

## Breast Cancer Prevalence in Europe

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### Abstract

Breast cancer affects the breast tissue and usually develops from the glandular cells and pores of the milk ducts (porous carcinoma) or lobules (lobular carcinoma). In rare cases, malignancies also develop from the fatty, muscular, connective tissue and blood vessels of the breast, called sarcomas. The first to talk about breast cancer were Hippocrates and Galen. The prevalence of breast cancer in Europe is quite high. We found that these high rates were due to age, menopause, smoking, lifestyle, place of residence and to a lesser extent what we saw and blood type.

**Keywords:** Breast Cancer; Prevalence; Europe

### Introduction

The prevalence of breast cancer in Europe is quite high. We found that these high rates were due to age, menopause, smoking, lifestyle, place of residence and to a lesser extent what we saw and blood type.

### Results

This result was cross-referenced in another study conducted in the Netherlands where 9.2% of the prevalence of breast cancer was in the age of 70 years and later the prevalence increased to 3.7% and remained stable at this value. At the age of 55 the prevalence was 1.5 times higher than the research data increasing to 2.5 times the prevalence at the age of 70, a difference with a total number of cases of 86% [1].

Prevalence was higher in the most economically developed countries of Europe, which included the countries of northern and western Europe, but also Italy and Malta from southern Europe.

More specifically, in Croatia the incidence rate is 79% and in Cyprus at 93% [2]. Another factor that increases the prevalence of breast cancer in Europe is lifestyle and smoking. In a study of 40-year-old women in the Netherlands, 51% were overweight/obese, 55% were inactive, 75% were regular drinkers, 42% smoked and 79% had low fiber intake [3].

These rates corresponded to 2,665 cases of breast cancer in the Netherlands, of which 8.8% were overweight/obese, 6.6% those who drank alcohol, 5.5% those who were physically inactive, 4.6% in those who smoked and 3.2% in those who did not have enough fiber intake [3]. With regard to smoking, we have identified two studies that demonstrate the major role that smoking plays in the prevalence of breast cancer in Europe.

The studies were conducted in Denmark and the UK. In the UK, out of 102,927 women who participated, 1,815 developed breast cancer and in Denmark, out of 21,831 women who participated, 1,162 developed breast cancer [4]. In Britain the prevalence was measured with HR and for those who did not smoke the HR was 1.14, for those who smoked before the age of 17 it was 1.24 and for those who smoked 1 - 4 years after adolescence was 1.23 [4].

However, the highest incidence rates were those who smoked and had a family history of breast cancer with HR1.35 [5]. In Denmark, of the women who developed breast cancer, 33.7% smoked and 30% smoked in the past. But the important thing in this study was that the 18% who did not smoke had an equally high risk of occurrence as the 27% who smoked [4].

Finally, a study conducted in Greece proved that a woman's blood type is also a risk factor for breast cancer. In this case study, 26.7% had blood type O, 5.5% had blood type B, 61.9% had blood type A and 5.9% had blood type AB. In the control group, 47.5% had blood group C, 13.7% had blood group B, 31.6% had blood group A and 7.2% had blood group AB. 202 were breast cancer patients (59.2%) and 139 (40.8%) healthy controls [5,6].

## Discussion

Nowadays, the advancement of science has contributed to finding ways of pre-symptomatic control, such as mammography, breast ultrasound and magnetic mammography. With the help of these methods, many women had the opportunity to be diagnosed early and treated, resulting in a very good quality of life in the future.

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