# Breast cancer risk factors depended on a statistical study in Sabratha Oncology hospital from 2006 to 2016 

Hamida Salem Kamoka ${ }^{1}$ and Khaled Ali Alawaini 2,*<br>${ }^{1}$ Department of Zoology, Faculty of Science, Sabratha University, Libya.<br>${ }^{2}$ Department of Biochemistry, Faculty of Science, Sabratha University, Libya.

World Journal of Advanced Research and Reviews, 2022, 14(01), 342-346
Publication history: Received on 24 January 2022; revised on 30 March 2022; accepted on 01 April 2022
Article DOI: https://doi.org/10.30574/wjarr.2022.14.1.0287


#### Abstract

Breast cancer is the primary cause of death in women in developed countries. The main objective of this study is to define the relationship between breast cancer, gender, and age, based on a statistical study in Sabratha Oncology Institute during the years of 2006 to 2016. The study included 2429 patients registered for eleven years (2006-2016). Two thousand three hundred sixty-four (3164) cases were females ( $97.33 \%$ ) and 65 males ( $2.67 \%$ ). The average ages were 45.48 years for females and 54.93 years for males. The study showed a clear relationship between breast cancer and gender; as for age, there was varies between men and women. The study also revealed that the incidence of breast cancer increases with age and occurs mainly during the third and fourth decades of life for women. At the same time, it is of minor occurrence during the following decades of a woman's life. As for men, breast cancer is of more common occurrence between the fifth and eighth decades of life.


Keywords: Breast cancer; Menopause; Estrogen Hormone; Sabratha Oncology Institute

## 1. Introduction

Breast cancer is the most common invasive cancer that affects women globally. It is the second-highest cause of cancer death in women after lung cancer [1]. Breast cancer is the most frequently diagnosed neoplastic disease in women around menopause, often leading to a significant reduction of these women's ability to function normally in everyday life [2]. Prevalent among women, and it can develop in men. Society seems unaware that men can develop breast cancer [3]. Breast cancer is a rare disease among men, and the number of cases included in studies is small. It may be confounded with benign diseases, and both patients and physicians may underestimate its signs. Since its detection is delayed, the disease is usually at advanced stages at diagnosis. [4]. However, males have a worse prognosis than females with breast cancer mortality; males are more likely than females to die at each stage of the disease [5,6]. With 1 million new cases globally each year, breast cancer is the commonest malignancy in women and comprises $18 \%$ of all female cancers [7]. The occurrence of breast cancer in the female Libyan population is strongly associated with young age, with nearly $70.9 \%$ of cases arising in female individuals who are 50 years or younger. The median age is 44.0 years, and the mean age 46.0 years [8]. The incidence of breast cancer increases with age, doubling about every 10 years until menopause, when the rate of increase slows dramatically [7]. Family history is another risk factor that establishes breast cancer in the family. Persons who inherit the abnormal gene (BRCA1) or (BRCA2) are at a much greater risk of developing breast cancer $[8,9,10,11]$. Starting menstruation at an early age reaching menopause at a much later age [7,11]. obesity is associated with an increased risk of developing breast cancer [11,12]. All those previously mentioned factors increase the risk of developing breast cancer. Also, what is known as Klinefelter's Syndrome which affects males in particular, where males would develop female-like features as a result of high levels of Estrogen hormone produced [13,14]. In general, all the risk factors can be divided into two groups. The first group would include inherent factors

[^0]such as age, sex, race, genetic makeup. The second group would include extrinsic factors conditioned by lifestyle, diet or long-term medical intervention such as using oral hormonal contraceptives or hormonal replacement therapy [2]. The main objective of this study is to define the relationship between breast cancer, gender, and age, based on Sabratha Oncology Institute statistics (2006-2016).

## 2. Material and methods

This study investigated breast cancer cases (men and women) registered in Sabratha Oncology Institute (2006-2016). Cases were sorted out and classified according to gender, divided into groups. Each age group was then counted, and mean ages worked out.

Statistical analysis was carried out using Microsoft Excel and displayed in tables and figures.

