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Research Article

**A RESEARCH TO ASSESS THE STAGE AND AGE OF THE
BREAST CANCER PATIENTS AT A TERTIARY
HEALTHCARE FACILITY**¹Dr. Sarah Akram, ²Dr. Sara Haroon, ³Dr. Sukhan Shahid
¹Mayo Hospital Lahore.**Article Received:** December 2018**Accepted:** February 2019**Published:** March 2019**Abstract:*****Objective:** The purpose of the study was to assess the age and extent of breast causes in a tertiary care centre.****Method:** The research was held at Jinnah Hospital, Lahore from September 2017 to October 2017 in which the researcher assessed the record of breast cancer registered cases from 1994 to 2016. In this time period, all the biopsy-proven breast cancer was noticed for these patients.****Results:** The 18 patients were recognized with breast cancer within 10 years. The exhibition stage of cancer was almost similar between older and young age of females. Less than 4% of patient was diagnosed in stage 1. On the other hand, most of the patients were detected in stage 2 (47.26%). The fourth decade of life was the most recurrent age of diagnosis (28.51%)****Conclusion:** As compared to the west, these in earlier recognition of breast cancer in a younger age group in Pakistan. Now stage 2 is a common to stage of breast cancer.****Keywords:** Breast Cancer Diagnosis, Age and Stage.***Corresponding author:****Dr. Sarah Akram,**
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INTRODUCTION:

Among Asian countries, the occurrence of breast cancer is high in Pakistan [1]. All over the world, the most commonly found cancer. In the previous twenty years, there has been the same percentage of the patient in the early stage. Majority of the patient suffering from breast cancer was detected at an advanced stage [2]. 66.4 years is the average life expectancy in Pakistan [3]. In order to set up suitable suggestions for the population, the knowledge about age at detection of breast cancer is essential. When the cancer of breast advances, it is difficult to survive. If breast cancer is detected at the last stage the chances of survived decreases [4]. For better survival, breast cancer should be detected in time.

Hospital-based tumour registry is employed for gaining knowledge and information. As in all the facilities, there is no unavailability of authentic information about breast cancer. The number of studies conducted on this topic is very few and with a smaller number of people [5 – 7].

These patients came from different. This number was large enough to present the country. The aim of the study was the age and extent of breast cancer in the tertiary care centre.

PATIENT AND METHODS:

The research was held at Jinnah Hospital, Lahore from September 2017 to October 2017 in which the researcher assessed the record of breast cancer registered cases from 1994 to 2016. In this time period,

all the biopsy prevent breast cancer patients were examined. At presentation, the age and stage of cancer were noticed for these patients. Patients software was used for recovering data. Metastasis (M), nodal status (N), tumour size (T) and age were recorded. Based on the American joint commission on Cancer (AJCC) criteria by the computer software, the measurement regarding the TNM stage at presentation was made (8). The calculation was made in percentage regarding the number of patients in all stages of breast cancer. There was a large number of patients with breast cancer in each decade of life from 1994 to 2016. Research committee of the hospital approved the title of research.

RESULTS:

The patients of breast cancer were diagnosed on yearly basis. The number of patients diagnosed with breast cancer in this time span was 10018. The age of the patient who was detected with breast cancer in the fourth decade was 28.51%. the majority the patient was detected in this age. More ever, the patient detected in their 50, 40, and 30 years of age were 23.76%, 28.82% and 6.74% respectively. Furthermore, the patients detected in stage 1 and stage 2 were 3.98% and 47.26% respectively. Stage of breast cancer at presentation. The difference in the stage of breast cancer in younger and older females at presentation. The diagnosis is carried out for older and younger females without considering age. No significant difference was noticed.

Table – I: Registered Cases (Year Wise)

Year of Registration	Registered Patients
1994	55
1995	68
1996	56
1997	102
1998	127
1999	159
2000	200
2001	234
2002	278
2003	312
2004	401
2005	410
2006	545
2007	523
2008	590

