

**Ministry of health of Ukraine
Higher state educational establishment of Ukraine
“Ukrainian medical stomatological academy”**



«Approved

At the sitting of the chair of oncology
The minutes №2 from September 1, 2018
y Manager of chair of oncology
MD, professor V.P.Bashtan

**METHODICAL POINTING
FOR INDEPENDENT WORK OF STUDENTS
DURING PREPARATION TO PRACTICAL EMPLOYMENT**

<i>Educational discipline</i>	<i>Oncology</i>
<i>Module №</i>	<i>I</i>
<i>Semantic module №</i>	<i>2</i>
<i>Theme of employment</i>	Breast cancer
<i>Course</i>	<i>V</i>
<i>Faculty</i>	<i>Medical №1, №2</i>

Poltava – 2018

THEME: “Breast cancer”

Amount of hours – 4 educational hours

Material and methodical providing of theme: educational room, clinical department of dispensary, organizationally-methodical department of dispensary. Methodical recommendations for students, copies of medical document, stands, tables, tests, tasks.

1. Actuality of theme.

Breast cancer at women takes first seat among the oncology diseases and has an incessant tendency to growth. Yes, on the taken statistics, in 1980 diseased 27,6 women, in 1992 – 32,1, and in 2008 it is foreseen that will be ill 42,8 women on 100000 population.

Reasons, which draw the unbalance endocrine and copulas with such moments as sexual life, birth-rate, artificial breaking of pregnancy and methods of its prevention, diseases of ovary, rare feeding of children by breasts, inherited factors character of feed, and other, require at the study of epidemiology cancer of breast.

Among the population of different countries morbidity on the breast cancer spreads unevenly. In the economic developed countries of Western Europe the breast cancer of pectoral gland takes first seat, while in some countries of Asia, Africa and, especially, in Japan he happens rarely.

Most level of breast cancer is observed in such age-dependent groups: 40 – 49 years – 12,6%, 50 – 59 years – 18,4%, 60 – 69 years – 10%.

On time diagnostics and treatment of precancerous diseases of breast, self inspection of her, that can also help in good time to diagnose matters, considerably to reduce morbidity by this illness. That is why knowledge of this pathology matters very much for the future doctors of almost all specialties.

2. Educational aims of employment.

To know (D – II):

- etiology, pathology and epidemiology of breast cancer;
- precancerous diseases of mammary gland and risk group;
- clinical classification of breast cancer and TNM;
- clinical picture of breast cancer;
- modern methods of diagnostics of breast cancer.
- basic methods of treatment of breast cancer (surgical, chemotherapy, radial);

To be able (D – III):

- to conduct the common objective inspection of patients;
- to conduct palpation of mammary gland;
- to define the stage of distribution of process;
- to conduct the biopsy of tumor;
- to conduct differential diagnostics of tumor;
- to appoint treatment of patients on mammary gland depending on a stage.

TERMINOLOGY

English	Russian	Latin
Breast cancer	Рак молочной железы	Carcinoma glandulae mammariae
Mastitises	Маститы	Mastitis
Mastopathy	Мастопатии	Mastopatia
Tumor	Опухоль	Tumor
Stage	Стадия	Gradus
First	Первая	Prima
Two	Вторая	Secunda
Third	Третья	Tertio
Fourth	Четвертая	Quarta
Verification	Верификация	Verificatio
Suspicion	Подозрение	Suspitio

3. Materials have before auditorium independent work.

3.1. Practical skills on a theme:

- review and palpation of mammary gland and areas of regional lymphonoduss;
- to be able to take the discharge from the nipple of gland for cytological research ;
- puncture of mammary gland;
- assistantion at operations on.

3.2. Interdisciplinary integration (base knowledge, abilities, skills necessary for the study of theme)

Disciplines	To know	Able
Anatomy	Anatomy of mammary gland (blood supply, lymphatic system)	To be able correctly to understand etiology of disease, nosology clinical of disorders and prophylactic measures.
Pathoanatomy	Histological structure of tumors, feature of tumor growth.	
General physiology	Physiology processes of organism.	
Physiopathology	Pathology of functions of endocrine, immune and other systems of organism.	
Biological chemistry	Fermentative and endocrine violations of organism and, above all things, norms of flowing of biochemical processes.	
Therapy	Methods of common inspection of patients.	
Pharmacology	Groups of antitumoral preparations and mechanisms of their action on tumors and organism.	
General surgery	Principles of surgical treatment of breast tumors. Knowledge of ablatic and antiblatic methods.	

