2nd World Congress on

BREAST CANCER, GYNECOLOGY AND WOMEN HEALTH

April 15-16, 2019 | Milan, Italy

GLOBAL WOMEN HEALTH 2019



SCIENTIFIC TRACKS & ABSTRACTS

DAY 1

DAY 1 SESSIONS

APRIL 15, 2019

Breast Cancer Surgery | Breast Feeding and Common Breast Conditions

SESSION CHAIR	Ioannis G Papanikolaou University of Athens, Greece
SESSION CO-CHAIR	Maurizio Falso Fondazione Madonna del Corlo, Italy

SESSION INTRODUCTION

Title:	High rate of breast cancer in Catania: Our experience
	Marta Noemi Monari, Humanitas Clinical and Research Center – IRCCS, Italy
Title:	The Pannus Adapter
	Paige L Long Sharps, Montefiore Medical Center, USA
Title:	Robotic assisted surgery for endometrial cancer: Oncologic outcomes and future directions
	Ioannis G Papanikolaou, University of Athens, Greece
Title:	Epidemiological pattern of Breast Cancer in the UAE
	Sitara Bagnulo, Union College, United States of America

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Marta Noemi Monari et al., Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-005

HIGH RATE OF BREAST CANCER IN CATANIA: OUR EXPERIENCE

Marta Noemi Monari[1], C Belgiovine[1,2], L Paravizzini[3], L Gullotti[3], G Falzone[3] and **F Zangrandi[1]**
[1]Humanitas Clinical and Research Center-IRCCS, Italy
[2]Università degli Studi di Pavia, Italy
[3]Humanitas Centro Catanese di Oncologia, Italy

Breast cancer is the most common tumor in female; only in 2017 about 52.300 women fell it in Italy. This is a multifactorial pathology; it is a sporadic disease in the majority of the cases and it does not any kind of hereditary genes transmission, but sometimes, around 10%it could be hereditary, in particular for BRCA1-2, p53, PTEN, STK11, CDH1, PALB2, CHEK2, BARD1, BRIP1, NBN etc. Only in Sicily, 3.027 new cases every year are registered for this tumor with an incidence of 117 cases on 100.000 women and the two cities with the highest rate of this illness are Catania and Caltanissetta. After diagnosis, performed by histological analysis, the patients meet the Oncologic Genetic Counselling (OGC), where the oncologists end geneticist analyzed the clinical history of the patients and, on the bases of literature guidelines, decide if do or not the next generation sequencing (NGS) test, a second level test, before therapy. In 5 months the OGC of Hospital Centro Catanese di Oncology (CCO), decided to performed 48 NGS test in men and women. The aim of this study is to verify the accuracy of our enrolment, whether the percentage of the mutated gene in our samples is in line with the data present in literature. Between 48 patients suspected for a hereditary breast cancer, 2 are men and 46 women with a median age of 44, 08 (26-75 years). We have registered 75% of positive cases between men (37 years old and 65 years old both BRCA2+) and 27% between women (30,5 median age for BRCA1+, 48,01 median age for BRCA2+, 39 years old for family gene note mutation, and 34 years old for CHEK2). The total positivity for the test is 29, 16% and is very high compared to the Italian and world incidence. These results supported and confirmed the optimal skimming operated by physician and could help our EUSOMA (European Society of Breast Cancer Specialist) unit to understand the genetic bases of high rate of breast cancer in Sicily to ameliorate direct screening and treatment. The application of quality indicators is essential to improve organization, performance and outcome in breast care. Efficacy and compliance have to be constantly monitored to evaluate the quality of patient care and to allow appropriate corrective actions leading to improvements in patient care.

BIOGRAPHY

Marta Noemi Monari is a Biologist specialized in microbiology and virology with a II level master in virology, and a Diploma en Genética Médica. She is the contract professor in two different Italian Univeristies: Humanitas Milano and Insubra Varese. She had worked as Director of clinical laboratory. Currently, she is the Clinical and Technical Coordinator of laboratories of Humanitas Hospital group since 2018; it is a group of 10 laboratories up 8 Medical Laboratories of exams, divided in all laboratory specialities.