## 3. Results and discussion

### 3.1 The relation between breast cancer and gender

The number of patients registered in Sabratha Oncology Institute (2006-2016) was 2429. The number of women patients 2364 women ( $97.33 \%$ ). The number of patients in men was 65 (2.67\%).

According to the study, we found 394 diagnosed breast cancer cases in women and one case in men. Men with breast cancer make up less than $1 \%$. Compared to women [5,15]. The following table shows the number of patients registered at Sabratha Oncology Institute (2006-2016). The following table shows details of the number of patients.

Table 1 The number of cases registered in the African Oncology Institute Sabratha (2006-2016)

| Year | Women | Men | Sum |
| :---: | :---: | :---: | :---: |
| 2006 | 110 | 3 | 113 |
| 2007 | 106 | 4 | 110 |
| 2008 | 153 | 5 | 158 |
| 2009 | 232 | 6 | 238 |
| 2010 | 211 | 5 | 216 |
| 2011 | 122 | 6 | 128 |
| 2012 | 193 | 3 | 196 |
| 2013 | 293 | 8 | 301 |
| 2014 | 378 | 5 | 383 |
| 2015 | 317 | 12 | 329 |
| 2016 | 249 | 8 | 257 |
| Sum | 2364 | 65 | 2429 |
| Percentage | $97.33 \%$ | $2.67 \%$ | $100 \%$ |

### 3.2 Relation between breast cancer and age:

### 3.2.1 Relation between breast cancer and age in men

The range of the age of is between 18-95 years. The mean age is 54.93 years. The highest percentage of incidence is between the ages of 40-80 years.

Table 2 The number of male patients registered in Sabratha Oncology Institute according to their ages

| Age | Less than 20 | $\mathbf{2 0 - 3 0}$ | $\mathbf{3 0 - 4 0}$ | $\mathbf{4 0 - 5 0}$ | $\mathbf{5 0 - 6 0}$ | $\mathbf{6 0 - 7 0}$ | $\mathbf{7 0 - 8 0}$ | $\mathbf{8 0 - 9 0}$ | More than 90 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2006 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| 2007 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 |
| 2008 | 1 | 0 | 0 | 1 | 2 | 0 | 1 | 0 | 0 |
| 2009 | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 1 |
| 2010 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 0 | 0 |
| 2011 | 0 | 0 | 0 | 2 | 1 | 1 | 2 | 0 | 0 |
| 2012 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| 2013 | 0 | 0 | 2 | 2 | 1 | 1 | 1 | 1 | 0 |
| 2014 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| 2015 | 1 | 2 | 3 | 2 | 1 | 0 | 1 | 2 | 0 |
| 2016 | 1 | 2 | 1 | 0 | 1 | 2 | 0 | 1 | 0 |
| Total | 4 | 5 | 7 | 11 | 11 | 10 | 11 | 5 | 1 |
| Percentage | 6 | 7.7 | 10.7 | 17 | 17 | 15 | 17 | 7.6 | 2 |

### 3.2.2 Relation between breast cancer and age in women

The ages of women patients range from 15-97 years; the mean age was 45.48 years of female patients according to different age groups, as far as age is concerned, we found that the number of patients increases in women from 30-50 years (fourth and fifth decades). In Libya, premenopausal breast cancer is more common than postmenopausal breast cancer. [8]. The following table showing details of the number of female patients.

Table 3 The number of women patients registered in Sabratha Oncology Institute each year divided into different age groups

