

سرطان الثدي في لبنان*

سليم اديب

يتبين من الثلاثين سنة الاخيرة ان سرطان الثدي يصيب النساء بين سن الاربعين والخمسين ويتضاءل خطر الاصابة بين سن الخمسين والخمس وخمسين. وتكون نسبة نجاة المرضى بعد الاصابة بخمس سنوات من ٦٠ الى ٨٠ بالمئة.

ان النقص في التربية الصحية والوقاية والكشف المبكر عن المرض امور يجب التركيز عليها وبخاصة فيما يتعلق بالتخفيف من تناول الدهون والاقبال على الارضاع، وهما تصرفان يلقتان بالتربية الصحية ويخففان من التعرض للاصابة. وكذلك يجب التركيز على الوعي عند النساء وعلى قيامهن بالفحص الذاتي للثدي. كما انه يجب حث الاطباء والمرضى على القيام بالفحص الدوري للثدي حتى يتم اكتشاف المرض في وقت مبكر.

ثم انه من الضروري ان يكون في لبنان سجل رسمي باصابات السرطان، واقامة مسح في فترات محددة لدرس الخصائص السكانية. الحاجة لهاتين المعلومتين كبيرة وملحة خاصة في وضع تتغير فيه طرق المعيشة، ويتفاقم فيه تلوث الطعام والهواء مما قد يحدث تغييراً في واقع ومستقبل الاصابات بالسرطان.

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BREAST CANCER IN LEBANON : FACTS AND PROSPECTS

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Introduction

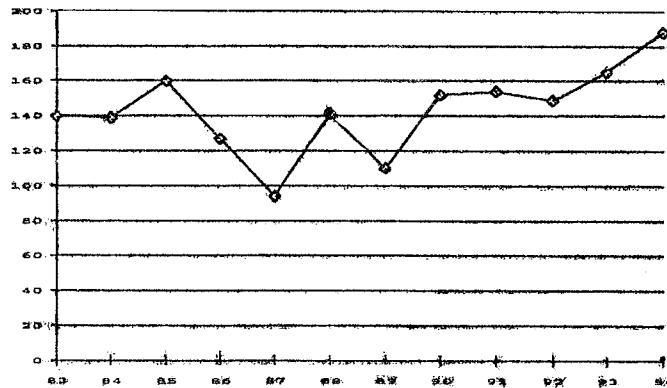
Cancer patterns in Lebanon have remained apparently consistent over the past thirty years. In particular, breast cancer, cervical, and colo-rectal cancers, remain the three most frequently reported malignancies among Lebanese women¹⁻⁵. While mortality data are not available, cancer specialists believe breast cancer to be as likely to kill in the 90s, as it did in the 60s. Specialists attribute this unchanged situation to the fact that, even today, most breast cancer cases are diagnosed only in their most advanced clinical stages when prognosis is already poor. The apparent failure of the otherwise advanced Lebanese health system in the area of prevention and early detection of breast cancer should be a valid topic of concern both for consumers and providers. This failure will be discussed, following a brief epidemiological review of breast cancer cases available at the American University of Beirut Medical Center (AUBMC) tumor registry.

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Epidemiology of breast cancer at AUBMC (1983-94)

Breast cancer has been the most frequently diagnosed cancer at AUBMC between 1983 and 1994. In all, 1,724 female breast cancer cases were diagnosed, representing 15.8 % of all cases. This proportion is similar to that reported from Hotel-Dieu de France (HDF) Hospital in Beirut in 1989⁴. Among female cancers (n = 5,373), it represented 32.1 % of the overall case-load. Specifically in 1989, the relative frequency of breast cancer was 34.4 % at AUBMC and 36.1 % at HDF. This relative frequency was 18.2 % in the sixties² and 27.3 % of cancers in a series which excepted AUBMC in 1984³. Numbers diagnosed every year at AUBMC varied slightly around an average of 143 cases/year. An increasing trend has been signaled since 1992 (Figure 1). This trend may be artifactual, due to the return of peace which has allowed more women to consult at AUBMC.

Figure 1
NUMBER OF BREAST CANCER CASES SEEN AND/OR TREATED AT THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER (1983-94)
(n = 1,724)

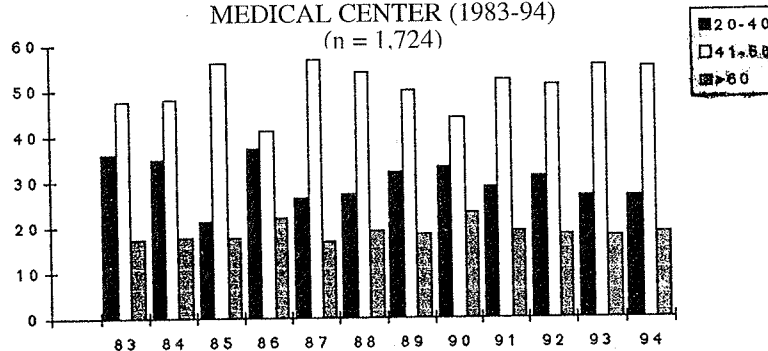


It is currently impossible to calculate the incidence rate of breast cancer in Lebanon in view of the absence of 1) a complete national registry and 2) demographic data on the sex and age distribution of the

