

# ACTA SCIENTIFIC CANCER BIOLOGY (ISSN: 2582-4473)

Volume 8 Issue 4 April 2024

# Profile of Carcinoma Breast Patients

#### Seema Devi<sup>1\*</sup>, P Minakshi<sup>2</sup> and Kaniz Fatima<sup>2</sup>

<sup>1</sup>Additional Professor, Department of Radiation Oncology, IGIMS, Patna, India <sup>2</sup>PG 2nd Year, Department of Radiation Oncology, IGIMS, Patna, India

\*Corresponding Author: Seema Devi, Additional Professor, Department of Radiation Oncology, IGIMS, Patna, India.

DOI: 10.31080/ASCB.2024.08.0480

Received: March 04, 2024 Published: March 14, 2024 © All rights are reserved by Seema Devi., *et al.* 

### Abstract

**Introduction:** Breast cancer is the commonest cancer and second cause of cancer related death in United States. As reported by various studies worldwide and India, there is significant increase in incidence and cancer related mortality reported in India. In India Breast cancer ranked one with age adjusted rate as high as 25.8 per lakh woman.

Material and Methods: This was retrospective study data archives from Department of Pathology and Department of Radiation Oncology, State Cancer Institute, Indira Gandhi Institute, Patna, Bihar. Patients diagnosed with breast carcinoma and available reports of serum hormonal status and HER2 + Ki 67 status by immunohistochemistry were analyzed.

**Results:** Total 210 cases were analyzed who attend our department for treatment in 6 months period. Commonest age group we found in our study was 41 to 50 years, 51 to 60 years cases of 22.6%, 12.3% cases 61 to 70 years. 27.5% cases were above 55 year and 72.5% were <55 years of age.

**Conclusion:** Breast cancer is more common in younger age group as compared to older age group. Advanced stage patient was highest in our study.

Ki-67 range was 30-40%, commonest in our study. Beast cancer cells.

Keywords: Breast Carcinoma; Breast Cancer

## Abbreviations

Breast cancer is the commonest cancer and second cause of cancer related death in United States [1]. As reported by various studies worldwide and India, there is significant increase in incidence and cancer related mortality reported in India. [2] Ferlay [3] Malviya. In India Breast cancer ranked one with age adjusted rate as high as 25.8 per lakh woman [4] Gupta. According to many studies on breast cancer shown more advanced and aggressive in young age group [5-10]. The college of American pathologist cap and American Society of Clinical Oncology. Recommended evaluation of hormonal receptor, estrogen, progesterone and human epidermal growth factors Type 2 for all newly diagnosed and recurrent breast carcinoma [11]. Immunohistochemical examination provides therapeutic and prognostic inflammation about disease.

In comparison to western world, Indian females reported more hormone negative patients [12]. Harmone Positively increases as age increase and hormone negative and HER positive cases decreases with age increases. Hence young women Shown relatively more aggressive and advanced stage of cancer with poor prognosis as compare to older women.

### **Material and Methods**

This was retrospective study data archives from Department of Pathology and Department of Radiation Oncology, State Cancer Institute, Indira Gandhi Institute, Patna, Bihar from January 2023 to May 2023. Patients diagnosed with breast carcinoma and available reports of serum hormonal status and HER2 + Ki 67 status by

Citation: Seema Devi., et al. "Profile of Carcinoma Breast Patients". Acta Scientific Cancer Biology 8.4 (2024): 03-09.

immunohistochemistry were analyzed. Other demographic date in the form of age, sex, laterally. staging was analyzed. Hormonal status was considered negative when concentration was below 10%. It has been considered Posture. When nuclear staining was posture in more than 10% of tumor cells. HER expression was considered posture. When more 10% tumor cells shown complete and intense membrane staining.

#### **Results**

Total 210 cases were analyzed who attend our department for treatment in 6 months period. Commonest age group we found in our study was 41 to 50 years (39.52%), 51 to 60 years cases of 22.6%, 12.3% cases 61 to 70 years. 27.5% cases were above 55 year and 72.5% were <55 years of age. Left Sided breast carcinoma were more common above 55.2%, 42.8% cases more on Right sided breast cancer. 4 cases presented with bilateral breast carcinoma.

ER, PR Positive and HER negative reported in 31% cases. ER, PR negative HER Positive reported in 31.9%, ER, PR, HER negative shown in 31.4% cases and ER, PR, HER positive shown in 15.7% cases ER Positive, PR negative. HER positive shown in 3% cases. ER Positive PR and HER negative shown in 68% cases, ER positive PR negative, HER positive shown in 31.9% cases.