| Age <br> Years | Less than 20 | $\mathbf{2 0 - 3 0}$ | $\mathbf{3 0 - 4 0}$ | $\mathbf{4 0 - 5 0}$ | $\mathbf{5 0 - 6 0}$ | $\mathbf{6 0 - 7 0}$ | $\mathbf{7 0 - 8 0}$ | $\mathbf{8 0 - 9 0}$ | More than 90 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2006 | 0 | 5 | 36 | 42 | 11 | 8 | 6 | 2 | 0 |
| 2007 | 0 | 11 | 35 | 35 | 13 | 6 | 5 | 1 | 0 |
| 2008 | 0 | 10 | 56 | 60 | 19 | 9 | 4 | 0 | 0 |
| 2009 | 0 | 7 | 74 | 86 | 35 | 14 | 16 | 5 | 1 |
| 2010 | 0 | 10 | 67 | 70 | 38 | 16 | 8 | 2 | 0 |
| 2011 | 0 | 4 | 47 | 42 | 21 | 5 | 5 | 0 | 0 |
| 2012 | 1 | 12 | 52 | 70 | 34 | 17 | 4 | 3 | 0 |
| 2013 | 3 | 24 | 76 | 93 | 51 | 28 | 12 | 1 | 0 |
| 2014 | 5 | 26 | 89 | 129 | 75 | 22 | 15 | 6 | 0 |
| 2015 | 11 | 34 | 78 | 94 | 53 | 29 | 8 | 8 | 1 |
| 2016 | 12 | 14 | 49 | 96 | 48 | 17 | 8 | 3 | 0 |
| Total | 32 | 157 | 660 | 817 | 399 | 171 | 91 | 35 | 2 |
| Percentage | $\% 1.4$ | $\% 6.64$ | $\% 27.91$ | $\% 34.6$ | $\% 16.90$ | $\% 7.23$ | $\% 3.84$ | $\% 1.48$ | $\% 0.08$ |

The results obtained show an increase in the number of patients in 2013, 2014, 2015 and 2016; this could be due to improved health care, including included diagnostic facilities [8]. Infertility and an unmarried status for females. Since the fraction of unmarried female individuals (between ages 34 and 40) was higher among the Libyan breast cancer patients than in the North African population in general [8]. The following table shows the increase in patients in the mentioned years.

Table 4 The increase in patients over the years (2013, 2014, 2015, 2016)

| year | $\mathbf{2 0 0 6}$ | $\mathbf{2 0 0 7}$ | $\mathbf{2 0 0 8}$ | $\mathbf{2 0 0 9}$ | $\mathbf{2 0 1 0}$ | $\mathbf{2 0 1 1}$ | $\mathbf{2 0 1 2}$ | $\mathbf{2 0 1 3}$ | $\mathbf{2 0 1 4}$ | $\mathbf{2 0 1 5}$ | $\mathbf{2 0 1 6}$ |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| No. of cases | 144 | 124 | 174 | 243 | 214 | 143 | 197 | 301 | 383 | 329 | 257 |

The incidence of breast cancer is increasing almost everywhere. This undesirable trend is partly due to increased risk factors such as decreased childbearing and breastfeeding, increased exogenous hormone exposure, and detrimental dietary and lifestyle changes, including obesity and less physical activity. [16,17]. Malnutrition and the lack of essential vitamins in the food, especially vitamin D, would increase the risk of breast cancer [18]. Another important reason is the psychological stress and stressful life events $[19,20,21]$. On the other hand, the numbers may have increased in the years indicated due to a combination of intensified early detection efforts and mammographic screening [1,17].

## 4. Conclusion

A statistics of African Oncology Institute Sabratha related to registered breast cancer cases for the period of (2006 to 2016) To clarify the relationship between breast cancer and both gender and age, The results showed a relationship between breast cancer and gender. Where women represented $97.33 \%$, while the proportion of men was $2.67 \%$, this study also confirmed that breast cancer has related to age for both genders, the ages of the affected women ranged from 30 to 50 years, and men's ages were between 40 to 80 yrs. The results showed that the number of patients has increased during 2013, 2014, 2015, 2016. Breast cancer can be controlled, and patients survive for long life if detected early. Therefore, advanced treatment and patients treated. As a result, more attention should be given to improving the health system and people's knowledge.

## Compliance with ethical standards

## Acknowledgments

We are grateful to all staff in Sabratha Oncology institute for their help and corporation.

## Disclosure of conflict of interest

There is no conflict of interest.

## Statement of informed consent

All data in this study were their obtained from Sabratha Oncology institute centre.

