



Frequency of Gynecological Cancer and Breast Cancer in a General Hospital Third Level of the City of Mexico

Vargas-Hernández VM*, Aboharp-Hasan Z, Jiménez-Villanueva X, Hernández- Rubio A, Vargas-Aguilar VM, Sosa E and Tobar Rodríguez JM

Research Department, Immunobiology Laboratory, Hospital Juárez de México, Mexico

Abstract

To know the statistics of gynecological cancer and breast cancer diagnosed in the Hospital Juárez de México, a third level hospital, which assists patients without social security; a review was made during the years of 2006 to 2010 of the pathological anatomy files of these cancers; diagnosed by biopsy or surgical piece of the patients, allows the strengthen of early detection programs, increases the control rates, cure and the coverage of the populations with less economic resources. The information obtained reflects the reality of the country in an open population without social security; where breast cancer and cervical cancer are the most frequent cancers; screening programs should be strengthened to achieve greater identification of these cancers in early stages in our population, where most attend late stages that affect the prognosis of patients.

Keywords: Breast cancer; Cervical cancer; Ovarian cancer; Endometrial cancer; Vulvar cancer; Registry national of malignant neoplasms; Developing countries

Background

Cancer represents the second cause of death in Mexico. Its incidence increases annually due to population aging, dietary habits different from the original culture and increasing industrialization that favors greater exposure to carcinogens [1-3]. The importance of knowing the frequency of gynecological cancer and breast cancer allows for preventive measures and the timely detection to identify new cases of cancer in potentially curable stages, the low socioeconomic level in the majority of the population, poor education on health, hygiene, prevention and lack of accessibility to health resources, mean that more than 75% of malignant tumors diagnosed in Mexico occur in locally advanced and systemic stages, with little chance of cure and increase in treatment costs [4-12].

The Hospital Juarez of Mexico is a general hospital of high specialty that serves a population estimated at 2 million inhabitants of northern Mexico City and is a reference for cancer cases diagnosed in the states of Querétaro, Tlaxcala, Guerrero, Oaxaca and State of Mexico. Serves the population without social security of any kind; the frequency of gynecological cancer is representative of the frequency of cancer in the country.

Materials and Methods

Retrospective study consisting of the review of all the histopathological reports of the anatomopathological pieces diagnosed in the Pathology department of the Hospital Juárez de México between January 1, 2006 and December 31, 2010. All the verified cases of gynecological cancer were recorded and breast cancer diagnosed by biopsy of any type (incisional, excisional, by sharp needle), or by the study of complete surgical pieces, with special care not to duplicate cases with biopsy and subsequent surgical piece in the same patient. Cases reported as "suggestive" of cancer were excluded from this review. The compilation of data was made from December 1, 2010 to September 30, 2011; subsequently, analyzes of demographic and epidemiological characteristics were prepared.

Results

5,846 cases of cancer have been reported within 5 years [13]. The maximum peak age is between 46 and 50 years of age, with an average age of 58 years; minimum concentration range of 41 years and maximum of 75 years. Gynecological cancer accounted for 19.38% or 1133 of all cancers reported in our hospital of 5846 registered (original citation); the most frequent were cervical cancer 671 cases

OPEN ACCESS

*Correspondence:

Vargas-Hernández Victor Manuel,
Research Department, Immunobiology
Laboratory, Hospital Juárez de México,
Mexico,
E-mail: vvargashernandez@yahoo.com.mx

Received Date: 25 Oct 2018

Accepted Date: 26 Nov 2018

Published Date: 30 Nov 2018

Citation:

Vargas-Hernández VM, Aboharp-Hasan Z, Jiménez-Villanueva X, Hernández-Rubio A, Vargas-Aguilar VM, Sosa E, et al. Frequency of Gynecological Cancer and Breast Cancer in a General Hospital Third Level of the City of Mexico. *Clin Oncol.* 2018; 3: 1552.

Copyright © 2018 Vargas-Hernández VM. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Table 1: Frequency of cancer gynecological and cancer breast.

Type of cancer	Years					Total	Percentage
	2006	2007	2008	2009	2010		
Breast cancer	212	151	203	238	279	1073	28.67%
Cervical cancer	125	144	126	124	156	671	17.93%
Ovarian cancer	63	72	73	68	89	243	6.49%

Table 2: Frequency of cancer gynecological in hospital Juárez de México.