More triple negative cases reported in older patients more than 55 years. In younger age group more ER, PR negative and HER positive patients reported.

- Luminal A If ER PR Positive, HER Negative
- Luminal B If HER Positive, ER PR Positive ER or PR Negative, HER Negative
- HER2 Enriched In only HER 2 Positive, ER PR Negative
- TNB ER, PR, HER are Negative (Basal like)
- Unclassified ER + PR+ HER 2 + equivocal
- 55 Years Old

Common staging reported in our study was stage III. In our study commonest tumor stage was reported T3 (54.28%), T2 68 (46.3%), (46.67%) followed by T1(8%) stage IV-5.3% and T4 and T1 was reported in 22.85% and 8.05%. With n Stage commonest nodal status found was N1 in 46.6% followed by N0 32.3% cases. In respect of treatment 114 (54.66% cases) reported surgery followed by adjutant treatment while in 96 (42.33%) cases received

neoadjuvant chemotherapy followed by surgery 3.3% cases received palliative treatment. Adjuvant treatment received by patients with Adriamycin cyclophosphamide followed by Taxane and cyclophosphamide in 89% cases few patients received 4 cycles of cyclophosphamide and Adriamycin followed by paclitaxel weekly

Invasive Breast Ca 97%

12 cycles followed by Radiotherapy.

- Infiltrating ductal Ca 2%
- Papillary endocrine 1%

#### Table 1

Luminal A Luminal B		HER Enriched	Bosal Like (TNBC)	Unclassified			
10		12	3	24	0		
< 55 Years Old							
	53	55	7	43	4		
Total	63 (30%)	67(31.9%)	10 (4.7%)	67 (31.4%)	4 (1.9%)		

Table 2: Age Group of patients and their percentage.

Sl. No	Age Group	No of Patients	Percentage
1	21-30	10	4.7%
2	31-40	37	17.6%
3	41-50	83	39.52%
4	51-60	42	22.8%
5	61-70	26	12.3%
6	71-80	5	2.3%
7	>80	1	0.04%
Total		210	



Stage	No of Patients	Percentage	
Ι	28	8.0%	
II	98	30.4%	
III	114	54.28%	
Total	210	7.3%	





 Table 4: Particulars with number of patients.

Particular	No of Patients	Percentage
ER +ve	83	39.52
ER -ve	127	60.47
PR +ve	92	43.80
PR -ve	118	56.19
HER +ve	67	31.90
HER -ve	143	68.00



Table 5: Stages.

Stage	< 55 years	> 55 years
Ι		Found in 56.19% cases HER Posi-
II		tivity seen in 31.90%. More cases
III		68%
IV		
Unstaged		

**Table 6:** Age distribution of Ki 67.

Ki 67	No. of patients %
10-20	30 (64%)
21-30	35 (16.6%)
31-40	54 (25.71%)
41-50	16 (6.6%)
51-60	14 (6.6%)
61-70	16 (7.6%)
71-80	11 (5.2%)



**Graph 4:** Graphical distribution of Age distribution of Ki 67.

**Table 7:** Stage with number of patients.

Stage	No of Patients	Percentage	
T1	17	8.05%	
T2	68	32.3%	
Т3	77	36.6%	
T4	48	22.85%	

Citation: Seema Devi., et al. "Profile of Carcinoma Breast Patients". Acta Scientific Cancer Biology 8.4 (2024): 03-09.

05

Table 8: Comparison of studies.



#### Discussion

In united states 5% to 7% of breast carcinoma are presented in females older than 40 years [13]. There is an annual rise of 0.5% to 2% incidence in India. This increase reported in younger females less than 45 years of age [14]. In India most of the studies reported median age 48-53 years [15-19]. In our study commonest age group reported 41 to 51 years of age. In Indian females' breast cancer is more common in younger women which in western world. It occurs in older age group with median age of 60 years [12,20-22]. Breast cancer has been divided in six molecular sub types by use of complementary DNA amino array profiling [23]. Hormonal therapy can be considered for patients shown HR positive [24].

Study	Luminal A	Luminal B	HER enriched	Basal-like	Unspecified
Fenandes., et al.	35.0%	19.4%	16.4%	29.1%	0
Kumar., et al.	34%	17.8%	17.8%	25%	5.4%
Present study	33.3%	8.8%	26.6%	15.5%	15.5%
Our Study	63%	67%	10	66%	4%

Table 9: Comparison of molecular subtypes with other studies.

