



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

*International Journal of Recent Scientific Research*  
Vol. 9, Issue, 1(K), pp. 23641-23643, January, 2018

**International Journal of  
Recent Scientific  
Research**

DOI: 10.24327/IJRSR

## Research Article

# CLINICOPATHOLOGICAL PROFILE OF BREAST CANCER PATIENTS ATTENDING TO RURAL TERTIARY HEALTH CARE CENTER, HARYANA: A RETROSPECTIVE STUDY

Pushendra Malik<sup>1</sup>, Deepak Singla<sup>2</sup>, Sanjeev Singla<sup>3</sup>, Mukesh Sangwan<sup>4</sup>,  
Garg M K<sup>5</sup> and Swarn Kaur<sup>6</sup>

BPS GMC for Women Khanpur Kalan Sonapat

DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0901.1507>

### ARTICLE INFO

#### Article History:

Received 17<sup>th</sup> October, 2017  
Received in revised form 21<sup>st</sup>  
November, 2017  
Accepted 05<sup>th</sup> December, 2017  
Published online 28<sup>th</sup> January, 2018

#### Key Words:

Breast cancer, Clinicopathological profile,  
Rural tertiary care center

### ABSTRACT

Women of all races and ethnicity are affected by breast cancer. The incidence, clinical presentation and survival rates vary in different geographic areas and among different Races & ethnicity within same geographic region. It is also 2nd most common cause of cancer related death among females in India. Although national cancer registry maintains cancer related data but no data is available from rural areas separately. Ours is one rural tertiary care center. We want to conduct a retrospective study of clinicopathological profile of breast cancer patients and type of diagnostic modality used with treatment given to patients. Majority of the patients were in the age group of 31 years to 50 years (56.6%). Most common complaints with which patient present to our center is lump in breast. Most patients are having right sided breast carcinoma. One patient present with bilateral breast carcinoma. Maximum number of patients presenting to our center with breast carcinoma are females. Only 4 male patients present with carcinoma breast. Most of patients present to our center with complaints for more than 6 months. FNAC is most common modality of diagnosis before proceeding to surgery at our center. Maximum patients belong to group III A. Overall patients present at operable advanced stages at our institute. Maximum number of patients belong to infiltrative ductal carcinoma (NOS subtype). Patients offered Modified radical Mastectomy as surgical treatment. But there is less tendency for follow up, so all patients were offered modified radical mastectomy.

Copyright © Pushendra Malik *et al*, 2018, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

### INTRODUCTION

Women of all races and ethnicity are affected by breast cancer. The incidence, clinical presentation and survival rates vary in different geographic areas and among different Races & ethnicity within same geographic region (Stead 2009). It is also 2nd most common cause of cancer related death among females in India and it is estimated for every two new cases diagnosed, one breast cancer death is reported in India (1,5) This can be attributed to poor access to adequate treatment and absence of specialized center for cancer directed treatment. Although national cancer registry maintains cancer related data but no data is available from rural areas separately. Ours is one rural tertiary care center. We want to conduct a retrospective study of clinicopathological profile of breast cancer patients and type of diagnostic modality used with treatment given to patients. Today whole literature focus on screen detected breast cancers and breast conservative surgeries(3). Though there is trend towards patients presenting with early breast cancer (4)

but is it the same trend among rural population. Mortality increases with more advanced stage of presentation which may be due to low awareness, incomplete treatment regimens, limited access to effective treatment at regional cancer centers among rural populations (8-13) Despite of all the advances management of breast cancer is still controversial topic (14). It continues to be the focus for clinical research. Breast conservative surgery is demand of time for Surgeons whether it is applicable to rural population also is still questionable. Based on this background we proposed to study clinical and pathological profile of Breast cancer patients attending rural tertiary care institute of Haryana state, India. Besides studying the profile, we also intended to study the comparative trends of clinicopathological profile of rural breast cancer patients with the national data.

