

Social Aspects of Patients with Carcinoma Breast Presented to Sir Ganga Ram Hospital Lahore

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This study was carried out in Sir Ganga Ram Hospital from January 2001 to December 2003. 525 patients with carcinoma breast were selected and a detailed demographic record was maintained. It was seen that the largest no. of cases were between 30-39 years i.e., 37.33% Socioeconomic status showed that 47.24 % belong to lower group. 80.38% were house wives Marital status showed 97.14% were married. 66.67% patients belong to rural areas. Age at the time of first pregnancy was between 22-27 years i.e., 75% of cases. Average number of children was 5 seen in 52.78% cases. Lactation status showed 41.67% had breast fed their children for 18 months. Family history was positive in 2.7% patients.. Average size of the lump was 6-10cm i.e 55.6%. It was T3 tumor in 47.22% of cases.

Key words : Carcinoma breast, pregnancy.

Carcinoma of the breast is the commonest malignant tumour from cities like Karachi, Rawalpindi and Lahore¹. It is the commonest malignancy in females all over the world². Rates in developing countries are significantly higher than in the developed countries. Japan is an exception having breast, carcinoma rates as high as North America³.

It is our observation that the Breast carcinoma is more common in younger age group as compared to the Western Countries. Carcinoma of the breast is also seen in pregnant and lactating women. Most of the patients present at a late stage of disease because ignorance, social taboos, a fear of hospitalization and operation. Early marriage multiparty and lactation seemed to give no protection. Illiteracy is a common problem and females are not aware of their health problems, they seek medical advice very late.

The geographical, racial and environmental factors are different in this part of the world so we want to know that what are the etiological factors in our country and the pattern of presentation which in turn may help us in better understanding of the disease process itself.

Materials and methods

All patients with carcinoma breast, confirmed histopathologically by biopsy were included in this study. Detailed history was taken on a Performa and then a full examination was done Routine and special investigations were performed. Specimen were sent to the histopathology department of Fatima Jinnah Medical College Lahore where consultant pathologists examined the tissues and gave a detailed report

Results

525 Patients presented with Carcinoma breast. It was seen that the age varied from 20-60 years. Peak incidence was seen in 30-39 Table 1. Occupation record (Table 2) shows that 80.38% patients were housewives and only 19.62% were professional women. Table 3. Socioeconomic status

shows that 38.86% belongs to middle class group Table 4. shows the marital status which shows 97.14% were married. Residential distribution shows that 66.67% patients were from rural areas (Table 5) The age at the time of 1st pregnancy (Table 6) was 16yrs. and oldest was 30yrs. The average number of children was 5 (Table 7).

Lactation status (Table 8) of the patients showed that 80% had a positive history of breast-feeding 41.67% patients had breast fed their children for 18 months. Average duration was 16 months (Table 9) Family history was positive in 2.67% patients. The stage of the tumor shows that 47.22% had T3 tumor (Table 10).

Table 1.

Age in years	n=	%age
20-29	38	7.24
30-39	196	37.33
40-49	130	24.76
50-59	99	18.86
60-69	62	11.81

Table 2 (n=525)

Occupation	n=	%age
House wife	422	80.38
Professional	102	19.62

Table 3 (n=525)

Socioeconomic status	n=	%age
Upper class	73	13.90
Middle class	204	38.86
Lower class	248	47.24

Table 4 (n=525)

Marital status	n=	%age
Married	510	97.14
Unmarried	15	2.86

Table 5 (n=525)

Residential area	n=	%age
Rural	350	66.67
Urban	175	33.33

Table 6 (n=525)

Age at the time of first pregnancy	n=	%age
16-21 years	44	8.33
22-27 years	394	75
28-30 years	87	16.67

Table 7 (n=525)

No. of children	n=	%age
0-1	15	2.77
2-5	277	52.78
6-8	160	30.56
>8	73	13.89

Table 8 (n=525)

Duration of lactation	n=	%age
No lactation	14	2.77
6 months	44	8.33
12 months	131	25
18 months	219	41.67
24 months	117	22.23
30 months	None	0

Table 9 (n=525)

Family history	n=	%age
Positive	14	2.63
Negative	511	97.33

Table 10 (n=525)

Stage of tumour	n=	%age
T4	248	47.22
T3	160	30.55
T2	117	22.23

Discussion

This study was conducted on about 525 patients with breast cancer who presented to the Sir Ganga Ram Hospital Lahore in a period of three years.

The peak incidence was seen in the age groups of 30-39 years, which is quite different as compared to the incidence seen in western countries in one study it was seen that approximately 50% of new cases of breast cancer over 65 years⁴. Breast cancer is the disease commonly found in older age groups in western countries⁵.

Occupational record shows that carcinoma breast was seen more commonly in patients who were house wives as compared to professional women. The relationship of socioeconomic status shows that most of the women belong to lower class group. Residential distribution shows that most of the patients were from rural areas. Researchers suggest that environmental exposure in combination with genetic predisposition, age at exposure and hormonal milieu have a cumulative effect on breast

cancer risk⁶. Family history was positive in 2.63% cases. About 1 in 300 women carry a gene responsible for breast cancer⁷.

Marital status shows that most patients with breast cancer were married. Breast cancer is also seen in pregnant and lactating women. Most of the women had breast fed their children and the average duration was 15 months.

The parity record shows that most of the females had children and the average no. was 5. According to one study longer period of breast feeding >24 months is reduced risk of breast cancer⁸. Parous women have reduced risk relative to nulligravid in western countries⁹.

Taking account of all this information which we have gathered from patients of carcinoma breast we have seen breast cancer is usually presenting in younger age group non professional women, patients usually take medical advice very late because it is a problem without any physical ailment. Mostly presents with a painless lump. Early diagnosis and treatment affects prognosis. We have to educate women through mass media to consult their doctor as soon as they feel a lump in their breast, more stress should be given to self examination and education of young girls.

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