3.2. Table of contents of theme of employment.

1. precancerosis diseases:

MASTOPATHYS:

1. Diffusely fibrous and cystic-fibrous mastopathy:
 - a. adenosis and metaplasia;
 - b. fibrous mastopathy;

- c. cystic-fibrous mastopathy;
- d. mixed form of diffuse mastopathy.

2. Nodal – cystic-fibrous mastopathy.

BENIGN TUMORS OF MAMMARY GLAND.

- Adenoma of mammary gland;
- Adenoma of nipple of mammary gland;
- Angioneoplasm of mammary gland;
- Intraductal papilloma;
- Fibroadenoma ;
- Fibroma of mammary gland;
- Lipoma;
- Myoma;
- Adenosiss;
- Fibroadenoma (malignancy in 2 – 50% cases).

Clinical variants of breast cancer:

- Infiltrative form;
- Erysipelas form;
- Testaceous form;
- Paget's cancer;
- Nodular swelling.

Epidemiology.

Breast cancer more frequent meets at the women of the developed countries: The USA, England, Japan. Very rarely in orients Distant: Japan, Mexico, Venezuela: 2-5 on a 100 000 population. Very rarely breast cancer happens at women to 25 years. Middle ages of patients on breast cancer– 55 years. On Ukraine of disease on breast cancer – 54 on 100 000 population. Poltava region – 56 on 100 thousands of population.

Etiology.

Among causal factors select violation of endocrine intercommunications. This hypothesis is confirmed by the overwhelming defeat of women comparatively with men, by connection with sexual life, sometimes with of the first pregnancy, by the amount of births, artificial breaking of pregnancy, application of hormonal and chemical contraceptives, feature of lactations. The analysis of epidemiology researches indication that among ethnic groups populations which traditionally enters to marriage in early age, give birth a lot (With – 4 and anymore) of children and lasted feed them on breast, tumors happen rarely.

At women which are deprived sexual life (nuns) frequency, the cancer of mammary gland considerably excels middle indexes for others group of women. A hypothesis in relation to viral genesis of cancer of mammary gland is based on experimental information. Mouse have it is investigational the Bittner's «factor of milk», which appeared by one of oncogenous viruses. At a man the role of this virus is not well-proven. Role of the inherited factor in development of cancer of mammary gland large. The increase of frequency of cancer of mammary gland is proof of it at the relatives of patients on a distaff side.

Separation four nosology forms of breast cancer:

I. Hypothyroid form. To this not numerous group take about 5% patients under age 30 years. It is persons, which are ill a hypothyroid, follicle ovaries, early obesity, have early appearance of menstruations. Prognosis at patients with this form of cancer of mammary gland scarcely favorable, because the disease flows early in life on a background obvious endocrine disorders.

II. Ovarian form appears in the about half of patients in age from 28 to 50 years. This the persons with the expressed parafunctions ovaries, with sexual disorders and with propensity to dishormone hyperplasia of mammary glands. This the patients with late first ones by lasted births, by propensity to obesity. Prognosis at this form of cancer also scarcely favorable, because a tumor is inclined to the early metastasis and infiltration local growth.

III. An adrenal form happens more than in third of patients violation. The tumors of this form grow on a infiltrative type and inclined to early to the generalize process. Characteristic, that correction of hormonal violations can favorably influence on motion of process.

IV. Senile nosology form characteristic less than 10% patients by age over 60 years. Tumors of this form torpidity flows mainly with it is comparative by a favorable prognosis.

Pathoanatomy.

Histological classification of tumors of mammary gland is presently used, approved by the group of experts of WOPH (1969).

A. Benign dysplasia.

B. Benign tumors.

In.cancers:

I. Intraductal and non-infiltrative carcinoma .

II. Infiltrative carcinoma (I, II, III degree of malignantness): invasive, skyr, solid, is mixed, low differential forms.

III. Special histological variants of carcinomas:

a)medullary carcinoma;

b)papillary carcinoma;

c) latticed carcinoma;

d) mucus carcinoma;

e) lobular carcinoma;

f) squamous carcinoma;

g) Paget's cancer;

h) carcinoma, that arose out of cell of intraductal fibroadenoma.

Sarcomas:

Sarcoma, that arises out of cell of intraductal fibroadenoma.