### MATERIALS AND METHODS

The present record based retrospective study was conducted in Bhagat Phool Singh Govt. Medical College for Women which

\*Corresponding author: **Pushendra Malik**  
BPS GMC for Women Khanpur Kalan Sonapat

is situated in a village named Khanpur Kalan, Sonapat of Haryana State. It was started in 2011 and presently it has Monthly Out-patient visits of 1800 Patients and out of which 190 patients attends Surgery Out Patient Department (OPD). Every month about 2 to 3cases of breast cancer undergo for various surgery as per the need of the case. The data of patients of Breast cancer admitted to BPSGMC Khanpur Kalan duringyear 2012 -2017 was chosen for analysis. A total of 120 cases were selected randomly with the lottery system. The incomplete case sheets were excluded from the analysis and in place of that incomplete sheet one more randomly selected case sheet was added to the sample. The permission to access the data was taken from the appropriate authority of the study institute and the confidentiality was maintained. All the identifiers of the case sheets were removed before entering the data. The data was entered in the excel sheet 2010 and analyzed in statistical Package for Social Sciences (SPSS), version 20.

## RESULT AND DISCUSSION

### Age

Majority of the patients were in the age group of 31 years to 50 years (56.6%) and none of the patient were reportedly below the age of 20 years. However the average age group in the national data is reportedly more than 45 years (4) (This may be due to small size of sample).The results of the present study showed that there is shift towards younger population in rural population (because of increasing awareness among females regarding breast lumps) Youngest patient is 26-year-old where as oldest is 80 years (Table 1).

**Table 1** Distribution of study participants by their age group (n=120)

Age (years)	No of patients (%) (n=120)
21-30	06 (5)
31-40	36 (30)
41-50	32 (26.6)
51-60	26 (21.6)
61-70	16 (13.3)
71-80	4 (3.3)
Total	120 (100)

### Chief Complaints

Most common complaints with which patient present to our center is lump in breast (78.3%). Lump in breast is also most common presenting complaints as per national cancer registry programme (4). Table -2

**Table 2** Distribution of study participants by their chief complaints (n=120)

Chief Complaints	No of patients (%) N=120
Lump in breast	94(78.3)
Pain in breast	5(4.16)
Pain and lump in breast	21(17.5)
Nipple discharge	0

**Table 3** Distribution of study participants by their laterality (n=120)

laterality	No of patients (%) N=120
Left	52(43.3)
Right	67(55.8)
Bilateral	1(.83)

### Laterality

Most patients are having right sided breast carcinoma (55.8%). one patient present with bilateral breast carcinoma. Table (3)

### Sex

Maximum number of patients presenting to our center with breast carcinoma are females (96.67%). Only 4 male patients present with carcinoma breast. Table (4)

**Table 4** Distribution of study participants by their sex (n=120)

Sex	No of patients (%) N=120
Male	4(3.33)
Female	116(96.67)

### Duration of complaints

Most of patients present to our center with complaints for more than 6 months (48.3%). Table (5)

**Table 5** Distribution of study participants by their duration of complaints (n=120)

Duration of complaints (months)	No of patients (%) N=120
0-1	4(3.33)
1-2	5(4.16)
2-3	24(20)
3-6	29(21.17)
6-9	22(18.33)
>9	36(30)

### Method of diagnosis

FNAC is most common modality of diagnosis before proceeding to surgery at our center (82.5%). Table (6)

**Table 6** Distribution of study participants by their method of diagnosis (n=120)

Method of diagnosis	No of patients (%) N=120
FNAC	99(82.5)
Excision Biopsy	16(13.3)
Truecut biopsy	3(2.5)
Incision biopsy	2(1.67)

### Pathological Staging

Maximum patients belong to group III A(32.5%). Overall patients present at operable advanced stages at our institute. Table (7)

**Table 7** Distribution of study participants by their pathological staging (n=120)

Staging of breast carcinoma	No of patients (%) N=120
I	2(1.67)
IIA	24(20)
IIB	16(13.3)
IIIA	39(32.5)
IIIB	11(9.16)
IIIC	26(21.67)
IV	2(1.67)

### Histopathology of specimen

Maximum number of patients belong to infiltrative ductal carcinoma (NOS subtype). Table (8)