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Paige L Long Sharps, Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-005

THE PANNUS ADAPTER

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The present invention relates to surgical equipment and in particular, to a device that is intended to support and contain a pannus during a surgical procedure to provide unobstructed access to the surgical site and provide, post-surgery, a clean site that is exposed to air to promote proper healing. A pannus is a medical term for a hanging flap of tissue. When involving the abdomen, it is called a panniculus and consists of skin, fat and sometimes contents of the internal abdomen as part of a hernia. A pannus can be the result of obesity which unfortunately is becoming more and more widespread in society. The pannus is particularly troublesome and must be properly dealt with during the delivery of a child from an obese woman. It is generally understood that the term "obese" actually refers to anyone who is more than 30% over their ideal body weight. In 1962, 13% of the American population was classified as obese. By 1994, this number had increased to 23%. Yet, just six years later in 2000, this number had skyrocketed to over 30%.Today, an estimated two-thirds of Americans are considered overweight while one is three is obese. Obesity can put a woman and her baby at risk for serious health complications as well as complications during delivery of such a woman who is obese during pregnancy has an increased risk of experiencing problems during delivery and labor is more likely to be slow and prolonged, thus increasing the likelihood of cesarean section. The presence of a pannus during a cesarean section complicates the overall process and additional procedures must be followed to prepare the woman for surgery. As is known, in a conventional cesarean section procedure, after the skin is thoroughly cleansed with an aseptic solution and sterile drapes spread over the surgical field, the abdomen is entered my making an incision through all the layers of the abdominal wall: the skin, the fat and then several muscle layers and muscle sheaths (fascia). This incision can be made either vertically below the umbilicus like a zipper, or horizontally right above the pubic bone, a "bikini cut". Recent studies as well as personal experience have found that maternity units are not particularly well equipped for obese pregnant women. Presently, fairly crude techniques are used to deal with obese pregnant women that have a pannus that is obstructing the abdomen area where the cesarean section is to be performed. For example, in order to push the pannus back and hold the pannus away from the underlying tissue where the cesarean incision is to be made, an elongated band, such as adhesive tape, duct tape, surgical tape or the like, is attached to the lower abdomen above the incision on either side and is pulled up and back with sufficient force to lift the pannus away from the underlying tissue, and the other end of the band is fixedly attached to another structure. The structures to which ends of the band are attached can be legs of the bed or other fixtures in the operating room. Once the pannus is lifted, the surgical procedure continues. After delivery of the baby, the incision is closed. Unfortunately, the pannus is left to hang back over the incision. The hanging of the pannus over the incision provides a warm, moist area where the bacteria thrive, and proper healing is more difficult. Hence The Pannus Adapter is innovative in that it will provide proper sterile technical support that is worn by the patient and not attached to an IV pole in some archaic fashion. Not only is it designed to be worn prior to a surgical procedure, such as a cesarean section, but also after it during the recovery period for proper wound healing. It also appreciates that while a cesarean section is described herein as being

a surgical procedure that is complicated by the presence of a pannus, any surgical procedure where an incision is made in the abdomen or proximate area that is covered by a pannus is equally complicated the presence of a pannus. In effect it can be used for abdominal hysterectomies, or any surgical laparotomies. The Pannus Adapter as stated above solves the problem of a surgical field unobstructed by the pannus with a device that is sterile. The presence day of using duct tape and tying the ends of the tape to the surgical bed or IV pole is archaic and non-sterile. In addition, the decrease in wound infections, wound dehiscence and better back and abdominal support post-surgery would be solved by the Pannus Adapter.