2009	593
2010	621
2011	635
2012	758
2013	743
2014	859
2015	884
2016	865

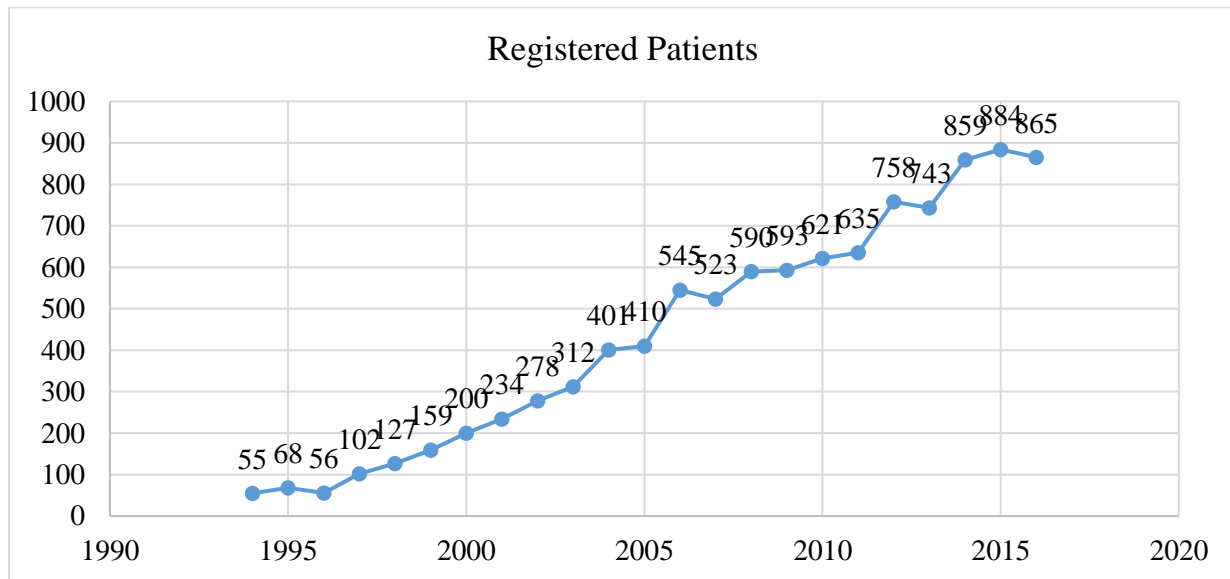


Table – II: Distribution of Age (Percentage)

Age	Percentage
< 20 Years	0.23
21 - 30 Years	6.65
31 - 40 Years	22.39
41 - 50 Years	28.51
51 - 60 Years	23.76
61 - 70 Years	13.38
> 70 Years	5.08

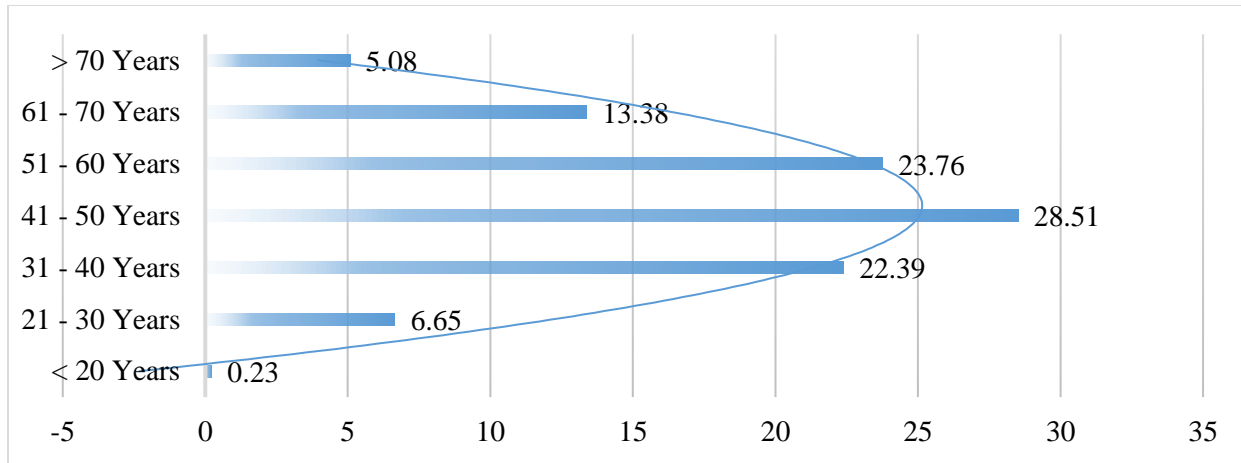


Table – III: Age Wise Distribution among New Cases

Age	Percentage of New Cases
< 20 Years	0
20 - 34 Years	1.8
35 - 44 Years	8.7
45 - 54 Years	20.8
55 - 64 Years	25.8
65 - 74 Years	23.4
75 - 84 Years	13.8
> 84 Years	5.6