Type	Number	Percentage
Cervical cancer	671	59.62%
Ovarian cancer	243	21.45%
Endometrial cancer	137	12.09%
Vulva cancer	21	1.85%
Vaginal cancer	8	0.71%

(59.62%), ovarian cancer 243 cases (21.45%), endometrial cancer 137 cases (12.09%), vulva cancer 21 cases (1.85%), vaginal cancer 8 cases (0.71%); breast cancer, I represent 1073 (28.67%), Table 1,2.

Analysis of Gynecological Cancer

Cervical Cancer with a total of 78.40% of 526 cases of invasive cancer registered and for HSIL 21.60% of 145 registered cases; histopathological types were most frequently Squamous Cell Carcinoma (SCC) in 86% with 584 cases, followed by adenocarcinoma 8.5% with 40 cases, adeno-squamous with 4.5% with 31 cases and 1.18% of rare histopathological types 8 cases.

In ovarian cancer, the histopathological types were; epithelial 74.51% with 181 cases out of a total of 243 cases, granulosa cell tumors 4.6% with 11 cases out of a total of 243 cases, germinal 10.93% with 27 cases out of a total of 243 cases, and rare histopathological types 0.6% with 2 cases out of a total of 243 cases, and ovarian borderline ovarian cancer with 22 cases (9.5%) With regard to endometrial cancer, there were 137 cases (10.88%) of 1133 cases of gynecological cancer; histopathologically 83.21% were endometrioid cancer with 114 cases of 137 cases, 13.86% of papillary serous cancer with 19 cases, rare histopathological types 2.9% with 4 cases of 137.

Discussion

Cancer is a public health problem in Mexico; it represents the second cause of death, after cardiovascular disease. The updating of the national registry of tumors is in draft in our country and the last review of the histopathological registry of malignant neoplasms [2,9,14,15] was in [1,4] 2003. The incidence and mortality of cancer is different when comparing the socio-economic and cultural status of women. When analyzing the frequency of presentation of gynecological cancer and breast cancer, in the Hospital Juárez de México, a general high specialty hospital in the metropolitan area of Mexico City where local and foreign population is concentrated that reflects the reality of the incidence of cancer in our country [16].

According to the first consultation, the frequency of gynecological cancer and breast cancer is similar to that reported in the Histopathological Registry of Malignant Neoplasms, which allows for the timely detection of cancer [9,17]. Most of the patients who come to the Hospital Juárez de México are of low socioeconomic class, without access to social security with low educational level even illiterate who speak dialects; compared to the type of gynecological cancer that occurs in private hospitals and some public health institutions,

there are notable differences in the frequency and incidence of gynecological cancer and breast cancer; however, cervical cancer and breast cancer affect all socioeconomic classes [11,12,14,15]. The Juárez Hospital of Mexico has large population coverage without social security, not only of the DF and metropolitan air; but it assists patients from the states of Hidalgo, Tlaxcala, Querétaro, Guerrero, Oaxaca and Chiapas.

In Gynecologic cancer the peak age with the highest incidence was 40 to 55 years of age; affecting people in productive stages of their lives; that have socioeconomic implications in the detection, diagnosis and treatment of cancer that requires lifelong control, which affects their oncological management and affect their productive life when they stop working, without contributing income to their families, being a burden for family and society [4,5,14,18,19]; it is necessary to carry programs of timely detection of cancer, to achieve greater possibility of cure and better quality of life; the most notable differences with respect to the last publication of the review of the histopathological registry of malignant neoplasms are; breast cancer is the most frequent of all the diagnosed neoplasms, and cervical cancer ranks second. Breast cancer is the new cancer pandemic in our country occupying the first place in frequency of presentation. The annual growth rate of breast cancer was 9.4%, which means that 40 to 60 new cases are expected each year. This neoplasm of unknown etiology requires programs for the timely detection of cancer, modify lifestyles, such as weight control, prevention and treatment of metabolic syndrome, encourage exercise and eliminate smoking. The timely detection of cancer through screening methods such as mammography with wide coverage is not possible in our country due to the cost of radiological equipment, lack of health personnel for diagnosis and treatment. Only education in health, sexuality and information in mass media, will favor that the opportune detection methods of clinical and imaging cancer are carried out adequately to immediately go to consultation before the suspicion of any alteration, as well as continuing medical education in oncology for first contact physicians. Despite the programs of timely detection of cancer, breast cancer is the main cancer followed by cervical cancer regardless of the socioeconomic and cultural conditions of our country [18,19].