BIOGRAPHY

Paige L Long Sharps graduated from the University of Medicine and Dentistry of New Jersey in 1988. She entered an Obstetrical and Gynecology residency program at Columbia University-Harlem Hospital. Her ultimate goal of becoming affiliated with a University-program within a multi-ethnic urban community was achieved upon joining Montefiore Medical Center. She was the Medical Director for the Grand Concourse Division for Montefiore's Medical Center, Obstetrics & Gynecology and Women's Health for the last 10 years. Never settling, she continue to pursue more career goals, and have recently developed a medical device which was patented on July 2014, the Pannus Adapter. Currently, because of her love for teaching she is working as an Adjunct Professor in the Physician Program at Pace University, New York.

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ROBOTIC-ASSISTED SURGERY FOR ENDOMETRIAL CANCER: ONCOLOGIC OUTCOMES AND FUTURE DIRECTIONS

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University of Athens, Greece

In recent years, surgical practice has been changed since the introduction of minimally invasive surgery. Laparoscopic and robotic surgery have significant advantages compared with laparotomy. Robotic technology has helped surgeons overcome many technical difficulties of conventional laparoscopic surgery. Robotics are feasible in the treatment of endometrial cancer with a short learning curve. Operative time is longer compared to laparotomy, but similar or shorter than laparoscopy. Robot dogging time increases the global length of the procedure, but it decreases with experience. The overall morbidity rate seems lower than with other approaches. Hospital stay, postoperative pain and time to recovery are decreased when compared to laparotomy as well as to laparoscopy for some authors. Robotics may offer significant advantages in the treatment of morbidly obese patients who represent the vast majority of endometrial cancer patients. Robotic techniques have benefits over traditional open surgery for management of endometrial cancer, especially in the group of obese patients for whom laparoscopy presents significant limitations. The main limit for the diffusion of robotic surgery is accessibility because of its important cost.

BIOGRAPHY

Ioannis G Papanikolaou was born in Athens in 1985. In 2009 he takes the Medical Degree with excellent votation. Afterwards, he was selected to participate in the two years Postgraduate programme in Robotic surgery, Minimally Invasive Surgery and Telesurgery, in the University of Athens, Medical School, Greece. In 2011 he was distinguished again with excellent votation and obtains the title of "Master of Science" from the Athens Medical School in "Robotic surgery, Minimally Invasive Surgery and Telesurgery. He was distinguished with the PhD (Doctor of Philosophy) from Athens Medical School, Greece with Excellent votation in 2018. He has gained the first Prize in "Robotic Surgery Marathon" as well as the First Prize in the "Laparoscopic Simulation Cup". He is the author of many publications in national and international journals and he is also selected as reviewer for many journals such as *The British Medical Journal, Stem Cells International, Surgical Laparoscopy Endoscopy & Percutaneous Techniques, The International Journal of Medical Robotics & Computer Assisted Surgery, The European Journal of Obstetrics, Gynecology and Reproductive Biology*. Currently he works in the 1st Department of Obstetrics & Gynecology of the University of Athens, Medical School in Greece, in "Alexandra" Hospital.

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EPIDEMIOLOGICAL PATTERN OF BREAST CANCER IN THE UAE

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[2]Well Women Clinic, United Arab Emirates

Introduction: Universally, breast cancer is the most common cancer in women with over half a million women in the world dying from it annually. In the Arab World, the impression is that breast cancer occurs in women younger than those from Western countries. Statistical data to support this impression is difficult to source as most Arab countries do not have publicly-available national cancer registers and if they do, the data may not be reliable. Due to the scarcity of published data on breast cancer in the UAE, we conducted a retrospective epidemiological study to look at the basic pattern of the disease in the UAE and to determine if there are any statistical associations to a few of the known risk factors.

Method: Files of 1,000 female cases of invasive breast cancer, seen by one breast specialist, between June 2000 and June 2017, were reviewed and the following risk factors were tabulated for each patient: Age at diagnosis, age at menarche, age at first child (full term) and breast-feeding history (at least one child for at least 2 weeks). Descriptive statistical analyses were performed separately for each risk factor and inferential statistical analyses (Anova and t-tests) were generated using Wizard, statistical software for Mac, looking for associations between the various risk factors.

