Journal of Kyzylorda Scholarly Review

P-ISSN:3006-0265 | E-ISSN:3007-4681. Published by the Open University of Kyzylorda
Copyright © Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC-BY).
https://bulletin.ouk.kz/index.php/bulletin/index



RISK FACTORS OF BREAST CANCER AMONG WOMEN ATTENDING ONCOLOGY & HEMATOLOGY CENTER IN KIRKUK CITY

Shelan Qahraman Shakor[1*], **Huda Abdulsalam Abdulrahman**[2], **Suhaila M Ali**[3]

[1] Department of Nursing Adult nursing, College of Nursing, University of Kirkuk, Iraq. Email: shelanqahraman86@uokirkuk.edu.iq

[2] Department of Maternal and Newborn Health Nursing, College of Nursing, University of Kirkuk, Iraq. Email: hudaabdulsalam@uokirkuk.edu.iq

[3]Department of Maternal and Newborn Health Nursing, College of Nursing, University of Kirkuk, Iraq. Email: suhailaali@uokirkuk.edu.iq

Abstract. Breast malignant tumor occur when the cells in the breast change in uncontrolled way, producing a mass tissue called a tumor. breast tumor involved feeling a lump in breast, change in size of the breast and skin changes on the breasts. Mammograms very useful with early discovery. Therefor the current study came to identify the risk of breast cancer women attending oncology and hematology center in Kirkuk city. A non-probability (purposive Sampling) was conducted with the participant of (60 women) from the period of 17th of October 2021 to the 9th February 2022. A questionnaire constructed and modified consists of three parts:- Part I: -Demographic data of the Sample,Part II include Obstetric characteristics of the sample which consist from (7) questions and Part III: Risk factors for breast cancer Composed of (15) questions. The study shows that high age group was between (51-60years old) majority of them were married, house wife and illiterate. About (85%) of women had not first degree relative with breast cancer. The results show that most of women had not any relative with ovarian or uterine cancer at percentage of (90%). the study recommended that Screening should continue as long as a woman is in good health. All women should understand what to expect when getting a mammogram for breast cancer screening. Clinical breast exams are not recommended for breast cancer screening among average-risk women at any age.

Keywords: Risk factor, Breast cancer,Oncology & Hematology

1. INTRODUCTION AND PROBLEM STATEMENT

A breast is consist of three parts: lobules, ducts, and connective tissue. Lobules are glands that make milk. Ducts are tubes that carry milk in to the nipple. connective tissue consists of fibrous and fatty tissue that surrounds and holds all together. Breast tumor it is nearly public cancer among women and it is most important reason of death among them. Breast cancer is a malignant tumor that has developed from undifferentiated cells of the breast tissue. this tissue can develop rare benign conditions known as angiosarcomas or phyllodes tumor.[1]

In most of the cases breast tumors are malignant and spread to other tissues such as bones. It is 2nd leading cause of mortality among women after lung cancer. According to WHO (Wold health organization), the breast cancer is diagnosed in 1.5 million women every year and the incidence rate is on rise globally. Increased incidence of cancer in recent years and its impact on different physical, mental, and social dimensions of human life have turned it to a major problem of the century.[2]

There are numerous risk factors such as sex, aging, estrogen, family history, gene mutations and unhealthy lifestyle, which can increase the possibility of developing breast cancer. Delayed childbearing, low parity and short breastfeeding periods represent well-established reproductive risk factors for BC (breast cancer).[3]

Additionally, early age at menarche and late age at menopause are reproductive factors that increase the risk of the disease. Obesity and overweight are also risk factors for BC. Other well-established lifestyle-related risk factors are physical inactivity and sedentarism, alcohol consumption, smoking and intake of several hormones like estrogens.[4]

High intake of red meat was identified as a risk factor, whereas high intake of fruits and some dietary patterns such as the Mediterranean diet provided a protective effect. .The high prevalence of breast cancer has several associated reasons. One of them is late diagnosis. The women appear for diagnosis at an advanced stage, which affects the prognosis and treatment, thus limiting the survival chances.[5]

2. MATERIALS AND METHODS

A quantitative descriptive design was conducted to determined the risk Factors of Breast Cancer among Women Attending Oncology & Hematology Center in Kirkuk City from the period of 26 of September 2021, up to the 28 of April , 2022. In order to achieve the objective of the present study , self administrated qouestionnaire was conducted on (60) participants woman who attended Oncology & Hematology Center. The questionnaire consists of three parts: Part I include demographic data of sample, that involved Age, Residency, level of Education, Marital status, Occupation, age at menarche , age at first full term pregnancy, parity and menopause. The part II include Obstetric characteristics of the study sample consist from (7) questions and The part III involved Risk factors for breast cancer consist of (15) questions that represent the risk factor.

