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Research Article

**AN ASSESSMENT OF BREAST CANCER REOCCURRENCE
RATE WITH RESPECT TO AGE, EDUCATIONAL STATUS,
PARITY AND MARITAL STATUS**¹Dr. Iram Abdul Razzaq, ²Dr. Sheeza Jabeen, ³Dr. Muhammad Mateen Shahid¹Govt. Khawaja Muhammad Safdar Medical College Sialkot.²Sharif Medical Hospital Lahore³Social Security Teaching Hospital Sialkot**Abstract:**

Objective: The objective of the research was to evaluate the periodical rate of a breast tumour.

Material and Methods: The design of the research was cross-sectional, performed at the Department of Surgery, Sharif Medical Hospital Lahore from March 2017 to February 2018. The number of females selected by the researcher for the study was one hundred and ten having age in between thirty to sixty years along with conduction of revising radical mastectomy in entire patients. Researcher reevaluated the entire patients after the period of six months as a follow-up to find out periodical rate of a breast tumour.

Results: The number of females selected by the researcher for the study was one hundred and ten having age between thirty to sixty years. Researcher diagnosis breast tumour periodicity in twenty-five (twenty-three percent) patients. The number of patients associated with age category of less than thirty years was eleven (ten percent) succeeded by thirteen (11.82%) patients of thirty to forty-year age category, forty-one (37.27%) patients to age category of forty-one to fifty years along with forty-five (40.91%) patients to age category of fifty-one to sixty years. The researcher recorded the periodicity of a breast tumour in two (18.18%), three (23.08%), ten (24.39%), and ten (22.22%) patients respectively and also recorded statistically important linkage of periodicity with age categorization along with P value = 0.9776.

Conclusion: The finding of our research presented an increased rate of the periodicity of breast cancer after revising radical mastectomy and most patients are in between fifty to sixty years' age of life.

Keywords: Radiotherapy, Breast Carcinoma, Hormonal, Mastectomy, Unaltered.

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INTRODUCTION:

The disease of breast carcinoma is prevailing globally. It is generally most cancer associated factor of demise in average age female in the entire world. It is also usual most carcinoma in females in maximum localities of Pakistan [1]. Breast carcinoma pretends to have a complicated aetiology, probably with the exchange of most common causes containing hormonal, environment as well as genetic causes running over a prolong duration [2]. The two primary fundamentals of management of initial breast carcinoma are to decrease the probability of regional periodicity as well as the hazard of metastatic expansion [3]. The absolute surgical management of breast carcinoma is mastectomy as well as axillary operation or clarity, however, there is the little bit huge rate of regional sequential controlled operation, alike if together with radiotherapy, almost the prolong duration perspective in term of prevalence still unaltered [4]. The researcher determined radiotherapy to the chest wall just after dissection procedure in nominated patients in those the hazards of regional periodicity are maximum [5]. The periodicity of breast carcinoma within the operational area succeeding reactionary mastectomy outcomes from partial or uncompleted clearance of a tumour or complicated node, from cutting around in distilled lymphatic, from spillage of tumorous cells in the trauma or conceivably blood origination metastasis which has insemination within the operative or surgical area [6]. The hazardous element of periodicity is the immersion of the lymph node, huge tumour volume, adjoining tumour boundaries as well as the absence of radiation management posterior lumpectomy, immature age incendiary action [7]. The objective of the research was to evaluate the periodical rate of a breast tumour [8]. Findings of our research might be useful in timely diagnosing periodicity or commonness of a breast tumour, therefore well in time treatment/measures can be utilized. A breast tumour is defined as, declared a breast tumour on histopathology reports after biopsy of tissues (histopathology results are pleomorphism, accession of cytoplasmic proportion, metaplasia along with anaplasia). The periodic breast tumour is defined as the presence of frantic territorial tumour at the locality of mastectomy verified by histopathology reports or existence of isolated metastasis verified by ultrasounds abdomen, x-ray of the chest as well as bone scan.

MATERIAL AND METHODS:

The design of the research was cross-sectional, performed at Department of Surgery, Sharif Medical Hospital Lahore from March 2017 to February 2018. The number of females selected by the researcher for

the study was one hundred and ten having age between thirty to sixty years. Researcher expelled all those females from research who had the previous record of diabetes mellitus as well as mastectomy and take Recommendation of research from organization review panel along with permission in writing from every individual, recorded connubial status and education qualification on Performa made for the said purpose. Researcher carried out revise radical mastectomy in entire patients and also reevaluated the entire patients after the period of six months as follow-up to find out periodical rate of breast tumor, sent clinical suspecting patients of periodic breast carcinoma to laboratory for assessment of histopathology to verify the periodicity of breast tumor and recorded the composed facts concerning to patients into SPSS software [16]. Researcher displayed the quantitative variants just like age as average and SD and qualitative variants i.e. patient's connubial status, periodicity in yes/no option as commonness/frequentness and probability and conducted categorization for equality (multipara or primary para) age, patients' connubial status to notice the consequences of these on results variants/variables. I.e. periodicity/recurrences or periodicity along with the application of post categorization chi-square test and assumed p-value is equal or less than 0.05 as expressive.

