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# Epidemiological Study of CA Breast in Diyala

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## Abstract

**Background:** Breast cancer is becoming the most common cancer among women in both developed and developing countries . Breast cancer has been the leading cause of death among Iraqi women for three decades, and it is the second leading cause of death after cerebrovascular illnesses.

**Objective:** To investigate the epidemiological and clinic pathological behavior of breast cancer in Diyala province.

**Patients and Methods:** A retrospective cross-sectional study conducted at the Oncology Clinic of Baquba Teaching Hospital for 24 months between April 1st and March 31st, 2021. A sample of (257) patients was selected to collect socio-demographic information (age, gender, marital status, history of breast lactation ,history of contraceptive pills, history of breast cancer in family, parity status).

**Results:** The current study shows that more than 55% of the patients were under the age of (50) years. Two hundred fifty one patients (97.6%) were female and( 6) patients (2.4%)were male. from the 251 female patient . Right breast tumor was found in 120 patients (48%) and left breast tumor was found in (127) patients (50.4%) and bilateral breast tumor in (4) patients(1.6%). In terms of breast cancer family history, 28 patients(11%) had a positive family history, while 223 patients (89%) had a negative family history. One hundred fifty seven of patients(63%) had history of breastfeeding and( 94) of patients(37%) had no history of breastfeeding . One hundred forty six patients (58%) had positive history of oral contraceptive pill while 105 patients (42%) had negative history of oral contraceptive pill. twenty two patients (9%) had positive history of smoking while (229) patients (91%) had negative history of smoking . The histopathological result were Invasive ductal carcinoma (I.D.C) in (233) patients (93%) and Invasive lobular carcinoma (I.L.C) in (18) patients. Breast cancer patients were married in 73% of cases, widowed in 13.5 percent of cases, divorced in 2.5 percent of cases, and single in 11% of cases. Most cases belonged to differentiation stage II ( 159) patients (63%), followed by stage III ( 57) patients (23%) , stage I ( 13) patients (5%) and stage IV (22) patients(9%) .

**Conclusion:** The current study concludes that In Iraq, the majority of breast cancer patients were in the second stage, and patients' ages at diagnosis were younger than in other communities. The development and execution of screening programs, as well as the management of risk factors, appear to be critical.

**Keywords:** Breast, Cancer, Patients

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## Introduction

The breast is a common site for pathologies that are commonly present as lumps and most of which are benign lesions [1]. If a palpable breast lump is 3-dimensional, separate from surrounding tissues, and asymmetrical in relation to the other parts of breast, it is considered a dominant lump. During a menstrual cycle, a dominating lump persists [2]. Breast lumps are a typical symptom that prompts people to seek medical help during their lifetime, almost half of all women will develop a benign breast lesion, In menstruating women, up to 90% of detectable breast lesions are benign, [3, 4].

Despite the fact that the large percentage of breast lumps are benign, a cancerous tumor should always be considered in those who come with a lump in their breast [5]. Breast cancer (BC) is the most common cancer among women and one of the most important causes of death among them[6]. Breast cancer has been the leading cause of death among Iraqi women for three decades [7]. (BC) is a multifactorial disease and a number of elements play a role in its occurrence.

Despite the fact that the disease is found all over the world, its incidence, mortality, and survival rates varied significantly between regions [8,9]. Changes in risk factors have led to an increase in the prevalence of breast cancer, which is increasing every day [10]. In the lack of particular primary prevention techniques with the aim of reducing the incidence of breast cancer, early identification and rapid treatment remain the primary control choices for improving patient survival and quality of life in poor and middle-income countries, such as Iraq [11]. Clinical examination, imaging, and histological examination are now regarded the gold standard for diagnosing breast lumps [12]. Early detection and treatment will prevent unnecessary surgery, as well as reduce the patient's anxiety of a breast lump being diagnosed as cancer.

