



# Humps and bumps: feel them ... like it or lump it

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Among the most prevalent cancers, only five—breast cancer, 3rd most prevalent; melanoma, 7th; thyroid, 8th; oral cancers, 13th; testis, 23rd (1)—are easily detectable by external palpation of accessible organs (breasts, thyroid, mouth, skin, and testes) and do not require some form of corporeal invasion for assessment. Minor trauma (such as a bump or hump drawing attention to a lump) frequently prompts closer inspection of an organ and is then incorrectly ascribed a causal role with respect to a growth subsequently discovered. That situation applies particularly to breasts, thyroid, skin, and testes because of visibility and access to those organs.

## CHALLENGES ARISING

Analyses of blood and urine, and occult fecal blood testing, are routine parts of a health examination, and rectal and vaginal digital inspection are also usually part of routine investigations for people more than 50 years of age. Further inspection of organs is a part of medical checkups, and most other organs—prostate, lung, rectum, blood, bladder, stomach, kidney, uterus, pancreas, brain, ovary, liver, esophagus, cervix, and larynx—demand some form of special medical assessment. Detected signs or symptoms automatically indicate a need for further special investigations such as colonoscopy, colposcopy, gastroscopy, or laryngoscopy; specialized chemistry; blood tests; or a variety of imaging or histopathology tests. Those tests are all within the realm of decision-taking by physicians, specialists, and supporting medical technicians. But the earliest detection of unexplained painless tumours as a persistent swelling—no matter how small—in breast, skin, thyroid, mouth, or testis is most feasible by patients themselves.

## DISCUSSION

Regular personal self-examination should not be inhibited by superstitious, religious, or politically infused value systems. Any notable change is more easily detected subjectively or by intimate companions (lovers, spouses, partners, significant others). A high level of suspicion should be engaged when lumps in the bosom, testis, skin, or thyroid are encountered. Oral changes, although not easily subjectively noted, are accessible and visible with regular visits to a dentist, who should note changes and follow up with appropriate investigations or referrals. Lumps and bumps on skin, thyroid, breast, or testis should always be reported to general practitioners for early assessment. Site, size, color, palpation, consistency changes, duration, swelling, and marginal changes all give critical clues to shrewd clinical diagnosticians about whether a swelling or tumour is potentially a malignant lesion and demands follow-up therapy. Subjective awareness about early changes detected by palpation is well within a layperson's control and could be invaluable in sustaining personal health.

The truth is that too many painless early changes are ignored by patients when first detected, leading to a too-late definitive diagnosis. Late presentations prove to be more complicated and costly in terms of personal and societal loss, pain, anxiety, morbidity, and mortality from therapies. These late presentations may be a result of ignorance, fear of implications and complications, denial of reality, and lack of appreciation of the support systems available to assist and minimize setbacks arising from cancer.

## CONCLUDING REMARKS

Patients should be encouraged to observe and, if possible, to palpate all accessible and visible parts of their bodies. At best, this simple activity enhances mild, easy therapy or, at worst, leads to a life-saving diagnosis. Of course personal observation is not meant to replace regular competent medical checks by trained physicians, who should

observe and palpate organs, but it is a simple adjunct to sustaining personal health.

Humps, lumps, and bumps? Feel them—like it or lump it! Don't ignore them; it could cost a life. Early detection of neoplasia optimizes therapeutic outcomes, facilitates surgical therapies, maximizes chemotherapy and radiotherapy, and makes the most of follow-up therapies.

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## CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

## REFERENCES

1. Canadian Cancer Society's Steering Committee. *Canadian Cancer Statistics 2009*. Table 1.1. Toronto, ON: Canadian Cancer Society; 2009. [Available online at: <http://www.cancer.ca/canada-wide/about%20cancer/cancer%20statistics/~//media/CCS/Canada%20wide/Files%20List/English%20files%20heading/pdf%20not%20in%20publications%20section/Stats%202009E%20Cdn%20Cancer.ashx>; cited February 1, 2012]