**Table 8** Distribution of study participants by their Histological specimen (n=120)

Pathology	No of patients(%) N=120
DCIS	2(1.67)
ILC	3(2.5)
IDC	37(30.83)
IDC (NOS)	52(43.33)
IDC (Comedo)	8(6.67)
IDC (Medullary)	1(.83)
IDC (Mucinous)	1(.83)
IDC + ILC	1(.83)
Medullary carcinoma	1(.83)
Adenocarcinoma	1(.83)
Infiltrating carcinoma	1(.83)
Papillary Carcinoma	2(1.67)
Metaplastic breast Carcinoma	1(.83)
Sq. Metaplasia and ductal hyperplasia	1(.83)
Neurofibroma	1(.83)
Metastatic SCC	2(1.67)
Borderline phylloides	1(.83)
Sarcoma	2(1.67)
Duct ectasia	2(1.67)

## CONCLUSION

Breast cancer is increasing in incidence both in rural and urban population. This is most common cancer in urban females. Most common age group of presentation at our center is 31 to 40 years (30%). There is shift to younger population at diagnosis with lump in breast as chief complaints which is of more than 9 month duration (30%). Most of the patients present with right sided breast carcinoma (55.8%) which is against national figures (left side being more common, 4). FNAC (82.57%) is still the most common modality for diagnosis and all patients offered Modified radical Mastectomy as surgical treatment. Histopathologically maximum patients have infiltrative ductal carcinoma (74%) (NOS type is 43.33%) and belong to stage IIIA (32.5%). Because of increasing awareness, patients are presenting at early age and there is shift to diagnosis at early stage than past figures. But there is less tendency for follow up, so all patients were offered modified radical mastectomy. There is strong need for developing rural regional cancer center so that cancer patients can have all treatment under one roof and follow up become easy.

## References

1. Three year report of population based cancer registry 2009-2011.
2. Townsend, Beauchamp, Ever Mattox, Sabiston text book of surgery ( the biological basis of modern surgical practice) 19<sup>th</sup> edition, Elsevier
3. Devita, Hellman, Rosenberg cancer (Principles & Practice of Oncology) 9<sup>th</sup> edition, Wolter Kluwer Health/Lippincot Williams & Wilkins.
4. Trends of Breast Cancer in India. (<http://www.breastcancerindia.net/statics/trends.html> )
5. Gangadharan SGD. *Int.J Res med sci.*2016 Dec;4(12):5325-5328
6. Chandra AB. Problems and prospects of cancer of breast in India. *J India Med Assoc.*1979;72:43-45
7. Sandhu *et al*: Profile of breast cancer patients Indian *Journal of Cancer / Jan-Mar 2010/vol4:16-22*
8. Sharma k, Costas A, Shulman LN, Meara JG (2012) A systemic reviews of barriers of breast cancer in developing countries resulting in delayed patient presentation. *J Oncology* 2012:8
9. Jones S, Johnson K (2012) Women awareness oif cancer symptoms: a review of the literature. *Women health* 8(5):579-591
10. Jones C, Maben J, Jack RH, Davis EA, Forbes L JL, Lucas GR *et al* (2014) A systemic reviews of barriers to early presentation and diagnosis with breast cancer among black women. *BMJ open*; 4(2)
11. Dey S (2014) Preventing breast cancer in LMICs via screening and / or early detection: the real and the subreal. *World J clin Oncol* 5(3): 509-519
12. Pati S, Hussain MA, Chauhan AS, Mallick D, Nayak S(2013) patient navigation pathways and barrier to treatment seeking in cancer in India: a qualitative inquiry. *Cancer Epidemiol* 37 (6):973-978
13. Torres L, Bray F , Seigel RL , Ferlay J, Lortet- tieulent J, Jemal A, (2015) Global Cancer Statistics, 2012 . *CA Cancer J Clin* 65(2);87-108
14. Indian solutions for Indian problems- ABSI practical consensus statements, recommendations, and Guidelines for the treatment of breast cancer in India. *Indian Journal of Surgery* (August 2017) 79 (4) 275-285

### How to cite this article:

Pushpendra Malik *et al.*2018, Clinicopathological Profile of Breast Cancer Patients Attending To Rural Tertiary Health Care Center, Haryana: A Retrospective Study. *Int J Recent Sci Res.* 9(1), pp. 2641-2643.  
DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0901.1507>

\*\*\*\*\*