One of the most important indicators of cancer care is the survival rate, which is a useful tool for comparing countries. Surviving cancer patients studies based on information from population-based cancer registries are critical for monitoring and assessing the efficacy of cancer diagnosis and therapy [13]. Breast cancer survival rates vary widely over the world, ranging from over 80% in North America, Sweden, and Japan to around 60% in middle-income regions and less than 40% in low-income countries [14]. Low survival rates in less developed nations are mostly attributable to a lack of program knowledge, which results in a high percentage of late-stage disease detection due to insufficient capacity for early diagnosis and the ineffective multimodality management [15]. The aim of this study is to investigate the epidemiological and clinic pathological behavior of breast cancer in Diyala province.

## Patients and Methods

**Study Design, Setting and Timing:** This is a retrospective study that was carried out at the Oncology Center at Baquba Teaching Hospital for 24 months, from April1,2019, to March31, 2021. females with breast malignancy who visited the oncology center in Baquba Teaching Hospital on a regular basis for treatment and follow-up were eligible for the study.

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**Sampling and Patient:** From this target demographic, a sample of(257) patients was selected to collect socio-demographic information (age, gender, marital status, history of breast lactation ,history of contraceptive pills, history of breast cancer in family, parity status). From patients' medical records, clinical and pathologic information (TNM stage and histopathological type of malignancy) were acquired. Patients' data was collected while they were undergoing treatment. In certain cases, information was gathered from first-degree relatives. The average time it took to collect data from patients was eight minutes. All patients signed informed consent papers issued by the oncology center at Baquba Teaching Hospital. The identify and profile of each patient will be kept completely confidential.

**Inclusion criteria:** The essential inclusion criteria were that the patient diagnosed with breast malignancy clinically and were confirmed histopathologically.

**Exclusion criteria:** Included all patient from other province and the patient not diagnosed by histopathology.

## Statistical Analysis

Microsoft Excel 2010 software for Windows 7 was used to collect and evaluate data from all patients. For continuous variables, descriptive statistics were reported as mean, while for categorical variables, they were presented as frequencies and percentage (%).

## Results

In the current study, there were (257) patients enrolled, 251 (97.6 %) female patients and 6 (2.4 %)male patients diagnosed with breast cancer.

**Table (1):** Distribution of Breast Cancer on the Basis of the Gender

| Gender | No. | Percentage (%) |
|---|---|---|
| **Female** | 251 | 97.6 % |
| **Male** | 6 | 2.4 % |
| **Total** | 257 | 100 % |

The most vulnerable age group involved was between 41_50 years comprising 101 out of 251 (40.2%).followed by the age group 51_60 years 59 out of 251 (23.5%) of the total patients. Furthermore, 6(2.5%) of patients are in the age group (21-30 years) and 33(13.1%) are in the age group (31-40 years).which mean more than 55% of the patients under the age of 50 years.

**Table (2):** Distribution of Female Breast cancer Patients on the Basis of the Age

| Age | No. | Percentage (%) |
|---|---|---|
| **21 – 30 years** | 6 | 2.4 % |
| **31 – 40 years** | 33 | 13.1 % |
| **41 – 50 years** | 101 | 40.2 % |
| **51 – 60 years** | 59 | 23.5 % |
| **61 – 70 years** | 46 | 18.4% |
| **>71** | 6 | 2.4 % |
| **Total** | 251 | 100 % |

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Right breast tumor was found in 120 patients (48%) and left breast tumor was found in 127 patients (50.4%) and bilateral breast tumor in 4 patients(1.6%) .

**Table (3 ):** Distribution of Female Breast Cancer Patients on the Basis of the Site

| Site | No. | Percentage (%) |
|---|---|---|
| **Right breast** | 120 | 48 % |
| **Left breast** | 127 | 50.4 % |
| **Bilateral breast** | 4 | 1.6% |
| **Total** | 251 | 100 % |

In the case of a family history of breast cancer, 28 patients(11%) had a family history of breast cancer, while 223 patients(89%) had no family history of breast cancer. In terms of breast feeding, 157(63%) of breast cancer patients had a positive breastfeeding history, while 94(37%) had a negative breastfeeding history. One hundred forty six out of 251 patients(58%) had a positive history of using the oral contraceptive pill. While 105 individuals(42%) had no history of using the oral contraceptive pill. History of smoking was positive in (22) patients (9%).while 229 patients (91%) had negative history of smoking . In addition 205 (82%) of the patients had history (Hx) of multipara and 46 (18%) of the patients had Hx of nil Par.

