Research Article

Clinical profile and outcome of breast cancer at tertiary care hospital in rural maharashtra: An observational study

Ansari Mohammed Abdul Muqtadir[1*], Junaid M Shaikh[1], Varudkar Anagha S[2], Dawle AV[3]

[1]Assistant Professor, 2Professor, Department of Surgery, Government Medical College, Aurangabad, Maharashtra, INDIA.
[3]Associate Professor, Department of Surgery, SRTR Medical College, Ambajogai, Maharashtra, INDIA.
Email: dransarimohd@gmail.com

Abstract

Introduction: There is scarcity of data regarding the clinical profile of breast cancer from India. Due to the differences in genetics, lifestyle, socio-demographic and other variables there is diversity in the presentation and outcome of breast cancer in India. Present study describes the clinical profile and outcome of breast cancer patients visiting SRT Rural Medical College & Hospital (GMCH), Ambajogai in Beed district of Maharashtra. **Methods:** This is a study of 66 breast cancer patients who had visited SRTR Medical College & Hospital (GMCH), Ambajogai for treatment during the period of January 1994 to December 1998. The data regarding the location of the lump, histopathological types encountered in present series, clinical stage at presentation, treatment and follow up has been described. **Results & Conclusions:** Upper outer quadrant of the breast was the site of lump in more than half of patients. Infiltrating ductal carcinoma was the most common histopathological type followed by medullary carcinoma. Most of the patients presented in stage II/III. The most common treatment offered was radical or modified radical mastectomy with referral to higher centre for adjuvant chemotherapy and radiotherapy. Very few patients came for follow-up i.e. around 15%. Recurrence was common and the common sites for recurrence were breast and axilla. Present study gives the information regarding the clinical profile and outcome of breast cancer patients from the region.

Keywords: histopathology**,** infiltrating ductal carcinoma breast, modified radical mastectomy.

[*]**Address for Correspondence:**
Dr. Ansari Mohammed Abdul Muqtadir, Assistant Professor, Department of Surgery, Government Medical College, Aurangabad, Maharashtra, INDIA.
Email: dransarimohd@gmail.com

Received Date: 04/04/2015 Revised Date: 15/04/2015 Accepted Date: 18/04/2015

Access this article online	
Quick Response Code:	Website: www.medpulse.in
	DOI: 20 April 2015

INTRODUCTION

Breast cancer contributes for 5-8% of all cancer in India, [1] and there is a rising trend in its incidence [2]. It is reported as the most common type of cancer in urban Indian women, and the second most common type of cancer in rural women [3]. 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 [4]. 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 [5]. Present study describes the clinical profile and outcome of Breast cancer patients visiting SRTR Medical College & Hospital (GMCH), Ambajogai in Beed district of Maharashtra which is a well known rural tertiary referral centre.

METHODS

This is a study of 66 breast cancer patients who had visited SRTR Medical College & Hospital (GMCH), Ambajogai for treatment during the period of January 1994 to December 1998. Informed consent was taken from all the participants in the study. After collecting the preliminary data like name, age, sex, a thorough history was taken in each case. All the patients had biopsy proven

How to site this article: Ansari Mohammed Abdul Muqtadir, Junaid M Shaikh, Varudkar Anagha S, Dawle AV. Clinical profile and outcome of breast cancer at tertiary care hospital in rural maharashtra: An observational study. *MedPulse – International Medical Journal* April 2015; 2(4): 238-240. http://www.medpulse.in (accessed 22 April 2015).

carcinomas. A thorough general and systematic examination was carried out for each patient. The data regarding the location of the lump, histopathological types encountered in present series, clinical stage at presentation, treatment and follow up has been described.

RESULTS

Upper outer quadrant of the breast was the site of lump in more than half of patients. Infiltrating ductal carcinoma was the most common histopathological type followed by medullary carcinoma. Most of the patients presented in stage II/III. The most common treatment offered was radical or modified radical mastectomy with referral to higher centre for adjuvant chemotherapy and radiotherapy. Very few patients came for follow-up i.e. around 15%. However, 13 out of 14 patients that came for follow up had recurrence. The common sites for recurrence were breast and axilla. One patient had secondaries in brain and 4 patients had secondaries in visceral organs. During study period, 2 patients died.

