

PRESENTING TUMOUR FEATURES OF WAIKATO WOMEN WITH NEWLY DIAGNOSED BREAST CANCER 2005 – 2008

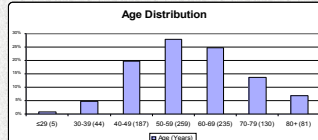
Objectives:

The Waikato Breast Cancer Register (WBCR) was established in 2005 to provide a comprehensive database of Waikato women with newly diagnosed breast cancer. The primary goal is to establish the nature of breast cancer presenting in a defined regional population and to examine inequities in presentation and outcome. The Waikato population has the highest regional population of Maori women in New Zealand enabling detailed comparisons and analysis.

Methods:

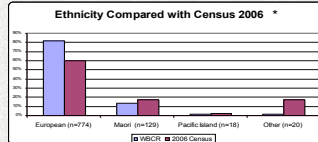
All women with newly diagnosed breast cancer, residing in the Waikato region at the time of diagnosis were eligible for WBCR after informed consent. Detailed data of presenting complaint, diagnostic and surgical procedures undertaken, pathological findings, adjuvant treatments and follow up have been prospectively collected. Between 1st January 2005 and 31st December 2008 a total of 1008 patients were diagnosed with breast cancer within the Waikato region. Of these, 95% consented to their details being included in the register, 2% declined and 3% were excluded as they died before consent could be gained. The data for these 941 patients, representing 95% incidences of breast cancer are presented below.

Demographics (by patient, n= 941)



At Diagnosis

- Patients under 50 years: 25%
- Patients over 65 years: 34%



Family Diagnosis

- Family history of a first degree relative with breast cancer was reported by 22% of patients
- Of these, 20% reported more than one first degree relative with breast cancer

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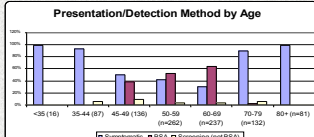
Email: jenni_scarlet@waikatodhb.health.nz



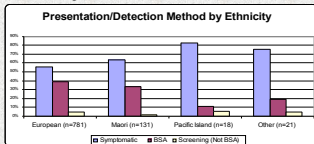
Diagnosis



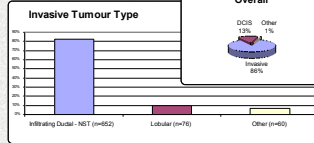
37% of cancers were screen detected (42% if non BSA included)



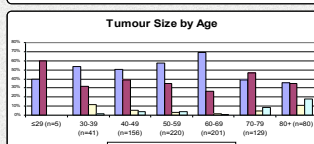
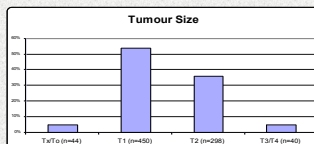
Of the women presenting with a breast cancer, 635 were within screening age range. 54% of these were diagnosed via screening.



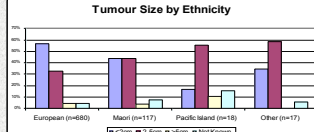
Maori and Pacific Island women were less likely to present with a screen detected cancer



Invasive Tumour Size

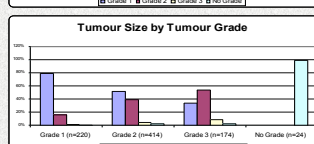
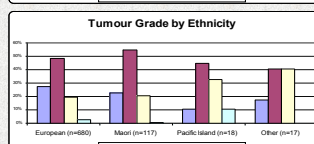
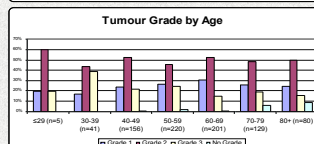
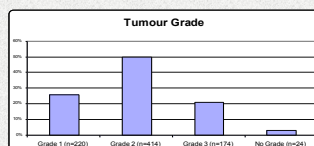


A larger proportion of smaller tumours (<2cm) were more prevalent within the screening age

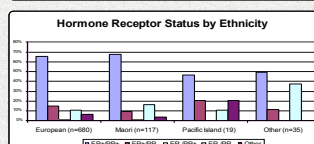
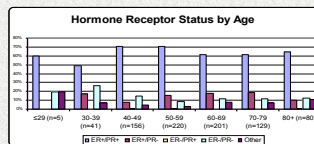
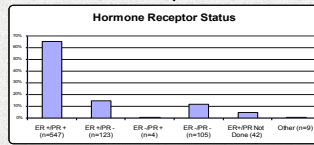


Maori (p= 0.0128) and Pacific Island (p= 0.0045) women were more likely to present with larger tumours compared to the European population

Tumour Grade



Hormone Receptor Status



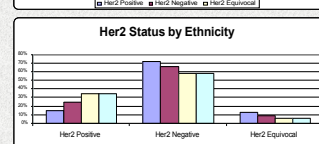
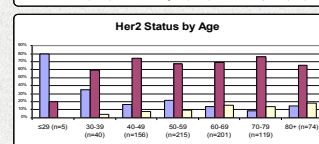
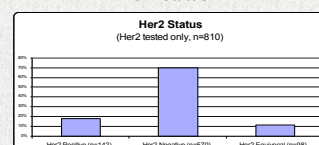
Conclusion:

Significant variation in breast cancer presentation by ethnicity occurs in the Waikato. The extent of this variation is likely to lead to significantly worse cancer outcomes for these ethnic groups. Maori and Pacific Island women were more likely to present with symptomatic, node positive, Her2 positive breast cancers and further efforts need to be made to encourage screening in this population group. Amongst non Maori women in the eligible age range, the proportion of screen detected cancers is also lower than ideal.

References:

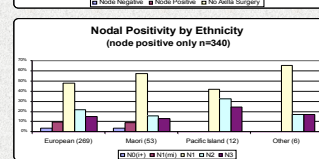
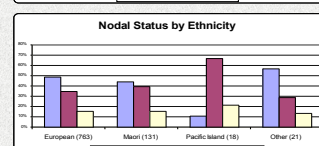
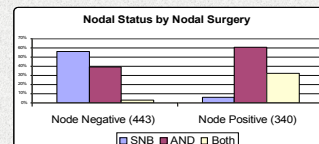
Robson B, Purdie G, Cormack d. Unequal Impact: Maori and Non-Maori Cancer Statistics 1996-2001. Wellington: Ministry of Health; 2005.

Her2 Status



Her2 positivity was significantly higher in Maori vs. European women (p= 0.0155), with a trend towards significance in Pacific Island women.

Nodal Status



Maori and Pacific Island women had a higher proportion of node positivity