**Table (4):** Distribution of Female Patients with Breast Cancer on the Basis of the Risk Factor

| Risk Factor | Positive | Percentage (%) | Negative | Percentage (%) | Total | Percentage (%) |
|---|---|---|---|---|---|---|
| **Family History** | 28 | 11% | 223 | 89% | 251 | 100% |
| **Breast Feeding** | 157 | 63% | 94 | 37% | 251 | 100% |
| **Contraceptive Pills** | 146 | 58% | 105 | 42% | 251 | 100% |
| **Parity Status** | 205 | 82% | 46 | 18% | 251 | 100% |
| **Smoking** | 22 | 9% | 229 | 91% | 251 | 100% |

The histopathological result were Invasive ductal carcinoma (I.D.C) in 233 patients (93%) and Invasive lobular carcinoma (I.L.C) in 18 patients.

**Table (5):** Distribution of Female Breast Cancer Patients on the Basis of the Histopathology

| histopathology | No. | Percentage (%) |
|---|---|---|
| **Invasive ductal carcinoma** | 233 | 93 % |
| **Invasive lobular carcinoma** | 18 | 7 % |
| **Total** | 251 | 100 % |

This study shows that patients with Breast cancer were married in 184(73%) cases, widowed in 34(13.5%) cases, divorced in 6(2.5%) cases, and single in 27(11%) cases.

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**Table (6):** Distribution of Female Breast Cancer Patients on the Basis of the Marital State

| marital state | No. | Percentage (%) |
|---|---|---|
| **Married** | 184 | 73% |
| **Widow** | 34 | 13.5 % |
| **Single** | 27 | 11 % |
| **divorced** | 6 | 2.5 % |
| **Total** | 251 | 100 % |

Most cases belonged to differentiation stage II 159 patients (63%), followed by stage III 57 patients (23%) , stage I 13 patients (5%) and stage IV 22 patients(9%).

**Table (7):** Distribution of female breast cancer patients on the basis of the stages

| stage | No. | Percentage (%) |
|---|---|---|
| **Stage I** | 13 | 5 % |
| **Stage II** | 159 | 63% |
| **Stage III** | 57 | 23 % |
| **Stage IV** | 22 | 9 % |
| **total** | 251 | 100 % |

## Discussion

The current study shows that 33(13.1%) of patients are between the ages of (31-40 years), while 101(40.2%) of patients are between the ages of (41-50 year),which reported more than 50 % of the breast cancer are diagnosed under the age of 50 years. This agrees with study in Iraq which shows that patients with breast cancer under the age of 50 constituted 46.8% [16].

According to the current study, the mean age at the time of diagnosis was 50.82 years. This agrees with study carried out in Iraq shows The mean age at the presentation was 51 years old, which is approximately in line with findings from Arab nations such as Iraq [16]. Yemen [17] and Bahrain [18]. In addition, the mean age in Malays was 48.1, in Chinese was 51.4 years and in Indians was 52.3 years [19] .Which is agrees with the present study . In a large series in Lebanon the mean age of breast tumor patients was 49.8 years, with half of the women presenting at ages below 50years [20]. In the United States, however, only around 23% of breast cancer cases are diagnosed in women under the age of 50 years [21]. This distinction was also found According to the American Cancer Society, just 19% of breast tumor patients in the United States were under the age of 50 between 2017 and 2018 [22]. This disagrees with the present study. This may be due to the higher proportion of women under 50 years old in Iraq and generally in developing countries.

