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Survey of Female Breast Cancer in Waist Province - Iraq for the Period From (2010-2019)

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Abstract

Breast Cancer is Iraq's most that prevalent form of malignancy. The Iraqi Cancer Archive demonstrates an apparent tendency for the disease to affect advanced-stage women younger. the Objective of study, In Waist Province/ Iraq, to I provide an that overviews of the occurrence of female I breast cancer. A retrospective research was performed over the 10 year period from 2010-2019 to classify all new cases of breast cancer from all over Wasit. The Patient Methods: Breast cancer statistical information was collected from the publicly accessible cancer registry/ Wasit province/ Iraq. Results: Between January 2010 and December 2019, 274 female I breast cancer cases were detected and registered in the Wasit governorate. A recent study showed the age group 45-59 years is high affected, the percentage was (38.68%). According to life stylethe highest incidence of female breast cancer was for female who live in the city 204 (74.45%).Conclusions: Obviously, these findings reflect the general population's poor health education and their misunderstanding. Clinical breast examinations, breast self-examinations, and early physician consultations are all beneficial.

Keywords: Breast Cancer, incidence ,Wasit province /Iraq, data bases

1. Introduction

The female Breast cancer Malignancy is the most frequent cancer among women from glob, and it is also one of the causes the mortality among women [1] Cancer of the breast is a multifactorial

disorder. [2] And multiple variables contribute to its occurrence. Although the disease occurs worldwide, its prevalence, mortality, and survival rates vary greatly across various areas of the world, due to many factors, such as population structure, lifestyle, genetic factors, and environmental factors.[3]In Iraq, according to the findings of the latest Iraqi Cancer Registry, breast cancer is the most common cancer site in Iraqi women, surpassing even bronchogenic carcinoma in general.[4] The World Health Organization recommends registered approaches to the treatment of breast cancer.[5]

1.1 Breast cancer type

There are several different that breast cancer types, and ductals carcinoma in situ (DCIS) and invasive carcinoma are common types. There are 15 to 20 parts of each breast called lobes, which have several tinier parts called lobules. thin tubes, called ducts, the connect the lobes and lobules. Ductal cancer is the most common form of breast cancer. In the cells of the ducts it is located. Lobular cancer is a cancer that begins in the lobes or lobules. Cancers are also known as invasive (in situ). The term in situ refers to cancer that not spread beyond the region where it originally evolved. There is a potential for breast cancer to metastasize to other breast tissues or other regions/ area of the body. Inflammatory breast cancer, characterized by overall breast inflammation, is a less common breast cancer in its various forms. Others are the less common, such as tumors of that phyllodes and angiosarcomas[6].

1.2 How breast cancer spreads

As Cancer cells enter the bloodstream or lymphatic system and spread throughout the body, I breast cancer may spread. The lymphoid system composition of vessel network and clear fluid (lymph) is similar to that of plasma , but the ingredients have some additional substances(macroparticles and, damaged cells). [7]When they are transferred fluid lymph to breast through Lymphoid veins or breast. Cancer that cells, can invade those I lymph vessels Breast.Most of the breast vessels of the lymph that drain into, nodes of axillary ,lymph nodes around collarbones, the nodes inside the chest. There is a greater risk cells may has passed through the fluid lymph and spread (metastasized) to body if cancer cells have spread to the lymph nodes. The more lymph nodes harboring breast cancer cells, the more likely cancer will be found in other organs[8].

1. 3 Risk factor of breast I cancer

Globally, the prevalence of breast cancer seems to be growing. [9]Breast cancer is a multi-factorial that disorder in which genetic risk, environment, diet and other risk factors for lifestyle interact. Improved recognition of modifiable risk factors and risk mitigation for breast cancer will allow the implementation of helpful preventive strategies [10].

2. Methods

Breast cancer statistical information was collected from the publicly accessible cancer registry/Wasit/ WasitA r e t r o s p ect i v e r es ea r c h w a s p er f or me d b y t h e h ea l t h d ep a r t m en t t o descriptiveepidemiological of all Wasit breast cancer cases during that a period of 10 years (2010-2019). In this study that following information was collected from the patients under study Table1describedthisinformation.

Table 1. Examination of the breast- information collected from patient data.