Carcinosarcoma.

The metastasis of cancer of mammary gland takes place by lymphogenic and hemtogenic ways. At lymphogenic distribution more frequent in all test the defeat sub, parasternal, subclavicular, and farther —contralataral and lymphatic nodes of neck. From hemtogenic metastases metastases are most frequent in vertebral pectoral and lumbar, in other bones (skull, ribs, pelvis, tubular bones), and also liver, ovaries, brain.

The ways of metastases are important:

1. On the external edge of large thoracic muscle in the lymphonoduss (first lymphonodus of Sörge's) of axillary and subscapular, in external quadrants of gland (60 – 70%).
2. In sub and subclavicular lymphonoduss from the overhead quadrants of gland (20 – 30%).
3. In parasternal lymphatic nodes from internal quadrants (10%).
4. Retropectoral way (to 2%)
5. Cross way in the lymphatic nodes of opposite side (in 5%).
6. Endermic in direction to the epigastrium.

Regional lymphatic nodes.

The regional are for a mammary gland: that the lymphatic nodes placed along an armpit vein and its branches.

They are divided on three levels:

Level I are the lymphatic nodes placed outside from the external edge of small pectoral muscle;

Level II are lymphatic nodes between the external and internal edges of small pectoral muscle, and also intrapectoral lymphatic nodes;

Level III are the lymphatic nodes placed middle from the internal edge of small difficult muscle, inclusive with sub and lymphatic nodes.

Internal lymphatic nodes of pectoral gland, placed along to the edge of breastbone on the side of defeat.

All other lymphatic nodes staggered by metastases are classified as remote metastases, inclusive with supraclavicular, neck and contralateral internal lymphatic nodes.

CLINICAL CLASSIFICATION OF BREAST CANCER:

1. Nodular form.
2. Diffuse form:
 - edema-infiltrate;
 - mastitis form;
 - erysipelas form;
 - cancer en cuirasse.
3. Rare forms:
 - cancer Paget's;
 - atypical forms.

CLASSIFICATION AFTER SYSTEM OF TNM:

T is the Primary tumor

T_x — it is not enough information for estimation of primary tumor

T₀ is a primary tumor does not concerne

T_{is} — carcinoma in situ: intraductal either lobular carcinoma in situ or illness Paget's nipple without the signs of tumor.

Note: If a tumor concerns at illness Paget's, she is classified pursuant to its sizes

T1 is tumor of to 2 cm in most measuring

T1mic is **microinvasion** of to 0,1 cm in most measuring

T1a is tumor over 0,1 cm, but to 0,5 cm in most measuring

T1b is tumor over 0,5 cm, but to 1 cm in most measuring

T1c is tumor over 1 cm, but to 2 cm in most measuring

T2 is tumor of to 5 cm in most measuring

T3 is tumor over 5 cm in most measuring

T4 is tumor of any sizes with direct distribution on a pectoral wall or skin

Note: A pectoral wall is ribs, intracostal muscles front toothed muscle, except for pectoral muscles.

T4a — with distribution on a pectoral wall

T4b — with the edema (including the symptom of “lemon crust”), either ulceration skins of pectoral gland or by satellite nodes in the skin of that gland

T4c are criteria of **T4a** and **T4b** together

T4d is the inflammatory form of cancer

Note: Indrawing of skin, retraction of nipple and other skinning symptoms, except for those, that

T4 touches, can be observed at **T1, T2, T3**, not influencing on classification

N is the **regionce lymphatic nodes**.

Nx — it is not enough information for estimation of the state of regional lymphatic nodes

N₀ — there are no signs of defeat of regional lymphatic nodes

N₁ are the discovered metastases in mobile axillar lymphonoduss on the side of defeat

N₂ are the discovered metastases in mobile axillar lymphonoduss on the side of defeat fixed between itself or with surrounding structures

N₃ are the discovered metastases in internal pectoral lymphatic nodes on the side of defeat.

m is the **Remote metastases**

Mx — it is not enough information for determination of remote metastases

M0 are remote metastases do not concerne

M1 is present remote metastases

Grouping after stages

Stage 0	Tis	N ₀	M0
Stage And	T1	N ₀	M0
Stage of IIA	T0	N ₁	M0
	T1	N ₁	M0
	T2	N ₀	M0
Stage of IIB	T2	N ₁	M0
	T3	N ₀	M0
Stage of IIIA	T0	N ₂	M0
	T1	N ₂	M0
	T2	N ₂	M0
	T3	N ₁ , N ₂	M0
Stage of IIIB	T4	any N	M0
	any T	N ₃	M0
Stage IV	any T	any N	M1

CLINIC.

