

RETROSPECTIVE ANALYSIS OF HISTOLOGICAL TYPES AND LATERALITY OF BREAST CARCINOMA IN A TERTIARY HOSPITAL IN SOUTHWEST NIGERIA

Anjorin A.O,¹ Anjorin A.O,² Akinyemi H.A,¹ Olaofe O.O³, Adepoju DA⁴

1. Department of Morbid Anatomy and Histopathology, Osun State University Teaching Hospital, Osogbo, Osun State.

2. Department of Family Medicine, Obafemi Awolowo University teaching hospital, Ile-Ife, Osun state

3. Department of Morbid Anatomy and Forensic Medicine, Obafemi Awolowo University Teaching Hospital, Ile-Ife

4. Department of Health Informatics, Iyiola Hospital, Ile-ife, Osun State

Corresponding Author

Name: Anjorin Atinuke. O.,

Department of Family Medicine, Obafemi Awolowo University teaching hospital, Ile-Ife,

Email: atinukeanjorin@yahoo.com

Abstract

Background: Breast carcinoma is the most common cancer among women worldwide and is a leading cause of death among women. It has various histological types, which differ in their clinical and pathological features. In Nigeria, it accounts for over 25% of all cancer cases. The evolving nature of breast cancer calls for a continuous study of the histological types, distribution patterns, and unique characteristics as it may reveal new insights and variations. Therefore, this study aimed to determine the histological types, age distribution, and laterality of breast carcinoma cases at the UNIOSUN Teaching Hospital (UTH) Osogbo.

Methods: This study was a retrospective analysis of all cases of breast carcinoma diagnosed histologically at the UTH Osogbo over 10 years. Information on patients age, laterality, and histological type of breast carcinoma was obtained from the records of the Department of Pathology. The histological types were classified according to the World Health Organization (WHO) classification system and data was analyzed using descriptive statistics.

Results: A total of 519 cases of breast carcinoma were diagnosed histologically. The mean age of the patients was 50.1 years (SD=12.4), with a range of 12-90 years. The highest number of cases (32%) were in the age group of 41-50 years, followed by 29.5% in the age group of 31-40 years. Invasive ductal carcinoma (NOS) was the most common histological type, accounting for 93.6% of cases. Other types were metaplastic carcinoma (2.7%), invasive mucinous carcinoma (1.3%), lobular carcinoma (1%), and medullary carcinoma (0.4%). Regarding laterality, 53% of the cases were in the left breast, 44% in the right breast, and 3% were bilateral.

Conclusion: Invasive ductal carcinoma (NOS) was the most common histological type. Breast cancer was common among those aged 41-50 years and in the left breast. The results of this study could be useful for the development of breast cancer screening programs and treatment strategies in Nigeria.

Keywords: Breast carcinoma, Histological types, Invasive ductal carcinoma, Age distribution, Breast laterality

INTRODUCTION

Breast cancer is a major public health problem worldwide and is the leading cause of cancer death among women¹⁻³. The incidence of breast cancer is increasing globally, and it is projected that by 2030, there will be over 2 million new cases of breast cancer diagnosed annually⁴⁻⁶. In Nigeria, breast cancer is the most common cancer among women, accounting for over 25% of all cancer cases⁴. Breast cancer has various histological types, which differ in their clinical and pathological features^{7,8}.

The distribution of histological types of breast cancer varies among different populations and ethnic groups^{9,10}. Studies have shown that the most common histological type is invasive ductal carcinoma (IDC), accounting for 70-80% of all cases^{11,12}. Histomorphological studies in Africa have reported a higher proportion of aggressive breast cancer subtypes, including invasive ductal carcinoma (NOS) with high histologic grade, invasive lobular carcinoma, and triple-negative breast cancer (TNBC). These histomorphological differences in breast cancer subtypes may have significant implications for prognosis, treatment, and survival outcomes.

The age distribution of breast cancer also varies among different populations. In Africa, breast cancer tends to occur at an earlier age, with a higher proportion of cases diagnosed in premenopausal

women¹³. The laterality of breast cancer has also been reported to vary among different populations. Studies have shown that breast cancer is more common in the left breast, although the reason for this is not clear.

Breast cancer is a significant health problem in Nigeria, and the histological types, age distribution, and laterality of breast cancer cases in of cases seen at UTH Osogbo have not been well characterized. Therefore, studying the histological types, age distribution, and laterality of breast cancer cases is important for the development of effective screening, prevention, and treatment strategies for breast cancer in at UTH Osogbo. This study aims to determine the histological types, age distribution, and laterality of breast cancer cases at the UTH Osogbo over a period of ten years. This information will provide useful data to develop effective screening, prevention, and treatment strategies for breast cancer in UTH Osogbo, Nigeria.

METHODS

This was a retrospective study conducted on all cases of breast carcinoma diagnosed histologically at the UTH Osogbo, Nigeria, between January 2012 and December 2022. UNIOSUN Teaching Hospital Osogbo is a tertiary healthcare facility that serves as a referral center for patients from Osun State and neighboring states.

The data was collected from the records of the Department of Pathology. The records of all patients who had a histological diagnosis of breast carcinoma during the study period were included in the study and cases with incomplete or missing data were excluded. Information on patient age, sex, laterality, and histological type of breast carcinoma was extracted from the records. The histological types were classified according to the World Health Organization (WHO) classification system¹⁴.

The data obtained was analyzed using Statistical product and service solutions (IBM-SPSS) version 20. Categorical variables were summarized using frequency distribution tables. The mean and standard deviation were calculated for age. Frequencies and percentages were used to describe the distribution of histological types, age distribution, and laterality of breast carcinoma.

RESULTS

A total of 519 cases of breast carcinoma were identified during the study period giving a prevalence of 25.9%. All the cases were female (100%) and the mean age of the patients was 50.1 years (SD=12.4), with a range of 12-90 years. The age distribution of the patients showed that the highest number of cases (32%) were in the age group of 41-50 years, followed by 28% in the age group of 51-60 years. The least affected age group was below 20 years, which accounted for only 0.2% of cases. The age distribution of breast carcinoma cases is presented in Figure 1.

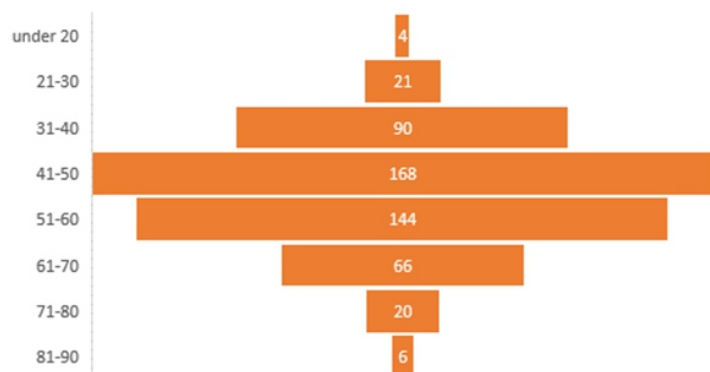


Figure 1: Age distribution of breast carcinoma cases

The most common histological type of breast carcinoma was invasive ductal carcinoma (NOS), accounting for 487 cases (93.6%). Other histological types identified were metaplastic carcinoma (14 cases, 2.7%), invasive mucinous carcinoma (7 cases, 1.3%), lobular carcinoma (ILC) (5 cases, 1%), and medullary carcinoma (2 cases, 0.4%). Table 1 presents the distribution of the histological types of breast carcinoma.

Table 1: Distribution of the histological types of breast carcinoma

Histological type	Number of cases	Percentage
Invasive ductal carcinoma (NOS)	487	93.6%
Metaplastic carcinoma	14	2.7%
Invasive mucinous carcinoma	7	1.3%
Lobular carcinoma (ILC)	5	1%
Medullary carcinoma	2	0.4%
Total	519	100%

Regarding laterality, 53% of the cases were in the left breast, while 44% were in the right breast, while bilaterality was in 3% of cases. The distribution of breast carcinoma according to laterality is presented in Figure 2.

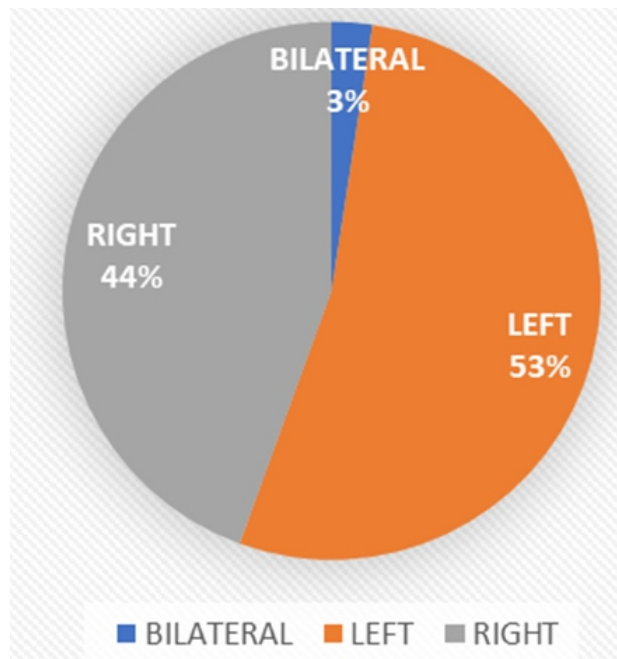


Figure 2: Distribution of breast carcinoma according to laterality

DISCUSSION

Breast carcinoma is a significant health concern for women worldwide, and it is the leading cause of cancer-related deaths among women¹⁵. In Nigeria, breast carcinoma is the most common cancer among women, with a high mortality rate¹⁶. The present study found that the mean age of the patients was 50.1 years, and the age distribution showed that the highest number of cases were in the age group of 41-50 years. This finding is consistent with previous studies conducted in other parts of Nigeria, which reported a peak incidence of breast carcinoma in the fifth decade of life^{17,18}. However, a study conducted in North Central Nigeria reported a peak incidence in the fourth decade of life¹⁹. Breast cancer is a heterogeneous disease, and its histological subtypes can vary in prevalence across different populations and regions^{20,21}. Invasive ductal carcinoma NOS was the most common histological type of breast carcinoma observed in this study, accounting for 93.6% of cases. This finding is similar to those reported in Ile-Ife and other Nigeria regions, where invasive ductal carcinoma was the most common histological type^{22,23}. ILC accounted for 1% of all breast cancer cases, making it the third most common special type after metaplastic carcinoma and invasive mucinous carcinoma. This finding is consistent with previous studies in both Niger-delta region and northern Nigeria that have reported a relatively low prevalence of 4-6%^{24,25}. In contrast, a population-based study conducted in the United States found that ILC had a higher prevalence rate of 10-15% of all breast cancer cases, making it the second most common histological subtype after invasive ductal carcinoma²⁶. The differences in the prevalence of ILC across different regions and

populations may be attributed to its genetic and environmental factors²⁷⁻²⁹. Furthermore, the prevalence of ILC may be influenced by changes in diagnostic criteria and classification systems over time, which may have led to variations in the reporting of ILC cases^{30,31}.

Regarding laterality, the study found that 53% of the cases were in the left breast, while 44% were in the right breast, and 3% were bilateral. This finding is consistent with previous studies, which reported a higher incidence of breast carcinoma in the left breast³²⁻³⁴. However, studies conducted in Indian population reported a higher incidence of breast carcinoma in the right breast^{10,35}.

CONCLUSION

This study provides valuable information on the histomorphological types, age distribution, and laterality of breast carcinoma cases at UTH Osogbo and add to the growing body of literature on breast cancer in Nigeria and provides valuable insights into the distribution of breast cancer cases by age groups. The findings highlight the need for early detection and treatment programs for breast cancer in Nigeria, particularly among young women. Further research is needed to identify the factors contributing to the high incidence of breast cancer among young women in Nigeria, which could inform the development of preventive and early intervention strategies.

Competing interests: We declare no conflicts of interest.

REFERENCES

- Debnath D, Nazzal S, Acharya S, Souza HD da S, Filho PF de A, Fudala R, et al. Abstract 1232: Using mesoporous silica nanoparticles (MSNs) for delivering the mesoionic compound MIH 2.4Bl in treating breast cancer. *Cancer Res.* 2021;81(13_Supplement). DOI: 10.1158/1538-7445.am2021-1232
- Ng KH, Muttarak M. Advances in mammography have improved early detection of breast cancer. *J. Hong Kong Coll. Radiol.* 2003;6(3):126–31.
- Vuković V, Jovanović V, Maksimović V, Terzić-Marković D, Jovanović V, Jakovljević B, et al. Breast cancer-assessment of health literacy in the student population abstract. *Sestrin Vizij.* 2022;6(10):11–6. DOI: 10.5937/sestrviz2210011v
- Fatiregun OA, Bakare O, Ayeni S, Oyerinde A, Sowunmi AC, Popoola A, et al. 10-Year Mortality Pattern Among Cancer Patients in Lagos State University Teaching Hospital, Ikeja, Lagos. *Front Oncol.* 2020;10. DOI: 10.3389/fonc.2020.573036
- Zheng W, Cao L, Ouyang L, Zhang Q, Duan B, Zhou W, et al. Anticancer activity of 1, 25-(OH)2D3 against human breast cancer cell lines by targeting Ras/MEK/ERK pathway. *Onco Targets Ther.* 2019;Volume 12:721–32. DOI: 10.2147/OTT.S190432
- Tawfik O, Alallaf J. Current Approaches to Diagnosis and Treatment of Breast Cancer and Future Directions. *Women Heal Care Issues.* 2019;2(1):01–6. DOI: 10.31579/2642-9756/007
- Oluwatosin OA. Assessment of women's risk factors for breast cancer and predictors of the practice of breast examination in two rural areas near Ibadan, Nigeria. *Cancer Epidemiol.* 2010;34(4):425–8. DOI: 10.1016/j.canep.2010.04.005
- Fatiregun OA, Oluokun T, Lasebikan NN, Nwachukwu E, Ibraheem AA, Olopade O. Breast Cancer Research to Support Evidence-Based Medicine in Nigeria: A Review of the Literature. *JCO Glob Oncol.* 2021;7(7):384–90. DOI: 10.1200/GO.20.00541
- Boder JME, Abdalla FBE, Elfageih MA, Abusaa A, Buhmeida A, Collan Y. Breast cancer patients in Libya: Comparison with European and central African patients. *Oncol Lett.* 2011;2(2). DOI: 10.3892/ol.2011.245
- Shankar S, Boyanagari M, Boyanagari VK, Shankar M, Ayyanar RS. Profile of breast cancer patients receiving government sponsored free treatment and the associated economic costs. *Clin Epidemiol Glob Heal.* 2018;6(4). DOI: 10.1016/j.cegh.2018.05.004
- Selvi R. Invasive Ductal Carcinoma: Not Otherwise Specified. *Breast Dis.* 2015;269–80. DOI: 10.1007/978-81-322-2077-0_31
- Badowska-Kozakiewicz AM, Liszcz A, Sobol M, Patera J. Retrospective evaluation of histopathological examinations in invasive ductal breast cancer of no special type: An analysis of 691 patients. *Arch Med Sci.* 2017;13(6):1408–15. DOI: 10.5114/aoms.2015.53964
- Ntekim A, Oluwasanu M, Odukoya O. Breast Cancer in Adolescents and Young Adults Less Than 40 Years of Age in Nigeria: A Retrospective Analysis. *Int J Breast Cancer.* 2022;2022:1–8. DOI: 10.1155/2022/9943247
- Walker RA. World Health Organization Classification of Tumours. Pathology and Genetics of Tumours of the Breast and Female Genital Organs. *Histopathology.* 2005;46(2):229–229. DOI: 10.1111/j.1365-2559.2004.02026.x
- Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin.* 2021;71(3):209–49. DOI: 10.3322/caac.21660
- Wright N, Rida P, Rakha E, Agboola A, Aneja R. Panoptic Overview of Triple-Negative Breast Cancer in Nigeria: Current Challenges and Promising Global Initiatives. *J Glob Oncol.* 2018;4(4):1–20. DOI: 10.1200/JGO.17.00116
- Jedy-Agba E, Curado MP, Ogunbiyi O, Oga E, Fabowale T, Igbinoba F, et al. Cancer incidence in Nigeria: a report from population-based cancer registries. *Cancer Epidemiol.* 2012;36(5):e271–8. DOI: 10.1016/j.canep.2012.04.007
- Rahman GA debis., Olatoke SA degboyeg., Agodirin SO layid., Adeniji KA debanj. Socio-demographic and clinical profile of immuno-histochemically confirmed breast cancer in a resource limited country. *Pan Afr Med J.* 2014;17:182. DOI: 10.11604/pamj.2014.17.182.2257
- Adejumo A, Ajamu O, Akanbi O, Onwukwe J, Adeosun O, Omoregie P, et al. Epidemiology and challenges of managing breast cancer in Keffi, North-Central Nigeria: A preliminary report. *Niger Med J.* 2019;60(4):193. DOI: 10.4103/nmj.nmj_45_19
- Testa U, Castelli G, Pelosi E. Breast Cancer: A Molecularly Heterogenous Disease Needing Subtype-Specific Treatments. *Med Sci.* 2020;8(1):18. DOI: 10.3390/medsci8010018
- Orrantia-Borunda E, Anchondo-Núñez P, Acuña-Aguilar LE, Gómez-Valles FO, Ramírez-Valdespino CA. Subtypes of Breast Cancer. In: *Breast Cancer. Exon Publications;* 2022. page 31–42. DOI: 10.36255/exon-publications-breast-cancer-subtypes
- Abudu EK, Banjo AAF, Izegebu MC, Agboola AOJ,

