

## REASONS FOR DELAY IN FUNGATING BREAST CANCER PRESENTATION AT A TERTIARY CARE FACILITY OF PAKISTAN

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### Abstract

**Background and objective:** Breast cancer is a treatable disease resulting in complete cure. Late presentation is not uncommon in third world countries. The factors leading to delay in reporting to the hospital must be studied. The objective of this research was to identify the factors responsible for late presentation of fungating breast cancer patients at a tertiary care hospital of Pakistan.

**Methods:** It was a descriptive, cross-sectional study conducted at Jinnah hospital Lahore from January 2020 to December 2022. A total of 56 respondents were selected through non-probability purposive sampling technique. A pre-tested structured questionnaire was administered, data were gathered after taking informed consent and data confidentiality was ensured. The collected data were analyzed using SPSS version 23. The stage 1 and 2 carcinoma breast patients are excluded from the study. The sample size was calculated by using WHO calculator.

**Results:** A total of 56 cases of fungating breast growths were included in the present study carried out for a period of two years. Among 56 cases the mean age of patients was 45±9 years. The study found that the reasons leading for the delay in seeking treatment were poor socioeconomic status, belief in traditional faith healers, cultural myths, reliance on alternative medicine, fear of medical procedures, resistance from family members, and lack of accessibility.

**Conclusion:** The delayed presentation of breast cancer leading to fungating growth is a significant concern that needs to be addressed. By identifying the reasons for delayed presentation, healthcare providers and policymakers can develop targeted interventions to improve early detection and prompt treatment, eventually improving the prognosis and quality of life of breast cancer patients.

**Key Words:** delayed presentation, fungating breast cancer, reasons, tertiary care facility.

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The delay in presentation of Breast cancer patients in fourth stage is widespread in developing countries like Pakistan. Breast cancer is the foremost reason of mortality amongst females across the globe, there were 2.26 million new cases reported in 2020 in women worldwide.<sup>1</sup> However, presentation of advanced breast cancer cases is rare in developed world as compared

to developing countries. It is almost 15% of the total breast cancer deaths in underdeveloped countries.<sup>2</sup>

The incidence of breast cancer is very high in Pakistan and mortality is still very high in Pakistan as compared to other countries in Asia. The number of new cases of breast cancer according to international cancer registry in Pakistan are 34,038 leading to 16,232 deaths in 2017.<sup>3</sup>

In Pakistan, timely treatment for breast cancer is not sought and majority of cases are presented and diagnosed in stage III and IV. Several factors are responsible for the presentation of complicated cases of breast cancer including lack of awareness, accessibility, poor availability of services in health care facilities, socioeconomic and sociocultural barriers.<sup>4</sup>

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Early detection and treatment can help to improve survival rate of breast cancer patients. However, women in many settings face complex barriers to early detection, including social, economic, geographic and other factors, which can limit their access to timely, affordable, and effective health care services.<sup>5,6</sup>

The knowledge of factors that influence patient delay is crucial in to foster effective and targeted interventions to overcome patient delay and complications, consequently improving survival rate and quality of life in women with breast cancer.<sup>7,8</sup> The current study was conducted to describe the reasons responsible for late presentation of breast cancer patients with complications like fungating breast masses.

## METHODS

This descriptive study was conducted at Jinnah hospital Lahore for the duration of two years from January 2020 to December 2022. Sample size was calculated by using WHO calculator. The prevalence of fungating masses was 2.6 over a period of 1 year. It should be 72 patients in 2 years but after gathering data over 2 years, the total number was 56. A total of 56 patients with fungating breast masses presenting to the outpatient department of surgical unit of Jinnah hospital Lahore were included in this study through non-probability purposive sampling technique. Patients with non-fungating breast masses and stage 1 and 2 breast cancers were excluded from the study. Ethical approval was taken from the ethical review board of Jinnah hospital, and permission was taken from the administration of the hospital. Consent was obtained from all participants after explaining the study's objectives and ensuring data confidentiality. Every patient responded, resulting in a 100% response rate. Patients completed a structured questionnaire providing information on demographics, income sources, literacy, and factors influencing delayed hospital presentation. The data were analyzed using SPSS version 23. Frequency distributions were calculated using descriptive statistics. Chi-square test was employed to assess the association between qualitative variables and a p-value less than or equal to 0.05 was considered as significant.

## RESULTS

A total of 56 cases of fungating breast growths were included in the present study carried out for a period of two years. The mean age of participants was 45±9 years. Most of the patients belonged to low socioeconomic status. The majority of patients were uneducated or having primary education (78.9%).