The increase or diminishing of gland, symptom of “ground” or “lemon crust”, retraction are the classic symptoms of the expressed forms of breast cancer on the limited area of skin or nipple, exposure of skinning infiltration or signs parancoplasm inflammatory process. Each of these symptoms characterizes the certain forms of breast cancer, which are described in a section «pathoanatomy». Bloody excretions from a nipple specify on a intraductal papilloma, but in 10% cases it sign appears at cancer. Such cases need exploration surgical interference for urgent morphological verification.

In 1% cases of breast cancer shows up protractedly an eczematous area round a nipple (Paget's cancer). The disease begins from appearance of crack or compression, turning red of nipple, open initial channels, appearance of skinning itch, getting wet, under crusts after falling off of which a moist grainy red surface is opened. In neglected cases of baby's dummies begins to be pulled in, a painless node are palpation in the depth of gland, an ulcer appears in place of nipple, and in armpit megascopic dense lymphatic nodes.

By a basic symptom which diagnostic of breast cancer it is palpable tumor in depth of mammary gland. The exposure of tumors is based on the selfinspection, medical review mammograms and ultrasound of mammary gland. As a result of leadthrough of the having a special purpose programs in a number of countries it is succeeded to obtain the exposure of "small forms" of breast cancer, sometimes less 5 in a diameter.

Risk factors.

To the factors which can be cause in the origin of cancer of mammary gland, belong:

- 1) declining in time of offensive of the first menstruations (early or late);
- 2) late first pregnancy (first after 27 years);
- 3) absence of pregnancy;
- 4) cancer of mammary gland at near relation, especially on a distaff side;
- 5) presence or treatment in the pas of benign tumors of pectoral gland;
- 6) smoking of tobacco (active or passive);
- 7) use of hormonal preparations (especially estrogens) with the purpose of treatment or contraception.

For women which are in the period of menopause, it is needed to overcome to this list:

- 8) surgical (radial) menopause;
- 9) offensive of early or late menopause.

In addition, to the group of enhanceable risk set off women with certain hormonal deviations from a norm:

- 10) by the presence of disfunction of thyroid, especially in a state of hyperthyroidism;
- 11) by disfunction to the hypophysis;
- 12) adrenals;
- 13) ovaries, pancreas with development of diabetes, dishormonal diseases of mammary gland;
- 14) by sexual disorders;
- 15) by hypertensive illness, that also belongs to the factors which multiply the risk to become ill on the cancer of mammary gland.

Risk can become ill on the cancer of mammary gland to multiply some constitutional features also:

- 16) mass of body over 80 kg;
- 17) growth over 170 cm;
- 18) mass at birth over 5 kg.

DIAGNOSTICS

In the inspection of breast cancer distinguish:

- 1) selfinspection which doctor recommends to the healthy women for the permanent control after the state of mammary glands;
- 2) physical inspection of mammary glands and regional lymphatic nodes by a doctor;
- 3) instrumental inspection of milk glands;
- 4) morphological confirmation of clinical diagnosis.

The selfinspection is recommended to all women which attained a sear and yellow leaf, not rarer than one time per a month. It is the best to conduct the inspection in a bathroom before a mirror during a daily rest room. It is needed to pay attention to symmetry of mammary glands and nipples, presence of skinning displays as the indrawings of skin, «lemon hide» and others like that. Palpation of glands needs to be conducted standing and lying by of palm.

For diagnostics of cancer in an early stage it is necessary to apply the instrumental inspection: methods of mammography, ultrasonic diagnostics, thermography, which enable to find out tumors which not palpation. Any plan of treatment must be based on exact information and that is why requires morphological confirmation of tumor.

Morphological confirmation of clinical diagnosis is carried out by a puncture biopsy. Keeping the rules of asepsis, by the needle of middle diameter do the puncture of skin above a tumor and dry syringe aspiration cellular the masses. Not destroying material, do thin strokes on glass, paint them for Gimzo-Romanovcky's. Mainly experimental cytology succeeds with the high degree of probability to carry out a diagnosis.