## References

[1] Ban K, Godellas C. Epidemiology of breast cancer. Surgical oncology clinics. 2014; 23(3): 409-422.
[2] Kamińska M, Ciszewski T, Łopacka-Szatan K, Miotła, P, Starosławska E. Breast cancer risk factors. Przeglad menopauzalny= Menopause review. 2015; 14(3): 196.
[3] Al-Haddad M. Breast cancer in men: the importance of teaching and raising awareness. Clinical Journal of Oncology Nursing. 2010; 14(1).
[4] Yalaza M, İnan A, Bozer M. Male breast cancer. The journal of breast health. 2016; 12(1): 1.
[5] Gnerlich L, Deshpande D, Jeffe B, Seelam S, Kimbuende E, Margenthaler A. Poorer survival outcomes for male breast cancer compared with female breast cancer may be attributable to in-stage migration. Annals of surgical oncology. 2011; 18(7): 1837-1844.
[6] Wang F, Shu X, Meszoely I., Pal T, Mayer A, Yu Z, Shu O. Overall mortality after diagnosis of breast cancer in men vs women. JAMA oncology. 2019; 5(11): 1589-1596
[7] McPherson K, Steel C, Dixon J M. Breast cancer—epidemiology, risk factors, and genetics. Bmj. 2000; 321(7261): 624-628.
[8] Boder E, Elmabrouk Abdalla B, Elfageih A, Abusaa A, Buhmeida A, Collan Y. Breast cancer patients in Libya: comparison with European and central African patients. Oncology letters. 2011; 2(2): 323-330.
[9] Tai Y, Domchek S, Parmigiani G and Chen S. Breast cancer risk among male BRCA1 and BRCA2 mutation carriers. Journal of the National Cancer Institute. 2007; 99(23): 1811-1814.
[10] Ozsoy A, Barça N, Dolek A, Aktaş H. Elverici E, Araz L, Ozkaraoğlu O. The relationship between breast cancer and risk factors: a single-center study. European journal of breast health. 2017; 13(3): 145.
[11] Youn J, Han W. A review of the epidemiology of breast cancer in Asia: Focus on risk factors. Asian Pacific journal of cancer prevention: APJCP. 2020; 21(4): 867.
[12] Carmichael R. Obesity and prognosis of breast cancer. Obesity Reviews. 2006; 7(4): 333-340.
[13] Hultborn R, Hanson C, Köpf I., Verbiene I, Warnhammar E and Weimarck,A. Prevalence of Klinefelter's syndrome in male breast cancer patients. Anticancer research. 1997; 17 (6D): 4293-4297.
[14] Agrawal A, Ayantunde A, Rampaul R, Robertson R. Male breast cancer: a review of clinical management. Breast cancer research and treatment. 2007; 103(1): 11-21.
[15] Anderson F, Jatoi I., Tse J, Rosenberg S. Male breast cancer: a population-based comparison with female breast cancer. Journal of Clinical Oncology. 2010; 28(2): 232.
[16] Kori S. An overview: several causes of breast cancer. Epidemiology International Journal. 2018; 2(10.23880).
[17] Parkin D M, Fernández L M. Use of statistics to assess the global burden of breast cancer. The breast journal. 2006; (12): 70-80.
[18] Obaidi J, Musallam E, Al-ghzawi M, Azzeghaiby N, Alzoghaibi N. Vitamin D and its relationship with breast cancer: an evidence based practice paper. Global journal of health science. 2015; 7(1): 261.
[19] Chiriac F, Baban A, Dumitrascu L. Psychological stress and breast cancer incidence: a systematic review. Clujul Medical. 2018; 91(1): 18.
[20] Kruk J, Aboul-Enein H Y. Psychological stress, and the risk of breast cancer: a case-control study. Cancer detection and prevention. 2004; 28(6): 399-408.
[21] Kruk J. Self-reported psychological stress and the risk of breast cancer: a case-control study. Stress. 2012; 15(2): 162-171.


[^0]:    * Corresponding author: Khaled Ali Alawaini

    Department of Zoology Faculty of Science- Sabratha University, Libya.