3. RESULTS AND DISCUSSION

Table (1) show that the age group were (51_60) which consider the highest percentage of the samples and constitute of (35%), this results is agrees with the study that conducted in Pakistan which indicate that (62.2%) of women were (>50) years old.[6] In residence, the result show that the highest percentage of woman who attending oncology and hematology were living in urban areas and constitute about (93.3%). Our findings is agree with the result of the study that performed in Cairo which indicate that (69%) of women were living in urban areas.[7]

The study result is also showed that (80%) of the sample were married, this result is agree with the study conducted in Iran which indicated that (71.7%) of women were married.[8] Regarding occupation, this table also showed that about (88.3%) of women were housewife, this result is agree with a result of other study conducted in Cairo which was (34.8%) of the women were housewife.[7] Regarding educational level most of the women (36.7%) were illiterate. This result disagree with the study that conducted in China ,shanghai indicate that (72.5%) of women were primary school.[9]

Journal of Kyzylorda Scholarly Review
P-ISSN:3006-0265 | E-ISSN:3007-4681
https://bulletin.ouk.kz/index.php/bulletin/index.php

Table 1. Distribution of the socio - demographic characteristic of the study sample (No=60).

Items			Frequency	%
1. Age Group		20-30	2	3.3
		31-40	7	11.7
		41-50	18	30
		51-60	21	35
		61-70	11	18.3
		more than 70	1	1.7
	Total		60	100%
2. Residence		urban	56	93.3
		rural	4	6.7
	Total		60	100%
3. Marital status		single	4	6.7
		married	48	80
		divorced	1	1.7
		widowed	7	11.7
	Total		60	100%
4. Occupation		housewife	53	88.3
		employed	7	11.7
	Total		60	100%
5. Educational Level		illiterate	22	36.7
		read & write	5	8.3
		primary school	17	28.3
		secondary school	7	11.7
		college	5	8.3
		others	4	6.7
	Total		60	100%

Table (2) showed that the age at menarche (13-14) years were the highest percentage of samples and constitute of (51.7%), About (33.3%) of women are at age of their full term pregnancy were between (21-25) years. Our findings is agree with the finding of study performed in Iran which indicated that (71.7%) of women at age of there full term pregnancy were between (15-24) years and most of the women (27.3%) were between (13) years.[8] The most percentage of gravida (30%) among those women were (7 and more) and the most percentage of para (36.7%) were (3-4). About (61.7%) of women had not abortion. Our study is agree with the result of study in Portugal which indicated that (76.1%) had not abortion.[10] The results also indicate that (56.7%)of the samples had not menopause which it similar to the study that conducted in Iran (51.8%) of women were not at age of menopause.[8]

Journal of Kyzylorda Scholarly Review
P-ISSN:3006-0265 | E-ISSN:3007-4681
https://bulletin.ouk.kz/index.php/bulletin/index.php

Table 2. Demonstrate Obstetric characteristics of the study sample

Items		Frequency	%
1. Age at menarche	11--12	16	26.7
	13-14	31	51.7
	15-16	11	18.3
	17-18	2	3.3
Total		60	100%
2. Age at first full term pregnancy	No	5	8.3
	15-20	18	30
	21-25	20	33.3
	26-30	9	15
	31-35	7	11.7
	more than 40	1	1.7
Total		60	100%
3. Parity: Gravida:	no	5	8.3
	1---2	5	8.3
	3--4	15	25
	5--6	17	28.3
	7and more	18	30
Total		60	100%
4. Para	no	6	10
	1---2	5	8.3
	3--4	22	36.7
	5--6	18	30
	7and more	9	15
Total		60	100%
5. Are you menopause	no	6	10
	1--2	5	8.3
	3--4	22	36.7
	5--6	18	30
	7and more	9	15
Total		60	100%
6. Do you had Abortion	No	37	61.7
	less than 2	8	13.3
	2and more	15	25
Total		60	100%
7. Are you Menopause	yes	26	43.3
	no	34	56.7
Total		60	100%