Gender	Female			
education level	Education	non-education		
Address	Villagers	citizens		
Age	15_29	30- 44	45-59	60 - ≥ 70

3. Results

Between January 2010 and December 2019, a total of 274 female cases that of breast cancer were diagnosed and reported in the Wasit governorate.In this, in the study, Female breast that cancer cases were divided into age groups, and the correlation between theage group and the incidence. The groups mentioned are 15-29, 30-44, 45-59, 60-75 years of age.

In figure (1) the age groups 15-29 years Less affected by breast cancer at (5.56%), those aged 45-59 years recorded the highest percentage (38.68%), and the other age groups 30-44, 60-75 representing(30.65%,24.08%), respectively the estimated number of cases of female breast cancer.
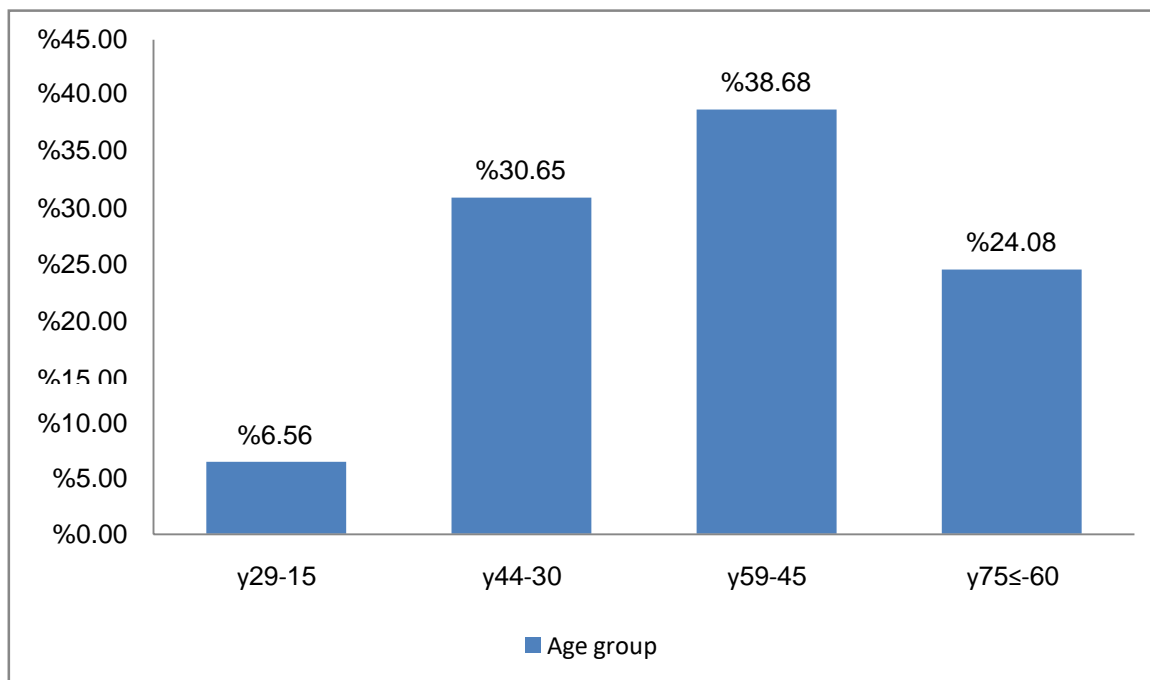
Figure 1. Correlation between breast cancer in females and women's age