Study	Luminal A	Luminal B	HER2 enriched	Basal-like	Unspecified
Fernandes., <i>et al</i> . (n = 134)	35.0%	19.4%	16.4%	29.1%	0%
Kumar., <i>et al</i> . (n = 56)	34%	17.8%	17.8%	25%	5.4%
Present Study (n = 45)	33.3%	8.8%	26.6%	15.5%	15.5%
Our Study	63%	67%	10%	66%	0.4%

The Breast cancer in younger females have different biological parameters than older women. The majority of younger patients have reported positive hormonal status and advanced stage. There is association proved between aggressive tumor and poorer prognosis. Other study shown law ER. Positively and high HER. Expression shown decreased disease from survival [5]. Studies from western world shown breast cancer at younger age is independent predictor for poor survival [25-29]. In our study majority of patients which are younger than 55 years shown hormonal positivity while patients with more than 55 years.

Breast cancer incidence are increasing globally for last several decades. Agarwal., *et al.* shown the results of retrospective study estimated over 1,00,000 new cases diagnosed annually in India during year 2007 [30] and expected to rise 26% by the year

2020 [31]. The study done by Daniel., *et al.* shown ER positivity in 55.5% cases and PR positivity in 44.4%. Study done by Desai., *et al.* shown ER positivity in 16%. Patients only and PR positivity in 46.19% [32]. Similar study Radhkan., *et al.* shown higher incidence of hormone receptor non reactivity in breast cancer patients [33]. Reason for hormonal positivity partially explained by younger premenopausal women have high level of circulating Estrogen and corresponding can expression at hormone receptor in the humans. A study from Sri Lanka done by Mudduwa in 151 cases 15.7% ER positivity and 48.3% PR Positivity [34]. Study done by Chariyalertsak S., *et al.* shown 36.1%, ER positivity and 45.8% PR positivity [35].

In Asian countries prevalence of hormone receptor positive breast cancer has been found higher than western world Christopher., *et al.* shown 76-78% cases reported hormonal positivity from 1992 to 1998 [36]. Barner., *et al.* shown 65% hormonal positivity in early 1990 in population of 170 breast cancer patients. Biology of western world can patients may be different with Asian Breast Cancer patients. Diet, lifestyle, genetic factors over partially responsible for different biology between two ethnic groups [32. In our study ER positive seen in 39.52%, ER negative reported 60.47% cases while PR positivity seen in 43.8% cases PR negative.

TNBC comprises about 10-20% of all breast cancers in literature Available from western from western world and shown aggressive disease and poor prognosis [38]. Indian data showed higher incidence rate of TNBC as compared to western world lemon., *et al.* shown about 39% cases of TNBC. TNBC shown more in younger age group 68% of patients in < 55 years of age. Which 22% in > 55 years of age, value was statically significant. Our study shown more TNBC cases after 55 years of age group [39].

HER positively shown in our study was 31.9% study done by Dawood., *et al.* [40] shown HER positively in 15% cases in their study shown by Rekha [41]., *et al.* shown higher HER positively in 62% breast cancer cases. Study done by Daniel., *et al.* shown luminal A subtype 33.3% [42], luminal B type 8.8%, Basal type 15.5%, HER positively in 26.6%. Results are comparable with our study in which Luminal A, Luminal B, Basal type shown almost in equal cases 30%, 31.9% and 31.4% cases and HER/new in 31.90% cases. Study done by Fernandes in his study Luminal A 35% Luminal B 19.4%, Basal 29.1% and HER positive 16.4% [43].

Study done by Daniel., *et al.* shown Ki-67 index associated with high proliferation rate associated with HER enriched type. In our study commonest Ki 67 index shown 10-20% (64%) and 30-40% (25.71%). It was not shown association with HER/new type. In our study, ER positivity and PR positivity seen in 39.5% and 43.8% respectively which study done by Kaul., *et al.* shown ER and PR positivity as 34.5% and 36.4% in 55 cases study [44]. Daniel., *et al.* reported in his study PR positivity without ER positivity was zero. Study done by Daniel., *et al.* shown molecular sub-groups luminal A subtype in 33.3%, Luminal B in 8.8%, HER new 26.6%, basal 15.5% and unspecified 15.5% [42]. Fernandes., *et al.* shown Luminal A 35%, Luminal B 19.4%, Basal 29.1% and HER new in 16.4% cases [43]. Study done by Kumar., *et al.* also shown some results. In our study Luminal A was 30%, Luminal B 31%, Basal 31.4%, HER new 4.7% and unspecified 1.9% [45].

#### Conclusion

Breast cancer is more common in younger age group as compared to older age group. Advanced stage patient was highest in our study.

Ki-67 range was 30-40%, commonest in our study. Luminal A, and Basal type Ca breast were found equally in our study. Screening and awareness will be helpful for early diagnosis and treatment.

## **Bibliography**

- Jemal A., et al. "Global cancer statistics". CA: A Cancer Journal for Clinicians 61 (2011): 69-90.
- 2. Ferlay J., *et al.* "Cancer incidence and mortality worldwide: Sources, methods and major patterns in GLOBOCAN 2012". *International Journal of Cancer* 136.5 (2015): E359-386.
- Malvia S., *et al.* "Epidemiology of breast cancer in Indian women". *Asia-Pacific Journal of Clinical Oncology* 13.4 (2017): 289-295.
- Gupta A., *et al.* "A review of breast cancer awareness among women in India: Cancer literate or awareness deficit?" *European Journal of Cancer Oxf Engl.* 51.14 (1990): 2058-2066.
- 5. Albain KS., *et al.* "Breast cancer outcome and predictor of outcome: are there age differentials?" *Journal of the National Cancer Institute Monographs* 16 (1994): 35-42.
- Kollias J., et al. "Early-onset breast cancer-histopathological and prognostic considerations". British Journal of Cancer 75 (1997): 1318-1323.
- Shannon C and Smith IE. "Breast cancer in adolescents and young women". *European Journal of Cancer* 39 (2003): 2632-2642.
- Anders CK., et al. "Young age at diagnosis correlates with worse prognosis and defines a subset of breast cancers with shared patterns of gene expression". *Journal of Clinical Oncol*ogy 26 (2008): 3324-3330.
- 9. El Saghir NS., *et al.* "Effects of young age at presentation on survival in breast cancer". *BMC Cancer* 6 (2006): 194.

- 10. Crossref ISI Google Scholar.
- Gajdos C., et al. "Stage 0 to stage III breast cancer in young women". Journal of the American College of Surgeons 190 (2000): 523-529.
- 12. Hammond MEH., et al. "American Society of Clinical Oncology/ College of American Pathologists guideline recommendations for immunohistochemical testing of estrogen and progesterone receptors in breast cancer (unabridged version)". Archives of Pathology and Laboratory Medicine 134.7 (2010): 48-72.
- Leong ASY and Zhuang Z. "The Changing Role of Pathology in Breast Cancer Diagnosis and Treatment". *Pathobiology* 78.2 (2011): 99-114.
- 14. Bland KI., *et al.* "The national cancer data base 10-year survey of breast carcinoma treatment at hospitals in the United States". *Cancer* 83 (1998): 1262-1273.
- Elkhuizen PH., *et al.* "Local recurrence after breast-conserving therapy for invasive breast cancer: high incidence in young patients and association with poor survival". *International Journal of Radiation Oncology, Biology, Physics* 40 (1998): 859-867.
- Ghosh J., *et al.* "Estrogen, progesterone and HER2 receptor expression in breast tumors of patients, and their usage of HER2-targeted therapy, in a tertiary care centre in India". *Indian Journal of Cancer* 48 (2011): 391-396.
- Manjunath S., *et al.* "Estrogen receptor negative breast cancer in India: Do we really have higher burden of this subtype?" *Indian Journal of Surgical Oncology* 2 (2011): 122-125.
- Rajan G., *et al.* "Estrogen and progesterone receptor status in breast cancer: A cross-sectional study of 450 women in Kerala, South India". *World Journal of Surgical Oncology* 12 (2014): 120.
- 19. Singh R., *et al.* "Receptor expression in patients in semi urban India". *Journal of Cancer Research Therapy* 10 (2014): 26-28.
- 20. Mukherjee G., *et al.* "Analysis of clinico-pathological characteristics of Indian breast cancers shows conservation of specific features in the hormone receptor sub-types". *Journal of Integrative Oncology* 5 (2016): 159.