Bleeding excretions from a nipple specify on a intralobular tumor, it meets in 10% cases.

DIFFERENTIAL DIAGNOSTICS

1. Mastopathy.
2. Galactocele.
3. Lipoma.
4. Additional mammary glands.
5. Mastitises.

TREATMENT

For treatment of cancer of mammary gland apply all methods known in oncology: surgical, radial, medicinal (chemotherapy and endocrinotherapy), immune.

The surgical method of treatment can be used as independent only on the early stages of development of cancer — in early stage I and II stages (T1N0M0, T2N0M0). In the initial stage of cancer, and also in some cases of the nodal form of cancer And stage possible organsofety operations as sector resection or radical sector resection of mammary gland. In all other cases the complete delete of mammary gland is the method of choice together with surrounding fabrics and regional lymphatic nodes, that radical mammectomy.

There are a few modifications of radical mammectomy. Most distribution was acquired by a mammectomy after Holsted-Mayer, which foresees the delete of gland by one block with large and small pectoral muscles, by the of armpit (axillar), subscapular and subclavicular areas together with the proper lymphatic nodes. During the leadthrough of operation pay the special attention to the maintainance of rules of ablasic and antiblastic.

Operation of Petit, which differs from previous to those, is widely used, that a large pectoral muscle is saved. It diminishes the traumatism of operation and improves the terms of rehabilitation of patients. Simple amputation of gland without the delete of muscles and without the removal of regional lymphatic nodes is used as palliative mean then, when the contra-indications predestine by the common state of sick are, for implementation of radical mammectomy.

Radial therapy of cancer of mammary gland is one of the most widespread constituents of the combined and complex of treatment breast cancer. Radial therapy in combination with a chemotherapy is rotined as the first stage of treatment at the erysipelas and mastitis forms of breast cancer. How передопераційний mean radial therapy is used at patients with the IIB, IIIA and IIIB stages of disease (at N1 and N2).

cytostatics therapy foresees application of thiotepa, cyclophosphamide, 5-flourineuracil, metotretal, Phthorafurum and other. In recent years apply a monochemotherapy each time rarer, giving advantage to combination of preparations with the different mechanisms of action. Such method is named polychemotherapy and is considerably more effective from treatment by one preparation. Antitumoral preparations enter both peroral and intramuscular, intravenous, endarterial, in cavities (pleura or

abdominal), endolymphatic. For the chemotherapy of cancer of mammary gland are the shows outside a primary hearth, metastases in and regional lymphatic knots, discovered during operation (N1, N2), and suspicion on the possible defeat of remote lymphatic nodes (presence or appearance on the different stages of treatment and supervision of remote metastases MI). That is why antitumoral preparations can find application before operation, after operation, and also at inoperable patients in combination with a hormonotherapy radial or. An effect from application of chemotherapy depends on the individual sensitiveness of tumor to cytostatics which are used, and also from the state of the hemopoetic and immune systems.

1. Surgical is the method of treatment can be used as independent only on the early stages of development of cancer – (T1N0M0, T2N0M0). In initial stages of cancer, and also in some cases of nodal form of cancer I stage possible operations as a sector resection or radical sector resection of mammary gland.
2. Radial therapy – on the region of mammary gland and regional lymphnodes in a preoperative period.
3. Polychemotherapy - occupy the combined treatment one of the first places in treatment of metastases breast cancer.
4. Endocrinotherapy.

PROGNOSIS

Initial stage –survival in 100% patients;

I stage – 85 – 95%;

II stage – 50 – 60%;

III stage – does not exceed 30%;

The IV stage is temporal success.

COUNT OF LOGICAL STRUCTURE ON THEME: “BREAST CANCER”

1. ETIOLOGY

- hormonal;
- ethnic features;
- character of feed;
- heredity.

2. PATHOANATOMY

- are of high qualities educations;
- are precancerosis diseases;
- are malignant diseases.

3. CLASSIFICATION

- clinical;
- on the system of TNM.

4. FORMS OF GROWTH OF TUMOUR

- diffuse;
- nodal.

5. CLINICAL SYMPTOMS

- increase or diminishing of mammary gland;
- symptom of “lemon crust”;
- retraction skins of nipple.

6. LOCALIZATION OF REMOTE METASTASES

- ovaries;
- lung;
- pleura;
- bones;
- liver.

