy became a more widespread form of treatment, while there was a gradual decrease in the number of super-radical mastectomies. New methods of histological description, staging of the disease and improvement in surgical methods saw increases in the survival rate of patients. New key issues began to emerge, different questions were now addressed and new goals were set.

Breast cancer has long ceased to be a disease just between the patient and the doctor. Since the Second World War, the treatment of the disease has become more and more the responsibility of a multidisciplinary team

– today, these early teams have been embodied in the European Society of Mastology (EUSOMA) guidelines for breast clinics.

Emphasis is now placed on the causes of the disease through the funding of research – patients are encouraged to partake in cutting-edge clinical trials. Screening and early diagnosis are not only recognised as being imperative, but women are its advocates, hand in hand with all of the professions involved in breast cancer care. Surgical interventions have not only metamorphosed, but psychosocial implications of all types of breast surgery are now being stressed, the choice to undergo a breast reconstruction is provided in order to preserve the woman's intact body image and femininity.

Research into the causes of breast cancer take environmental, diet and psychological factors into account, while medical knowledge has moved from considering it a contagious disease to studying genetic predispositions in some women, mapping genes and discussing ethical issues involved in this field. Stigma and fear of the unknown are receding – silences are broken all over

the world, in some countries before others, bringing organisations and associations together that aim to create change in breast cancer policies and politics have given advocacy its well deserved place in the 21st century.

Life with breast cancer in the 21st century is no longer characterised by shame, stigma, fear, silence or isolation. Life with breast cancer is associated with having a voice, with learning how to raise it effectively, by asking the correct questions, by demanding to be given valid, informative answers, by working hand in hand with all of those involved, by having hope in the new treatments, by remaining realistic about the seriousness of the disease, by not forgetting those who lose their lives because of it, and finally, by looking into the future with hope.

This paper sought to attempt a historical perusal of this disease – there is no longer a “feeling of despair created by an imagination which pretends there is a future”, for today, there actually is a future. This future allows us to live and enjoy every moment at hand and to plan for “millions of moments and thousands of days ahead” – life with breast cancer today has taken on a new meaning.