ABSTRACT

Background
Locally Advanced Breast Cancer (LABC) is a heterogeneous clinical entity which accounts for about 40% - 70% of presentation of breast cancers in the developing countries whereas it is about 10%-20% of the total cases in developed countries. This highlights the need for proper systematic screening for detection of the breast cancer. The profile of Age, duration of tumour, staging, Histological type and ER/PR status in Locally Advanced Breast Cancer is studied and presented in this study.

Objectives
The profile of Age, duration of tumour, staging, Histological type and ER/PR status in Locally Advanced Breast Cancer is studied and relationship between these parameters is calculated and presented in this study.

Methodology
Patients diagnosed as Locally Advanced Breast Cancer in department of General Surgery, Govt. Royapettah Hospital. 50 of them are to be selected on the basis of non probability (purposive) sampling method. Detailed history is elicited from the patient. Thorough Clinical Examination of the patient is done and disease staged according to TNM classification. Histopathological study of the tumor is done. The profile of Age, duration of tumour, staging, Histological type and ER/PR status in Locally Advanced Breast Cancer is studied.
Results

There was a significant statistical association between ER/PR expression with tumour size (p=0.01). Expression of ER/PR expression was low tumour size less than 2 cms (100%). It was also higher in lower tumour grade. The major histological subtype was Infiltrating duct carcinoma, NOS type. Meanwhile there was no significant association of ER/PR expression with menopausal status, and other parameters.

Conclusion

Our study data indicates that ER/PR is a predictor for good prognosis as its expression is associated with important prognostic parameters like decreased tumour size, low tumour grade.

Key words

Immunohistochemistry, ER/PR, LABC, clinicopathological parameters; Nottingham modification of Scarff Bloom Richardson grading (NSBR grading)