7. LABORATORY AND INSTRUMENTAL METHODS OF RESEARCH

- mammography;
- thermography;
- ultrasonic;
- puncture of mammary gland.

8. TREATMENT

- surgical;
- chemotherapy;
- radial;
- combined and complex treatment;
- hormonal.

9. PROGNOSIS

10. PROPHYLAXIS and REHABILITATION

11. RISK FACTORS

3.3. RECOMMENDED LITERATURE

a) Basic

1. Oncology / [Edited by prof. I.B.Shepotin, prof. R.T.Evans]. – Kiev: Medicine, 2008. – 496 p.
2. Clinical oncology / [V.Sorkin, A.Popovich, Yu. Dumanskiy and oth.]; under the edit. of the prof. G.V.Bondar. – Simferopol, 2008. – 192 p.

b) Additional

1. Ain KB: Anaplastic thyroid carcinoma: a therapeutic challenge. Semin Surg Oncol 1999; 16: 64-69.
2. Scully C, Field JK, Tanzawa H: Genetic aberrations in oral or head and neck squamous cell carcinoma (SCCHN): 1. Carcinogen metabolism, DNA repair and cell cycle control. Oral Oncol 2000 May; 36 (3): 256-63.

Materials for self-control.

A. Questions for self-control.

1. Transfer the etiologic factors of breast cancer;
2. Transfer the factors of risk of breast cancer;
3. Clinical forms of breast cancer;
4. Clinical classification of breast cancer;
5. Name the additional methods of inspection of patients on breast cancer;
6. Surgical methods of treatment of patients on breast cancer;
7. Combined treatment of patients on breast cancer (radial and chemotherapy treatment).

Tests of initial level of knowledges on a theme:” Cancer of mammary gland”.

I. Very known factors of risk of breast cancer:

1. women which did not give birth;
2. frequent births and abortions;
3. late menopause;
4. smoking.

II. Precancerous diseases of breast cancer:

1. nodal mastopathy;
2. lipoma of mammary gland;
3. fibroadenomatous;
4. myoma.

III. Most informing modern methods of diagnostics of breast cancer:

1. ultrasound inspection;
2. mammography;
3. computer tomography;
4. sciagraphy of thorax;
5. puncture biopsy.

IV. Most frequent ways of metastases:

1. axillary space;
2. back neck;
3. inguinal;
4. supraclavicular.

V. Name most distribution of complaint at patients of breast cancer:

1. increase of mammary gland;
2. a symptom is intradermal bleb;
3. pain;
4. bloody selection from a nipple;
5. nausea and vomit.

VI. Morbidity of breast cancer on Ukraine on a 100000 population:

1. 60,2
2. 50,1
3. 55,3
4. 49,9
5. 56,4.

VII. The most frequent differential diagnostics is conducted with the following illnesses:

1. lipoma;
2. mastopathy;
3. cyst
4. galactoceles;
5. pyoderma.

VIII. On the histological structure of breast cancer of PM3 mainly:

1. skyr
2. adenocarcinoma;
3. squamous cell carcinoma;
4. fibrotic
5. solid.

IX. Most widespread methods of treatment of patients of breast cancer:

1. surgical
2. surgical together with radial therapy
3. endocrinotherapy
4. immunotherapy
5. surgical with chemotherapy treatment.

X. Survival of patients with a III stage of breast cancer:

1. 20%
2. 80%
3. 75%
4. 55%
5. 30%.

B. Situation tasks for self-control.

Task № 1 (№326).

Patient 56 years the conducted radical mastectomy. Final histological answer: poorly differentiated malignant tumor, metastases in arm-pits lymphonoduss. Plan of treatment.

Task № 2 (№327).

Be ill 37 years 3 years ago conducted preoperative radial therapies on a left mammary gland axillary, parasternal, supraclavicular areas. The diagnosis of cancer was confirmed by a puncture biopsy. Through with weeks after the irradiation the conducted radical mastectomy, at histological research not found out a malignant tumor. Final diagnosis: cancer of left mammary gland, gr. II-a, clinical group III. Ten days ago in an area after postoperative a dense node appeared by sizes 1x1cm, mobile. A node is carved, histological researches are found out the metastasis of cancer of mammary gland. Plan of treatment.

Task № 3 (№ 328).