Breast cancer in Lebanon : facts and prospects

Lebanese population. The only reliable figure we currently have is that presented by Abou-Daoud in 1966. At that time it had been suggested that the age-adjusted incidence rate was 1.6.4 new cases per 100,000 women per year². This level puts Lebanon among Asian and African nations with lower breast cancer incidence⁷. Highest levels are found in North America and Northern Europe. For comparison, the current annual age-adjusted rate in the USA is 108 new cases per 100,000⁶. In high incidence areas, rates increase steadily with age, while in low incidence areas, rates decline after about 50⁷. Currently in Lebanon, data are available on the age-distribution of breast cancer, but not on incidence by age. In the AUBMC series, the distribution showed an increasing trend towards the mid-40s and a subsequent decline (Figure 2). This distribution was also found in the 1989 series reported at HDF⁴. Age distribution is largely linked to the age composition of the population. For example, a smaller case-load should be expected among 50 + year-old women if that age-group is under-represented in the female Lebanese population. In the absence of demographic data, however this dilemma cannot currently be solved. In the AUBMC series, no cases were reported in women younger than 21 years-old. The average age of breast cancer patients was 46.8 years (SD = 16.7), with annual values ranging from 44.7 (1986) to 48.6 years (1993). Annual distribution of cases by age-groups is shown in Figure 2.

Figure 2
 AGE DISTRIBUTION OF BREAST CANCER CASES SEEN AND/OR TREATED AT THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER (1983-94)
 (n = 1,724)



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Histologically, 93.4 % of all cases were diagnosed as adenocarcinoma, mostly of the infiltrating ductal carcinoma type (79 %). While this fact is expected, it represents a large increase in comparison with the proportion of adenocarcinoma (43.5 %) reported in the 60s². This increase was accompanied by a concomitant decrease in the « other and unspecified histological types » category. This catch-all category decreased from 52.3 % in 1964-65 to 5.8 % in this series. These changes in histological labeling proportions show that major advances in pathological diagnosis have been obtained in Lebanon over two decades. These advances have resulted in more precise diagnosis in the same period. The histological distribution of female breast cancer in the USA is very similar to that in Lebanon, and it is accepted that for infiltrating ductal carcinoma, survival at five years is of 79 % for White women and 62 % for Black women⁷. Also in the USA, 12-15 % of breast cancers are bilateral, and in unilateral cancers the left breast is more frequently affected than the right one⁷.

Risk factors and detection

Risk factors linked to breast cancer are : family history, body weight, higher fat intake, early age at menarché, never had children or delivered at late age, did not lactate, and possibly had longer menstrual cycles. Many women may have one or more risk factors. Most of these risk factors are not preventable, but they may help in establishing a risk profile⁶. In high incidence areas, periodic mammograms are recommended after age 40 for early detection of breast cancers. In lower incidence areas such as Lebanon, following such recommendations may not be cost-beneficial. A better approach should include doctor's and client's education. Doctors should be aware of risk profiles in their female patients, and should be routinely performing breast exams even in unrelated medical visits. Doctors and health educators should provide female clients with information on how to perform routine breast self-examination.

Conclusions and implications

Any discussion of health problems in general, and of cancer issues in particular, is limited by the vexing realization that no national data currently exist in Lebanon. Public health researchers and policy-makers are therefore bound to use fragmentary data from limited sources, and anecdotal information from health providers, to reach an educated opinion on any given situation. This paper is necessarily affected by these frustrating facts. Its capacity to address the issue of breast cancer in Lebanon in a complete and altogether objective and quantifiable way is limited. Despite these limitations, however, a summative view needs to be presented regarding breast cancer, an important and life-threatening health problem facing women in Lebanon.

In various areas of the world, breast cancer incidence rates have been increasing throughout the 80s, while mortality rates remained almost constant⁷. In Lebanon, data from the mid-50s and on indicate that breast is the most frequent cancer in women. Despite widely held beliefs among cancer practitioners, age at diagnosis has not changed in any dramatic way in the past thirty years. Cancer typically occurs in women in their mid-40s, and risk of cancer declines after 50-55 years. Breast cancer most often belongs to a histological type linked to 60-80 % survival at 5 years.

While no data exist regarding incidence, the relative importance of breast cancer among other female cancer has almost doubled since the mid-60s. This indicates that rates of other cancers in females, such as cervical and ovarian cancers, have been decreasing but not that of breast. The apparent failure of health education, prevention and early detection in that regard must be assessed. In particular in the case of breast cancer, *low-fat diet* and *breast-feeding*, two behaviors amenable to educational programs aiming at reducing the risk of breast cancer, must be planned, implemented and evaluated. Increasing knowledge and awareness among women regarding *breast self-examination* should become an important public health objective in this country. In

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addition, overcoming the reluctance of Lebanese doctors to perform, and of female patients to be subjected to, routine breast examination, may increase early detection and result in better prognosis for patients with breast cancer.

Lebanon needs to establish a National Cancer Registry, and to conduct a periodical census to determine the demographic characteristics of its population. No cancer surveillance can be conducted in the absence of these two essential elements. Without such surveillance, no reliable data would exist regarding historical trends in incidence and mortality. The need for such data is increasing because of social changes in Lebanon, which may be affecting health in general and cancer in particular in the coming few years. In particular, change in lifestyles, and increased food and air pollution may be triggering changes in cancer patterns which must be monitored.

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