NCCP Fact Sheet 18 - 01

2018. 08. 28

BREAST CANCER IN SRI LANKA

- CURRENT STATUS AND TRENDS

Breast cancer has been the leading cancer as well as the number one cause of cancer deaths among women in Sri Lanka during past 10 years

In 2011, one in seven of all cancers reported and more than one in three to four cancers reported among women was a breast cancer

In Sri Lanka, one in 38 women has life-time risk of developing breast cancer

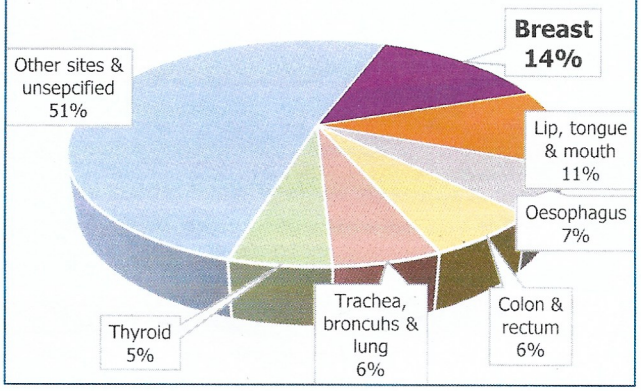
BREAST CANCER INCIDENCE - 2011

Group	Number	%	ASR	CR
Male	50	0.6	0.5	0.5
Female	2419	26.5	23.3	23.0
Total	2469	14.1	12.2	11.8

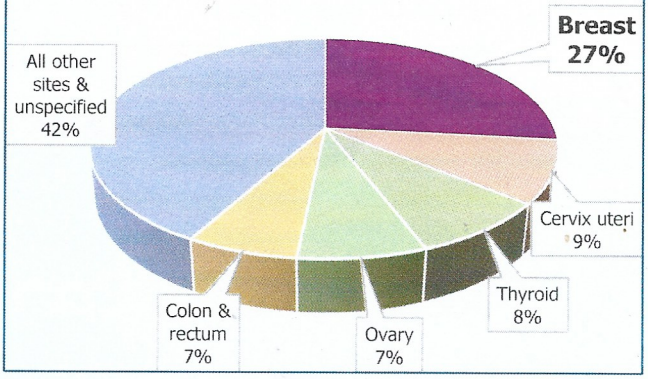
Age Standardized Incidence Rate per 100,000 world population

CR – Crude Rate per 100,000 population

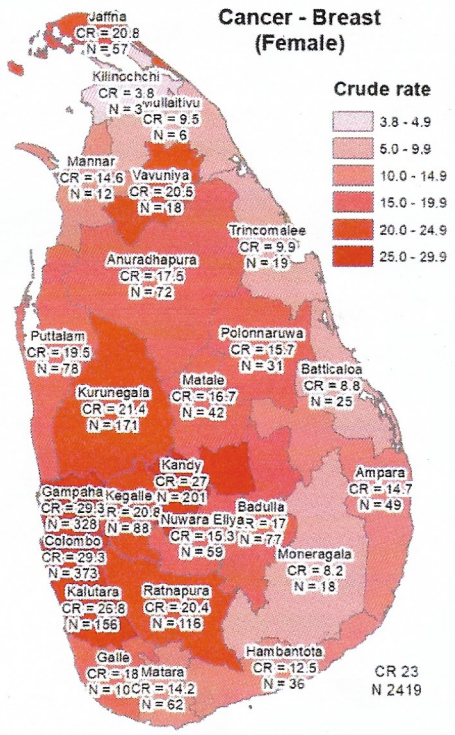
OVERALL CANCER INCIDENCE 2011



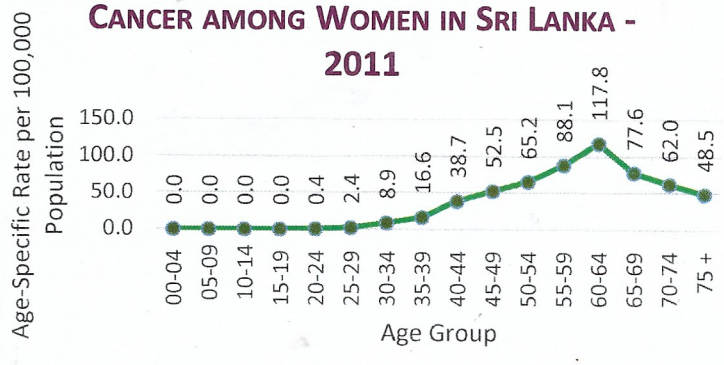
CANCER INCIDENCE AMONG WOMEN 2011



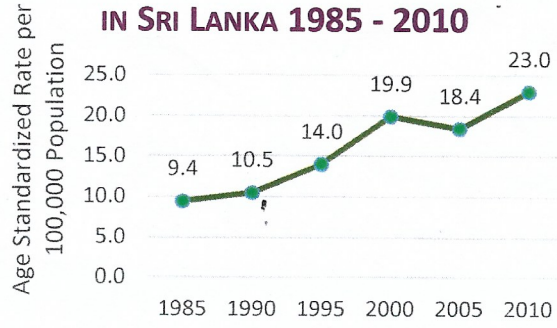
DISTRIBUTION OF BREAST CANCER CASES - 2011



