

**ABSTRACT**

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The breast has become the leading site for cancer among Sri Lankan females. The number of cases has increased during the last decade. The biology of the breast cancer continues to improve. The objectives of the treatment are to improve the survival and to give a good quality of life for the survivors.

The purpose of this study was to find out the patient characteristics, treatments being given, the response to treatment, patterns of failure and the survival.

Retrospective analysis was done using documented data gathered from the General Hospital Anuradhapura Cancer Unit during the year 1997 to 1999. Data was tabulated and analyzed using mathematical software.

The history, investigations, histology, treatment protocols, response to treatment, side effects, recurrences, the response to second line treatment and finally the out come of treatment were analyzed. Frequency distribution, graphical presentation and cross tabulation were used during analyses.

The commonest age group affected by breast cancer was 36-45 years of age. There were 2.9 % cases who had a family history of breast cancer and all of these were below 50 years. 76% of cases did not have any comorbid factors. 1.5% of cases had past history of benign breast lumps.

25% of the population was nulliparous. 25 % of them had only 2 or less children. 90% of these patients were from the farming community. 95% of the patients presented with a breast lump.

The right sided breast cancer was the commonest, that is 58.8%. In the histology 85% of cases had invasive duct carcinoma, from all the cases 36.8% were grade III.

The general health of these patients was good. 95% of the patients were in the good performance state. The mean haemoglobin was 11.3%.

In the treatment 94.1% had mastectomy and 7.4% had breast reconstruction. 36.8% of patients had three field radiotherapy, that is chest wall, axilla and supra clavicular fossa. More than 60% of all cases have received radiotherapy. 55% of cases have received chemotherapy as an adjuvant treatment and 32.4% had anthracycline based chemotherapy. 88% of the patients have received hormonal treatment.

Due to the treatment only 3 % had developed side effects following chemotherapy. Those were bone marrow failures and drug extravasation. 7.4% of cases had late side effects due to hormones. Another finding was that 3% had lymphoedema of the ipsilateral upper limb which could be due to the late effects of surgery or radiotherapy. There were 1.5% cases with lung fibrosis in the irradiated side.

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In this population 42.6% of cases had recurrences during the follow up and 1/3 of them during the first year of follow up. For these recurrences 10.3% of cases have received radiotherapy or chemotherapy. 8.8% received only hormones.

From the study we can conclude that younger age group females are affected more by breast cancer during their late menstruation age. The response to treatment for recurrences was satisfactory 20 out of 29 cases have responded.

75% of cases had contact with the clinic after one year and 51.5% at three years and 27.9% at five years.

The main limitation of this study was the absence of a well documented clinical staging through out the study population.

Importance of breast cancer screening and health education for this target population should be emphasised.

It is suggested to use conservative surgery for early cancers. By doing so we could give a better quality of life for the breast cancer survivors. Also the other forms of treatment modalities should be streamlined by considering the factors like breast profiles and other relevant prognosticators.

Follow up clinics are useful if for better care for the survivors