

# Meme Kanserli Hastalarımızın Geriye Dönük Değerlendirilmesi

## Retrospective Observation of Our Breast Cancer Patients

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### Özet

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Meme kanseri birçok ülkede kadın sağlığını etkileyen ve yaygın olarak görülen kanser türlerinden biridir. Ancak hastalığın erken tanıya yönelik tarama yöntemleri ile tedavisi de olasıdır. Tarama programları ile hastaların erken dönemde tanı alması ve tedavi görmesi mümkündür. Burada kliniğimizde 2011-2013 yılları arasında Onkoloji kliniğimizde meme kanseri tanısı konan ve takip edilen 150 hastanın, demografik, klinik ve histopatolojik özelliklerini güncel literatür bilgileri ile karşılaştırarak sunmayı amaçladık. Çalışmaya dahil edilen 150 meme kanserli hastanın yaş ortalaması 58, tanı yaşı ortalaması 52, menopoz yaşı ortalaması 47, menarş yaşı ortalaması 13, doğum sayısı ortalama 2 ve ilk çocuğunu doğurma yaşı ortalama 22.5 olarak kaydedildi. Hastaların 68 (%45.3)'i premenopozal ve 82 (54.7)'si postmenopozal idi. Hastaların 19 (%12.7)'u OKS, 6 (%4)'sı HRT, 13 (%8,7)'ü sigara ve 1 (%0.7)'i alkol kullanıyordu. Aile öyküsünde meme kanser olan hasta sayısı 13 (%8.7) olarak kayıt edildi. Östrojen reseptör pozitifliği olan hasta sayısı 100 (%66,7), progesteron reseptör pozitifliği olan hasta sayısı 87 (%58), C-erb b2 pozitifliği 38 (%25.3) olarak tespit edildi. Hastaların histopatolojik tiplerine bakıldığında en sık invaziv duktal karsinom (%81.3) ve invaziv lobuler karsinom (8.7) olduğu saptandı. Sonuç olarak hastalarımızın 52 olan tanı yaşına bakıldığında 45 yaşından sonra yapılacak olan mamografi taramalarıyla Meme Kanserli hastalara metastaz gelişmeden tanı konulabileceği gerçeğini vurgulamak istedik.

**Anahtar Kelimeler:** Meme Kanseri, İntraduktal karsinom, İntralobüler Karsino

### Abstract

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Breast cancer is the one of the most common types of cancer which affects women's health in many countries. However, it is likely to be diagnosed early by the screening methods and to treat the disease. It is possible for the patients to be diagnosed in early term by screening programs and to be treated. In this study, we aimed to presenting demographic, clinical and histopathological features of 150 patients diagnosed and followed as breast cancer in our Oncology Clinic between the years 2011-2013 by comparing with the recent literature data. The mean age patients were 58 years. 68 of the patients (45.3%) were premenopausal. The number of the patients with a family history of breast cancer was noted as 13 (8.7%). It was determined that the number of the patients with oestrogen receptor positivity was 100 (66.7%), progesterone receptor positivity was 87(58%), C-Erb b2 positivity was 38 (25.3%). With regard to the histopathological types of the patients, it was determined that the most frequent types were invasive ductal carcinoma (81.3%) and invasive lobular carcinoma ( 8.7%). Considering to the diagnosis age of 52 in our study, we wanted to highlight that mammography screening after the age of 45 will provide opportunities to identify at an early stage.

**Keywords:** Breast cancer, Intraductal carcinoma, Intralobular carcinoma

## Introduction

Breast cancer is in the lead among cancers types seen in the women. Besides, after lung cancer, it is the second most common cause of death due to cancers. That it is encountered frequently, and likely to be diagnosed and treated in early stages in present conditions, enhances the significance of breast cancer. Breast cancer constitutes of about 30% of all cancers seen in the women in the world. The present data in Turkey indicate that the breast cancer takes the first place of all the cancer cases seen in women with a percentage of 24.<sup>1</sup> It is determined that breast cancer takes the first place among the patients hospitalized due to cancer in Turkey. Besides there is an increase in the incidence of breast cancer over the years, a decrease in mortality rates is observed thanks to improvements in early diagnosis and treatment modalities. The significant parameters influencing the choice of treatment in operable breast cancer are the patient's age, menopausal status, the diameter of the tumour, the number of metastatic lymph nodes, histological type, grade, hormone receptor status, and C-Erb b2. With regard to the patients with metastasis, the patient's age, performance, menopausal status, place and extensivity of metastasis, hormone receptor status, and C-Erb b2 is importance for prognosis of the disease and to determine the choice of treatment.<sup>1-3</sup> When the data of Health Ministry are analyzed, it is observed that the incidence of breast cancer among the women in Turkey has a rate of 35%.<sup>4</sup> In this study, we aimed at presenting demographic and histopathological features of the patients diagnosed and followed as breast cancer in our clinic comparing our data with the recent literature.