The present study shows that 120 patients (48%) had tumors in their right breast, 127 patients(50.4%) had tumors in their left breast, and four patients(1.6%) had tumors in both breasts , and this agrees with study which was carried out in Iraq that mentioned, The right breast tumors accounted for 53.4 percent, while 3.9 percent of patients presented with breast tumors in both side [23]. Also, the current study agrees with study in Iran found that 49.5 percent of women had right breast tumor and 50.5 percent had left breast tumor [24].Having breast cancer family history is a risk factor for breast cancer.. In the current study, only

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28 (11%) of patients had first- or second-degree relative with breast tumor and 223 (89%) of patient had negative breast cancer family history. This agrees with study which reported breast cancer in 18.7% of patients had a family history (18). And it agrees with studies from the United Kingdom, just 15% of patients had a family history [25]. In total, 63 percent of the patients had a history of breastfeeding. This could be due to women's increased understanding of lactation's beneficial effects. This agrees with a prior study which found that 69.8% of breast cancer patients lactated at some point in their lives[26]. Also agree with study carried out on 721 patient, History of lactation was reported in 63.1% [27]. This high percentage may be due to short period of breast lactation which considered positive breast lactation. The present study shows that about 82%of our patient were multipara and only 18% were nulliparous. This agrees with study carried out in Iraq which showed About 72% of the patients had more than two children and only 11% were nulliparous[18].The current study shows that , Patients with a positive history of oral contraceptive pill use were 58 percent, whereas those with a negative history of oral contraceptive pill use were 42 percent. Only 18% of patients with a history of using the oral contraceptive pill were found in a previous Iraqi study [28]. According to another study, 20% of Bahrainian patients have used oral contraceptive pills [29].

The present study shows that 73% of our patients were married ,13.5% widow , 11% were single and 2.5% are divorced. Another study in Iraq reported similar result with 9.8% of the patient were not married [16]. Another studies have found that being married can help with early detection, treatment, and survival of breast cancer [30].

The current study shows that , The majority of the patients were in stage II (63 percent), followed by stage III (23 percent), stage IV(9%), and stage I (5%).The main histological type was invasive ductal carcinoma 93%,while invasive lobular carcinoma only (7%).This agrees with A research in the Maysan province in Iraq which shows that stage II was the most common(52.9%), followed by stage III(29.4%), indicating that the majority of the patients had late stage disease [31]. It also agrees with study in Iraq which shows Stage III cancer was found in 42.9 percent of the patients, whereas stage IV cancer was found in 25% of the patients and Invasive ductal carcinoma was the most frequent histopathologic type(81.4%), followed by invasive lobular carcinoma (6.9 % ) [19]. While another study carried out on 721 patients 47% of these patients presented in advanced stages (III and IV).The main histological type was invasive ductal carcinoma [29]. In2010, a study of 103 patients in northern Nigeria revealed that the majority(62%) had advanced-stage cancer. Late presentation is due to a lack of understanding of the disease, as well as inability to recognize the alarming signs, Because 29.5 percent waited until they were in pain or detected abnormal discharge, ulcer, or a change in breast texture before seeking medical help. It's also possible that the late presentation is due to a delayed in decision to see a doctor when detecting symptoms[32]. In Western countries, however, the pattern is reversed: the majority of cases are classified

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as stage I, followed by stages II, III, and IV [33]. However, This result, in contrast with the current study, was mainly attributed to advanced screening program and primary health care in western countries.

## Conclusions

The majority of female breast malignancy in Diyala province are in the second stage. Patients were younger than the general population at the time of diagnosis.

## Recommendations

Iraqi women should be given the chance to survey their risk of BC and give them direct screening strategies. Further epidemiological research are needed.

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**Ethical clearance:** Ethical approval was obtained from the Medicine College / Diyala University ethical committee for this study.

**Conflict of interest:** Nill

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# دراسة وبائية لسرطان الثدي في محافظة ديالى

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## الملخص

**خلفية الدراسة:** أصبح سرطان الثدي أكثر أنواع السرطانات شيوعا بين النساء في كل من البلدان المتقدمة والنامية. كان سرطان الثدي السبب الرئيسي للوفاة بين النساء العراقيات على مدى ثلاثة عقود ، وهو السبب الرئيسي الثاني للوفاة بعد أمراض الأوعية الدموية الدماغية.

