REASONS FOR DELAYED PRESENTATION IN ADVANCED BREAST CANCER PATIENTS AND HOW TO AVOID THIS: A PROSPECTIVE STUDY AT A TERTIARY CARE HOSPITAL OF NORTHERN INDIA

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Abstract

Background: Delay in presentation of breast cancer is usually detrimental to the patient survival. Women with breast cancer from rural areas of the developing countries usually present late because of shyness and unawareness about the grave nature of disease. Under this background present study was carried out. Materials and Methods: This prospective study was conducted over a period of 4 years in the Department of Surgery in SMHS (Shri Maharaja Hari Singh) hospital at Government Medical College Srinagar, Jammu and Kashmir, India, from January 2013 to January 2017. A total of 31 patients of advanced breast cancer with delayed presentation were studied during this period.

Objective: Our aim was to look for the reasons of delayed presentation of breast carcinoma and highlight the need for measures to be taken in this regard.

Results: The age of the patients ranged from 33 years to 77 years. The mean age was 61.9 years. The average age in the elder group (>50 years) was 68 years. Most of the patients were of >50 years age. They were uneducated, unaware about the lethal nature of disease, and were shy in exposing their breasts to health care persons. Most (83%) of them were from rural areas.

Conclusion: Since majority of our patients were illiterate, unaware about the lethal nature of disease and were shy to expose their diseased breasts to health care personal, hence need of the hour is to create awareness about the nature of disease, its symptomatology, self-breast examination, and the risks associated with delay in seeking medical advice after first noticing the disease.

Key words: Delayed presentation, advanced, breast cancer, illiterate.

Introduction:

Delay in presentation of breast cancer is usually detrimental to patient survival. Women with breast from rural areas of developing countries usually present late because of shyness and unawareness about the grave nature of disease. Under this background present study was carried out to look for the reasons of delayed presentation of breast carcinoma and highlight the need for measures to be taken in this regard.

Data from four major Indian cancer centers have
shown that most Indian women who suffer from breast cancer first visit health care centers when they have already reached the late stages.\textsuperscript{1,2} The common reasons for delay in seeking medical advice early are illiteracy, ignorance, myths and superstitions, as well as financial constraints.\textsuperscript{3,4} Scientific studies have demonstrated that women who seek treatment in the early stages of breast cancer have a better chance of survival.\textsuperscript{5,6} Several studies from India\textsuperscript{7,8} and other low-middle income countries (LMICs)\textsuperscript{9,10} have reported dismal awareness about the symptoms and risk factors associated with breast cancer in large numbers of women. Many symptomatic breast cancer patients experience long delays in obtaining diagnosis and treatment\textsuperscript{11-13} which can negatively affect their prognosis.\textsuperscript{12,13} Therefore, it is crucial to minimize the time between the initial detection of the disease to the diagnosis by a clinician and to the initiation of treatment. ‘Patient delay’ refers to the interval between a patient’s self-discovery of breast cancer symptoms and medical evaluation. This aspect has been studied extensively.\textsuperscript{14-18}

MATERIAL AND METHODS

This prospective study was conducted over a period of 4 years in the department of surgery in SMHS (Shri Maharaja Hari Singh) hospital at Government Medical College Srinagar, Jammu and Kashmir, India, from January 2013 to January 2017. A total of 31 patients of advanced breast cancer with delayed presentation were studied during this period. Patient delay in presentation was taken as interval of more than 3 months between date of first symptoms and the medical consultation.

RESULTS:

The age of the patients ranged from 33 years to 77 years. The mean age was 61.9 years. The average age in the elder group (>50 years) was 68 years. The various reasons for delayed presentation are tabulated in table 1.

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total Patients</th>
<th>Illiteracy and Unawareness about the nature of the disease</th>
<th>Shyness</th>
<th>Other reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40</td>
<td>3</td>
<td>1(Unmarried)</td>
<td>1(Unmarried)</td>
<td>Pregnant (simulating effect): 2</td>
</tr>
<tr>
<td>40-50</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>Phobia:1 (literate)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>24</td>
<td>All</td>
<td>All</td>
<td>Rural (20)</td>
</tr>
</tbody>
</table>

Among the >50 year age group, one patient presented with nodular axillary mass which latter proved out to be advanced axillary tail malignancy. Most of the patients were of >50 years age. They were uneducated, unaware about the lethal nature of disease, and were shy to expose their breasts to health care persons. Most (83%) of them were from rural areas.

Among the 40-50 year group of patients, two were uneducated (one was unmarried, one was widow) and the third one though educated, had phobia. Among the patients from the 30-40 year group, one patient was uneducated (unmarried), and in other two patients (pregnant), malignancy was mistaken for normal pregnancy changes. Figure 1 (A,B): shows the advanced breast carcinoma.
DISCUSSION:

Majority of our patients were illiterate, unaware about the lethal nature of disease and were shy to expose their diseased breasts to health care personal. Majority of our patients were from rural back ground, where problems of access to good health care, transport problems and economic constraints are not uncommon. Data from four major Indian cancer centers have shown that most Indian women who suffer from breast cancer first visit health care centers when they have already reached the late stages. The common reasons for delay in seeking medical advice early are illiteracy, ignorance, myths and superstitions, as well as financial constraints.

Breast cancer when managed properly in early stages, can improve survival significantly. Scientific studies have demonstrated that women who seek treatment in the early stages of breast cancer have a better chance of survival. Mortality due to breast cancer can be reduced by the early diagnosis of disease, as well as by early treatment initiation. Many symptomatic breast cancer patients experience long delays in obtaining diagnosis and treatment, which can negatively affect their prognosis. Therefore, it is crucial to minimize the delay from the initial detection of the disease to the diagnosis by a clinician and to the initiation of treatment. ‘Patient delay’ refers to the interval between a patient’s self-discovery of breast cancer symptoms and medical evaluation. This aspect has been studied extensively. In order to develop effective strategies for the early detection of breast cancer, it is imperative to have a deeper understanding of women’s awareness of disease symptoms and their attitudes towards the disease. This is important since simple preventive strategies such as breast self-examination can be implemented successfully only with women’s active involvement.

Several studies from India and other low-middle income countries (LMICs) have reported dismal awareness about the symptoms and risk factors associated with breast cancer in large numbers of women.

CONCLUSION:

Since majority of our patients were illiterate, unaware about the lethal nature of disease and were shy to expose their diseased breasts to health care personal, hence need of the hour is to create awareness about the nature of disease, its symptomatology, self-breast examination, and the risks associated with delay in seeking medical advice after first noticing the disease. This can be achieved by conducting special programs and organising awareness camps about breast cancer, especially in the rural and far-flung areas. Health care workers especially female ones (e.g. ASHAs in India) should be trained and used to create awareness about the symptoms, nature and, early treatment of breast cancer.
REFERENCES:


