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Assessing the Management of Breast Cancer at a Tertiary Healthcare Facility in Nigeria

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Outline

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Background

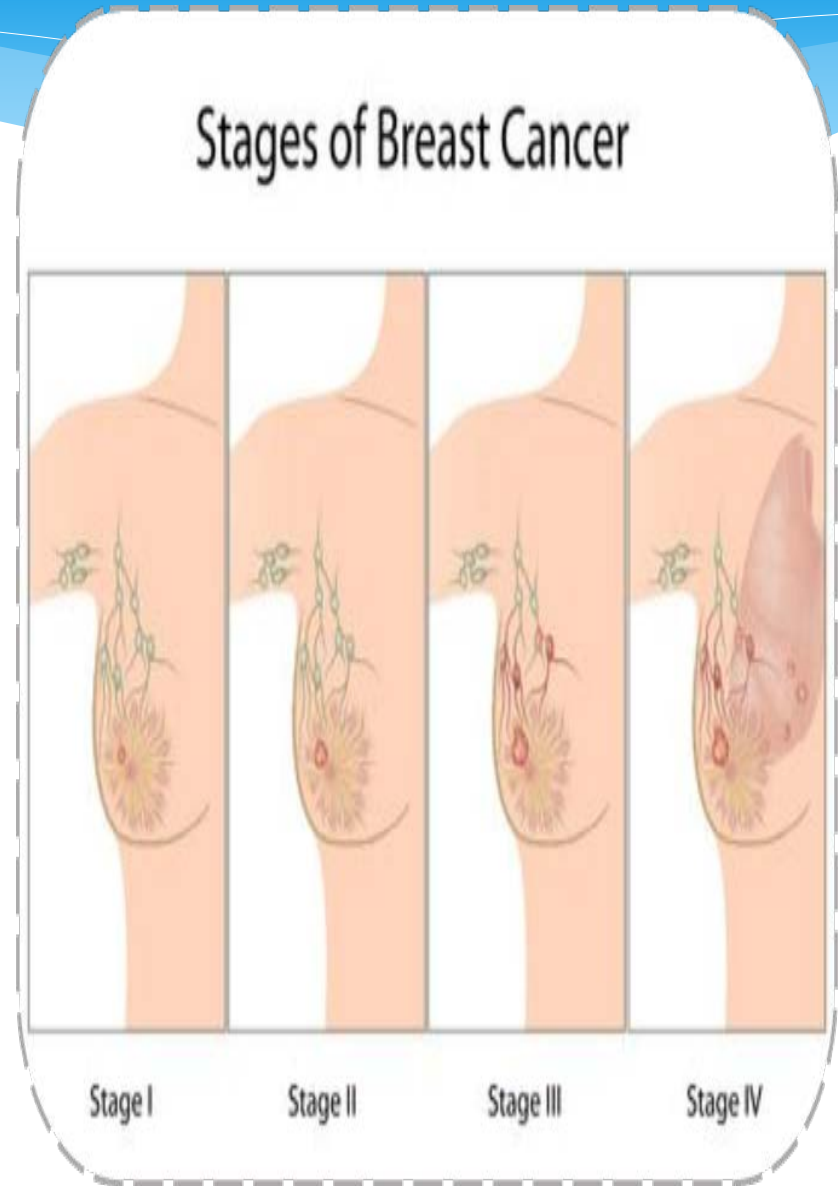
- Most common female cancer worldwide [1-2]
- >1 million incidents diagnosed annually [1, 3]
- High mortality among African women [2, 4]
- Incidence, mortality increasing in Nigeria [5-6]
- Late presentation remain a challenge [7-8]



Background cont'd

Treatment Modalities

- Surgery, Radiotherapy and Systemic therapies [9-10]
- Systemic therapies
 - Chemotherapy, hormone and targeted therapy [9-10]
- Chemotherapy
 - Neoadjuvant and adjuvant [11]



Treatment Modalities...

