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Breast Cancer in Men – Global Scenario

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Abstract:

The lifetime risk of Men to be diagnosed with breast cancer is about 1 in 833. Unfortunately, the survival rate is significantly lower in the Developing countries compared to the Developed world. Even in the US, the Men with Breast Cancer have lower survival rates than women. From our epidemiological research study, we report that the primary reason for late detection to Breast Cancer in Men in the Developing countries is Taboo and Ignorance as more than ~95% of men are not aware that Men get Breast Cancer too. Even in the US, based on our survey, we report that majority of the men are not aware that they can get Breast Cancer too. If ovarian and breast cancer runs in the family due to BRCA mutations, we focus on the women for genetic testing but ignore the men but men with BRCA mutations have much higher risk of Cancer. From our study in the developing countries, we report that men miss on the early signs and symptoms, ignore the key risk factors with preconceived notion that men do not have breasts, so the question of breast cancer is oblivious & unthinkable.

Therefore, the detection is mostly at metastatic condition leading to death. Even when detected at earlier stage globally, many challenges are faced from the treatment scenario. Not much research has been done on male breast cancer specifically, so most male breast cancer treatments have been modeled on treatments for women. But breast cancer in men has distinct biological features and treatments need to be tailored to treat them. New recommendations have been issued to include male transgenic models for pre-clinical studies and men to be included in breast cancer clinical trials so that we can do justice to the treatment management.

It is high time, we incorporate the concept of Breast cancer in Men within our protocol while working on Breast cancer in women from diagnosis to management to counseling. Emphasis on awareness, education and research on Breast Cancer in Men is the need of the hour that will help with early detection and saving lives.

The distinct etiology of MBC is obscure. Figures, for example, modification hormonal milieu, family ancestry and hereditary changes are known to impact its event. Different investigations have indicated that conditions that modify the estrogen-testosterone proportion in guys incline to bosom malignant growth. Among these conditions the most grounded affiliation is with Klinefelter's disorder. Guys with this condition have a fifty times expanded danger and records for 3% of all MBC. Conditions, which are related with expanded estrogen levels, similar to cirrhosis and exogenous organization of estrogen (either in transgenders or as treatment for prostate malignant growth) have been involved as causative elements. Likewise, androgen insufficiency because of testicular infection like mumps, undescended testicles, or testicular injury, has been connected to the event of bosom disease in men. Word related presentation to warm and electromagnetic radiation, making testicular harm and further driving the advancement of MBC is additionally hypothesized. An acquired inclination for bosom malignant growth is seen in guys undifferentiated from that in female. A positive family background of a first-degree female relative having bosom malignancy is seen in up to 15–20% patients. This expanded danger is presented by transformations in the bosom malignant growth defenselessness qualities (BRCA1 and BRCA2). Transformations in both the BRCA1 and BRCA2 qualities are connected to female bosom disease. Hereditary investigations in guys in any case, have indicated that germline changes in BRCA2 alone record for most of genetic bosom malignancy. No connection among BRCA1 and familial bosom malignant growth has been seen in one investigation, though different examinations have recommended a potential connection. The Cambridge study indicated that 8% of patients had BRCA2 changes and all the transporters had a family background of bosom, ovarian, prostate or pancreatic disease. The most noteworthy pervasiveness of BRCA2 transformation in MBC has been noted in Iceland where 40% have the change. A few case reports have connected MBC with other hereditary issues like Cowden disorder and Hereditary Non-Polyposis Colonic Cancer (HNPCC). It has been as of late detailed that male bosom malignant growth may likewise incline to expanded danger of building up a second disease of the stomach, skin and breast

Biography:

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