

THE POLICY OF MANAGEMENT OF BREAST CANCER IN BASRAH GENERAL HOSPITAL, A 5-YEAR RETROSPECTIVE STUDY

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Summary A retrospective study of breast cancer patients at Basrah General Hospital was conducted to determine their presentation and the policy of their management. During the period from 1985 to 1990, 150 patients were diagnosed as carcinoma of the breast. Only 78 patients presented early without palpable axillary nodes. Mastectomy with axillary sampling was the commonest single procedure performed. Great difficulty was encountered in the follow up of these patients because of the critical situation of the city of Basrah then, consequent upon the war.

Introduction

Carcinoma of the breast is the commonest cancer in women^{1,2,3}. Increasing attention has been paid to this condition especially in the last 25 years, with multiple clinical trials of various forms of surgery, in combination with radiotherapy, chemotherapy and, lately, immunotherapy throughout the world. There are also masses of researches about the subject, yet results remain unsatisfactory even in early cases^{3,4,6,7}. One in four patients die of the disease within 5 years if the axillary nodes were not involved^{1,3,5}. Recognition of the importance of information on nodal histopathology in defining the prognosis of the disease lead to the introduction of node sampling as a routine part of the simpler operations^{2,3,5,6}.
Early detection of breast cancer

may be achieved by the education of the people at large and the immediate evaluation of any lesion that is noted by the patient on self examination^{2,3,5,6}. A tumor that is palpable would most likely have been present for some time long enough to have enlarged to the point of identification by clinical examination or it might have already spread^{1,3,5}. Therefore, any screening program that might identify the cancer at its early stages, during the silent period, would be of benefit to women in whom breast cancer has just developed or is about to develop

Material and methods

A retrospective study of 150 cases of breast cancer who presented to Basrah General Hospital for the period from January 1985 to December 1990 was conducted. The diagnosis was confirmed with frozen section in 29 cases and with paraffin section in 121 cases. All patients were females except one, a 61 year old male.

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Results

The age of the patients at the time of presentation ranged from 29 to 69 years with a mean of 44 years. Their tumors have been present for 6-12 months. Ninety four patients were married (38 of them were nullipara) and the remaining 55 were unmarried. Right and left breasts were equally affected. The highest incidence of involvement was found in the upper lateral quadrant and tail of the breast while the lowest was in the sub-areolar area. In two patients the whole breast was involved (Table I).

On clinical examination, the tumor was found localized to the breast in 78 patients (52%) while there were palpable axillary lymph nodes, in addition to the tumor, in 44 patients (29%); on the other hand, 28 patients had distant metastasis on presentation.

All patients were investigated with haemoglobin level, ESR, chest X-ray, skeletal surveys and other biochemical laboratory procedures. ESR was normal or slightly elevated in nearly half of the cases.

A wide variation in the type of primary treatment offered to the patients was noticed (Table II). In operable cases, obtaining full information about axillary lymph nodes is essential, and simple mastectomy with axillary sampling was the procedure chosen to serve this purpose. In few cases of breast cancer, simple mastectomy was done as a palliative procedure, as for ulcerated and painful tumors.

Modified radical mastectomy was done for breast cancer with mobile axillary lymph nodes.

Oophorectomy was done for premenopausal patients with advanced breast cancer, while only

biopsy was done for old patients with advanced disease, as a preliminary for further treatment with deep radiotherapy and hormonal or chemotherapy.

As far follow up was concerned, 72 patients were followed up for one year, 42 patients for 2 years, 18 patients for 3 years, 12 patients for 4 years and 6 cases for 5 years.

Discussion

Simple mastectomy with axillary sampling and a watching policy followed by radiotherapy for patients with proven involvement of axillary lymph nodes gave equal results to that of modified radical mastectomy in stages I and II.

Careful follow up and effective additional therapy, given for recurrent disease, improved the 5 year survival rate.

In our society it is generally difficult to convince a patient to uncover her breast, furthermore self negligence was common in the war situation that Basrah was going through during that time resulting in difficulties in the follow up. Those factors could also explain the late presentation in a significant number of the patients.

Adjuvant therapy, whether hormonal or chemotherapy, significantly decreased the recurrence rate and could probably improve survival rate as shown in various series throughout the world^{9,10}; on the other hand, regional irradiation produced reduction in the rate of local recurrence.

Apart from careful staging of the disease we must consider other factors for the selection of the type of surgery required, like the patient's age, economic status and psychae, the presence of a concomitant ill-

Quadrant	No. of cases	%
Upper lateral	88	59
Upper medial	28	19
Lower lateral	14	9
Lower medial	11	7
Sub-areolar	7	5
Whole breast	2	1
TOTAL	150	100

TABLE I: Distribution of cancer in breast quadrants

Type of operation	No. of cases	%
.Simple mastectomy	26	17
.Simple mastectomy + DXT*	90	60
.Modified radical mastectomy + DXT and/or Chemotherapy	16	11
.Simple mastectomy + bilateral oophorectomy	8	5
.Biopsy alone	6	4
.Refused operation	4	3
TOTAL	150	100

* = Radiotherapy.

TABLE II: Types of operations performed

ness and the availability of radiotherapy and chemotherapy.

It was noticed that early tumors of the medial half of the breast were mainly treated with "mastectomy, axillary sampling and local radiotherapy". It was also noticed that the higher the number of axillary lymph nodes involved the higher the incidence of recurrence, just like

what was observed by Fisher¹.

Those findings go only to support the idea to utilize all the informations about the pathology of the tumor, stage of the disease and histology of the axillary lymph nodes to determine the extent of local surgery as well as systemic therapy and /or radiotherapy.

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