## Materials and Methods

The files of 150 patients diagnosed as breast cancer which we followed up in our oncology clinic between the years 2011-2013 were scanned retrospectively from the archive of Sakarya University. Medical Faculty Training and Research Hospital. Patients' age, the age at diagnosis, menopause, and menarche, the number of childbearing, the first-childbearing age were noted. Histopathological diagnoses of the patients were reviewed. "the version of SPSS for Windows 17.0" was utilized for analyses.

## Results

It was noted that the mean age of 150 patients included in the study was 58, the mean age of which at diagnosis was 52, the mean age of which at menopause was 47, the mean age of which at menarche was 13, the mean number of childbearing was 2, the first-childbearing age on the average was 22.5, respectively (Table 1).

**Table 1: Demografic findings of our Breast Cancer Patients**

|                        | Median | Minimum | Maximum |
|------------------------|--------|---------|---------|
| Age                    | 58     | 23      | 89      |
| Age at diagnosis       | 52     | 22      | 82      |
| Age at menopause       | 47     | 21      | 56      |
| Age at menarche        | 13     | 11      | 36      |
| Number of childbearing | 2      | 1       | 6       |
| First childbearing age | 22,5   | 13      | 35      |

68 of the patients (45.3%) were premenopausal, and 82 of which (54.7%) were postmenopausal. 19 of the patients (12.7%) were taking oral contraceptives (OK), 6 of which (4%) were taking hormone replacement therapy (HRT), 13 of which (12.7%) were smoking, and 1 of which (0.7%) was drinking alcohol. The number of the patients with a family history of breast cancer was noted as 13 (8.7%). It was determined that the number of the patients with oestrogen receptor positivity was 100 (66.7%), progesterone receptor positivity was 87(58%), C-Erb b2 positivity was 38 (25.3%) (Table 2).

**Table 2: Demografic and Laboratory findings of our Breast Cancer Patients**

|                                 | Number | %    |
|---------------------------------|--------|------|
| Premenopausal patient           | 68     | 45,3 |
| Postmenopausal patient          | 82     | 54,7 |
| Oral contraceptive drugs        | 19     | 12,7 |
| Hormone replacement therapy     | 6      | 4    |
| Smoking                         | 13     | 8,7  |
| Alcohol drinking                | 1      | 0,7  |
| Breast Ca in family             | 13     | 8,7  |
| Secondary cancer                | 0      | 0    |
| Oestrogen receptor positivity   | 100    | 66,7 |
| Progesteronereceptor positivity | 87     | 58   |
| C-Erb b2 positivity             | 38     | 25,3 |

With regard to the histopathological types of the patients, it was determined that the most frequent types were invasive ductal carcinoma (81.3%) and invasive lobular carcinoma (8.7%) (Table 3). The number of the patients in Stage Ia was 13 (8.7%), Stage Ib was 8 (5.3%), Stage IIa was 56 (37.3%), Stage IIb was 29 (19.3%), Stage IIIa was 28 (18.7%), Stage IIIb was 4 (2.7%), Stage IIIc was 9 (6%), Stage IV was 3 (2%), respectively (Table 4). Endocrinological treatment was initiated to the patients with hormone receptor positivity from the beginning or subsequent to chemotherapy

**Table3 : Pathological findings of our Breast Cancer Patients**

|                        | Number | %    |
|------------------------|--------|------|
| Intraductal Carcinoma  | 122    | 81,3 |
| Intralobular Carcinoma | 13     | 8,7  |
| Papillary Carcinoma    | 1      | 0,7  |
| Other                  | 14     | 9,3  |

