

Characterization of patients diagnosed with breast cancer in a medical office in Matanzas

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ABSTRACT

Introduction: breast cancer constitutes almost a quarter of the most frequent malignant tumors among women and has become one of the main causes of death in the world. **Objective:** to characterize the behavior of breast cancer in clinic No. 1 of the "Juan Gualberto Gómez" Polyclinic, Los Arabos municipality. **Method:** an observational, descriptive and cross-sectional study was carried out from September 2018 to June 2019. The universe consisted of 8 patients diagnosed with breast cancer. A descriptive statistical analysis was used. **Results:** ages between 63 and 67 (37,5 %) predominated. A 100 % of the sample knew the breast self-examination technique, but only 87,5 % practiced it correctly. Dyslipidemias predominated (50 %) as well as individuals whose mothers were diagnosed of breast cancer (37,5 %). **Conclusions:** in females diagnosed with breast cancer, the risk factor with the highest incidence was obesity. Mother were the first on the familiar list with history of breast cancer. Knowledge about self-examination was high; however, this did not mean that their practice was correct.

Keywords: Breast Self-Examination, Risk Factors; Breast Neoplasms.

Cancer is one of the most relevant challenges today: it is one of the diseases with the highest incidence in the world^{1,2}.

Breast cancer is a systemic, multifactorial and polymorphic disease characterized by malignant, accelerated, disordered and uncontrolled proliferation of cells with mutated genes belonging to different tissues of a mammary gland, specifically the epithelial cells that line the ducts or lobules of the breast^{3,4,5,6}.

It represents one of the biggest public health problems in the world. Each year, more than 1,7 million new cases are diagnosed with a crude rate of 47,9 % and a cumulative risk of 4,62 %. This condition has become one of the leading causes of death in the world with 8,8 million deaths, which means that

almost one in six deaths is due to this sickness³.

In Cuba, as reported by the Statistical Yearbook of Health in 2020, malignant tumors were the second leading cause of death. Breast cancer registered 1 714 deaths in that same year, which is equivalent to at a rate of 30,4 per 100 000 population, a figure that places the disease as the fourth deadliest cancer in the country⁷.

Given that in Cuba, neoplastic diseases of the breast continue to be the malignant neoplasms that are most frequently diagnosed in women, the authors considered it necessary to carry out the present study. Its objective was to characterize the behavior of breast cancer in the Medical Office #1 of the "Juan Gualberto Gómez" Community Teaching Clinic (Los Arabos, Matanzas), from September 2018 to June 2019.

METHOD

Type of study: an observational, descriptive and cross-sectional study was carried out in female patients diagnosed with breast cancer in the Medical Office #1 of the "Juan Gualberto Gómez" Community Teaching Clinic (Los Arabos, Matanzas), from September 2018 to June 2019.

Universe and sample: the universe consisted of 8 patients who had a diagnosis of breast cancer, confirmed by histological analysis, in the period in which the study was carried out, who were living in

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Conflict of interests

The authors declare no conflict of interest.

the area of the Community Teaching Clinic and who were willing to participate in the investigation. The whole universe was studied.

Variables and data collection: the individual medical records of patients diagnosed with breast cancer and a survey prepared by the authors of the present study (Available in the Complementary Files to this article) were used for data collection. The survey was validated by the criteria of specialists and by a pilot study carried out in women who did not take part of the study. For its application, a room was set up in an environment without interruptions and in the presence of investigators. It is important to note that this survey was approved by the Ethics Committee and Scientific Council of the “Juan Gualberto Gómez” Community Teaching Clinic (Los Arabos, Matanzas).

The survey consisted of three questions. Question 1 was about the personal risk factors and included 12 items. Question 2 was about the family history of breast cancer, with 4 items. Question 3 was divided into two topics: knowledge of breast self-examination and its correct practice.

The first topic of question 3 was a yes-or-no question. If the answer was affirmative, the second topic was answered with 13 items. The latter was evaluated as follows: good when the total of correct responses was between 11 and 13; fair, between 9 and 10; and wrong, if eight or fewer.

The variables studied in the research were: age, knowledge of the breast self-examination, quality of self-examination, comorbidities, risk factors and family pathological history.

Statistical processing: after collecting the data, they were digitized for further processing in Microsoft Excel. The analysis of results was performed using descriptive statistical methods (absolute frequencies and relative percentage).

Ethical standards: the principles of medical ethics and the aspects established in the Declaration of Helsinki were followed. The research had the authorization of the Medical Ethics Committee and the Scientific Council of the Institution and the patients involved in the study issued a written informed consent.

RESULTS

Women between ages 63 and 67 predominated (37,5 %). A 100 % of the patients knew the self-examination technique of breast self-examination, but only 87,5 % practiced it correctly. Four women suffered from dyslipidemia (50 %). All the females presented at least one comorbidity. The predominant risk factor was obesity (87,5 %).

Patients with their mothers with a diagnosis of breast cancer (37,5 %) predominated (Table 1).

Table 1. Distribution of patients according to family pathological history. Medical Office #1 of the “Juan Gualberto Gómez” Community Teaching Clinic (Los Arabos, Matanzas). September 2018 to June 2019		
Family Pathological History	No.	%
Mother diagnosed with breast cancer	3	37,5
Grandmother diagnosed with breast cancer	2	25
None	2	25
Sister diagnosed with cancer	1	12,5
Total	8	100

Source: survey applied.

