Prevalence of breast cancer in southern part of KPK Pakistan hospital BINOR based study

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Madam, breast cancer is identified as the most common malignancy among Pakistani women accounting for 34.6% of all female cancers.[1] In Asian countries, Pakistan has the highest rate of breast cancer incidences excluding (Jewish females) due to the many factors. According to an earlier report estimated age-standard (world) annual rate of breast cancer in Pakistani population is 69.1% per 100,000.[2] The present study was arranged to investigate the prevalence of female breast cancer patients in district Bannu and other concerned areas. The study was conducted in clinical oncology department, Bannu institute of nuclear medicine oncology and radiotherapy (BINOR), Bannu, and the total number of patients visiting during the three years period from (28 march 2013 to 28 July 2015) were 120. These patients were referred from the different related districts of KPK and federally administered tribal areas of (FATA) including Bannu medical college, district headquarters hospital Bannu and other medical institutes and private clinics. The data of these patients was analyzed.

The maximum number of breast cancer patients were from Bannu area i.e. 78/120 (65%). The other areas were Lakki 17/120 (14.166%) and Karak 19/120 (15.833%). Besides these, other places included were Kohat 1/120 (0.83%), North Waziristan Agency (NWA) 3/120 (2.5%) and South Waziristan Agency (SWA) 2/120 (1.66%). Age wise the number of cases between 15-30 and 31-60 years were maximum and equal i.e. 55/120 (45.83%) while from 61-90 there were minimum number cases i.e. 10/120. In the age range of 15-30 and 31-60 years the number of cases were maximum and equal i.e. 55/120 (45.83%) while from 61-90 years there were minimum cases 10/120.

The independent prognostic and predictive role of PR expression irrespective of ER has been a subject of great controversy as demonstrated by the report from the ATAC (Arimidex, Tamoxifen, Alone or in Combination) adjuvant trial, a large worldwide trial comparing the efficacy of tamoxifen with that of the aromatase inhibitor anastrazole, showing overall that patients with ER+/PR+ tumours had a lower recurrence rate than those with ER+/PR-tumours.[3] In the present study the percentage of ER/PR+ patients was 76/120 (63.33%) however the percentage of ER/PR- patients was 20/120 (16.83%) and after that the percentage of ER+ and PR- patients was 16/120 (13.33%). Similarly the ratio of ER- and PR+ was 4/120 (4%) while the remaining patients were lost to follow-up 4/120 (4%). Maximum number of cases were married women i.e. 46/66 (69.69%), while unmarried women were minimum i.e. 20/66 (30.30%). A small number of cases were in premenopausal stage i.e. 26/54 (48.1%) while women in post-menopausal stage were 28/54 (51.85%). Most patients had left sided breast cancer i.e. 70/120 (58.333%) with remaining 50/120 (41.66%) had it on the right side. However the cancer risk was significantly high in Pakistani Muslim females' (2.81) when compared with Punjabi Hindus (1.27), Punjabi Sikhs (2.11)

Table-1: Of breast cancer patients.

Areas	Patient Numbers	%
Bannu	78	65
Lakki	17	14.166
Karak	19	15.833
Kohat	1	0.833
SWA	3	2.5
NWA	2	1.666
Ages		
15>45	55	45.83
46>60	55	45.83
61>and above	10	8.33
Status		
ER	5	4.16
PR	4	3.33
ERPR	19	15.83
ERPR	16	13.33
Nil	76	63.33
Married	46	38.33
Single	20	16.66
Premenopausal	26	21.66
Postmenopausal	28	23.33
Sides		
Left	70	58.33
Right	50	41.66

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and Bangladeshi Muslim's (1.06).[4] Similar findings were reported in US based females of Pakistani and Indian origin. Surveillance epidemiology and end results database (SEER) shows that around 19% of all cancer cases reported in US were breast tumours from Indian and Pakistani population.[5]

References

1. Pervez T, Anwar MS, Sheikh AM. Study of risk factors for carcinoma breast inadult female general population in Lahore. Coll Physicians Surg Pak. 2001; 11: 291-3.
2. Mahon SM. Cancer risk assessment, conceptual considerations for clinical practice. Oncol Nur Forum. 1998; 25:1535-47.
3. Howell A, Cuzick J, Baum M, Buzdar A, Dowsett M, Forbes JF, et al. Results of the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial after completion of 5 years' adjuvant treatment for breast cancer. Lancet. 2005; 365:60-2.
4. Elkind AK. The accuracy of nurses' knowledge about survival rates for early cancer in four sites. J Adv Nurse. 1981; 6:35-40.
5. Upvall MJ, Kanji Z, Jaffer S, Khowaja K, Barolos R, Amerce Y, et al. Defining the cultural milieu for implementing faculty practice in Pakistan. Int J Nur Pact. 2002; 8: 315-23.