

Research Article

Advanced Stage at Diagnosis Among Iraqi Breast Cancer Women

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Breast cancer (BC) is the most common cancer among females in the Eastern Mediterranean region (EMR), many countries in the EMR are undergoing marked demographic and socioeconomic transitions that are increasing the cancer burden in region [1].

Still, BC is the common cancer affecting Iraqi females like other EMR countries [2]. BC screening programme aims at early BC detection that has a critical role in the reduction of morbidity and mortality. Clinical Breast Examination (CBE) and mammography are the tools used in the early detection screening programme of BC [3].

According to reports, mammographic screening reduces the mortality of BC by 40% [4].

In, Iraq, no formal breast screening programme was implemented [5, 6].

Breast self-examination (BSE) and opportunistic CBE were regarded as screening programmes to overcome the deficit of formal screening program. Most of the BC cases were presented at later stages [7]. This situation was the impetus to carry out this report. The objective was to study the effect of BSE and CBE on the stage of BC at diagnosis.

An interview was carried out for 102 women attending the women health centre in Al-Elwiyaa Maternity Teaching Hospital in Baghdad. The requested information were as follows: demographic characteristics, methods of detection (BSE or CBE), lesion characteristics (histopathology and clinical notes taken from the patients records). Clinical Staging done according to TNM classification [8] by surgical oncologist. All patients with full information, histological, and radiological reports were included. Any patient with deficient information or reports was excluded from the study.

Twenty patients (19.6%) were detected in stages 0–I, and 82 (80.4%) were detected in stages II–IV. Of those detected in stages 0–I, 9 (45.0%) were detected by BSE, 42 (51.2%) for those in stages II–IV. No significant difference was noticed in the detected BC cases between BSE and CBE ($\chi^2 = 0.25$, $df = 1$, $P = 0.6$) (Table 1).

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Received 27 May 2019

Accepted 27 May 2019

Published 28 June 2019

Production and Hosting by
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Editor-in-Chief:

Prof. Mohammad A. M. Ibnouf

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This study showed that 19.6% of BC was detected in stages 0–I. It is in contrast with that in developed countries (75%) [9].

This difference might be attributed to the fact that no screening program for BC is implemented in Iraq. Only early detection clinics were established in Iraq [5, 6].

In line with the literature [6], no significant difference in the detection of BC between BSE and CBE was found. They were no more recommended as a screening tool for BC [10].

This finding might suggest that there is a lack in experience in CBE. It was estimated that CBE needs 5–10 minutes, which might be too long in Primary Health Care Center (PHCC).

The finding that no significant difference in staging between those detected in BSE and CBE ($P = 0.6$) indicates that all cases detected were consulted for complaints, that is, no screening efforts were done in PHCC.

This finding was supported by the results of previous studies where BSE had no impact on the stage at diagnosis even among those with high score BSE [11], and symptomatic females had OR 4.42 for presenting with high stage at diagnosis [12].

The diagnosis of invasive tumours, node-positive, and with larger size at diagnosis, will be more by CBE alone or in combination with mammography or US than those diagnosed by mammography alone [13].

Iraq is in an urgent need for population-based BC screening programme.

TABLE 1: The stage at diagnosis according to the detection method.

Stage at diagnosis	CBE	BSE
Early stages (0–1)	11 55.00%	9 45.00%
Stages 2–4	40 48.80%	42 51.20%
Total	51 50.00%	51 50.00%

Note: $\chi^2 = 0.25$, $df = 1$, $P = 0.6$.

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