AGE DISTRIBUTION OF INCIDENT BREAST CANCER AMONG WOMEN IN SRI LANKA - 2011



THE TREND IN BREAST CANCER INCIDENCE AMONG WOMEN IN SRI LANKA 1985 - 2010

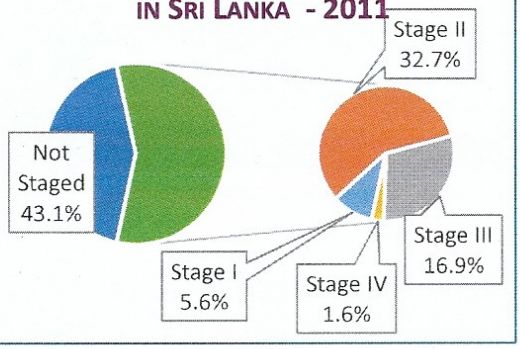


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Poor survival in breast cancer in low and middle income countries is mainly attributed to the advanced stage of the disease at diagnosis.

Among staging available breast cancer patients (women) in 2011 in Sri Lanka, 18.5% were diagnosed at advanced stages

Women's Breast Cancer Stage at the Time of Diagnosis in Sri Lanka - 2011



Risk Factors for Breast Cancer

Modifiable

- Being nulliparous
- Advanced age at first child birth
- Not breast feeding the child/ children
- Overweight/ Obesity
- Lack of physical exercise
- Excessive alcohol consumption
- Using oral contraceptive pills for more than 5 years before the age of 35 years
- Prolonged hormone replacement therapy during menopause
- Having undergone ionizing radiation

Non-modifiable

- Age
- Female sex
- Presence of BRCA gene mutations
- Early age at first menstruation
- Delayed menopause
- First degree relatives with breast cancer
- Higher breast density

Signs and Symptoms of Breast Cancer

Most common symptom is a breast lump. In addition, the following signs and symptoms have been reported:

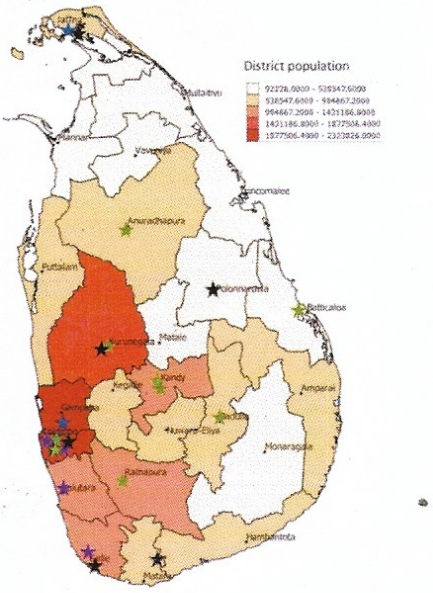
- Breast pain
- Thickening/ hard area in the breast
- Skin changes – peau d'orange
- Satellite nodules or ulcers in the skin
- Nipple discharge – milky (non-lactating women), serous or blood stained
- Nipple inversion
- Erythematous patches

The Triple Assessment in Diagnosis

I. Clinical examination (history and examination)
II. Imaging (diagnostic mammography and/or ultrasonography)
III. Histological/ cytological assessment

Mammography Facilities – Public Sector

Currently installed	
■ Digital	
Apeksha H	NHSL
Kandy	Peradeniya
Anuradhapura	Badulla
Batticaloa	Ratnapura
Kuruneagala	
■ Analog	
Col. South	CEDC, N'pita
Karapitiya	Jaffna
Polonnaruwa	Kurunegala
Kamburupitiya	
Planned to install 2018 - Digital	
■ NCCP Funds	
NHSL	Col. South
Karapitiya	Kalutara
■ Donations	
Col. North	Jaffna



Early detection of breast cancer can be done through screening by mammography, clinical breast examination by a trained care provider and by self-examination of breasts. Even though the latter two methods of breast examination have not shown to reduce the breast cancer related mortality, evidence suggest they downgrade the tumour.

Therefore, the World Health Organization recommend clinical breast examination as an important strategy to reduce the breast cancer burden in low-resource settings with strong healthcare system

Treatment Options

The choice of treatment depends on many tumor related as well as patient related factors.

Surgery, radiotherapy and chemotherapy are the main means of treatment

Surgery	
Breast conserving surgery	Ranges from a lumpectomy, wide local excision to a partial mastectomy or quadrantectomy.
Mastectomy	Removal of all breast tissue including the nipple.
Breast reconstruction surgery	Can be done at the same time as mastectomy (immediate reconstruction) or it can be carried out later (delayed reconstruction).
Lymph node surgery	Sentinel lymph node biopsy maybe carried out to find out the stage of the tumor.
Radiotherapy	
Breast radiotherapy	Following breast conserving surgery
Chest wall radiotherapy	Following mastectomy
Breast boost	Some women may be offered a boost of high dose radiotherapy in the area where the cancer was removed
Radiotherapy to lymph nodes	For metastatic cancer with a spread to axillary lymph nodes
Chemotherapy	
Neo-adjuvant chemotherapy	Cytotoxic medication given prior to the surgery to shrink the tumor
chemotherapy	Usually a combination of cytotoxic drugs are given following the surgery
Hormone treatment	
For hormone receptor (oestrogen/progesterone) positive tumors	
Targeted therapy	
For tumors with human epidermal growth factor receptor 2 (HER2)	

Source for all data on breast cancer in Sri Lanka:
National Cancer Registry
National Cancer Control Programme

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