INTRODUCTION

Breast cancer is the commonest female malignancy all over the world including Pakistan and a 2nd leading cause of death from cancer in female population due to late presentation and advance stage of disease. Breast cancer incidence is increasing and it is highest in low income countries. More than half of the patients presents to us have LABC. The main challenge is regarding awareness, screening, late presentation and its management in a developing country. Our aim of study is to share the experience with various presentations, diagnosis and management of LABC in a third world country.

METHODS

This is a retrospective case series done in surgical ward of a teaching hospital Jinnah Postgraduate Medical Centre in Karachi, Pakistan. Data was collected of patients presenting in breast clinic over period of 3 years from January 2015 to January 2018. Total 172 patients of breast cancer were managed in breast clinic over period of 3 years. All but two were female. Mean age was 52 years. Involvement of axilla was in 86(76.7%). Chest wall was involved in 22(19.6%). Total T3 and T4 were 71(63.3%) and 41(36.6%) respectively. Diagnosis of all patients was confirmed by histopathology. Neoadjuvant was given to all patients. ER/PR was positive in 46(41.1%) and negative in 66(58.9%). HER2/neu positive in 31(27.6%) and negative in 81(72.3%). On staging breast carcinoma was metastatic in 13(11.6%) with liver, lung and bone in 4(3.5%), 3(2.7%) and 6(5.3%) respectively. Breast conservation was done in 6(6.1%) patients, Modified Radical Mastectomy was done in 86(76.9%), Radical Mastectomy in 3(2.7%) and 13(11.6%) patients were not operated.

RESULTS

112 patients presented with LABC over period of 3 years. All but two were female. Mean age was 52 years. Involvement of axilla was in 86(76.7%). Chest wall was involved in 22(19.6%). Total T3 and T4 were 71(63.3%) and 41(36.6%) respectively. Diagnosis of all patients was confirmed by histopathology. Neoadjuvant was given to all patients. ER/PR was positive in 46(41.1%) and negative in 66(58.9%). HER2/neu positive in 31(27.6%) and negative in 81(72.3%). On staging breast carcinoma was metastatic in 13(11.6%) with liver, lung and bone in 4(3.5%), 3(2.7%) and 6(5.3%) respectively. Breast conservation was done in 6(6.1%) patients, Modified Radical Mastectomy was done in 86(76.9%), Radical Mastectomy in 3(2.7%) and 13(11.6%) patients were not operated.

DISCUSSION

Since 2008, breast cancer incidence has increased by over 20% and breast cancer deaths have risen by 14%. As LMIC our findings suggest that earlier detection of breast cancer can have a fundamental effect in cure, staging and treatment of the disease. . Third world breast cancer is characterized by late presentation, advance stage of disease with a worse biologic behavior and occurrence relatively at a younger age than that reported in western literature. Limited breast cancer knowledge, not being bothered by a breast problem or thinking that it would go away were the most commonly cited reasons that patients did not seek care sooner. These perceptions are risk factors for delay worldwide. Experts have called for research on breast primary care cancer delays in LMICs to guide early detection interventions tailored to the needs and contexts of the individual countries.

CONCLUSION

In our series 65% of all breast cancers are LABC at presentation. In low/middle income countries high percentage of LABC at presentation result in high metastatic disease, poor prognosis and limits conservation of breast. Awareness and education about breast cancer can have long term impact to reduce the suffering and improve outcomes.