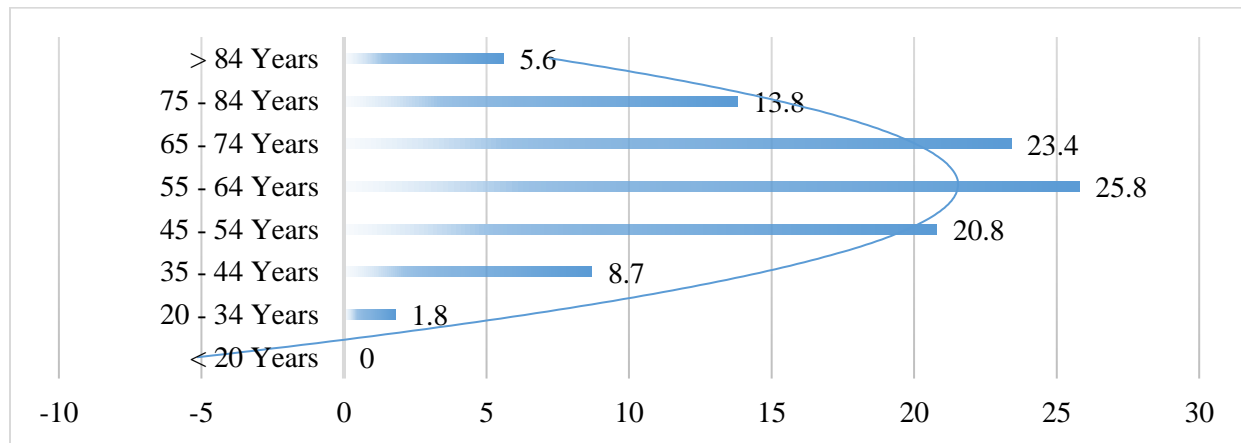


Table – IV: Breast Cancer Stage in New Cases

Breast Cancer Stage	Percentage of New Cases
TIS	0.53
Stage - I	3.45
Stage - II	47.26

Stage - III	36.46
Stage - IV	9.26
N/A	3.04

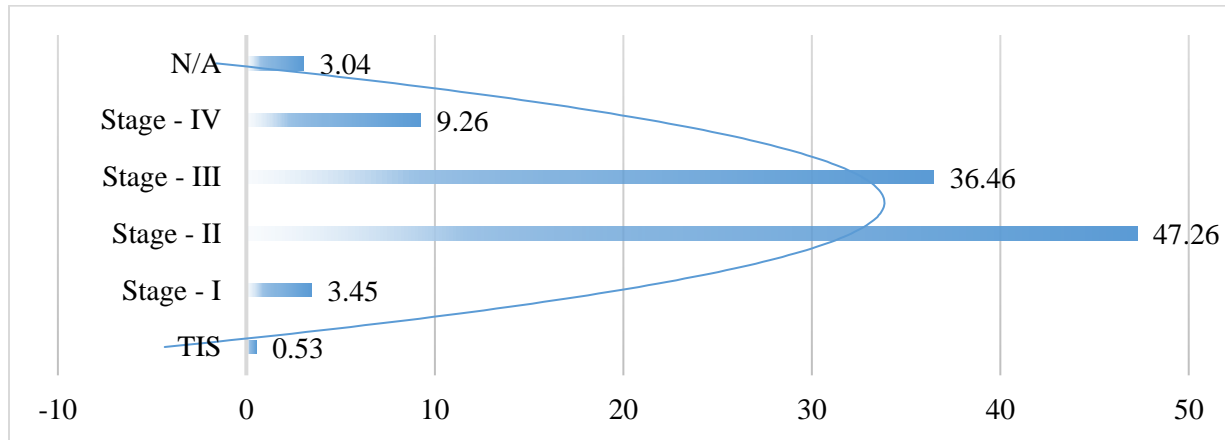
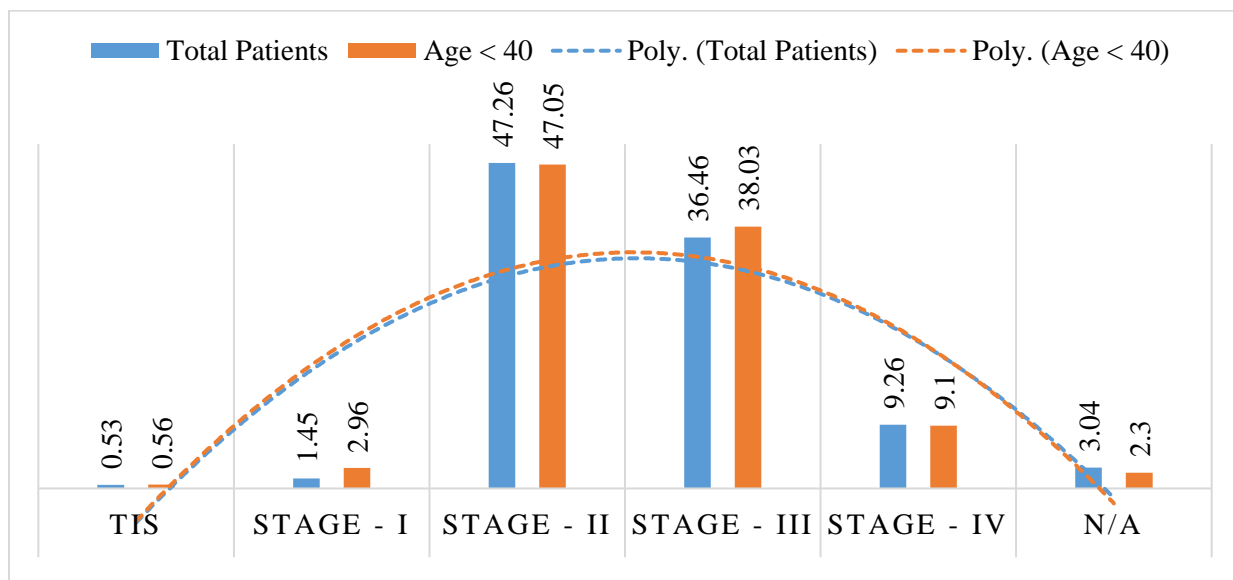