Table (3) showed that first degree relative with breast cancers of the women (85%) had not first degree relative with the breast cancer, also showed that (68.3%) of women had not second degree relative with breast cancer, this result is agree with a result of other finding conducted in Baghdad which was(84%)of women had not second degree relative with breast cancer and (85%) of women had not first degree relative with breast cancer.[12]

The study found that (90%) of women had not any relative with ovarian or uterine cancer . Our finding about (80%) had not other cancers first & second degree relative ,this result similar with the study that performed in Texas, USA suggested that (81%) of women have no any other types of breast cancer in their family.[13] Regarding past history of breast biopsy our study show that most of the women (71.7%) they did not the biopsy test. our finding agree with the finding of study in japan that indicate that (86.6%) of women did not the biopsy test that performed in .[14]

The finding also show that (75%) of women had not pervious past history of breast mass . The result of current finding indicate that (90%) of women had not previous trauma to the breast ، As a result of searching for previous trauma to the breast and history of breast mass we have not found any results are similar with our study . In our finding the result indicated that (76.7%) of women had not history of oral and hormonal contraceptive . Our study agrees with study that conducted in Iran which indicated that (81.5%) of women had not oral

contraceptive .[8] The current study suggest that (83.3%) of women had previously breast feeding , this agree with finding of other result indicated that (92.3%) of women had history of breast feeding in Iran.[8]

Regarding smoking the result of the current finding indicated that (85%) of the women non smoker. The result of our study show that the higher percentage of exposure to the x-ray is (73.3%) . Regarding anti- precipitants our study show that 63.3% of women never used it, the current study agree with the study conducted in Delhi which indicated that (60.1%) of women non smoker and majority of them is never used anti- precipitants.[11]

The majority of the women (51.7%) did not have a fatty diet. Our result showed that (88.3%) of the women were in activeour finding disagree with the result of other study that suggested that most of women(77.8%) had fatty diet in Baghdad .[12]

Table 3. Risk factors for breast cancer women:

Items		Frequency	%
1. Do you have a 1st degree relative with breast cancer?	no	51	85.0
	mother	1	1.7
	sister	7	11.7
	daughter	1	1.7
Total		60	100%
2. Do you have a 2 degree relative with breast cancer?	yes	19	31.7
	no	41	68.3
Total		60	100%
3. Do you have any relative with ovarian or uterine cancer?	yes	6	10.0
	no	54	90.0
Total		60	100%
4. Other cancers first & second degree relative?	yes	12	20.0
	no	48	80.0
Total		60	100%
5. Past history of breast biopsy	yes	17	28.3
	no	43	71.7
Total		60	100%
6. previous past history of breast mass	yes	15	25.0
	no	45	75.0
Total		60	100%
7- previous trauma to the breast.	yes	6	10.0
	no	54	90.0
Total		60	100%
8. History of Oral Contraceptive pill	yes	14	23.3
	no	46	76.7
Total		60	100%
9-History of hormonal contraceptive	yes	14	23.3
	no	46	76.7
Total		60	100%
10-Previously breast feeding:	yes	50	83.3
	no	10	16.7
Total		60	100%
11. Smoking status	yes	9	15.0
	no	51	85.0
Total		60	100%
12. Has exposure to X-ray anywhere?	yes	44	73.3
	no	16	26.7
Total		60	100%
13. Use of anti-precipitants?	daily	9	15.0
	every other day	13	21.7
	never	38	63.3
Total		60	100%
14. Consumption of fatty diet daily	yes	29	48.3
	no	31	51.7
Total		60	100%
15. Exercise practice:	yes	7	11.7
	no	53	88.3
Total		60	100%

4. CONCLUSSION

The age group (51_60) were the highest percentage of samples and constitute of (35%). In residence the result show that the highest percentage were living in urban areas and constitute (93.3%). The result also show that (80%)of the sample were married. About (88.3%) women were housewife . Regarding educational level most of the women (36.7%)were illiterate .The age at menarche (13-14) were the highest percentage of samples and constitute of (51.7%). (33.3%)of women at age of their full term pregnancy were between(21-25) years. The most percentage of gravida (30%) among those women were (7 and more) and the most percentage of para(36.7%) were (3-4). (61.7%) of women had not abortion. The results also indicate that (56.7%)of the samples had not menopause. About (85%)of women had not first degree relative with breast cancer .