**اهداف الدراسة:** للتعرف على السلوك الوبائي والعيادي المرضي لسرطان الثدي في محافظة ديالى.

**المرضى والطرائق:** دراسة مقطعية بأثر رجعي أجريت في عيادة الأورام في مستشفى بعقوبة التعليمي لمدة ٢٤ شهرًا بين ١ أبريل و ٣١ مارس ٢٠٢١. تم اختيار عينة من (٢٥٧) مريضًا لجمع المعلومات الاجتماعية والديموغرافية (العمر والجنس والحالة الاجتماعية ، تاريخ إرضاع الثدي ، تاريخ حبوب منع الحمل ، تاريخ سرطان الثدي في الأسرة ، حالة التكافؤ).

**النتائج:** تظهر الدراسة الحالية أن أكثر من ٥٥٪ من المرضى تقل أعمارهم عن (٥٠) سنة. مائتان وواحد وخمسون مريضا (٩٧,٦٪) من الإناث و (٦) مرضى (٢,٤٪) من الذكور. من ٢٥١ مريضة. تم العثور على ورم الثدي الأيمن في ١٢٠ مريض (٤٨٪) ووجد ورم الثدي الأيسر في (١٢٧) مريض (٥٠,٤٪) ورم ثدي ثنائي في (٤) مرضى (١,٦٪). من حيث التاريخ العائلي لسرطان الثدي ، كان لدى ٢٨ مريضًا (١١٪) تاريخ عائلي إيجابي ، بينما كان لدى ٢٢٣ مريضًا (٨٩٪) تاريخ عائلي سلبي. مائة وسبعة وخمسون من المرضى (٦٣٪) لديهم تاريخ من الرضاعة الطبيعية و (٩٤) من المرضى (٣٧٪) ليس لديهم تاريخ للرضاعة الطبيعية. مائة وستة وأربعون مريضًا (٥٨٪) لديهم تاريخ إيجابي لحبوب منع الحمل الفموية بينما ١٠٥ مريض (٤٢٪) لديهم تاريخ سلبي لحبوب منع الحمل الفموية. ٢٢ مريضاً (٩٪) لديهم تاريخ إيجابي للتدخين بينما (٢٢٩) مريضاً (٩١٪) لديهم تاريخ سلبي للتدخين. وكانت نتيجة التشريح المرضي هي سرطان الأقنية الغازية في (٢٣٣) مريضا (٩٣٪) وسرطان الفصيص الغازي (I.L.C) في (١٨) مريضا. مرضى سرطان الثدي تزوجوا في ٧٣٪ من الحالات ، وأرامل في ١٣,٥٪ من الحالات ، ومطلقات في ٢,٥٪ من الحالات ، وغير متزوجات في ١١٪ من الحالات. تنتمي معظم الحالات إلى المرحلة التفاضلية الثانية (١٥٩) مريضًا (٦٣٪) ، تليها المرحلة الثالثة (٥٧) مريضًا (٢٣٪) ، والمرحلة الأولى (١٣) مريضًا (٥٪) والمرحلة الرابعة (٢٢) مريضًا (٩٪) .

**الاستنتاجات:** تستنتج الدراسة الحالية إلى أن غالبية مرضى سرطان الثدي في العراق كانوا في المرحلة الثانية ، وأن أعمار المرضى عند التشخيص كانت أصغر من المجتمعات الأخرى. يبدو أن تطوير وتنفيذ برامج الفحص ، وكذلك إدارة عوامل الخطر ، أمر بالغ الأهمية.

**الكلمات المفتاحية:** الثدي ،السرطان ،المرضى

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**تاريخ استلام البحث:** ٢٣ آب ٢٠٢١

**تاريخ قبول البحث:** ٧ ايلول ٢٠٢٢

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[٢،١] كلية الطب - جامعة ديالى- ديالى - العراق

[٤،٣] مستشفى بعقوبة التعليمي - ديالى - العراق