Results: Overall, 64.9% of the women in the study were aged younger than 50 years at diagnosis. The mean age at diagnosis was 46.8 with a SD of 10.7 years. The age at menarche ranged from 9 to 19 years with an overall mean of 13.0 and a SD of 1.5 years. Anova test showed no correlation between the means for age at diagnosis and age at menarche (p value of 0.227). There were 236 (23.6%) women without children. Of the rest, the age at 1st child ranged from 13 to 56 years with an overall mean of 26.8 and a SD of 5.8 years. Anova testing showed that there was a significant correlation between mean age at diagnosis and mean age at 1st child ($p<0.001$). For the 764 women who had children, 89.3% of them breast-fed however t-test showed no significant relation between age of diagnosis and breast-feeding (p value of 0.669).

Discussion: Results on age at diagnosis of breast cancer for women in the UAE (mean of 47 years) is consistent with other studies from the MENA region of 48 years2. In the West, breast cancer is a disease of older women with only 20% of cases occurring under the age of 50. Our data showed that almost 65% of cases occurred under the age of 50. The concern here is not just why this is the case, but how can we successfully screen such young women for breast cancer. Interestingly, almost a quarter of the women in our sample did not have any children, itself a known risk factor. Breast-feeding is thought to be a protective factor and most women in the UAE do breastfeed (89.3%) but still get breast cancer young. The only significant correlation we found in our study was between age of diagnosis and age at first child. Women who had their first child aged 21 years or younger developed breast cancer at an older age - in fact, over the age of 50. Our data showed the age of diagnosis to decrease as the age at 1st child increased over the age of 21.

Conclusion: Until we find a good screening tool for breast cancer in young women, raising breast cancer

awareness in the UAE should be a primary goal for the government, which should be directed at women at least 10 years younger than the mean age of diagnosis.

References:

1. "Breast Cancer: Prevention and Control." *World Health Organization*.
2. Najjar H and Easson A (2010) Age at diagnosis of breast cancer in Arab nations. International journal of surgery, 8(6), 448-452.
3. Millar Evan () "Wizard." *Wizard: Statistics & Data Analysis Software for Mac*, 1.9.13 (227), 2013.

BIOGRAPHY

Sitara Bagnulo is a college freshman in Union College USA, majoring in "Science, Medicine and Technology in Culture".

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SCIENTIFIC TRACKS & ABSTRACTS

DAY 2

DAY 2 SESSIONS

APRIL 16, 2019

Obstetrics & Gynecology

SESSION CHAIR	Ash Harkara VOLMO Pvt. Ltd, United Kingdom
SESSION CO-CHAIR	Paige L Long Sharps Montefiore Medical Center, USA

SESSION INTRODUCTION

Title:	Changing the way we train surgeons in the 21st century: Box trainers and virtual reality simulators as training models in gynecologic endoscopy
	Ioannis G Papanikolaou, University of Athens, Greece
Title:	Case of pregnancy after treatment of breast cancer
	Stela Popi Kostic, General Hospital Zrenjanin, Serbia
Title:	10 millimeters at a time, a world without needless breast cancer deaths
	Carman Kobza, Lady B Well- THE BREAST HEALTH PEOPLE, USA
Title:	Inflammatory breast cancer, the breast cancer you can see: wait what?
	Peggy Stephens, Inflammatory Breast Cancer (IBC) Foundation, USA

Ioannis G Papanikolaou, Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-005

CHANGING THE WAY WE TRAIN SURGEONS IN THE 21ST CENTURY: BOX TRAINERS AND VIRTUAL REALITY SIMULATORS AS TRAINING MODELS IN GYNECOLOGIC ENDOSCOPY

