Carcinoma of breast (Ca Breast) is the commonest malignancy in females. It is rare below the age of 40. At the age of 25, chances of Ca Breast are 1 in 20,000. At the age of 60, chances are 1 in 24. If we compare these patients with more older age group, chances of developing Ca Breast for female population is 1 in 5 at the age of 90.¹

- Hippocrates (460 –375 BC) described cases of breast cancer in detail. He described that hard tumors appear in the breast, become increasingly firm, contain no pus, and spread to other parts of the body. Edwin Smith believed that the first reference to breast cancer dates back to the pyramid age of Egypt (3000–2500 BC). The author writes that if the tumors have spread over the breasts are cool to touch and bulging, then there is no treatment.²

- Mastectomy for breast cancer was performed at least as early as 548 AD, when it was proposed by the court physician Aëtius of Amida to Theodora. She declined the surgery, and died a few months later.³

- Leonides, a surgeon of the Alexandrian School described surgical removal of breast cancers. Leonides was perhaps the first to record that breast cancers spread to the axilla. Complete and thorough excision of breast malignancies has been a cardinal principle of surgery since the time of Leonides.⁴

- Albucasis (476 –1500 AD) in Muslim Spain favored the cautery and caustic applications for operation of breast cancer.⁵

- Johann Scultetus (1595–1645) describe the operation without anesthesia or antisepsis; mastectomies were a painful and dangerous or deal customarily carried out in the patient’s home. Patient’s hands were tied behind her back while another assistant caught jets of blood in a pan. A cauterizing iron provided hemostasis.⁶

- In 1774, Bernhard Perilhe reported removing the pectoralis major muscle as well.⁷

- Johann Muller (1801 –1859) was perhaps the first to suspect that spread of malignant cells constituted the mechanism of metastasis. Sir James Paget, an English surgeon, was the first person who described the condition known as Paget Disease in 1874.⁸

- In 1899 Albert Schinzinger (1827–1911) described the hormonal treatment of breast cancer that began with oophorectomy.¹

- William S. Halsted (1852–1922) Professor of Surgery at John Hopkins Hospital in Baltimore devised operation, now known as the radical mastectomy.⁷

- Breast cancer staging systems were developed in the 1920s and 1930s. In 1970, D.H.Patey and R.S.Handley in London felt justified in preserving the pectoralis major muscle, an operation they called the “conservative” radical mastectomy.⁹ Eventually, in 1979, this operation was prevailed as the “modified” radical mastectomy by Hugh Auchincloss Jr. in New York.¹⁰ In continuity removal of the axillary lymph nodes is termed a modified radical mastectomy (patey’s).

- After an initial but unsatisfactory beginning at Guy’s Hospital in London, controlled trials of breast conservation started in Milan, Italy, in 1973 by Umberto Veronesi and by the NSABP (National Surgical Adjuvant Breast and Bowel Project) in 1976. These trials established an approach of excision of the primary tumor, “lumpectomy,” followed by whole breast irradiation. (BCS). Based on these outcomes, in 1990, the NCI sanctioned breast-conserving surgery as the preferred treatment of stage I and II breast cancers.¹⁰

- Axillary sentinel lymph node biopsy was rapidly adopted after it was introduced in 1997, making routine axillary lymph node dissection unnecessary.¹⁰

- Tumor, Node, Metastasis system was adopted in 1954 by the International Union Against Cancer.¹¹

- Mammography unarguably is the most important advancement to date in the detection of breast cancer, first done in 1926. Albert Salomon (1883–1976) was a German surgeon at the Royal Surgical University Clinic in Berlin. He is best known for his study of early mastectomies that is considered the beginning of mammography.¹²

- After World War I, Paul Erlich introduced the word systemic chemotherapy for Ca Breast.¹³

- In 1951, Jane C. Wright demonstrated the use of methotrexate in solid tumors, showing remission in breast cancer.¹⁴
Modern chemotherapy developed after World War II.\textsuperscript{15} Ultrasonography came into use in the 1950s. MRI proved valuable in special situations. Although it is 27–36% more sensitive, it has been claimed to be less specific than mammography.\textsuperscript{16} In the late 1950s, pharmaceutical companies were actively searching a newly discovered class of anti-estrogen compounds in the hope of developing a morning-after contraceptive pill. In 1966 Dora Richardson first synthesized tamoxifen, known then as ICI-46,474.\textsuperscript{17} Patent protection on this compound was repeatedly denied in the US until the 1980s. Tamoxifen never proved useful in human contraception. The first clinical study for Tamoxifen took place at the Christie Hospital in 1971, and showed a convincing effect in advanced breast cancer.\textsuperscript{19} Tamoxifen's further development may have been bolstered by a second clinical study by Harold W.C. Ward at the Queen Elizabeth Hospital, Birmingham.\textsuperscript{20} Ward's study showed a more definitive response to the drug at a higher dosage.

At present, standard treatment of Ca Breast start with investigations like tissue diagnosis, all routine base line tests, bone scan and chest X-Ray, mammogram both sides, ultrasound abdomen and ends up with breast conserving surgery or modified radical mastectomy followed by radio/chemotherapy.\textsuperscript{1}

Future as seen by the author is every patient should be diagnosed at stage 1 or II. Every patient should have MRI/CT chest, bone scan, bilateral mammogram, ultrasound scan abdomen and gene analysis. Definitive treatment will be BCS or primary reconstruction at the time of surgery.

References