

STUDY OF CLINICAL PROFILE OF BREAST CANCER PATIENTS AT A TERTIARY CARE HOSPITAL, MIMS, MANDYA

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ABSTRACT

Breast cancer contributes for 5-8% of all cancer in India, and there is a rising trend in its incidence as the most common type of cancer in urban Indian women and the second most common type of cancer in rural women. The probability of developing breast cancer during lifetime in Indian women is 1 in 22 as compared to 1 in 8 women in the United States and other developed countries. There are considerable variations in risk factors, presenting stage and prognostic factors such as receptor status.

AIM

To evaluate the clinical profile of patients presenting with breast cancer to a tertiary care hospital, MIMS, Mandya.

MATERIALS AND METHODS

It was an observational, cross-sectional study done in the Department of Surgery/Onco Surgery, MIMS, Mandya, a tertiary care centre from Oct. 2015 to March 2016. Patients diagnosed as carcinoma breast were registered; detailed history, clinical examination and necessary investigations performed.

RESULTS AND CONCLUSIONS

The incidence was high (80%) among women age ranging from 30 to 60. The majority of women presented with lump (90%) and others with nipple retraction (14%), ulceration (20%), discharge (10%), and symptoms of metastasis (12%). Upper outer quadrant was the common site of tumour in more than 50% of patients, IDC was the common histology, most of patients presented in stage 2/3.

KEYWORDS

Palpable Breast Lump, Carcinoma Breast, Triple Assessment.

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INTRODUCTION

Breast cancer is one of the common and leading causes of cancer related death in females and account for 29% of all cancers diagnosed each year worldwide.¹ It is the most common type of cancer in urban Indian women and the second most common type of cancer in rural women.² The probability of developing breast cancer during lifetime in Indian women is 1 in 22 as compared to 1 in 8 women in the United States and other developed countries.³

Breast cancer is a disease of the old age with the peak incidence in the fifth and sixth decades, but in India the disease is seen a decade earlier, probably because of shorter life expectancy in Indian women (about 65.3 years as per Indian data in 2005) as compared to counterparts in USA. Studies show that the breast cancer in younger women is unique and needs a different treatment strategy than what might be used for older women with breast cancer.⁴⁻⁶

Genetic differences, the stage of disease at the time of diagnosis, availability of proper and appropriate care are some of the factors which explain the differences in incidence, clinical profile and outcome of the patients.⁷

Present study describes the clinical profile of Breast cancer patients visiting a tertiary care hospital, Mandya Institute of Medical Sciences, Mandya.

METHODS

It was an observational, cross-sectional study. Total 50 patients of newly diagnosed cases of breast cancer attending the General Surgery/Oncosurgery Outpatient Department were enrolled in the study. Patients operated at other centres, patients with recurrent disease were not included in the study. Detailed history, clinical examination and necessary investigations performed. Patients were staged as per TNM staging.

RESULTS AND ANALYSIS

Age Group	No. of Patients	Percentage
<30 Years	03	06%
30-60	40	80%
>60	07	14%
1 case of male breast cancer in a 55-year-old man		
Table 1: Distribution Based on Age Group		

Clinical Parameter	No. of Patients	Percentage
Side Involved		
Right	23	46%
Left	27	54%
Duration of Symptoms		
<2 months	10	20%
2-6 months	27	54%
>6 months	13	26%
Size of Lump		

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<2 cms	03	06%
2-5 cms	11	22%
>5 cms	36	72%
Nipple Retraction		
Present	07	14%
Absent	43	96%
Nipple Discharge		
Present	05	10%
Absent	45	90%
Skin Changes		
Present	10	20%
Absent	40	80%

Table 2

Parameter	No. of Patients	Percentage
Parity		
Nulliparous	05	10%
Multiparous	45	90%
Family History of CA Breast		
Present	2	4%
Absent	48	96%

Table 3

Location of Tumour	No. of Patients	Percentage
Upper outer quadrant	26	52%
Upper inner quadrant	06	12%
Lower outer quadrant	01	02%
Lower inner quadrant	04	08%
Central quadrant	13	26%

Table 4

Stage of Disease	No. of Patients	Percentage
Early breast cancer	07	14%
Locally advanced BC	37	74%
Metastatic breast cancer	06	12%

Table 5

Histological Type	No. of Patients	Percentage
Carcinoma in-situ	NIL	0
Infiltrating ductal carcinoma	48	96%
Infiltrating lobular carcinoma	NIL	0
Malignant phyllodes tumour	01	2%
Paget's disease	01	2%

Table 6

DISCUSSION

Worldwide breast cancer is the most frequent cancer in women and represents the second leading cause of cancer death among women (After lung cancer).^{8,9} Presently, 75,000 new cases occur in Indian women every year.¹⁰ This figure must be viewed against the backdrop that the National Cancer Registry and the Hospital-Based Tumour Registries hardly sample 3% of the total population. Locally Advanced Breast Cancer (LABC) constitutes more than 50 to 70% of the patients presenting for treatment.

Clinically, the relation between tumour size and lymph node involvement is well known.¹¹ and it is the only most powerful indicator of poor prognosis in breast cancer.^{12,13} Breast cancer in younger women that are diagnosed with a

palpable mass have larger tumour sizes, more lymph node metastasis and are more invasive cancers than those in older women. Metastasis to the lymph nodes is an important prognostic factor, which indicate advanced disease status with the probability that cancer cells have spread to distant sites. At diagnosis, 30% to 50% of all breast cancers have spread to the sentinel lymph node.¹⁴⁻¹⁶

The data regarding the location of lump in present study is comparable with that reported by RK Gange et al¹⁷ in which case location of the lump was in upper outer quadrant in 48% cases, lower outer quadrant in 10% cases, lower inner quadrant in 12% cases and central quadrant in 12% cases.

In our study, the most frequent age group to have diagnosed breast cancer was between 30 yrs. to 60 yrs. of age. Also in this study, 60% of cases were premenopausal and remaining 40 percent were postmenopausal.

In this study, majority of cases were in stage III and stage II; infiltrating ductal carcinoma (98%) was the most common histopathological type in the present study. Similar observations have been reported by Haque R et al¹⁸ with 75% cases being infiltrating ductal carcinoma in their study and Gupta JC et al¹⁹ with 91.1% cases of infiltrating ductal carcinoma in their study.

One case of male breast carcinoma were reported in the present study. However, study has its limitations which include an observational study design, small sample size, non-availability of ER/PR receptor status. However, it gives valuable information regarding the clinical profile and outcome of breast cancer patients in our setup.

CONCLUSION

The incidence was high (80%) among women age ranging from 30 to 60. The majority of women presented with lump (90%) and others with nipple retraction (14%), ulceration (20%), discharge (10%), and symptoms of metastasis (12%). Upper outer quadrant was the common site of tumour in more than 50% of patients. Infiltrating ductal carcinoma was the common histology, most of the patients presented in stage II and III.

This study highlights the need to support health education regarding the warning signals of breast cancer and its early screening, so that more patients can be diagnosed at an early stage and effective treatment can be given to these women and their lives can be saved. Facility for estimation of ER/PR receptor status should be made available, so that outcome can be improved. More, larger in-depth studies are needed to investigate the aetiology of breast cancer in younger patients.

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