Risk Factors For Local Recurrence Of Breast Cancer In The Perspective Of Bangladesh

Narita Khurshid [*1]

K.A.Arman [2]

A.A.M.Khan [3]

M.Rahman [4]

[1]*Specialist, Medical Oncology, Evercare Hospital Dhaka. Plot-81,Block –E, Bashundhara R/A,Dhaka -1229. Bangladesh.*

[2]*Specialist, Medical Oncology, Evercare Hospital Dhaka. Plot-81,Block –E, Bashundhara R/A,Dhaka -1229. Bangladesh.*

[3]*Assistant professor, Department of Medical Oncology, Shaheed Suhrawardy Medical College & Hospital, Sher e bangla Nagar,Dhaka -1207.*

[4]*Assistant Registrar, Medical Oncology National Institute of Cancer Research and Hospital, Mohakhali, Dhaka-1212.*

Abstract

Breast cancer is the most common cancer in female population of Bangladesh. Due to late presentation and poor compliance with treatment protocol they often come back with local recurrence which is a grave prognostic factor.

A case-control study was done by selecting breast cancer patients with local recurrence as cases and an equal number of breast cancer patients who had completed treatment but had not developed local recurrence within two years were taken for controls. The study was done from July, 2017 to June, 2019 in National Institute of Cancer Research and Hospital, Dhaka, over 104 breast cancer patients. Data were analyzed by SPSS 22.

The most common age range for both groups was 41 to 50 years with mean age for case group 40.28 ± 11.22 years. Histopathological data was similar; mostly ductal carcinoma. Breast conserving surgery was done in 32.7% patients of the case group and 15.4% patients of the control group, rest had mastectomy; p-value 0.039. Around 60% of the cases had tumour size 2 to <5cm while it was <2cm for 58% controls; 10% cases had size >11cm; p-value <0.001. Six cases (11.5%) had +ve surgical margins, while none of the control had +ve margin. Axillary node was positive for malignant cells in 81% cases compared to 46% controls. Blood vessel involvement was found in three cases and two controls.Most of the cases were triple negative or HER-2+ve while the controls were mostly ER/PR +ve .Only 26.9% of the cases received radiotherapy,(p-value 0.005) and 3.8% had hormone therapy(p-value 0.014). 69.2% cases received chemotherapy against 42.3% of the controls; p-value 0.006.

77% cases had disease free interval of less than 15 months. 32% patients from the case group showed grade-III disease while this grade was lower for the controls, p-value <0.001. Most cases (16.3%) were in stage IIIA, while most (34.6%) controls were in stage IA.

We should give priority on the preventable and modifiable risk factors to make comprehensive treatment plan for better prognosis of breast cancer in Bangladesh.