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Research Article

**THE STUDY OF PRESENTATION OF BREAST CANCER IN
JINNAH HOSPITAL LAHORE IN CLINICOPATHOLOGIC
DESIGN**¹Rizwana Kousar, ²Maria Rubab, ³Muhammad Aizaz Ashraf¹Allama Iqbal Medical College, Lahore., ²Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, Azad Jammu Kashmir., ³Nishtar Medical University, Multan.**Article Received:** November 2020 **Accepted:** December 2020 **Published:** January 2021**Abstract:**

Objective: This study's principal purpose was to find breast cancer presentations based on clinical and pathological characteristics.

Place and duration of study: This study was performed in Jinnah hospital, Lahore, for nine months from May 2018 to December 2018.

Materials and Methods: A total of 500 breast cancer patients were selected in the trial in which either the surgery or chemotherapy was performed. All relevant investigations were carried out, and triple evaluations were carried out. New receptors were also evaluated in ER, PR HER2. All patients or their relatives received informed consent. The approval of the Ethical Committee was taken. Data were collected from a pre-designed survey.

Results: A total of 500 patients with a median age ranging from 25 to 80 years were selected. In patients from age 40 to 50, the highest incidence of breast cancer was observed (57%). Advanced tumors in stage III and IV were observed in 64 percent of the patients. The most common type observed was invasive 93 percent ductal carcinoma. In the majority of patients, about 55% of histopathological Grade II tumors were observed.

Conclusion: Our study shows that the highest incidence of breast cancer is seen in 40 to 50 years of age, and invasive ductal carcinoma is the most common, and cases of the advanced-stage disease are more frequent.

Keywords: invasive ductal carcinoma, prevalence, Breast carcinoma

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INTRODUCTION:

Breast cancer is the most common carcinoma seen in women worldwide. In Pakistan, 45 percent of women have breast cancer, making it the most prevalent disease even in Pakistan. Roughly one in nine women in Pakistan has breast cancer. In Pakistan, ignorance of the disease leads to delayed presentations and advanced phases III or IV. The most common type of high grade invasive ductal carcinoma affects both young and middle-aged patients. Biological markers such as estrogen and progesterone receptors are mostly assessed in patients with breast cancer. Positive HER2 A poor prognosis involves new receptors together with negative ER and PR receptors in a patient.

MATERIALS AND METHODS:

This study was performed in Jinnah hospital, Lahore, for nine months from May 2018 to December 2018. A total of 500 breast cancer patients were selected in the trial in which either the surgery or chemotherapy was performed. All relevant investigations were carried out, and triple evaluations were carried out. New receptors were also evaluated in ER, PR HER2. All patients or their relatives received informed consent. The approval of the Ethical Committee was taken. Data were collected from a pre-designed survey.

RESULTS:

This study included 500 patients aged 25 to 80 years. There were 285 (57 percent) patients in the age group 40 to 50 years. There were 100 (20 percent) females over the age of 50 years. There were 75 (15 percent) females in the age group of 30 to 40 years. According to UICC, stage I patients was 80 (16 percent). Phase II consisted of 100 (20 percent), Phase III consisted of 250 (50 percent), Phase IV of 70 (14 percent). Invasive ductal carcinoma (93%) was observed in 65 cases based on histopathology; invasive lobular carcinoma (20%) (4%) of cases; mixed ductal and lobular carcinoma (2%) whereas metastatic carcinoma (1%) were found in 5 cases. Different percentages were observed in various tumor grades. Grade II tumors were observed in 275 (55%), Grade III in 210 (42%), whereas Grade I was seen in only 15 (3%) of the cases. 250 (65.8%) patients were positive for progesterone and estrogen, while 130 (34.2%) were negatively affected by PR and ER. 75 (15%) patients had positive ER, PR, HER-2Neu, and 55 (11%) HER-2Neu positive status were ER, negative PR.