RESULTS:

The number of females selected by the researcher for the study was one hundred and ten having age between thirty to sixty years. Researcher diagnosed periodicity of a breast tumour in twenty (twenty-three percent) patients and divide the chosen patients into four age categories. I.e. age category of patients of less than thirty-year age, thirty to forty years' age category, forty-one to fifty-year age category, and fifty-one to sixty years of age category. The number of patients associated with category one (less than thirty years) was eleven (ten percent) succeeded by thirteen (11.82%) patients of thirty-one to forty years of age category, forty-one (37.27%) patients of age category of forty-one to fifty years and forty-five (40.91%) cases belong to age category patients of fifty-one to sixty years. The researcher recorded the periodicity of a breast tumour in two (18.18%), three (23.08%), ten (24.39%), and ten (22.22%) patients respectively and also recorded statically important linkage of periodicity with age categorization along with P value = 0.9776. the number of female's patients who clear her matriculation exams and also get a higher education was thirty-nine (35.45 %) along with seventy-one (64.55%) under matric females. The researcher recorded periodicity/periodicity/recurrence in eighteen

(25.35%) under matriculation and seven (17.95%) matric and higher qualification patients respectively and also recorded statistically nonimportant connection among periodicity/recurrences and education qualification status. Among fifty-seven (51.82%) primary paras, researcher recorded periodicity/recurrences in eleven (19.30%) patients as well as our multiparas, noted periodicity/periodicity/recurrence in fourteen

(26.42%) along with non-important connection of periodicity/periodicity/recurrence with p-value = 0.4592. The number of married patients was fifty-nine along with fifty-one (46.36%) unmarried patients. The researcher recorded periodicity/recurrences in ten (16.95) married patients along with fifteen (29.41%) unmarried patients. However, the connection was not expressive with p-value 0.170.

Table – I: Reoccurrence Rate

Yes		No	
Number	Percentage	Number	Percentage
25	23	85	77

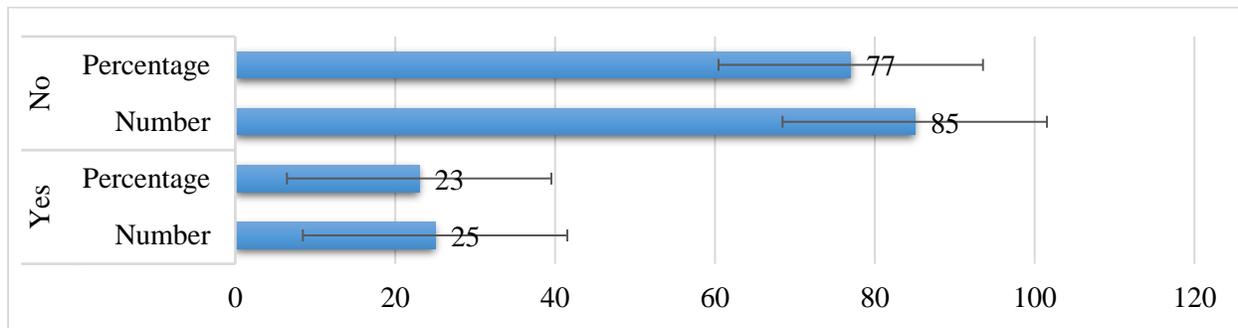
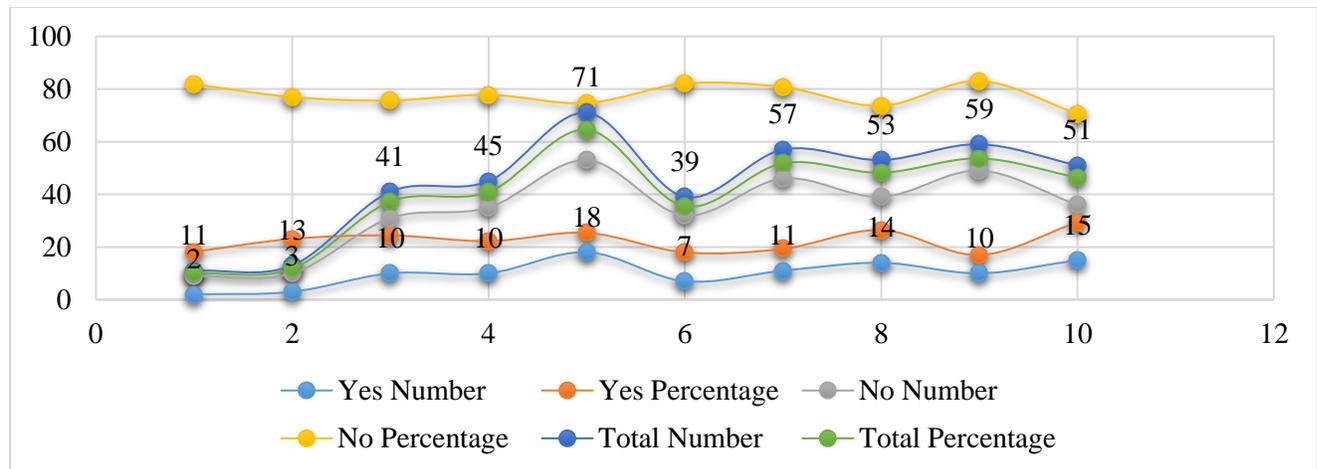