The sick 47 years acted with complaints in the presence of tumor in a right mammary gland. Objectively: on verge of internal quadrants in an organ there is tumular formation by sizes 6x6 cm, it is soldered with contiguous fabrics, a skin is fixed with a tumor. In a right area found out the conglomerate of lymphatic node side 4x5 cm. In marriage was not. A menstrual cycle not is broken. Previous diagnosis. Plan of treatment.

Task №4 (№ 329).

Be ill 57 years, 6 years ago the conducted treatment on an occasion the cancer of right mammary gland of gr. II (T2N1MO). A postoperative scar is smooth and shiny now, without the signs of relapse. Grumbles about pain in a lumbar area with an irradiation in left lower extremity. Previous diagnosis. What is it needed to differentiate with? Plan of treatment.

Task №5 (№ 330).

Sick 29 years, to admit with complaints in the presence of tumor in a right mammary gland. Objectively: in an overhead external quadrant there is a tumor by sizes 1,5 x 1cm is mobile, with clear contours, not soldered with surrounding fabrics. Peripheral lymphonoduss not are megascopic. Diagnosis. Plan of treatment.

Task №6 (№ 331).

Sick 22 years complains in the presence of compressions in both mammary glands, pain at them before menstruations. Counts itself sick from 13 years, when menstruations began. To the doctors did not apply. Year ago nodal formation appeared in both mammary glands. A menstrual cycle not is broken. In marriage was not. By sexual life not tendon. Objectively: both mammary glands of resilient consistency, anymore in external quadrants tumular formations of soft consistency appear in a diameter to 1cm. Peripheral lymphonoduss not are megascopic. Previous diagnosis. Plan of treatment.

Task №7 (№ 332).

The sick 40 years compalain about pain in mammary glands which increase week prior to menstruation. It is ill during 5 years. From the carried diseases marks inflammation of appendages of uterus. A menstrual cycle not is broken. Pregnancies - 6, abortions - 5, births - 1. Fed a child 1 month. Sexual life not is regular. Last 8-9 years is cautioned from pregnancy by contraceptives or breaking of sexual intercourse. Objectively: mammary glands of densityelastic consistency, at palpation sharp pain. It is not found out local tumular formation. Peripheral lymphonoduss not are megascopic. Diagnosis. Plan of treatment.

Задача№ 8 (№ 333)

The sick 40 years to admit with complaints in the presence of tumor in a left mammary gland. Objectively: upended a tumor appears by sizes 4x3 cm, densityelastic consistencies. In horizontal position tumor less dense: it is the badly outlined formation without clear contours. Peripheral lymphonoduss not are megascopic. Previous diagnosis. Additional inspection. Treatment.

Task №9 (№ 334).

The sick 48 years appealed to the doctor with complaints in the presence of bloody excretions from nipples. A doctor did not inspect mammary glands, appointed a chlorous calcium and vicasol. Correct tactic of doctor? What needs to be done for clarification of diagnosis?

Task №10 (№ 335).

Sick 38 years, appealed to the surgeon of doctor on an occasion the compression in a left mammary gland which noticed 2 weeks ago. A surgeon conducted puncture of this formation. In a syringe was aspiration rose color liquid, a tumor disappeared. A surgeon said sick, that at her lactocele and that she not does need treatment. In a year at sick in this place the compression which was constantly multiplied reappeared again. Only in a half-year the sick repeatedly appealed to the surgeon which sent her to the oncologist. Objectively: a tumor in a left mammary gland occupies both overhead quadrants, sizes of her - 8 x 6 cm. A tumor is dense, soldered with a skin. In a left armpit area conglomerate of lymphonoduss, separate lymphonoduss in a left supraclavicular area. Clinical diagnosis. By system of TNM. What does it follow to do to specify a diagnosis? Plan of treatment. Errors at treatment of sick.

4. Materials for audience independent work.

4.1 List of educational practical tasks which must be executed on practical employment.

- to lay hands on the technique of inspection of milk gland at patients with suspicion of breast cancer;
- to conduct cure of patients of breast cancer;
- to work out a plan of treatment of patients of breast cancer;
- to conduct the puncture biopsy of mammary gland.

4.2 Professional algorithms.

5. Materials of out auditorium independent work.

Subject: Study of indexes of morbidity and death rate of breast cancer in 2008 – 2009 years in the Poltava region. Organ safety operations at patients of breast cancer.

Subject: Study of possible dependence of increase of level of morbidity of breast cancer in the Poltava region from contamination of external environment by a mercury.

Professor

P.V.Sheleshko