Ioannis G Papanikolaou
University of Athens, Greece

The traditional method of acquiring surgical skills by observing and assisting in surgical procedures involving human beings has been challenged during the past several years. Lessons obtained from aviation suggested that the use of simulators is related to reduce costs, increased efficiency in performing certain tasks and above all safety. A shift in paradigm is also required in modern surgical training. The development of endoscopic surgery allowed for the incorporation of medical simulators into training programmes. Surgical training with box trainers and/or virtual reality simulators confers a significant benefit in terms of surgical skills development, increases patient safety and reduces costs. Nevertheless, the use of virtual reality simulators was significantly more expensive. Simulation training allows trainees to learn from their mistakes, to repeat surgical tasks multiple times so as to establish muscle memory and enhance skill competency with the aid of informative feedback. Simulators are necessary for the development of the skills required to meet the specific needs of endoscopic surgery in the 21st century. Teaching hospitals should introduce simulation training programmes in order to increase efficiency, reduce costs and improve patient safety. As medical advancements continue to transform the way we perform surgery day by day, simulation training will play a pivotal role in every surgical specialty.

BIOGRAPHY

Ioannis G Papanikolaou was born in Athens in 1985. In 2009 he takes the Medical Degree with excellent votation. Afterwards, he was selected to participate in the two years Postgraduate programme in Robotic surgery, Minimally Invasive Surgery and Telesurgery, in the University of Athens, Medical School, Greece. In 2011 he was distinguished again with excellent votation and obtains the title of "Master of Science" from the Athens Medical School in "Robotic surgery, Minimally Invasive Surgery and Telesurgery. He was distinguished with the PhD (Doctor of Philosophy) from Athens Medical School, Greece with Excellent votation in 2018. He has gained the first Prize in "Robotic Surgery Marathon", as well as the First Prize in the "Laparoscopic Simulation Cup". He is the author of many publications in national and international journals and he is also selected as reviewer for many journals such as *The British Medical Journal, Stem Cells International, Surgical Laparoscopy Endoscopy & Percutaneous Techniques, The International Journal of Medical Robotics & Computer Assisted Surgery, The European Journal of Obstetrics, Gynecology and Reproductive Biology*. Currently he works in the 1st Department of Obstetrics & Gynecology of the University of Athens, Medical School in Greece, in "Alexandra" Hospital.

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CASE OF PREGNANCY AFTER TREATMENT OF BREAST CANCER

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Introduction: Breast cancer is the one of the important disease responsible for the death of women, both in Serbia and in the world. The incidence of breast cancer in Serbia is 20, 2%, from allleading cancer sites in females (data obteined from Cancer Registry of Serbia 2015). In 2008 Serbia had the highest mortality rate from breast cancer (ASR-W 2008: 22.7/100,000), among all European countries.

Case report: Patient M.T. P3 G3, 37 years old with invasive ductal cancer ofright breast (treated from 2012 till 2016), moderately differentiated histological type with present lymphovascular and perineural invasion of pTT1, HG2, pN2, receptor status ER 7, PR 8, HER2 0, Ki-67 30% tumor cells, admitted to the Gynecology Department because the NMR recording of small pelvis confirmed pregnancy in the uterus. This recording was done because doubts on metastatic changeon segment LS on the spine. Last period was in 2012. The interval of birth beetwin this and least pregnancy was 15 years. On the gynecological ultrasound was diagnosted a live normal fetus, the crown-rump lenth (CRL) was 74mm, (13 week and 4 day). Nuchal translucency was 1, 6mm, and the values of Free-Beta HCG-2,53 MoM, PAPP-A 0,7 MoM. The pregnancy has come from natural cycle. The amniocentesis is recomandet and the result show a normal XX karyotype of fetus. The pregnancy was developed normally, the baby was born in 35-36 weeks (13.02.2018) of gestation with cesarean section because of previous two cesarean section of mother. The female neonatus has body mass 2390g/48 cm, AS:8/9. Postoperation decurzus was normally. The metastatic change was not confirmet during pregnancy and after the delivery.

Discussion: In the literature, cases of natural pregnancy after the treatment of breast cancer are rarely described.

Conclusion: The patient M.T. was the first patient with treated breast cancer who delivery in our Hospital.

Reference:

1. Ilic M and Ilic I (2018) Cancer mortality in Serbia, 1991–2015: an age-period-cohort and joinpoint regression analysis. Cancer Communications 38(1): 10.