DISCUSSION:

This study was conducted to examine breast cancer presentations based on clinical and pathological characteristics. In patients from age 40 to 50, the highest incidence of breast cancer was observed

(57%). Wani et al. showed similar results in which 46 ± 10.2 years was the average age. The mean age in a study done by Naeem et al. was 40 to 49 years, while Baloch AH et al. was 41 to 50 years old. The most common type observed was invasive 93 percent ductal carcinoma. Our results are comparable with other studies in Pakistan, which show that invasive ductal carcinoma occurs at 95.5% in Baluchistan and 92% in Lahore in an INMOL Hospital in Lahore. The Khokar s et al. study has shown that the most frequent presentation in this study coincides with advanced breast cancer, with 64% of patients in the stage. Our study shows that the highest incidence of breast cancer has been seen in 40 to 50 years of age and that invasive ductal carcinoma is the most common type and cases of the advanced-stage disease are more common. The high incidence in Pakistan is due to a lack of awareness of the disease and poor women's screening facilities.

CONCLUSION:

Our study shows that the highest incidence of breast cancer is seen over the age of 40 to 50 years and invasive ductal carcinoma is the most common type and the most common causes of advanced-stage disease are.

REFERENCES:

1. Naeem M, Khan N, Aman Z, Nasir A, Samad A, Khatak A, pattern of breast cancer: experience at Lady Reading Hospital, Peshawar. *J Ayub Med Coll Abbottabad*. 2008;20(4):22-5.
2. Khan MA, Hanif S, Iqbal S, Shahzad MF, Shafique S, Khan MT, presentation delay in breast cancer patients and its associations with socio demographic factors in north Pakistan. *Chinse J cancer res*. 2015;27(3):288-93 3.
3. Wani SQ, Khan T, Wani SY, Koka AH, Arshad S, Rafiq L, Maqbool LM, Afroz F, Clinicoepidemiological analysis of female breast cancer patients in Kashmir. *J Cancer Res Ther*. 2012;389-93 4.
4. Baloch AH, Shuja J, Daood S, Ahmed M, Ahmed A, Tareen M, Various aspects, patterns and risk factors in breast cancer patients of Balochistan. *Asian Pac J Cancer Prev*. 2012;13(8):4013-6.
5. Mamoon N, Sharif MA, Mushtaq S, Khadim MT, Jamal S, Breast Carcinoma over three decades in northern Pakistan-are we getting anywhere? *J Pak Med Assoc*. 2009;59(12):835-8 6.
6. Khursheed A, Fareedi N, Asif AM, Naqvi H, Tahir M, Breast lesions in adolescents and young women in Pakistan a 5 years study of significance

- of early recognition. *Asian Pac J Cancer Prev.* 2013;14(6):3465-7.
7. Khalid M, Javaid M, Frequency of estrogen and progesterone receptor status in breast cancer patient. A single Institutional experience. *APMC.* 2013;7(1):6-9.
 8. Faheem M, Mehmood H, Khurram M, Qasim U, Irfan T. Estrogen receptors progesterone receptors and HER-2-NEU Positivity and its association with tumor characteristics and menopausal status in breast cancer from northern Pakistan. *Ecancermedicalscience* 2012;6:283.
 9. Memon ZA, Ain QU, Khan R, Raza N, Noor T, Clinical presentation and frequency of risk factors in patients with breast cancer in Pakistan. *Asian Pac J Cancer Prev.* 2015;16(17):7467-72.
 10. Khokher S, Qureshi MU, Mehmood S, Sadiq S, Determinants of advanced stage at initial diagnosis of breast cancer in Pakistan: adverse tumor biology vs delay in diagnosis. *Asian Pac J Cancer Prev.* 2016;17(2):759-65.
 11. Malik AM, Pattern of presentation of CA Breast in developing countries- there is a lot to do. *J Pak Med Assoc.* 2010;60(9):718-21.