Figure (2)The highest incidence of female breast cancer was recorded in year 2013, where 44 case (16%) were affected with breast cancer. While the lower incidence of breast cancer in year 2014 were14 case (5.1%), and the remaining years were closed to the incidence rates.
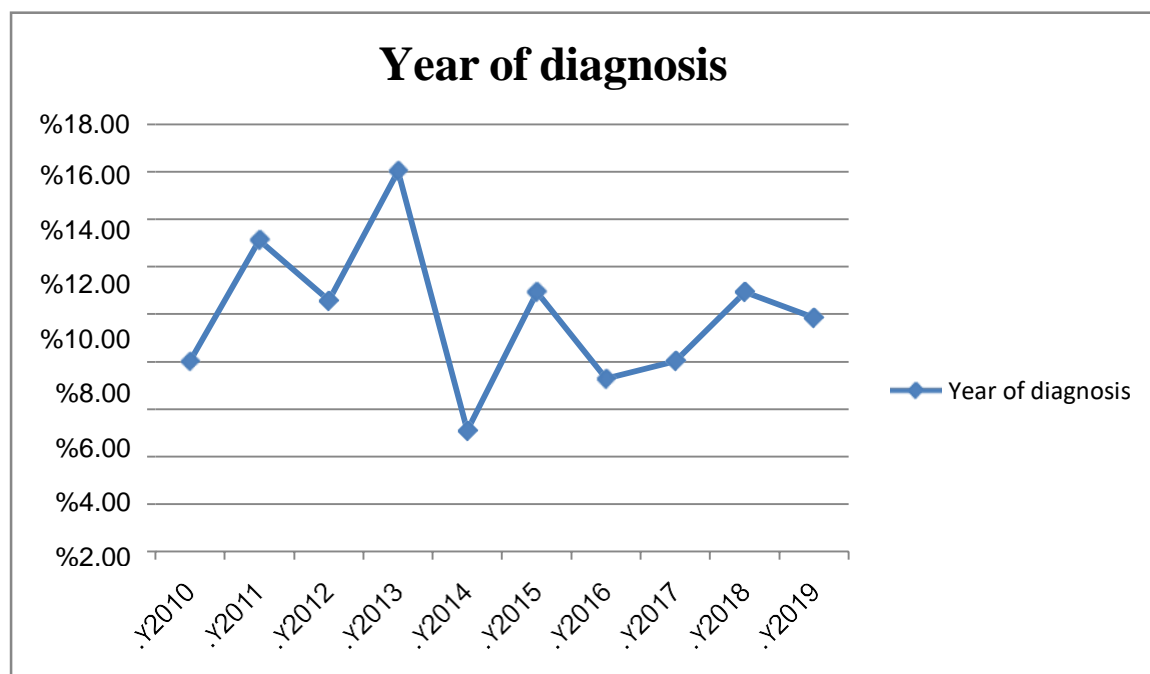

Figure(2): A bar chart showing the distribution of all cases of female breast cancer is attributed to the duration (2010-2019).

Most patients were not well educated at all. In the cases, the proportion of education in the non-

educated community was 201(73.72%) vs. 72(26.27%) and the outcome was statistically important ,Table (2) and Figure (3).

Table (2) relationship between Brest cancer and two variation (life style region and education level)

Year	education level		Total	address		Total
	non education	education		citizens	villagers	
2010	14(63.63%)	8(36.36%)	22(8.02%)	17(77.27%)	5(22.72%)	22(8.02%)
2011	23(63.88%)	13(36.11%)	36(13.13%)	25(69.44%)	11(30.55%)	36(13.13%)
2012	25(86.2%)	4(13.79%)	29(10.58%)	22(75.86%)	7(24.13%)	29(10.58%)
2013	31(70.45%)	13(29.54%)	44(16.05%)	38(86.36%)	6(13.63%)	44(16.05%)
2014	10(71.42%)	4(28.57%)	14(5.1%)	12(85.71%)	2(14.28%)	14(5.1%)
2015	23(76.66%)	7(23.33%)	30(10.94%)	23(76.66%)	7(23.33%)	30(10.945)
2016	15(75%)	5(25%)	20(7.29%)	19(95%)	1(5%)	20(7.29%)
2017	17(77.27%)	5(22.72%)	22(8.02%)	14(63.63%)	8(36.36%)	22(8.02%)
2018	21(70%)	9(30%)	30(10.94%)	19(63.33%)	11(36.66%)	30(10.94%)
2019	23(85.18%)	4(14.81%)	27(9.85%)	15(55.55%)	12(44.44%)	27(9.85%)
Total	201(73.35%)	72(26.27%)	274(100%)	204(74.45%)	69(25.18%)	274(100%)
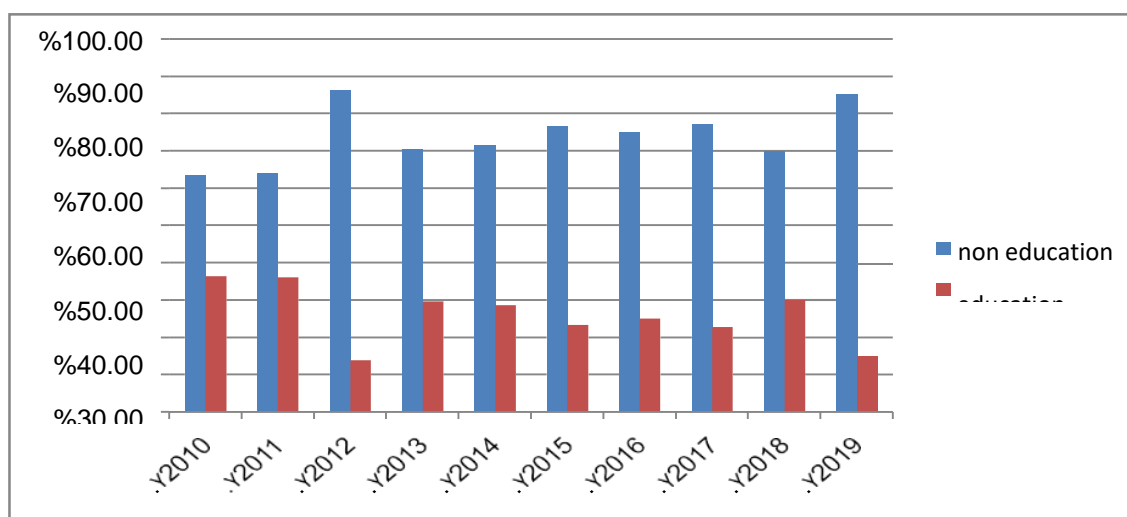
Figure (3) relationship between Brest cancer and education level

