



Clinical and pathological characteristics of Breast Cancer in Syria

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Abstract

As indicated by the National Cancer Registry of Syrian MOH, commonest cancers seen and treated were breast, colorectal and carcinoma, followed by leukemia (adult and children) and lymphoma (Adult and children). Bladder, stomach and prostate were less common.

According to our MOH Cancer Registry, supported 8000 carcinoma cases collected from several Hospitals in Syria, BC accounted for half-hour of female cancers in Syria.

Age: Median =49 years

Crude Incidence Rate: 29 per 100,000

Age Standardized Incidence Rate: 43 per 100,000

Histopathology: infiltrating duct carcinoma (70 %)

Unfortunately, thanks to our present national crisis and war resulting into scarcity of resources and disruption of the health system that resulted in limited of human resources, movements of patients, damaged health facilities, and unavailability of health data system. Of these factors limited the role of the national cancer registry and its functionality. The last statistics available are dated in 2009, and no statistics or reports were produced then.

Introduction:

Breast Cancer disease (BC) is that the most generally recognized malignancy among ladies and representing half-hour of each single female malignant growth. The conduct and attributes of BC in Syria was found little or no not an equivalent as that of the neighboring nations like Lebanon, Jordan and Egypt to the extent the low middle time of frequency and late introduction cares. The conduct of BC was likewise found very unique in reference to found within the Western nations.

This is a review investigation of two principle sets of back to back breast malignancy patients worked by the creator. The principal study included 393 patients from years 1996 till 2000. the next investigation included 665 patients from 2000 till 2008 creation an aggregate of 1058 breast disease patients inside a time of 12 years .From the next set, 656 graphs were chosen since that they had sufficient data.

Each patient diagram was inspected with regard to numerous perspectives for instance age, size of injury, status of axillary lymph hubs (LN's), hormonal receptors, and various methods of medicines .The conduct and qualities of breast disease (BC) in Syria was seen as very specific. As indicated by the Syrian MOH malignant growth library hooked in to 8000 back to back disease cases, the foremost widely known tumors seen and recorded were breast, colorectal and lung disease, trailed by leukemia (grown-up and youngsters) and lymphoma (grown-up and kids). Bladder, stomach and prostate were less normal.

In a joint effort with WHO Headquarters, WHO Regional Office and therefore the National Committee for Cancer Care, WHO Syria Office has led a fast appraisal in 8 clinics from various governorates between fourth October and 15thNov, 2016 to assess the malignant growth care the board within the nation.

Conclusion: According to the highest 10 causes of mortality / morbidity in 2009, cancer is ranked 3rd among the ten leading diseases of mortality and 7th from the ten leading diseases of morbidity/ disability (Syrian health system profile, 2011).

About 41.5% of girls with carcinoma presented with stage III disease, followed by 27.5% presenting to hospitals with stage IV disease. While only 21% presenting in Stage II and only10% presenting in stage I. These figures that are derived from BC cases (8000 cases) collected from MOH hospitals show more advanced stages than my private cases (1058 cases) that showed more early stages.

According to my personal studied cases (1058 cases),the average age of incidence was 48 years which is according to that figure in neighboring countries like Lebanon, Jordan and Egypt. Lesions below 2 cm in size were 21%, 2-5 cm in size accounted for 55 %.

Negative axillary LN's was 47%. Positive ER/PR was 56 %. Positive HER2 accounted for 32%.

Modified mastectomy (MRM) was done on 72%. Conservative Surgery (CS) accounted for less than 20 %. Conversion from CS to MRM accounted for 8%. Local recurrence after CS was 13 %. Locally advanced BC was 12%. Our periodic campaigns in carcinoma awareness are paying off in early detection and better survival. We are looking forward to seeing earlier lesions and better leads to the longer term.

The current worldwide malignancy trouble in low-and medium pay nations is large, and powerful disease control is restricted by lacking wellbeing budget, set number of disease treatment offices and difficult to succeed in demonstrative administrations and life-sparing treatments.

In 2015, 8.8 million diseases passing have happened round the world. About 70% of malignant growth passing's happen in low-salary and center pay nations

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and this number is perhaps getting to increment afterward. It's evaluated that disease murders almost 400,000 individuals per annum within the WHO Eastern Mediterranean Region alone.

Biography

Suheil Simaan got his MD from the American University of Beirut in 1963. He got his general surgical training at the Cleveland Metro Gen Hospital and the Mayo Clinic. He got his cancer surgery training at the Memorial Sloan Kettering Cancer Center NYC (1967-1970). He was professor and chairman of surgery at Damascus University from 1983 till 2002. He became adjunct professor of surgery at the Lebanese American University (2013 -2020) .He is an author of a surgical textbook for medical students. He founded and presided the Syrian Surgical Association in 1994. He founded and presided the Syrian Society of Breast Diseases in 2009. He wrote many articles on cancer. He served editor in chief of the journal "Advances of Medical Science" (1997-2002).