The most common reason for the delay was poor socioeconomic status. 16(28.5%) out of 56 patients were belonging to poor socioeconomic status. 14(25%) out of 56 patients consulted peers and considered spiritual treatment (dum and taweez) as the first choice and effective treatment and the result was fungating growths. 11(19.6%) patients had various myths about the treatment of breast cancer, like it is aggravated after treatment, fear of surgery and operation worsens the disease, patients said that the use of Loha i.e., the needle used for biopsy aggravates the disease etc. 7(12.5%) patients went to homoeopathic and Hakeem treatment. 5 (8.9%) patients could not receive the treatment due to resistance from family members. 3 (5.3%) patients were refrained from coming to the hospital due to accessibility issues like living in the periphery and lack of transport.

The association of socioeconomic status and education with delayed presentation were found statistically significant shown in table 2.

All of the patients were end up in mastectomies after neo-adjuvant chemotherapy. The surgery performed was Modified Radical Mastectomy in 80% of the patients and simple mastectomy in rest of 20%

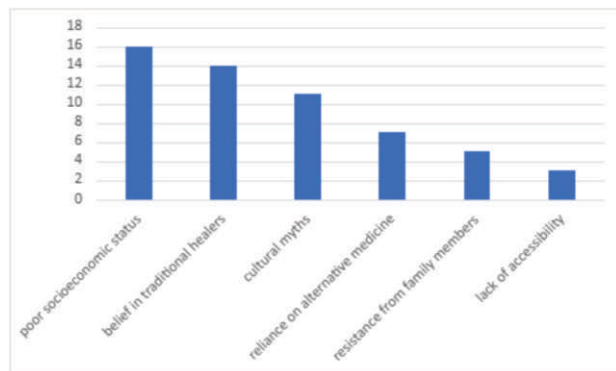
**Table 1:** Duration of symptoms

Duration of symptoms	Number	Percentage
<30 days	05	8.9%
31– 90 days	14	25%
>90 days	37	66.1%

**Table 2:** Relationship of demographic variables with delay in presentation

Variables		Delayed presentation		p-value
		<90 days	>90 days	
Socioeconomic status	Low	03(9.0%)	13(81%)	<0.001
	Middle	16(40%)	24(60%)	
Educational status	Uneducated	05(11.3%)	39(88.6%)	0.001
	Educated	05(41.6%)	07(58.4%)	

patients. The reason for doing simple mastectomy was failure to downstage with chemotherapy.



**Figure 1:** Reasons for delayed presentation of fungating breast masses

## DISCUSSION

Breast cancer is a significant health concern worldwide, and early detection and timely treatment are critical for a positive outcome. However, delayed presentation leading to fungating breast masses can result in a poor quality of life and poor prognosis.

The current study conducted in Jinnah Hospital over a period of two years to identify the factors contributing to the delayed presentation of breast cancer leading to complications like fungating growths. The study included 56 patients with fungating breast masses who participated in this study to identify the reasons for the delay in seeking medical attention.

The results of the study found that poor socioeconomic status was the most common reason for delayed presentation.<sup>3</sup> The lack of financial resources and inadequate affordability to healthcare facilities prevented these patients from seeking medical attention promptly, this finding was found consistent with the findings of another study done in Pakistan.<sup>6</sup>

Cultural myths and beliefs were another significant factor contributing to the delayed presentation of breast cancer in Pakistan as compared to other countries.<sup>8</sup> The patients had various myths about breast cancer treatment, such as the belief that treatment worsens the disease, and thus relied on alternative treatments like spiritual treatment which ultimately resulted

in fungating growths, in contrast to studies done at other countries.<sup>7-9</sup>

Alternative medicine and lack of trust in medical professionals were other reasons for the delayed presentation of breast cancer, similar to findings of other studies.<sup>10-11</sup>

Family dynamics and societal norms also played a role in the delayed presentation. The patients refrained from seeking medical attention due to resistance from their mother-in-law and husband,<sup>12</sup> while others faced challenges due to poor accessibility like living in the periphery and a lack of transportation.<sup>13</sup>

The study highlights the need for community education and awareness programs to dispel the myths and misconceptions surrounding breast cancer and its treatment. These programs should also focus on promoting the importance of early detection and timely treatment to improve the outcome of breast cancer.<sup>14</sup>

## CONCLUSION

The delayed presentation of breast cancer leading to fungating growth is a significant concern that needs to be addressed. By identifying the reasons for delayed presentation, healthcare providers and policymakers can develop targeted interventions to improve early detection and prompt treatment, improving the prognosis and quality of life of breast cancer patients.

### Ethical Approval:

The ethical Approval was obtained from Allama Iqbal Medical College, Lahore. (Reference No. ERB 157/4/07-12-2023/SIERB).

**Conflict of Interest:** None

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