BIOGRAPHY

Stela Popi Kostic was born in Zrenjanin, Serbia on 25th August 1972. She was graduated in General Medicine at University of Medicine and Pharmacy Timisoara, Romania in June 1997. She was a specialist in Gynecology and Obstetrics graduated on 10th October 2002 in Timisoara, Romania. She was completed nostrificate diploma of specialization in Novi Sad, Serbia in the year 2003-2004, in the Clinic of Gynecology and Obstetrics. She is working in General Hospital "Dorde Joanovic", Zrenjanin as a specilalist in Gynecology and Obstetrics from 2004. She builds knowledge after years of learning, evaluation and research in hospital. She is the member of Chamber of Doctors of Serbia.

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10 MILLIMETERS AT A TIME, A WORLD WITHOUT NEEDLESS BREAST CANCER DEATHS

Carman Kobza
Lady B Well- THE BREAST HEALTH PEOPLE, USA

"A healthy woman is the heart of a happy family" so, why do we allow breast cancer to increase as the largest cancer killer in the developing world? Why is breast cancer identified as curable (in the West) and largely fatal in the rest? Why don't our hospitals "do something" and why does awareness alone fall short and fail? We know breast cancer is 99% curable when caught early. Research shows when a lump is found under 10 millimeters in size (the size of a pea)…no ladies die. Author know that current detection techniques such as mammogram and ultrasonography are almost exclusively performed within clinics, yet most women are never examined. Clinical breast exams performed by a specialist and self-breast exams, while great practices, are not capable of 10 mm detection. A completely new approach to preventing breast cancer is a must. Author must reach high numbers of ladies…where "they are" and they must do so with more than awareness and "feel good" participation. They must do so with accessible/affordable/acceptable "welcoming and de-stigmatizing" digital screening programs. The latest FDA certified technologies must be deployed to find early breast cancer indications before 10 mm. They must. Breast cancer is occurring in younger and younger ages in the developing world and is not being discovered until later stages. The rate of breast cancer is increasing and the average age is decreasing from the mid 50's to the mid 40's while rates for twenty and thirty-somethings increase the fastest. For urban and rural, the prospects are dim. It doesn't have to be this way. Author's model is successful. The Lady B Well program is offered to anyone, anywhere to make it their own, to be fully trained, and to use our innovative mobile health platform to reach more deserving ladies in more places. Join us.

BIOGRAPHY

Carman Kobza was the Creator of India's first viable Breast Health Education & Digital Screening outreach program. He is from Texas, founded a women's digital diagnostics company in Bangalore in 2015. With an efficient high capacity yet personalized "We Come to You" approach, he exerts full passion to improve women's lives and to end an unconscionable world affliction – Needless Breast Cancer. Lady B Well – *THE BREAST HEALTH PEOPLE* launched to rapidly expand the reach and impact by offering a welcoming, certified & de-stigmatized women's health experience. Seeking interested B2B partners now to serve deserving ladies around the world.

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Peggy Stephens, Res Rep Gynaecol Obstet 2019, Volume 3 | DOI: 10.4066/2591-7366-C2-005

INFLAMMATORY BREAST CANCER, THE BREAST CANCER YOU CAN SEE: WAIT WHAT?

Peggy Stephens
Inflammatory Breast Cancer (IBC) Foundation, USA

Inflammatory breast cancer, the breast cancer you can see. Wait. What? Yes, there is a type of breast cancer that you can 'see' and it may hurt. It's called Inflammatory Breast Cancer (IBC). This is the most aggressive and deadly type of breast cancer. Cancer cells block the lymph vessels in the skin of the breast which can cause it to become swollen, red or inflamed. IBC is rare, accounting for 1 to 5 percent of all breast cancers diagnosed in the United States and progresses rapidly, often in a matter of days or weeks. It grows in sheets or nests which is why mammograms rarely pick it up. At diagnosis, IBC is stage IIIB.

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Note: