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Pathologic findings of patients with breast cancer in Bandarabbas (southern Iran) during 2002-2010

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ABSTRACT

Introduction: Breast cancer is the most common cause of Cancer-related death among women. The aim of this study was to assess the pathologic findings of patients with breast cancer who were referred to the pathology ward in Bandarabbas during 2002 to 2010.

Methods and Materials: In this descriptive study in 2010, all patients with breast cancer who were referred to the pathology ward of Bandarabbas during 2002 to 2010 were included. Data was obtained using patients' records in the pathology ward and was collected by using a previously structured checklist including demographics such as age, sex as well as information regarding histology, histology grade, size and location of the tumor. Data was analyzed after collection using SPSS 13.0 for Windows software.

Results: Among the patients 73 (92.4%) were female. The mean age of the patients in our study was 52.38±14.27 years. Thirty (44.8%) were infiltrative ductal carcinoma and 26 (38.8%) were invasive ductal carcinoma. Histologic grade I was found in 10 (20.8%) patients, grade II in 24 (50%) and grade III in 14 (29.2%) patients. Skin was involved in 11(13.9%) cases. Vascular and neural involvement was seen in 16 (20.3%) and 6 (7.6%) patients respectively. Regional lymph nodes were involved in 32 (40.5%) of the patients. Far metastasis was seen only in 1 (1.3%) patient.

Conclusions: Referral of the patients in late stages of their disease which is associated with vascular, skin and nipple involvement and also regional lymph node involvement indicated a lack of enough knowledge about the disease.

Keywords: Breast Neoplasms, Ductal, Carcinoma



Introduction:

Breast cancer is one of the most prevalent cancers (1) and is the most common cause of Cancer-related death among women (2). The incidence of breast cancer is 22 in 100000 in Iran (3). The average age of patients diagnosed with this disease in Iran is 10 years younger than other countries (4). Early diagnosis and treatment affects the prognosis of these patients (5). Despite the progress in treatment options for these patients, the most important predictive factor of the prognosis of these patients is the pathology report of the tissues taken at the time of the diagnosis and the patients' mortality depends on the stage of the tumor at the beginning of the diagnosis (6). Previous studies in Iran showed that more than 85% of breast cancer patients are detected in Grade II or III of the disease (6). Also, this disease is more frequent in 31 to 40 year old patients. Although it has been shown that in some cases the pathology reports are not complete (1), the pathologic findings reveal the stage of the disease at the beginning of the diagnosis. Late referral of patients in higher stages of the disease causes bad prognosis even with an accurate diagnosis and suitable treatment and it is associated with a great mortality rate. The pathology report at the beginning of the diagnosis shows the prevalence of late referral (8). The aim of this study is to assess the pathologic findings of patients with breast cancer who were referred to the pathology ward of Shahid Mohammadi hospital during 2002 to 2010.

Methods:

This descriptive study was conducted in Bandarabbas (southern Iran) in 2010. All patients with breast cancer who were referred to the pathology ward in Bandarabbas during 2002 to 2010 were included in our study. After exclusion of the patients with incomplete records, 79 patients were enrolled in our study.

Bandarabbas is located in the Hormozgan province in southern Iran and is the capital city of Hormozgan. Data was obtained using patients' records in the pathology ward and was collected using a previously structured checklist including demographics such as age and sex and also information regarding the histology, the histology grade, the size and the location of the tumor. Data was analyzed by SPSS 13.0 software for Windows. Descriptive statistics such as frequency was used for sex, histology grade (I, II, III), tumor location and vascular, neural, skin or nipple involvement. For quantitative variables such as age and tumor size, mean and standard deviation were assumed.

Results:

Among all the patients, 6 (7.6%) were male and 73 (92.4%) were female. The mean age of the patients in our study was 52.38 ± 14.27 years. The mean tumor size was 80.48 ± 90.89 mm². All the histology types were ductal carcinoma. Thirty (44.8%) were infiltrative ductal carcinoma and 26 (38.8%) were invasive ductal carcinoma. Histologic grade I was found in 10 (20.8%) patients, grade II in 24 (50%) and grade III in 14 (29.2%) patients.

The tumor was in the right breast in 13 (32.5%) patients and in the left breast in 26 (65%) patients and in both breasts in 1 (2.5%) patient.



Deep resected margin was seen in 11 (13.9%). Nipple involvement was seen in 11 (13.9%). Also skin was involved in 11 (13.9%) cases. Vascular and neural involvement was seen in 16 (20.3%) and 6 (7.6%) patients respectively. Regional lymph nodes were involved in 32 (40.5%) of the patients. Far metastasis was seen only in 1 (1.3%) patient.

Conclusion:

Our study results showed that approximately 80% of patients were in grade II or III at the beginning of the diagnosis. These results are similar to other studies in Iran:

In a study in Emam Khomeini hospital, nearly 80% of the patients were at grade II or III of their disease. The percentage of patients in grade III was higher in our study (7). Although this study was performed on patients with breast cancer in a 3 years period, the number of the samples studied was higher than this study.

One of the other advantages of this study was that in this study the pathology slides of the patients instead of their pathology reports were reviewed. This may reduce the possibility of the mistakes. Since our study was record based, some patients were excluded from the study due to incomplete records. Also, the diagnosis of disease was based on the pathology report at the time of the patient's referral. This may limit the generalizability of our study results.

In our study, regional lymph node involvement was seen in 40.5% of the patients. Jamali et al. found that the possibility of lymph node involvement will increase in higher stages of the disease and all patients in grade III of the disease had axillary lymph node involvement (7).

In our study, nipple and skin involvement was seen in 13.9% of the patients. Also, vascular involvement was seen in 20.3% of the patients. This is indicative of late referral of the patients. This problem may have different causes. Previous studies in Iran showed that one of the most important causes of the late referral of the patients is lack of enough knowledge (8). Although some concerns remain about the role of Breast Self-Examination (BSE) in decreasing the mortality of women related to breast cancer (9, 10), their knowledge about the breast mass that may be found accidentally is valuable.

Referral of patients in the late stages of their disease which is associated with vascular, skin and nipple involvement and also regional lymph node involvement is indicative of lack of enough knowledge regarding the disease.

Effective interventions should be considered to increase the women's knowledge about breast cancer. We recommend prospective studies using pathology slides to evaluate the grade of the disease.

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Scientific Letter

Evaluation of the Microsoft office familiarity of the medical students of Hormozgan Medical University in 2006

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The ability to access, evaluate and use information in each profession is one of the most effective materials of individual success. Accessing updated medical information is vital for physicians (1-5).

In a descriptive cross sectional study performed in Bandar Abbas, the capital city of Hormozgan province in the southern part of Iran. Data the internet and computer usage was examined among medical students. All of the medical students were included in our study. Students who didn't agree to participate in our study were excluded.

Data was collected using a questionnaire that contained demographic information and 21 questions regarding internet and computer usage. The usage of internet, word, powerpoint, excel, outlook and access was assessed by multiple choice question (always, often, sometimes, never). Each answer received 0 to 3 points and for each student the summed score was assumed. The data was entered in SPSS 13 software and the descriptive statistics were used for data analysis.

Out of 118 students, 88 (74.5%) were female. Among all of them, 83% had personal computer (PC) and 80.5% used internet sometimes or never. Their internet usage was less than an hour in each day in 43.2% of the students and 18.6% of them never used internet. The most visited websites were entertainment (49%), Email (45.8%) and medical websites (44.8%).



Among all the students, 41.9% were using internet in their home and university and 40.2% were using internet only in useful. About 36.8% of the students evaluated it as slightly useful and 43.6% of them reported that the equipment of internet centers of the university were well. About 68.3% reported that these equipments aren't enough in the dormitory. Students frequently reported shortages in the number of the computers in the centers (62.7%).

Most of the shortage of the امکانات of the university was the speed of the internet (42.5%) and the number of the educational classes (40.7%). There was no statistically significant relationship between age and sex and the internet usage among medical students. However students who had a personal computer (PC) used the internet more frequently ($P < 0.05$).

Although the internet and computer softwares are introduced to the medical students in an acceptable level, the usage of the internet among them was low. Also they used internet mostly for entertainment websites and Email.

Medical information resources were in the next rank. Most students used the internet in the university, thus it is highly recommended to increase the number of the computers in the internet center and to hold educational classes to teach them ways to use medical database information.

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Knowledge and attitudes towards tuberculosis among secondary school students in rural areas in Hormozgan, Southern Iran

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ABSTRACT

Introduction: Tuberculosis (TB) is one of the most important causes of mortality and morbidity in developing countries and is responsible for about 25% of all preventable deaths. Therefore we aimed to assess the knowledge and attitude towards TB among guidance school in rural areas of Bandarabbas in 2010.

Methods and Materials: In this cross sectional study our samples were selected using cluster sampling. All of the 81 participants completed a standard TB attitude and knowledge questionnaire. The questionnaire included 16 questions concerning knowledge and 9 questions regarding attitude towards TB. Data was entered the SPSS 13 software and analyzed using the descriptive statistics.

Results: Eighty one students were enrolled in this study. Among them, 41 (50.6%) were male and 40 (49.4%) were female. The mean age of the participants was 12.67 ± 1.5 years. Almost all of the participants knew the signs and symptoms, ways of transmission and prevention methods of TB. Most of the students, 48 (59.3%), had received TB related information by television.

Conclusions: Our results demonstrated that knowledge toward TB is high among these students. The most important source of information of the students was television, therefore we suggest to improve the quality and number of television's educational programs in order to increase the students' knowledge, introduce the TB support centers, and changing the attitude and behavior of health staff.



Keywords: Tuberculosis, attitude, knowledge.

Introduction:

Tuberculosis (TB) is one of the most important causes of mortality and morbidity in developing countries and is responsible for about 25% of all preventable deaths (1). The incidence of this disease has increased from 8.8 million cases in 1995 to 11.9 million cases in 2005 (2). In 2008, 9.4 million new cases of TB and 1.3 million TB related deaths were reported (3). Almost 8 million new cases of TB and 2 to 3 million TB related deaths are being reported worldwide, every year (4). Every second, one person gets infected with tuberculosis and each 10 seconds one patient dies from this disease (5, 6). Each patient can infect 10 to 15 people (7).

Therefore, tuberculosis is still a major threat to the global health. The World Health Organization (WHO) distributed it as an emergent disease in the world in 2000 and recommended to control this disease (8, 9). Despite the suitable rural and urban health system in Iran, the risk of TB still exists. One possible explanation may be Iran's neighborhood with Afghanistan and Pakistan, which have a high prevalence of TB (8, 10).

Treatment of TB is important to prevent its transmission. Although TB caused by sensitive bacilli is always treatable with appropriate antibiotic treatments, sometimes Multi Drug Resistant (MDR) bacilli lead to incurable disease (11, 12). The most common cause of treatment failure of TB is because of irregular drug usage (13). There are many barriers that lead to unsuccessful control of TB, including late

diagnosis, undiagnosed TB and lack of a careful follow up. Also, it has been shown that the best

drug regimens that aren't used correctly are ineffective and worthless (14).

Dear et al showed that only 60% of the patients that were enrolled in their study, followed the treatment to end (15).

Previous studies showed that lower patient knowledge regarding the clinical manifestations, transmission and control methods of TB leads to a higher annual incidence of TB (16-20). Wand Walo et al showed that only 30% of TB infected patients had good knowledge towards TB, its transmission and prevention methods (16). Portero et al reported that the general population's knowledge towards different aspects of TB is little (17).

Despite the high frequency of TB in Vietnam, China and Rvlanda, 3 studies have showed that the general information regarding TB is low in these countries (18-20). Therefore we aimed to assess the knowledge and attitude towards TB among guidance school in Bandarabbas rural areas in 2010.

Methods:

In this cross sectional study we evaluated the attitudes and knowledge of students in guidance schools of rural areas of Bandarabbas towards tuberculosis. We used the standard TB attitude and knowledge questionnaire which was translated into Persian.

Samples were selected by cluster sampling. All of the 81 participants first completed a checklist regarding the demographic characteristics and then filled the questionnaire. The questionnaire included 16 questions concerning knowledge and 9 questions regarding attitude towards TB. Students who didn't want to participate in our program were excluded from this study.

Collected data was entered the SPSS 13 software and analyzed using the descriptive statistics including frequency, mean, standard deviation and percentage.

Results:

Eighty one students were enrolled in our study. Among them, 41 (50.6%) were males and 40 (49.4%) were females. The mean age of the participants was 12.67 ± 1.5 years and ranged between 11 to 14 years. Among the parents of the participants, 23 (28.4%) were unemployed, 10 (12.3%) were employee, 16 (19.8%) were self-employed, 11 (13.6%) were farmers, 5 (6.2%) were ranchers, and 16 (19.8%) had other jobs.

Distance from the nearest health center was 0-10 kilometers in 41 (50.6%), 11-20 kilometers in 26 (32.1%), 21-30 kilometers in 10 (12.3%) and more than 30 kilometers in 4 (4.9%) of the patients. To receive health services, 35 (43.2%) of them preferred to go to clinic to receive health services and 35 (43.2%) preferred to go to the doctor's office and only 3 (3.7%) selected self-treatment. No one selected traditional treatment for TB.

The participants were asked about the number of times they go to a clinic or a hospital each year, and 46 (56.8%) said they visit a clinic or hospital twice a year, and only 1 (1.2%) stated

he/she doesn't visit a physician. Most of the students, 48 (59.3%), have received information regarding Tuberculosis by television. Among the participants, 55 (67.9%) stated that Tuberculosis is very dangerous and 3 (3.7%) of them stated that it isn't dangerous.

Although 55 (67.9%) of them believed that tuberculosis is a serious threat, 5 (6.2%) of them didn't think it is a dangerous disease. Thirty eight (46.9%) participants also thought that hemoptysis is a symptom of tuberculosis but only 1 (1.2%) of them chose fever without cause as a symptom, 1 (1.2%) selected chest pain and 1 (1.2%) selected dyspnea as a sign of this disease.

Almost all of the participants believed that tuberculosis is transmitted by breathing the air that was previously polluted by the coughing or sneezing of an infected patient, 1 (1.2%) chose handshake and 1 (1.2%) chose other ways of transmission. Many participants, 46 (56.8%), believed that covering the nose and the mouth while coughing or sneezing stops the transmission of tuberculosis and only 3 (3.7%) chose worship as a way of preventing TB.

Most of the participant, 51 (63%), believed that everyone can be infected by tuberculosis and only 1 (1.2%) of the students thought that only homeless patients are at risk of tuberculosis infection. Regarding the best way of treatment of TB, 33 (40.7%) of the students thought that TB can only be treated by drugs while 4 (4.9%) thought that tuberculosis can be treated by resting and without drugs.

Also, these students answered another question regarding their feelings after being infected with TB. Among the answers, 41 (50.6%) of them said that if they were infected

by TB, they would panic, 29 (35.87%) said that they would be disappointed and 7 (8.6%) said that they would be ashamed and depressed.

Most of the students selected physicians or health staff to talk about their disease while 34 (42%) preferred to talk to their parents. Only 5 (6.2%) declared that they wouldn't speak to anyone if they were infected with TB.

Among the participants, 44 (54.3%) said that if they find signs and symptoms of TB in themselves they would go to a health center while 1 (1.2%) of them thought that not going to a physician would be the better option.

In answer to the question; why wouldn't you go to a health center?, 29.6% said "because I don't know where I should go", 22.2% said that they don't trust the health staff, 14.8% said that the reason is the far distance, 12.3% said that visiting the health center would be expensive, 8.6% said that they don't want to accept that they are sick and only 1.2% of them said that they don't like the health staff's attitude and behavior.

Regarding the treatment costs, 29 (35.8%) of the participated students said that it is expensive while 28 (34.6%) believed that it is fair. Only 13 (16%) of the participants said that they knew people who were infected with TB.

in answering to the question "how do you feel towards TB patients, 25 (30.9%) of the participants said that they don't have any feeling towards them, 20 (24.7%) of the students felt sad for them and would like to help them, 19 (23.5%) sympathized with them but didn't want to be in contact with the patients, 10 (12.3%) said that they are afraid of these patients because they might get the

disease from them. Only 1 (1.2%) said that it is not my problem because they will never be infected with TB. Also, 33 (40.7%) of them believed that most of the people are kind and friendly with these patients but want to be far from them.

Regarding the relation of TB and HIV, 55 (67.9%) of them thought that HIV infected patients are susceptible to infection with tuberculosis but most of them, 43 (81.5%). About 67 (82.7%) of the participated students didn't have enough information about TB and 62(76.5%) liked to get more information regarding it. Among them 40 (49.4%) preferred to use television while 49 (60.5%) preferred health staff to get information.

Also in a question that asked about the reason of their fear of TB, 43 (53.1%) of the students said that they fear of rejection in Society, 21 (25.9%) said that fear of the disability caused by TB and 17(21%) said that TB would kill them.

Conclusion:

Our results demonstrated that knowledge toward signs, symptoms, methods of transmission and ways of prevention is high among these students. Also, most of them understood that the best way to treat TB is to visit the health center or the doctor's office to confirm the diagnose and receive the drugs and health services. The most common reasons of not going to the health centers was that they didn't know much about TB supporter centers, and that they didn't trust the health center staff. These problems can be solved with educational program.

Most of the students didn't have positive attitudes towards TB. Educational programs can

change the students' attitudes toward TB. More than half of the students understood their lack of information and they were interested in getting more information. Therefore educational programs should be conducted on these students. The most important source of information for the students was television. Other studies also confirmed this finding (21). Therefore we suggest to improve the quality and number of television's educational programs to increase the students' knowledge and to change their attitudes towards TB.

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