Epidemiology of Breast Cancer in Qatar 1999-2000

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Abstract:
This is retrospective study of breast cancer in Qatar during period 1999-2002, using cancer registry data.

A total 214 patients were diagnosed with breast cancer, with incidence of 5/10,000 of population per year; accounting for 13.3% of new cancer cases and 29.9% of all female cancer. Male breast cancer is rare accounting for 3.2% of total number. Qatari patients were 23% and non-Qatari patients were 36.2%. The disease more common in ages between 46-55 years old accounting for 64% of total breast cancer, patients usually presented beyond or equal to stage II and with distant metastasis in 7% of cases, patients commonly present with invasive ductal carcinoma and histological grade 2 and 3, it has been noticed that decrease in incidence of stage III and IV and increase in stage I and II which reflect improvement in patient awareness of this problem.

Introduction:
Breast cancer is the most common cancer in Qatar; improve awareness on the part of both women and health care provider more cancers cases can be diagnosed in early stages, and early initiation of treatment can be started, which will lead to improve survival.

Patients and Method:
It is retrospective study of breast cancer in Qatar during period 1999-2002, using cancer registry data.

Result:
There are 214 patients identified. Breast cancer is the most common malignancy in Qatar.

(This was published in CME Section (Vol. 13; No. 1; June 2004). We confirmed that it is an original study and Dr. Salha Bujassoum is the sole author.)

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Incidence of 5/10,000 of population per year, accounting for 13.3% of new cancer cases. Considered as the most common malignancies in female patients accounting for 29.9%, 36.2% were non-Qatari patients, 23% were female Qatari patients.

Figure 2: Leading Malignancies in Qatar by Nationality during the period 1999-2002

Figure 3: Leading Malignancies in Qatar among Females during the period 1999-2002
Early diagnosis of breast cancer is more obvious if we compare our results with previous data during period 1990-1998.

Figure 5: Total Number of Breast Cancer Cases in Qatar by Gender during the period 1999-2002

More common in younger age group, 64% between ages (45-55 years old) and 22.5% below the age of 45.

Figure 4: Breast Cancer Cases in Qatar by Age Group during the period 1999-2002

Mostly diagnosed at stage II accounting for 60% of all stages, there were noticeable decrease of stage III and IV over the last two years.

Figure 8: TNM Stage Groupings of Breast Cancer Cases in Qatar by Age Group during the period 1999-2002

Most of breast cancer diagnosed in Qatar had histological grade II and III and have invasive ductal carcinoma subtype.

Figure 7: Distribution of Breast Cancer Cases according to Grade during the period 1999-2002

Figure 10: Distribution of Breast Cancer Cases according to TNM stages during period 1990-1998

Number of Cases 50 1 26-35 36-45 46-55 56-65 66-75 76-85 >85
- Qatari 7 14 40 8 6 4 0
- Non Qatari 9 18 97 7 3 0 1

Age Group

Grade I
Grade II
Grade III
Grade IV
Unknown

Grade I
Grade II
Grade III
Grade IV
Unknown

Number of Cases

1999 2000 2001 2002
- Stage I 8 4 10 15
- Stage II 24 27 18 77
- Stage III 6 13 7 4
- Stage IV 4 3 4 4

YEAR
Although the breast cancer is the commonest malignancies it is not the leading cause of death accounting for 4.3% of total death among cancers cases.

During the study period it has been noticed there were decrease in mortality both in Qatari and non Qatari

Conclusion:
Breast cancer in Qatar present more common in young age group than international figure however age adjusted study need to be done to confirmed this observation, and presented beyond stage 0, I, however over the last two year there were increase diagnosis of stage II and decrease in stage III, IV and trend toward improved survival, which can be explained by diagnoses of breast cancer at early stages of initial presentation.

Early detection of breast cancer could reflex the effectiveness of health education and population awareness of the problem over the last year.

Almost absence of DCIS and decreases cases in stage I can be attributed to absence of screening program

Recommendation:
To improved survival:
- Organized public and health care provider education should be undertaken.
- Design suitable population based screening program for age’s group between (40-55) with corporation of the following:
  1. Breast self exam
  2. Mammography & breast US
  3. MRI
- Encourage Multidisciplinary approach for diagnosis and treatment of breast cancer patients.
- Advocate retrospective and prospective study to identify risk factors and prognostic factors that affect survival.

Reference:
1. Cancer registry data Hematology/Oncology Section, Department of Medicine, Hamad Medical Corporation.