- Southern and northern African countries [12]
 - Promote use of national guidelines
 - Are standardizing breast cancer management
- Limited information in Nigeria on:
 - Management of female breast cancer
 - Compliance with NCCN Guidelines® [10]

Aim

- The study aimed to assess:
 - Treatment modalities for female breast cancer
 - Compliance with NCCN Guidelines[®] on treatment of breast cancer

Methods

- Retrospective, cross-sectional, descriptive study at UPTH
- 197 clinical records of female patients (2011 to 2016)
- Systematic random sampling utilized
- Data was collected from October 2016 and January 2017
- SPSS® V.20 was used for data analysis

Results/Discussion

Table 1: Socio-demographic profile of sample

Features							
Age at diagnosis (years)	n (%)	Marital status	n (%)	Education	n (%)	Place of Residence	n (%)
20-29	10 (5.1)	Married	147(74.6)	Primary	30(15.2)	Rural	54(27.4)
30-39	61 (31)	Unmarried/ Single	50(25.4)	Secondary	74(37.6)	Urban	143(72.6)
40-49	46 (23.4)			Tertiary	93(47.2)		
50-59	48 (24.4)						
60-69	25 (12.7)						
70-79	7 (3.6)						
Total	197 (100)	Total	197(100)	Total	197 (100)	Total	197 (100)
Mean± SD	46.09± 12.35						

Table 2: Clinical and Radiologic Investigations

Investigations conducted	n (%)
Chest X-ray, Abdominopelvic scan and Full Blood Count (FBC)	187(94.9)
Chest X-ray and Full Blood Count (FBC)	10(5.1)
Total	197(100)

Table 3: Anatomical Distribution and Histologic Status

Features					
Anatomical distribution	n (%)	Histologic Type	n (%)	Histological Grade	n (%)
Right breast	121(61.4)	Invasive ductal carcinoma	189(95.9)	Grade I	30 (15.2)
Left breast	56(28.4)	Invasive lobular carcinoma	8 (4.1)	Grade II	96 (48.7)
Bilateral involvement	20(10.2)			Grade III	71 (36.1)
Total	197 (100)	Total	197 (100)	Total	197(100)

Table 4: Stage at presentation and Site of Metastasis

Features					
Stage at presentation	n (%)	Lymph node status (N)	n (%)	Site of metastasis (M)	n (%)
Stage I	56(28.4)	Positive	121(61.4)	Axilla	65 (33)
Stage II	35(17.8)	Negative	76(38.6)	Axilla and lung parenchyma	3 (1.5)
Stage III	59(29.9)			Axilla, lung parenchyma and pleura	21(10.7)
Stage IV	47(23.9)			Axilla and pleura	32(16.2)
				No metastasis	76(38.6)
Total	197(100)	Total	197(100)	Total	197(100)

Table 5: Treatment modalities for breast cancer

Treatment modalities	n (%)
Surgery and chemotherapy	8 (4.1)
Surgery, chemotherapy and radiotherapy	188(95.4)
No treatment (patient refused treatment)	1(0.5)
Total	197 (100)

Table 6: Chemotherapy regimen used

Neo-adjuvant chemotherapy	n (%)
i.v 5-FU 500mg, i.v Epirubicin 100mg, i.v Cyclophosphamide 1g and i.v Hydrocortisone 100mg, i.v Promethazine 25mg, i.v Ondasetron 8mg	29 (14.7)
i.v Epirubicin 100mg, i.v Paclitaxel 300mg and Dexamethasone 8mg, i.v Ondasetron 8mg	51(25.9)
Did not receive neo-adjuvant chemotherapy	117(59.4%)
Total	197 (100)

Table 7: Adjuvant chemotherapy regimen

Adjuvant chemotherapy	n (%)
i.v 5-FU 500mg, i.v Epirubicin 100mg, i.v Cyclophosphamide 1g and i.v Hydrocortisone 100mg i.v Promethazine 25mg i.v Ondasetron 8mg	48 (24.4%)
i.v 5-FU 500mg, i.v Adriamycin 50mg, i.v Cyclophosphamide 1g, i.v Hydrocortisone 100mg, i.v Promethazine 25mg, i.v Ondasetron 8mg	1(0.5)
i.v Epirubicin 100mg, i.v Cyclophosphamide 1g, i.v Hydrocortisone 100mg, i.v Ondasetron 8mg, i.v Promethazine 25mg.	1(0.5)
i.v Epirubicin 100mg, i.v Paclitaxel 300mg and i.v Dexamethasone 8mg i.v Ondasetron 8mg.	146 (74.1)
No treatment (Patient refused treatment)	1(0.5)
Total	197 (100)

Results/Discussion cont'd...

➤ Strengths

- Standardizing breast cancer treatment

➤ Limitations

- Retrospective, descriptive analysis of data

Summary/Discussion

- Premenopausal women were mostly affected
- Late presentation was common
- Combined treatment modalities commonly used
- Complies with NCCN Guidelines[®] on treatment of invasive breast cancer

Conclusions

- Late presentation common among patients
- Combined modalities owas mostly utilized
- Complied with NCCN Guidelines[®]
- Need to standardize treatment

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Thank You