Table – V: Stage of Breast Cancer

Breast Cancer Stage	Total Patients	Age < 40
TIS	0.53	0.56
Stage - I	1.45	2.96
Stage - II	47.26	47.05
Stage - III	36.46	38.03
Stage - IV	9.26	9.1
N/A	3.04	2.3



DISCUSSION:

In the present research study, the majority of the cases of breast cancer were found in the fourth decade. 55 – 64 years was the median age being in the SEER data [5]. As compare with the west, breast cancer is provided ten years earlier in Asia. Other research studies conducted on the same topic in Pakistan shows that the fourth decade is the age at which breast cancer is mainly detected [6 – 7]. For an average lady who is at risk of developing breast cancer, screening is suggested at 45 years of age according to American cancer society [9]. In our study, it is necessary to set up screening time for females as 7% of our cases and 28% of our cases are less than 30 years at detection. The age of 35% of the patient was less than 40 years of age in the study conducted by Maha. In developing countries, he has recommended early screening and highlighted the same problem [10].

The authentic screening technique which is always considered is breast self-assessment and clinical assessment by an expert. As chances of death are not reduced by self-assessment, so it is not considered a screening technique by American college guidelines. But chances of mortality are only reduced by screening mammography. With a mammogram, there is a risk of radiations, which is a problem for females. But, in the modern era, there is less exposure to radiation with the advanced machines. There exists a greater possibility of false negative and false positive in young females with positive findings. But this would increase problems for females living in low-income countries, as there are meaningless tension and high cost [11]. From the top twenty reasons that lead to death on the top is breast cancer. In Pakistan, breast cancer is a people. At this stage 4, the chances of survival are minimal. In Pakistan, 26.76 is the rate of death due to breast cancer [12]. In this current study, the patients diagnosed in stage 2 and stage 1 were 4% respectively. The cases detected in stage 4. In our study are minimum i.e. 9.26%. on the other hand, 17% and 24% as the percentage of cases detected in stage 4 in another local hand [13, 14]. The patients detected in stage 1 were less than 10% according to information from Pakistan and other developing countries including India, SEER information and results of other local studies [15]. Misunderstanding, fear to the delay in the presentation of breast cancer. It is also due to the fact that people prefer traditional medication. Also, in rural areas and financial constraints, there are insufficient facilities for diagnosis and therapy [16]. There is a requirement for regular screening. For detecting breast cancer in time and due to which survival would be improved. The changes of death are higher for younger females and they are at higher risk of systemic recurrence. In our study, there found no

old females. However, a slight difference is noticed in stage 3 in younger females (38%) compares to (36.46%) in overall patients. In our community, factors like biologically aggressive disease or gene expression of bad prognosis must be present, when there is similarly in the stage of presentation [17, 18].

CONCLUSION:

As compare to the west, there is earlier recognition of breast cancer in younger eye group in Pakistan. The study concluded that stage 2 is a common to stage of breast cancer.

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