

Women's Age an Important and Irreplaceable Factors in Breast Cancer Disease

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Introduction

Breast cancer is the most prevalent form of cancer affecting women worldwide. After gastric cancer, this type of cancer is Iran's second leading cause of death and the fifth most common among all cancers. In both developed and developing nations, this kind of cancer currently accounts for the majority of cases. In 2008, the World Health Organization estimated 1.38 million new cases, or 23 percent of all cancers. With 458,000 deaths from breast cancer, the mortality rate is high. the disease worldwide every year. Iran has a new case rate of 5692 tests per year, or 22% of all cancer cases among women, and an estimated 2614 deaths per year as a result.

Description

Among American women, breast cancer is the second leading cause of death and the most common type. Invasive breast cancer was the cause of 39,510 deaths and 22,880 new cases in 2012 among American women. In less developed nations, the incidence and mortality rate of breast cancer have increased rapidly over the past two decades. Iranian women are more likely than other women in developed nations to develop this type of cancer at least a decade earlier. Recent studies in Iran indicate an increase in its incidence and prevalence. The pathogenesis of cancer is influenced by a variety of factors, including obesity, age, and physical activity. Surgery, radiation therapy, chemotherapy, and medication are all components of the multidisciplinary anti-cancer strategy. The survival rate for breast cancer varies greatly from country to country, with 80 percent in North America, Sweden, and Japan and as low as 40 percent in low-income countries due to the absence of early diagnostic programs and sufficient diagnostic and therapeutic facilities in low-income countries. Cancer of the breast accounts for 21.4% of all cancers diagnosed in Iranian women. The time of bosom disease in Iran is 10 years sooner than high level nations. In Iran, 45-year-olds are the most common age.

Regular examination for early stage information is one of the most important steps for early breast cancer diagnosis. More than 65% of all breast masses are discovered by the patient and in patients who regularly participate in breast self-examination programs. The most important action in identifying the tumour in its early stages is the individual's self-examination. The patient himself or herself is able to identify more than 85% of the specified lesions. As a result of this disease's association with age, 85 percent of breast cancer diagnoses are made in women over 40. Ladies with bosom disease are more in danger for auxiliary malignant growths, particularly uterine disease and ovarian. The incidence of cancer is influenced by a number of factors. Some of these factors are: Age, premature maturation, late menopause, age of first pregnancy, length of lactation, number of deliveries, obesity, high dietary fat

intake, and positive family history Health education to society, health education is at risk or a group that plays a major role in controlling the disease, and it is one of the most important axes in disease control and prevention. One of the primary objectives of health education is the dissemination of information, as well as the modification of attitudes and behaviours. Awareness of illness is considered to be the foundation of health education. Controlling and preventing breast cancer are a serious and significant issue affecting women's health because of the importance of age and being a woman.

It is important to note that women with no risk factors are the ones who are diagnosed with more than 80 percent of breast cancer. Although the disease may be completely asymptomatic, the primary cause of the disease is not known, and there is no clear way to prevent it. The World Health Organization says that early diagnosis of the disease is the best way to control it. Sadly, the disease cannot be expressed in the incidence test, prevalence, and rate of accurate mortality due to a definite opinion due to the lack of critical registration of critical events, particularly cancer. In our country, the disease is at the forefront of women's cancers, and its prevalence studies are more regional. However, experts claim that our nation has a low incidence of breast cancer, and studies have shown that Iranian women are infected 10 years earlier than Western women. Due to the fact that survival of an individual is directly related to the stage of the disease at the time of diagnosis, researchers consider the high rate of women's breast cancer mortality caused by late diagnosis. Furthermore, the success of advanced nations in controlling mortality and other consequences of the disease depends on the timely detection of its (early) diagnosis. Talama during the recent years, specialists are attempting to make sense of the exhibition of bosom malignant growth control utilizing instructive models and conduct hypotheses like arranged conduct hypothesis, model of progress, wellbeing.

Conviction model, preparatory transformation process model the hypothesis of sensible practice and social learning hypothesis. Sadly, there is very little fundamental and preliminary information about this behaviour among women in our country, and neither have any reports been published nor are they accessible to researchers. The study found that a lack of timely referral for diagnostic tests and the rapid progression of the disease led to the deaths of 70% of Iranian cancer patients. Prognosis deterioration is correlated with the rate of cancer progression, according to studies. After five years, the prognosis is worse and the number of survivors is lower the faster the disease progresses. Breast cancer metastases are usually performed by lymph node or vascular system to other parts of the body. In a study that was conducted as a study of breast cancer screening tests and its effective factors in women referring to health centres in Ardabil in 2009 by salimi permar and colleagues, it was determined that due to the low level of cancer screening tests breast and identifying factors affecting it, provide appropriate training programs and interventional studies [1-5].

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Conclusion

Intermittent ovarian disease is clearly serious, and the movement free endurance turns out to be continuously more limited with the progressive medicines given at each resulting backslide. The most serious carcinoma was determined at cutting edge stages to have stage III (51%) and stage IV (29%). The 5-year in general endurance was just 42% for stage III patients and 26% for stage IV patients during 2007 through 2013. The principle explanations behind this unfortunate forecast are the high level stage at determination,

the high pace of illness repeat, and the possible rise of treatment opposition. In ovarian disease, the primary dynamically designated specialist is the antiangiogenic specialist. Vascular Endothelial Development Factor (VEGF)/ VEGF receptor (VEGFR) pathway is one of the most widely recognized and significant angiogenic pathways in ovarian malignant growth. VEGF and VEGFR are communicated on ovarian malignant growth cells, and high articulation of VEGF is demonstrative of horrible anticipation.

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Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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