Figure (4) showed the highest incidence of female breast cancer was for female who live in the city 204 (74.45%)compared to the patient who live in the village was 69 (25.18%).
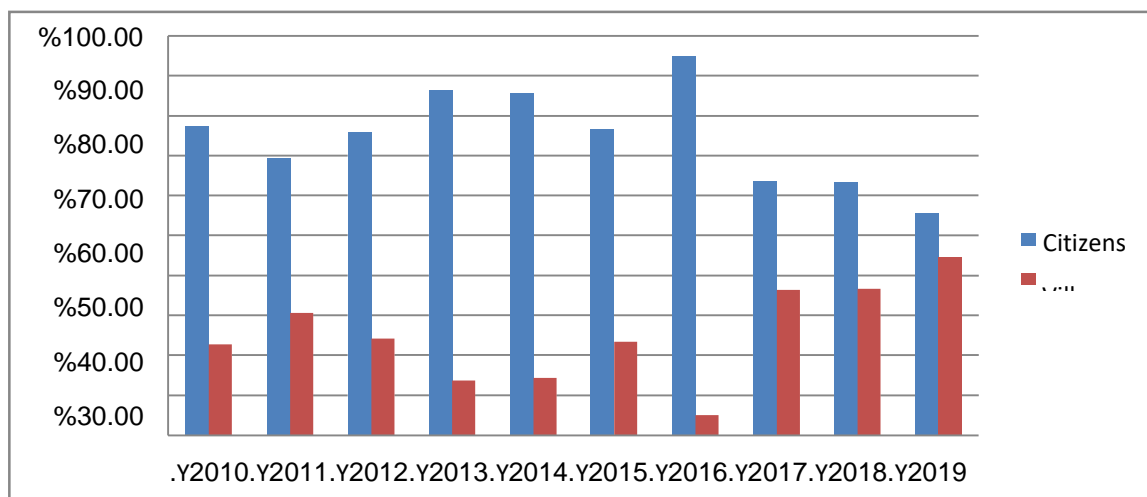
Figure (4) correlation between the female breast cancer and ad dress (citizens, villagers) of cases from period 10 years .

4. Discussion

A recent study showed the age group 45-59 years is high affected and these results were similar to [11,12].Non-educated women were highly affected than educated women and these results similar for[13]In those women linked to variables such as hormone replacement therapy use, lifestyle changes, reduced exercise, obesity, late the age at first birth and reduced that breast-feeding, this increased risk was due to the western life style.

We observed that schooling was related to a reduced risk of breast cancer, in comparison to these results. These findings may be due to certain cultural differences based on the fact that, compared to other women in the world, trained Iraqi women may be less influenced by the western life style or due to increased knowledge of their diet and physical activity and early detection of disease.[13].

5. CONCLUSIONS

Obviously, these findings reflect the general population's poor health education and their misunderstanding of the value clinical breast examination, breast self-examination, and early medical consultation..

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