The result shows that (68.3%) of samples had not second degree relative with breast cancer. The most of women had not any relative with ovarian or uterine cancer at percentage of(90%). About (80%) of samples had not other cancers first or second degree relative. most of them (71.7%) refers to the absence of past history of breast biopsy, and this table refers to the absence of previous past history of breast mass about (75%)and (90%) of previous trauma to the breast.(76.7%) of women did not use the oral contraceptive pill and hormonal contraceptive . About (83.3%) of women gave breast feeding to their children. most of women were non smoker about(85%) . The highest percentage of exposure to the X-ray is(73.3%). About (63.3%) of women never used anti-precipitants. Lastly ,majority of women (51.7%) their diet were not fat,generally ,samples had not done .

Women between 40 and 44 have the option to start screening with a mammogram every year .Women 45 to 54 should get mammogram s every year .Women 55 and older can switch to a mammogram every other year or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more year .All women should understand what to expect when getting a mammogram for breast cancer screening what the test cannot do .Clinical breast exams are not recommended for breast cancer screening among average-risk women at any age.

References

[1] Cooke, T., George, D., Shields, R., Maynard, P. V., & Griffiths, K. (1979). Oestrogen receptors and prognosis in early breast cancer. The Lancet, 313(8124), 995-997.
[2] Dupont, W. D., & Page, D. L. (1985). Risk factors for breast cancer in women with proliferative breast disease. New England Journal of Medicine, 312(3), 146-151.
[3] DUPONT, W. D., & PAGE, D. L. (1987). Breast cancer risk associated with proliferative disease, age at first birth, and a family history of breast cancer. American journal of epidemiology, 125(5), 769-779.
[4] El-Nasr, E. M. S. (2017). Breast cancer risk factors and screening practices among women attending family health centers in Cairo Governorate. Breast, 20, 8.
[5] Gatea, A. A., & Wadi, A. A. A. A. (2018). Evaluation the risk factor of breast cancer among women in al-elwiyah teaching hospital in Baghdad/Iraq. World Journal of Pharmaceutical Research, 2277, 7105.
[6] Li, J., Zhang, B. N., Fan, J. H., Pang, Y., Zhang, P., Wang, S. L., ... & Qiao, Y. L. (2011). A nation-wide multicenter 10-year (1999-2008) retrospective clinical epidemiological study of female breast cancer in China. BMC cancer, 11, 1-11.
[7] London, S. J., Stein, E. A., Henderson, I. C., Stampfer, M. J., Wood, W. C., Remine, S., ... & Willett, W. C. (1992). Carotenoids, retinol, and vitamin E and risk of proliferative benign breast disease and breast cancer. Cancer Causes & Control, 3(6), 503-512.
[8] Minami, Y., Ohuchi, N., Taeda, Y., Takano, A., Fukao, A., Satomi, S., & Hisamichi, S. (1999). Risk of breast cancer in Japanese women with benign breast disease. Japanese journal of cancer research, 90(6), 600-606.
[9] Momenimovahed, Z., & Salehiniya, H. (2019). Epidemiological characteristics of and risk



factors for breast cancer in the world. Breast Cancer: Targets and Therapy, 151-164.
[10] Nouws, S., Brandão, M., Fontes, F., Pereira, S., Dias, T., Ribeiro, A. I., ... & Peleteiro, B. (2019). Factors associated with time to breast cancer diagnosis and treatment in unscreened women in Portugal. Women & Health, 59(6), 601-614.
[11] Pakseresht, S., Ingle, G. K., Bahadur, A. K., Ramteke, V. K., Singh, M. M., Garg, S., & Agarwal, P. N. (2009). Risk factors with breast cancer among women in Delhi. Indian journal of cancer, 46(2), 132-138.
[12] Rayson, D., Erlichman, C., Suman, V. J., Roche, P. C., Wold, L. E., Ingle, J. N., & Donohue, J. H. (1998). Molecular markers in male breast carcinoma. Cancer: Interdisciplinary International Journal of the American Cancer Society, 83(9), 1947-1955.
[13] Stephenson, G. D., & Rose, D. P. (2003). Breast cancer and obesity: an update. Nutrition and cancer, 45(1), 1-16.
[14] Woof, V. G., Ruane, H., French, D. P., Ulph, F., Qureshi, N., Khan, N., ... & Donnelly, L. S. (2020). The introduction of risk stratified screening into the NHS breast screening Programme: views from British-Pakistani women. BMC cancer, 20(1), 452.