- Anunobi CC, Musa OA. Malignant Breast Lesions At Olabisi Onabanjo University Teaching Hospital (O.O.U.T.H), Sagamu-a Histopathological Review. Niger. Postgrad. Med. J.2007;14(1):57–9.
23. Titiloye NA, Omoniyi-Esan GO, Adisa AO, Komolafe AO, Afolabi OT, Adelusola KA. Breast cancer in a Nigerian cohort: Histopathology, immunohistochemical profile and survival. Postgrad Med J Ghana. 2013;2(2):83–7.
24. Nggada HA, Yawe KDT, Abdulazeez J, Khalil MA. Breast cancer burden in Maiduguri, North Eastern Nigeria. Breast J. 2008;14(3):284–6. DOI: 10.1111/j.1524-4741.2008.00576.x
25. Sule EA, Obaseki D. Pattern of histological types of breast cancer among various age groups in the niger delta. J Med Biomed Res. 2014;13(2):21–6.
26. Pramod N, Nigam A, Basree M, Mawalkar R, Mehra S, Shinde N, et al. Comprehensive Review of Molecular Mechanisms and Clinical Features of Invasive Lobular Cancer. Oncologist. 2021;26(6):e943–53. DOI: 10.1002/onco.13734
27. Dixita Das. Breast cancer: Risk factors and prevention strategies. World J Biol Pharm Heal Sci. 2022;12(3):265–80. DOI: 10.30574/wjbphs.2022.12.3.0253
28. Bazar NO, Hernández CB, Bazar LV. Risk factors associated with breast cancer. Rev Cuba Med Gen Integr. 2020;36(2):1–13. DOI: 10.52916/otr204002
29. Lee AW, Tyrer JP, Doherty JA, Stram DA, Kupryjanczyk J, Dansonka-Mieszkowska A, et al. Evaluating the ovarian cancer gonadotropin hypothesis: A candidate gene study. Gynecol Oncol. 2015;136(3). DOI: 10.1016/j.ygyno.2014.12.017
30. Quinn CM, D'Arcy C, Wells C. Apocrine lesions of the breast. Virchows Arch.2022;480(1):177–89. DOI: 10.1007/s00428-021-03185-4
31. Lebeau A. [Updated WHO classification of tumors of the breast]. Pathologe. 2021;42(Suppl 2).
32. Ibrahim HK, Abdu IT, Gudaji A, Umar AB. Incidence and laterality of breast carcinoma among patients who attended Aminu Kano Specialist Hospital, Kano State, Nigeria. Dutse J Pure Appl Sci. 2022;8(2b). DOI: 10.4314/dujopas.v8i2b.20
33. Abdou Y, Gupta M, Asaoka M, Attwood K, Mateusz O, Gandhi S, et al. Left sided breast cancer is associated with aggressive biology and worse outcomes than right sided breast cancer. Sci Rep. 2022;12(1):13377. DOI: 10.1038/s41598-022-16749-4
34. Kim BK, Choi JE, Youn HJ, Park HS, Kim D, Oh SJ, et al. Clinicopathological features and prognosis associated with breast cancer laterality: a nationwide study from the Korean Breast Cancer Society. Ann Surg Treat Res. 2022;103(3):119–28. DOI: 10.4174/ast.2022.103.3.119
35. Kakkar V, Sharma R, Singh K, Randhawa A. Trends of breast tumour laterality and age-wise incidence rates in North Indian population. Int Surg J. 2020;7(8):2523. DOI: 10.18203/2349-2902.isj20203229