Table 1: Breast Cancer Patients in relation to location of lump

Quadrant	Number of Cases	Percentage
Upper Outer	35	53.03
Lower Outer	08	12.12
Upper Inner	10	15.15
Lower Inner	4	6.06
Central	1	1.51
More than 1 quadrant	8	12.12
Total	**66**	**100**

Table 2: Histological types encountered in present series

Type	Number of Cases	Percentage
Carcinoma in situ	1	1.51
Infiltrating ductal carcinoma	52	78.79
Infiltrating lobular carcinoma	2	3.03
Medullary carcinoma	7	10.6
Mucinous carcinoma	2	3.03
Paget's disease	1	1.51
Sarcoma	1	1.51
Total	**66**	**100**

Table 3: Clinical stage at presentation in present series

Stage	Number of Cases	Percentage
Stage I	3	4.54
Stage IIA & IIB	24	36.36
Stage IIIA & IIIB	35	53.03
Stage IV	4	6.06
Total	**66**	**100**

DISCUSSION

The present study gives the information regarding the clinical profile and outcome of breast cancer patients from the region. The data regarding the location of lump in the breast cancer patients from our study is in line with that reported by RK Gange *et al.* [6]. They studied 108 cases and observed that the 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. However, Chavan *et al.* [7] have studied 1356 cases and observed that location of the lump was in upper outer quadrant in 17% cases in right breast & 20% cases in left breast, lower outer quadrant in 10% cases in each breast, upper inner quadrant in 4% cases in right breast & 10% cases in left breast, lower inner quadrant in 4% cases in right breast & 5% cases in left breast and central quadrant in 5% cases in right breast & 15% cases in left breast. Infiltrating ductal carcinoma (78.79%) was the most common histopathological type in the present study. Similar observations have been reported by Haque R *et al.* [8] with 75% cases being infiltrating ductal carcinoma in their study and Gupta JC *et al.* [9] with 91.1% cases of infiltrating ductal carcinoma in their study. Baptist *et al.* [10] reported 81.67% cases of infiltrating ductal carcinoma whereas Srivastava V*et al.* [11] observed 83.6% cases of infiltrating ductal carcinoma in their study. All the cases were graded into clinical stage at presentation. Grade III breast carcinoma was the most common type (53.03%). However, Srivastava V *et al.* [11] have reported Stage II (62.3%) as the most common clinical stage at presentation. Also, Haque R *et al.* [8] have reported Stage II (46.4%) as the most common clinical stage at presentation. The study has its limitations which include an observational and descriptive study design. Also, the sample size is relatively small. However it gives valuable information regarding the clinical profile and outcome of Breast cancer patients from rural Marathwada region of Maharashtra.

REFERENCES

1. Chandra AB. Problems and prospects of cancer of the breast in India. *J Indian Med Assoc* 1979;72:43-5.
2. Kuraparthy S, Reddy KM, Yadagiri LA, Yutla M, Venkata PB, Kadainti SV, *et al.*. Epidemiology and patterns of care for invasive breast carcinoma at a community hospital in Southern India. *World J Surg Oncol* 2007;5:56.
3. Agarwal G, Ramakant P. Breast Cancer Care in India: The Current Scenario and the Challenges for the Future. *Breast Care (Basel)* 2008;3:21-7
4. Kulkarni SS, Kulkarni BB, Vandana T, Kulkarni SS and Kadakol GS, Modak H *et al.*. Expression profiling of brca1 gene in familial breast cancer in India. *Afr. J. Biotechnol* 2012; 11: 9123-9126.
5. Hortobagyi, GN., J de la Garza Salazar, K Pritchard, D Amadori and R Haidinger *et al.*. The global breast cancer burden: Variations in epidemiology and survival. *Clin. Breast Cancer* 2005; 6: 391-401.
6. Gang RK, Bothra VC, Pande SK: Cancer of the breast, a five year review at the Mahatma Gandhi Hospital, Jabalpur, *Ind. J. Surg* 1982; Vol.44, 347-350.

7. Chavan YH, Pandit S, Kadam PN, Deshpande SA, Darshan M. A Stitch in Time Saves Nine; Fine Needle Aspiration Cytology of Palpable Breast Lump: An Extensive Study of 1356 Cases. *IJHSR* 2015; 5(3): 115-120.
8. Haque R, Tyagi SP, Khan MH, Gahlaut VYS. Breast lesion: A clinicopathological study of 200 cases of breast lump. *Ind J Surg* 1980; 42: 419-425
9. Gupta JC, Munjal JS, Raman A, Gandagule VN, Panda PK. Breast lumps in Jabalpur area. *Ind J Surg* 1983;45:268-273
10. Baptist SJ, Thomas JA, Kothare SN. Lesions of the breast. *J Ind Med Assoc* 1973; 61:127-131.
11. Srivastava V, Wahi K, Gupta AK, Mittal VP, Rajvanshi VS. Clinicopathological study of malignant breast neoplasms with special reference to cellular enzymatic activity. *Ind J Cancer* 1976; 13:220-226.

Source of Support: None Declared
Conflict of Interest: None Declared