- 21. Bustreo S., *et al.* "Optimal ki67 cut-off for luminal breast cancer prognostic evaluation: A large case series study with a long-term follow-up". *Breast Cancer Research and Treatment* 157 (2016): 363-371.
- 22. Anderson WF., *et al.* "Comparison of age distribution patterns for different histopathologic types of breast carcinoma". *Cancer Epidemiology, Biomarkers and Prevention* 15 (2006): 1899-1905.
- 23. Anderson WF., et al. "Shifting breast cancer trends in the United States". Journal of Clinical Oncology 25 (2007): 3923-3929.
- 24. Goldhirsch A., *et al.* "Personalizing the treatment of women with early breast cancer: Highlights of the St. Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2013". *Annals of Oncology* 24 (2013): 2206-2223.
- 25. Perou CM., *et al.* "Molecular portraits of human breast tumours". *Nature* 406 (2000): 747-752.
- 26. Rodríguez-Cuevas S., *et al.* "Breast carcinoma presents a decade earlier in Mexican women than in women in the United States or European countries". *Cancer* 91 (2001): 863-868.
- 27. Nissan A., *et al.* "Clinical profile of breast cancer in Arab and Jewish women in the Jerusalem area". *American Journal of Surgery* 188 (2004): 62-7.
- El Saghir NS., *et al.* "Age distribution of breast cancer in Lebanon: increased percentages and age adjusted incidence rates of younger-aged groups at presentation". *Lebanese Medical Journal* 50 (2002): 3-9.
- 29. Swanson GM and Lin CS. "Survival patterns among younger women with breast cancer: the effects of age, race, stage, and treatment". *Journal of the National Cancer Institute Monographs* 16 (1994): 69-77.
- 30. Rapiti E., *et al.* "Survival of young and older breast cancer patients in Geneva from 1990 to 2001". *European Journal of Cancer* 41 (2005): 1446-1452.
- 31. Agarwal G., *et al.* "Spectrum of Breast Cancer in Asian Women". *World Journal of Surgery* 31.5 (2007): 1031-1040.

- 32. "Breast cancer in developing countries". *Lancet* 374.9701 (2009): 1567.
- 33. Desai SB., *et al.* "Hormone receptor status of breast cancer in India: a study of 798 tumours". *Breast* 9.5 (2000): 267-270.
- Redkar AA., *et al.* "Estrogen and progesterone receptors measurement in breast cancer with enzyme-immunoassay and correlation with other prognostic factors". *Indian Journal of Medical Research* 96 (1992): 1-8.
- 35. Mudduwa LKB. "Quick score of hormone receptor status of breast carcinoma: Correlation with the other clinicopathological prognostic parameters". *Indian Journal of Pathology and Microbiology* 52.2 (2009): 159-163.
- Chariyalertsak S., *et al.* "Immunohistochemical detection of estrogen and progesterone receptors in primary breast cancer". *Asian Pacific Journal of Allergy and Immunology* 16.4 (1998): 161-167.
- Li Cl., et al. "Incidence of Invasive Breast Cancer by Hormone Receptor Status From 1992 to 1998". Journal of Clinical Oncology 21.1 (2003): 28-34.
- DM Barnes and A M Hanby. "Oestrogen and progesterone receptors in breast cancer: past, present, and future". *Histopathology* (2001): 3832714.
- 39. Gupta A., *et al.* "Triple negative breast cancer An overview and review of literature". *Asian Journal of Medical Sciences* 3 (2012): 16-20.
- B Siddiqui., *et al.* "Trends in Molecular Classification of Breast Carcinoma in a tertiary Health care centre: A 5 year retrospective study". *International Archives of BioMedical and Clinical Research* (2016): 226972.
- S Dawood., *et al.* "Prognosis of Women with Metastatic Breast Cancer by HER2 Status and Trastuzumab Treatment: An Institutional- Based Review". *Journal of Clinical Oncology* (2010): 281928.
- 42. R V Kumar, *et al.* "Estrogen receptor, Progesterone receptor, and human epidermal growth factor receptor-2 status in breast cancer: A retrospective study of 5436 women from a regional cancer center in South India". *South Asian Journal of Cancer* 7.1 (2018): 7-10.

- 43. N Daniel., *et al.* "Study of hormone receptor status and HER/2-neu expression in breast malignancies and its implication in molecular subtyping in a tertiary care hospital". 10.18231%2Fj.ijpo.2020.108.
- 44. RCM Fernandes., *et al.* "Coordinated expression of ER, PR and HER2 define different prognostic subtypes among poorly differentiated breast carcinoma". *Histopathology* (2009): 55334652.
- 45. R Kaul., *et al.* "Hormone Receptor Status of Breast Cancer in the Himalayan Region of Northern India". *Indian Journal of Surgery* (2011): 731912.
- N Kumar, *et al.* "Prevalence of molecular subtypes of invasive breast cancer: A retrospective study". *Medical Journal Armed Forces India* (2015): 7132548.

09