Conclusion

Breast cancer and cervical cancer are still responsible for most of the deaths in our country, regardless of whether they are easy to detect, but they are still arriving in advanced clinical stages due to delayed diagnosis. The lack of access to health systems, poverty, lack of education, changes in lifestyle affect the epidemiological data; in developing countries such as Mexico and in our hospital compared to developed countries with organized screening programs; the differences are remarkable, although the types of gynecological cancer and breast cancer are similar, in our environment they are diagnosed more frequently in advanced clinical stages. The greater coverage of opportune detection methods of cancer, accessible to all the population with specialized personnel, improves the epidemiological panorama of gynecological cancer and breast cancer in our country.

References

1. Vargas Hernández VM, Abo Harp Hasan Z. Carcinogénesis en Vargas-Hernández VM, editor. 1st edn. Cáncer en la Mujer. Alfil México. 2011;59-76.
2. Secretaría de Salud, Dirección General de Epidemiología. Compendio de cáncer 2003. Mortalidad/ Morbilidad. Registro Histopatológico de Neoplasias Malignas, 2003.

3. Gwatkin D, Ergo A. Universal health coverage: friend or foe of health equity? *Lancet*. 2011;377(9784):2160-1.
4. Vargas Hernández VM. Avances en la detection, diagnóstico y tratamiento del cáncer cervicouterino. *Rev Hosp Jua Mex*. 2012;79(2):103-9.
5. Vargas-Hernandez VM. Screening and Prevention of Cervical Cancer in the World. *J Gynecol Res Obstet*. 2017;3(3):86-92.
6. Siegel R, Ma J, Zou Z, Jemal A. Cancer statistics, 2014. *CA Cancer J Clin*. 2014;64(1):9-29.
7. Cervical Cancer Incidence, Mortality and prevalence worldwide in 2008: Summary.
8. Jeremy Goldhaber-Fiebert D, Sue Goldie J. Estimating the cost of cervical cancer screening in five developing countries. *Cost Eff Resour Alloc*. 2006;4:13.
9. Frenk J, Gómez-Dantés O, Knaul FM. The democratization of health in Mexico: financial innovations for universal coverage. *Bull World Health Organ*. 2009;87(7):542-8.
10. Siegel R, Ward E, Brawley O, Jemal A. Cancer statistics 2011: The impact of eliminating socioeconomic and racial disparities on premature cancer deaths. *CA Cancer J Clin*. 2011;61(4):212-36.
11. Arce-Salinas C, Lara-Medina FU, Alvarado-Miranda A, Castañeda-Soto N, Bargalló-Rocha E, Ramírez-Ugalde MT, et al. Evaluación del tratamiento del cáncer de mama en una institución de tercer nivel con el Seguro Popular, México. *Rev Invest Clin*. 2012;64:9-16.
12. Anly Herrera-Torres Francisco Mario García-Rodríguez Rebeca Gil García Xicotencatl Jiménez-Villanueva Ángela Hernández-Rubio, Ziad Aboharp-Hasan. Frecuencia de cáncer en un hospital de tercer nivel de la Ciudad de México. Implicaciones para el desarrollo de métodos de detección oportuna. *Cir Cir*. 2014;82:28-37.
13. Vargas Hernandez VM. Situation of the Gynecological Cancer in Latin America and the Caribbean. *Online J Gyne Obste Maternity Care*. 2018;1(1):1800021.
14. Vargas Hernandez VM. Situation of the Cervical Cancer in Latin America. *Clin Oncol*. 2018;3:1478.
15. Rios P. Registro hospitalario de cáncer: compendio de cáncer 2000-2004. *Rev Cancerología*. 2007;2:203-87.
16. Archivos de Patología del Hospital Juárez de México.
17. Vargas Hernández VM, Vargas Aguilar VM. Cáncer Cervicouterino en Principales problemas de salud en México. Manejo inicial y Prevención. 2018 Academia Mexicana de Cirugía, A.C. 1st edn. Alfil México. 173-194.
18. American Cancer Society. Cancer Facts & Figure 2013.
19. Gabriel Hortobagyi N, Nagi El-Saghir S, Cufer T, Cazap E, Roselle de Guzman, Othieno-Abinya NA, et al. The American Society of Clinical Oncology's Efforts to Support Global Cancer Medicine. *J Clin Oncol*. 2016;34(1):76-82.