1. INTRODUCTION

The myth behind the aetiology and efforts towards treatment and prevention of breast cancer were always present since antiquity. Two Egyptian papyruses, written approximately 1600 B.C. are concerned with the disease, the Edwin Smith Papyrus and the Ebers Papyrus. The first includes a case (no. 45) of "bulging tumour of the breast recorded in lines 9 to 20 of the reproduction:

"If thou examinest a man having bulging tumours on his breast, (and) thou findest that (swellings) have spread over the breast; if thou puttest thy hand upon his breast upon these tumours, (and) thou findest them very cool, there being no fever at all therein when thy hand touches him, they have no granulation, they form no fluid, and they are bulging to thy hand, thou should say concerning him one having bulging tumours. An ailment with which I will attend. There is no (treatment)".

From the Ebers Papyrus, there is the following case description:

"When thou meetest a large tumour of the God Xensu in any part of the limb of a person, it is loathsome and suffers many pustules to come forth; something arises therein as though wind were in it, causing irritation. The tumour calls with a loud voice to thee: It is a tumour of the God Xensu. Do thou nothing there against".

The Arabic physician Ibn Sina or Avicenna (980–1037 AC) in his Qanoun of Medicine differentiated between cancerous swelling and
induration. Ramazzini, in his De Morbis Artificium of 1700, recorded the high occurrence of breast cancer among nuns giving the first report on association of occupation and breast cancer. Hunter (1728-1793) later stated that the predisposing factors to be mainly age, partly hereditary predisposition, and perhaps the climate. Then information concerning breast cancer and its spread grew markedly during the late 18th and early 19th centuries. It was only in the 1970s that systematic use of mammography as a screening method for breast cancer was tested.

2. BREAST CANCER BURDEN IN AFRICA AND THE MIDDLE EAST

The large variation in breast cancer incidence and mortality rates, from one part of the world to another, has been a subject of considerable interest to many scientists. Breast cancer is considered as the most common cause of cancer death among women worldwide.

Incidence rates are high in more developed countries, whereas rates in less developed countries and in Japan are relatively low, but increasing. So, in 2000 worldwide there were over 10 million new cases of cancer, nearly 5.5 million, of which were in the less developed countries. For women, the most common cancers worldwide are breast and cervical cancer, although cervical cancer is primarily seen in less developed countries. Thus in 2000 breast cancer accounted for 10% of all new cancers in males and females, which made it the second most common site of malignant neoplasm after the lung (1). Twenty-two percent of all new cancer cases in women are those of the breast, thus making it by far the most common cancer in females (For additional information on this subject, please, see the contribution of Max Parkin – Chapter 1 – in this book). In less developed countries, approximately 47,000 new cases of breast cancer are diagnosed per year representing also the most common cancer among females.

It is known that, the risk of breast cancer is lower in the low-income regions including Africa and the Middle East, where the possibility of developing breast cancer by the age of 75 is one third that of other high-income regions where an average of 6% of women in high-income regions develop invasive breast cancer before the age of 75 (2).

Clear increases in the incidence of and mortality from breast cancer were reported until the early 1980s in both high and low-income countries. However, substantial improvements in survival have been observed in many western countries since late 1970s and early 1980s. Improvements in treatment and possibly breast screening by mammography are possible factors responsible for the reduced mortality. In low-income countries,