DISCUSSION

Apart from being a woman, the main risk factor for breast cancer is age, as the adjusted incidence continues to grow with the increasing age of the female population⁵.

In Cuba, in 2020, the most affected age group was the one between ages from 60 to 79, as 44,51 % of all deaths from this cause were included in it⁷. Similar data were obtained in the present investigation, since the group of greater prevalence was found in that age range.

López *et al.*⁸ found that obesity was the most frequent risk factor, second only to smoking. In the study, these data coincide, having a high frequency of obesity as a risk factor.

The present investigation does not coincide with what was reported by Navarro *et al.*⁹, who consider that weight gain from early adulthood may not be considered a risk factor for breast cancer, at least in the premenopausal period.

According to Martínez *et al.*¹⁰ the women surveyed stated that they knew breast self-examination, which does not ensure the proper practice. In relation with the knowledge in the present, it is valid to clarify that independently of the existence of this method, not all the women surveyed performed it correctly, which demonstrates the need to increase the educational work of the family doctor and nurse in this context.

It is considered that the most effective form of knowledge transmission is the one provided by the family doctor and nurse, because when performing the annual exam, you can directly check the quality of breast self-examination, reinforce the doctor-patient interaction, as well as emphasize knowledge.

Early diagnosis of the disease after the patient attends consultation with the suspicion of breast lesion detected by herself, owes a lot to the correct practice¹⁰.

According to Peña *et al.*¹¹ women who start

menstruating before 12 years of age have an increased risk of developing the disease. However, these results were not very representative in the patients studied, which coincides with what was reported by Navarro *et al.*⁹.

The authors, in agreement with the obtained results by Navarro *et al.*⁹, believe that not having found statistical relevance between the age of menarche and breast cancer may be due to the limited scope of the study, since early menarche increases the exposure of estrogens throughout a woman's life, as well as the bioavailability of hormones in the mammary glandular tissue, which results in the development of the said neoplasm.

Salum *et al.*¹² found in their study 8,6 % of patients with breast cancer had dyslipidemia. That does not correspond to the present study, in which dyslipidemia was the most frequent comorbidity.

Familiar breast cancer is probably due to the interaction of environmental factors with genetic factors not identified yet. It is considered that between 5 % to 10 % of all diagnosed cases have a family inheritance character, of which only 1% is attributed to individuals with a history of first and second-degree relatives (mother, sister, daughter) with the disease³. In this research, the most affected line was mother-daughter.

Navarro *et al.*⁹ in their study found, in more than 95 % of cases, family history of breast cancer, so it has extremely importance that women with genetic predisposition take care of those risk factors that accelerate carcinogenesis and that may be modifiable by changing the lifestyle.

Breast cancer has become one of the leading causes of world death, that is why early diagnosis from Primary Health Care is becoming increasingly connoted among the Cuban population. The

work on risk factors, mostly modifiable, can help reduce its incidence.

One of the limitations of the study was that it was developed in the context of a family medical office, not being possible to generalize it in other areas of the municipality and province for a greater perception and prevention of associated risks. Another weakness was the small universe studied, which hinders the extrapolation of the results. Nonetheless, the topic studied has great importance, especially taking into account the scenario where it was developed.

CONCLUSIONS

In women diagnosed with breast cancer, the risk factor for the highest incidence was obesity. The mother was the first on the list of family members with a history of breast cancer. The knowledge about breast self-examination was high. However, this did not mean that its practice was correct.

AUTHORSHIP

MCA: conceptualization, data curation, formal analysis, research, methodology, project management, writing - original draft, writing - proofreading and editing. **YBV:** conceptualization, research, visualization. **LLL:** formal analysis, methodology, supervision, validation, writing - review and editing. **IOV:** methodology, resources, supervision, writing - review and editing. **DCP and MGBC:** methodology, writing - revision and editing.

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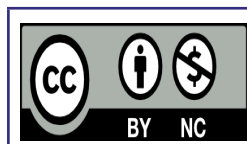
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Caracterización de pacientes con diagnóstico de cáncer de mama en un consultorio médico en Matanzas

RESUMEN

Introducción: el cáncer de mama constituye casi un cuarto de los tumores malignos más frecuentes entre las mujeres y ha pasado a ser una de las principales causas de muerte en el mundo. **Objetivo:** caracterizar el comportamiento del cáncer de mama en el consultorio médico No.1 del Policlínico Docente Comunitario "Juan Gualberto Gómez", municipio Los Arabos, Matanzas. **Método:** se realizó un estudio observacional, descriptivo, transversal en el periodo comprendido de septiembre 2018 a junio 2019. El universo estuvo constituido por 8 pacientes diagnosticadas con cáncer de mama. Para el análisis estadístico se utilizó estadística descriptiva. **Resultados:** predominaron las edades comprendidas entre los 63 y 67 años (37,5 %). El 100 % de la muestra conocía la técnica de autoexamen de mama, pero solo el 87,5 % la practicaba correctamente. Predominaron las dislipidemias en 4 pacientes (50 %) y de antecedente patológico familiar, madre con diagnóstico de cáncer de mama (37,5 %). **Conclusiones:** en las féminas diagnosticadas con cáncer mamario, el factor de riesgo de mayor incidencia fue la obesidad. La madre fue el primer peldaño en la lista de familiares con antecedentes de cáncer de mama. El conocimiento acerca del autoexamen fue elevado; sin embargo, esto no significó que su práctica fuera correcta.

Palabras clave: Autoexamen de Mamas; Factores de Riesgo; Neoplasias de la Mama.



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