Table – II: Reoccurrence Rate in Various Variables

Variables		Yes		No		Total		P-Value
		Number	Percentage	Number	Percentage	Number	Percentage	
Age	< 30 Years	2	18.180	9	81.820	11	10.000	0.9776
	30 – 40 Years	3	23.080	10	76.920	13	11.820	
	41 – 50 Years	10	24.390	31	75.610	41	37.270	
	51 – 60 Years	10	22.220	35	77.780	45	40.910	
Educational Status	Under metric	18	25.350	53	74.650	71	64.550	0.878
	Metric and Above	7	17.950	32	82.050	39	35.450	
Parity	Primary Para	11	19.300	46	80.700	57	51.820	0.4952
	Multipara	14	26.420	39	73.580	53	48.180	
Marital Status	Married	10	16.950	49	83.050	59	53.640	0.1707
	Un-married	15	29.410	36	70.590	51	46.360	



DISCUSSION:

The two primary fundamentals of management of initial breast carcinoma are to decrease the probability of regional periodicity as well as the hazard of metastatic expansion [1]. The absolute surgical management of breast carcinoma is mastectomy as well as axillary operation or clarity, however, there is the little bit huge rate of regional sequential controlled operation, alike if together with radiotherapy, almost the prolong duration perspective in term of prevalence still unaltered. The researcher determined radiotherapy to the chest wall just after dissection procedure in nominated patients in those the hazards of regional periodicity are maximum. The periodicity of breast carcinoma within the operational area succeeding reactionary mastectomy outcomes from partial or uncompleted clearance of a tumour or complicated node, from cutting around in distilled lymphatic, from spillage of tumorous cells in the trauma or conceivably blood origination metastasis which has insemination within the operative or surgical area [2]. The hazardous element of periodicity are the immersion of lymph node, huge tumour volume, adjoining tumour boundaries as well as the absence of radiation management posterior lumpectomy, immature age incendiary action [9, 10]. The number of females selected by the researcher for the study was one hundred and ten having age in between thirty to sixty years along with conduction of MRM in entire patients.

Researcher reevaluated the entire patients after the period of six months as a follow-up to find out periodical rate of a breast tumour. Researcher diagnosed breast tumour periodicity in twenty-five (twenty-three percent) patients. In one research conducted by Kheradmand et al recorded (20.2%) patients of a breast tumour [11]. The outcomes of this

research are resembling with our research. In research conducted by Mutlak NS and Andry et al, noted thirteen and fourteen percent of periodicity/recurrence rate of breast carcinoma just after revising radical mastectomy respectively [12]. Results of these two research differ with our results. In the research conducted by Lundkvist et al noted (9.8%) of periodicity/recurrence rate of breast carcinoma after revising radical mastectomy respectively [13]. The number of patients associated to age category of less than thirty years was eleven (ten percent) succeeded by thirteen (11.82%) patients of thirty to forty-year age category, forty-one (37.27%) patients to age category of forty-one to fifty years along with forty-five (40.91%) patients to age category of fifty-one to sixty years. The researcher recorded the periodicity of a breast tumour in two (18.18%), three (23.08%), ten (24.39%), and ten (22.22%) patients respectively and also recorded statically important linkage of periodicity with age categorization along with P value = 0.9776. Most patients are in between fifty to sixty years' age of life. Several additional types of research also presented the increased percentage of a breast tumour in those females having age more than forty years [14, 15]. Among fifty-seven (51.82%) primary paras, the researcher recorded periodicity/recurrences in eleven (19.30%) patients as well as our multiparas, noted periodicity/recurrence in fourteen (26.42%) along with non-important connection of periodicity/recurrence with p-value = 0.4592.