**Table 4: Tumour Stage of our Breast Cancer Patients**

|          | Number | %    |
|----------|--------|------|
| Stage 1a | 13     | 8,7  |
| Stage 1b | 8      | 5,3  |
| Stage 2a | 56     | 37,3 |
| Stage 2b | 29     | 19,3 |
| Stage 3a | 28     | 18,7 |
| Stage 3b | 4      | 2,7  |
| Stage 3c | 9      | 6    |
| Stage 4  | 3      | 2    |

## Discussion

Cancer is a term to describe a group of diseases featuring uncontrolled growing and abnormal cell invasion which threatens the human psychologically, socially, and economically. The cancer, accepted among the chronic diseases, is one of the significant health matters in this age because of increasing number of carcinogenic factors and because it is common, and highly leads to death.<sup>5</sup> International Cancer Agency remarks especially the increase in breast cancer. It indicates that according to the previous estimations, breast cancer incidence in women increased %20, and deaths related to breast cancer increased %14. Among the women's cancers, breast cancer is the most common and the leading cause of death. One fourth of the women having cancer in the world has breast

cancer. Mr. Wild, the Chief of International Cancer Agency, claims that the breast cancer originates from the changes of the life conditions. Breast cancer incidence in developed countries is higher than developing countries, whereas the death from the breast cancer in developed countries is lower than developing countries. Dr. Wild stated this situation is due to the fact that the women living in less developed countries have the distress to attain the services for breast cancer diagnosis, screening, and treatment. Accordingly, he emphasized the necessity to enhance the efforts aimed at early diagnosis, screening and treatment of breast cancer especially in less developed countries. More than 10 million new cancer cases emerge and 5 million people die of the cancer in the world annually.<sup>6-7</sup> Breast cancer, being the most common malignant tumour among the women in the world, constitutes about 30% of the cancers in the women. With regard to our country, it is notified that breast cancer constitutes 24.1% of all cancers.<sup>8-10</sup> Age is an important factor in breast cancer.<sup>11-14</sup> On the contrary, Turkey, having a young population, 47.3% of the women's population of which has 0-19 ages, 45.6% of which has 20-54 ages. Whereas breast cancer shows increase in parallel with age, because the younger women percentage is higher in Turkey, it can be considered that our women are in a lower risk group in terms of age as yet.<sup>15</sup> That's to say, while breast cancer risk of a 20-year-old woman is 0.05%, this rate increases to 1.49% in the age 40, and to 3.45% in the age 60.<sup>16</sup> When the data obtained in our study are assessed, it was determined that 61.9% of the cases were at Stage I-II and 38.1% of which was at Stage III-IV. In the data of National Breast Cancer Registration Program, it is observed that the incidence rate of Stage I and II within all groups of age are 79.6%, and that of only Stage II is 52.8%, and that of only Stage III is 9%. With regard to our study, the rate of the patients at Stage III being detected as 27.4%, our rates of advanced stages are higher than the literature, whereas that of early stage is lower. In the data of National Breast Cancer Registration Program, it was observed that the rate of C-Erb b2 positivity within all groups of age was 17.5%. On the other hand, in our study C-Erb b2 positivity was determined higher than that of literature with a rate of 25.3%. However, within the gradual improvement in the quality of life and the state of utilization of health care facilities in Turkey, it should not be forgotten that the life expectancy which is 65 at present will

rise and the age will become a breast cancer risk for the women in our country. It is known that the hormones, especially oestrogens affect the breast tissue for a long time increases breast cancer risk. Early menarche, delayed menopause, no childbearing or childbearing after the age 30 extend the time that oestrogens affect the breast tissue.<sup>17-19</sup> For this reason, it is considered that delayed menarche, and childbearing before the age 30, and breastfeeding, and early menopause decreases the breast cancer risk.<sup>20</sup> Mc Credie et al. determined that childbearing before the age 30 decreases the breast cancer risk with a relative risk value  $RR=1.8$ .<sup>21</sup> For early identification of breast cancer in women, it is significant that women get into the habit of breast self-examination monthly.<sup>22-23</sup> Screening method which decreases breast cancer mortality is mammography itself.<sup>24</sup> After the age 40, together with breast self-examination, annual mammography is recommended to follow-up.<sup>25-26</sup> As a result, among 150 patients with breast cancer included in our study it was detected that invasive ductal carcinoma was the most common type, and invasive lobular carcinoma was the second most common type. Considering to the diagnosis age of 52 in our study, we wanted to highlight that mammography screening after the age of 45 will provide opportunities to identify at an early stage.

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