Original article:

Study of demographic profile of breast carcinoma

*Dr. Shirishkumar P Panhale, **Dr. Amit Ojha

*Assistant Professor, Department of General Surgery, PCMC's PGI Yashwantrao Chavan Memorial Hospital, Pimpri, Pune,

Maharashtra

**Associate Professor, Department of General Surgery, GR Medical College, Gwalior, Madhya-Pradesh

Corresponding Author: Dr. Amit Ojha, Associate Professor, Department of General Surgery, G R Medical College, Gwalior, Madhya-Pradesh

Abstract:

Introduction: Breast cancer is the most common female cancer worldwide representing nearly a quarter (25%) of all cancers with an estimated 1.67 million new cancer cases diagnosed in 2012. Women from less developed regions (883 000 cases) have slightly more number of cases compared to more developed (794 000) regions.

Material and methods: The present work was carried out in the Department of General Surgery in YCM Hospital, Pimpri, Pune, Maharashtra in last six months. This was retrospective study that collected information from 50 patients either from interview or previous records. All the patients admitted in last one year were included in the study. The patients that did not took regular follow up were excluded from the present study.

Results and conclusion: In our present study, Mean age was 43.29 years with SD 7.11 years. Maximum patients were in the range 40 to 50 years. In our present study breast cancer was more common in illiterate women's. This was noted more in women's associated with history of addictions. Majority of the women's were not aware about the disease and severity. In our study 88% of women's were found to have lack of exercise.

Introduction:

Breast cancer is the most common female cancer worldwide representing nearly a quarter (25%) of all cancers with an estimated 1.67 million new cancer cases diagnosed in 2012. Women from less developed regions (883 000 cases) have slightly more number of cases compared to more developed (794 000) regions.(1) In India, although age adjusted incidence rate of breast cancer is lower (25.8 per 100 000) than United Kingdom (95 per 100 000) but mortality is at par (12.7 vs 17.1 per 100 000) with United Kingdom.(2) There is a significant increase in the incidence and cancer-associated morbidity and mortality in Indian subcontinent as described in global and Indian studies. (3, 4) Earlier cervical cancer was most common cancer in Indian woman but now the incidence of breast cancer has surpassed cervical cancer and is leading cause of cancer death, although cervical cancer still remains most common in rural India.(5)

Material and methods:

The present work was carried out in the Department of General Surgery in YCM Hospital, Pimpri, Pune, Maharashtra in last six months. This was retrospective study that collected information from 50 patients either from

interview or previous records. All the patients admitted in last one year were included in the study. The patients that did not took regular follow up were excluded from the present study.

The samples were collected randomly. All data was tabulated in Excel sheet and analyzed.

Results:

Table 1) Age wise patient's distribution (N = 50)

Age	Number of	Percentage
(Years)	patients	
< 20	0	
20 -40	3	6
40 - 50	38	76
>50	9	18

In our present Mean age was 43.29 years with SD 7.11 years. Maximum patients were in range 40 to 50 years.

Table 2) Demographic data analysis

Variable	Number of patients	Percentage
Marital status		
1. < 30 years	22	44
2. > 30 years	28	56
Addictions		
Tobacco	8	16
Mishri	19	38
None	23	46
Urban	21	42
Rural	29	58
Parity		
Mono	16	32
Multi	34	68
Obesity	26	52
Non obese	24	48
Exercise	6	12
No exercise	44	88
Literate	12	24
Illiterate	38	56

In our present study breast cancer was more common in illiterate women's. This was noted more in women associated with history of addictions. Majority women were not aware about the disease and severity. In our study 88% of women's were found to have lack of exercise.

Discussion:

In our present study, Mean age was 43.29 years with SD 7.11 years. Maximum patients were in the range 40 to 50 years. In our present study breast cancer was more common in illiterate women's. This was noted more in women's associated with history of addictions. Majority of the women's were not aware about the disease and severity. In our study 88% of women's were found to have lack of exercise.

Breast cancer is the major cause of morbidity and mortality among females ranking number one among females in Indian metropolitan cities like Delhi, Kolkatta, Pune and Thi'puram, Bangalore and Mumbai and in Northeast, whereas in rural areas such as Barshi it still hold a second position. [6]

Epidemiology of breast cancer across different PBCRs in India shows increasing trends for incidence and mortality mainly due to rapid urbanization, industrialization, population growth and ageing affecting almost all parts of India. [7] Factors as marital status, location (urban/rural), BMI, breast feeding, waist to hip ratio, low parity, obesity, alcohol consumption, tobacco chewing, smoking, lack of exercise, diet, environmental factors were major risk factors in India leading to increasing incidence cancer; however, the reason for high incidence of breast cancer in younger women are not well known. Delayed disease presentation due to illiteracy, lack of awareness, financial constrains in some regions of India leads to late diagnosis, which in turn increases mortality rate. [8]

Conclusion:

In our present study breast cancer was more common in illiterate women's. This was noted more in women associated with history of addictions. Majority of the women's were not aware about the disease and severity. In our study 88% of women's were found to have lack of exercise.

References:

- 1. Ferlay J, Soerjomataram I, Dikshit R et al. Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012. Int J Cancer 2015; **136**: E359–86.
- 2. Gupta A, Shridhar K, Dhillon PK. A review of breast cancer awareness among women in India: cancer literate or awareness deficit? Eur J Cancer 2015; **51**: 2058–66.
- 3. Porter PL. Global trends in breast cancer incidence and mortality. Salud Pública de México 2009; **51**: s141–s46.
- 4. Babu GR, Lakshmi SB, Thiyagarajan JA. Epidemiological correlates of breast cancer in South India. Asian Pac J Cancer Prev 2013; 14: 5077–83.
- Kaarthigeyan K. Cervical cancer in India and HPV vaccination. Indian J Med Paediatr Oncol 2012; 33: 7– 12.
- 6. Nagrani RT, Budukh A, Koyande S, Panse NS, Mhatre SS, Badwe R. Rural urban differences in breast cancer in India. Indian J Cancer 2014; **51**: 277–81.

Indian Journal of Basic and Applied Medical Research-Surgical Specialty Issue; September 2019: Vol.-8, Issue-4, P. 52-55

- 7. Mathew A, Gajalakshmi V, Rajan B et al. Anthropometric factors and breast cancer risk among urban and rural women in South India: a multicentric case–control study. Br J Cancer 2008; 99: 207–13.
- 8. Surakasula A, Nagarjunapu GC, Raghavaiah KV. A comparative study of pre- and post-menopausal breast cancer: risk factors, presentation, characteristics and management. J Res Pharm Pract 2014; **3**: 12–8.