The number of married patients was fifty-nine along with fifty-one (46.36%) unmarried patients. The researcher recorded periodicity/recurrences in ten (16.95) married patients along with fifteen (29.41%) unmarried patients. However, the connection was not expressive with p-value 0.170. The researcher

recorded an increased percentage of a breast tumour in married patients with respect to unmarried patients (seventy-four percent vs. twenty-six percent) but not reported any relation of a breast tumour with connubial (marital) status. Mutlak NS et al also presented nonimportant relation of periodicity/recurrence of a breast tumour with parity, age factor, and connubial status, a record of contraceptives uses as well as a family record of a breast tumour.

CONCLUSION:

The finding of our research presented an increased rate of the periodicity of breast cancer afterwards revise radical mastectomy and most patients are between fifty to sixty years' age of life.

REFERENCES:

1. Kron T, Chua B. Radiotherapy for breast cancer: how can it benefit from advancing technology? *EMJ*. 2014; 2:83–90.
2. Poortmans P. Optimal approach in early breast cancer: Radiation therapy. *EJC Supplements*. 2013 Sep 1;11(2):27–36.
3. Jagsi R, Jagsi R. Postmastectomy radiation therapy: an overview for the practising surgeon, postmastectomy radiation therapy: an overview for the practising surgeon. *International Scholarly Research Notices, International Scholarly Research Notices*. 2013 Sep 11;2013, 2013: e212979. atment failure in early-stage breast cancer. *Chonnam Med J*. 2014 Dec;50(3):96–101.
4. Mutlak NS, Al-Mukhtar R, Al-Dawoodi NS, Sulaiman CTI. Recurrent breast cancer following revise radical mastectomy and risk factors. *J Fac Med Baghdad*. 2012;54(3):198-203.
5. Park H, Chang SK, Kim JY, Lee BM, Shin HS. Risk factors for distant metastasis as a primary site of tre
6. Naeem M, Nasir A, Aman Z, Ahmad T, Samad A. Frequency of HER-2/neu receptor positivity and its association with other features of breast cancer. *J Ayub Med Coll Abbottabad*. 2008 Sep;20(3):23–6.
7. Yu J, Mushawah FA, Taylor ME, Cyr AE, Gillanders WE, Aft RL, et al. Compromised margins following mastectomy for stage i – iii invasive breast cancer. *J Surg Res*. 2012 Sep;177(1):102–8.
8. Dutta V, Chopra G, Sahai K, Nema S. Hormone receptors, Her-2/neu and chromosomal aberrations in breast cancer. *Med J Armed Forces India*. 2008 Jan;64(1):11–5.
9. Geiger AM et al, Periodicity/recurrences and second primary breast cancer in older women with the initial early-stage disease. *Cance* 2007;109:966_974.
10. Greco M, Cascinelli N, Galluzzo D, Testori A, Baldini M Levene A. Locally recurrent breast cancer after 'radical' surgery *Eur J Surg Oncol* 1992;18:209–14.
11. Kheradmand AA, Ranjbarnovin N, Khazaeipour Z. Postmastectomylocoregional periodicity/recurrence and periodicity/recurrence-free survival in breast cancer patients. *World J Surg Oncol*. 2010;8(1):1.
12. Andry G, Suciu S, Vico P, Faverly D, Andryt'Hooft M, Verhest A, et al. Locoregional periodicity/recurrences after 649 modified radical mastectomies: incidence and significance. *Eur J Surg Oncol*. 1989 Dec;15(6):476–85.
13. Lundkvist J, Kasten F, Lindgren M, Adolfsson J, Bergh J, Fornander T, et al. Risk and mortality of recurrent breast cancer in Stockholm 1985-2005 [Internet]. Citeseer; 2007 [cited 2016 Jun 19]. Available from: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.541.9129&rep=rep1&type=pdf>
14. Chiedozi LC. Morbidity, mortality, and survival in the management of breast cancer in Nigeria. *Annals of Saudi medicine* 1995;15(3):227-230.
15. Amir H, Kitty JN, Parkin DM. A comparative study of carcinoma of the breast in an African population. *East Africa medical journal* 1994;71(4):215-218.