Disclosure Information

I hereby declare that I have had business or personal interests in the following industrial enterprises since 1 September 2016:

<table>
<thead>
<tr>
<th>Name of the enterprise / Nature of the interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterprise</td>
</tr>
<tr>
<td>Nothing to disclose</td>
</tr>
</tbody>
</table>
African breast cancer pathology on PubMed

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PUBMED SEARCH

KEY WORDS

Africa
  AND
breast
  AND
cancer
  AND
carcinoma
  AND
pathology

PUBLICATIONS:
Numbers 271 46934
1 first 1963 1946
N° of pubblications 1996-2016
Local, foreign or local+foreign AUTHORS

19 in French
FIELD OF PUBLICATIONS
(based on title)

- Surgical Pathology: 86
- Epidemiology: 73
- Molecular: 32
- Therapy: 21
- Radiology: 10
- Experimental: 9
- Teaching: 2
- Unknown: 1
TOPICS IN SURGICAL PATHOLOGY

- Case reports
- Triple negative
- ER, PR, HER2
- Other markers
- Morphology
<table>
<thead>
<tr>
<th>REFERENCES</th>
<th>COUNTRY</th>
<th>PATIENT NUMBER</th>
<th>%</th>
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<tbody>
<tr>
<td>Diagn Pathol (2012)</td>
<td>MOROCCO</td>
<td>390</td>
<td>13.6%</td>
</tr>
<tr>
<td>BMC Res Notes (2012)</td>
<td>MOROCCO</td>
<td>366</td>
<td>12.6%</td>
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<td>BMC Women’s Health (2016)</td>
<td>MOROCCO</td>
<td>279</td>
<td>17.6%</td>
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<tr>
<td>ONCOLOGY (2012)</td>
<td>MALI</td>
<td>114</td>
<td>46%</td>
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<tr>
<td>J Clin Oncol (2009)</td>
<td>NIGERIA</td>
<td>507</td>
<td>28%</td>
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<tr>
<td>BREAST CANCER RES TREAT (2012)</td>
<td>NIGERIA</td>
<td>308</td>
<td>48.1%</td>
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<td>Pathobiology (2016)</td>
<td>NIGERIA</td>
<td>835</td>
<td>47.65%</td>
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<tr>
<td>PATHO RES PRACTICE (2012)</td>
<td>EGYPT</td>
<td>274</td>
<td>28.5%</td>
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<tr>
<td>Annals Diagn Pathol (2014)</td>
<td>EGYPT</td>
<td>125</td>
<td>16%</td>
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<td>BMC Res Notes. (2014)</td>
<td>TANZANIA</td>
<td>52</td>
<td>38.4%</td>
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<tr>
<td>BREAST (2014)</td>
<td>KENYA</td>
<td>301</td>
<td>20.2%</td>
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<tr>
<td>BREAST DISEASE (2015)</td>
<td>ALGERIA</td>
<td>3014</td>
<td>20.8%</td>
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<td>Breast J. (2015)</td>
<td>GHANA</td>
<td>223</td>
<td>58.3%</td>
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<tr>
<td>Ann Surg Oncol. (2015)</td>
<td>GHANA</td>
<td>147</td>
<td>61%</td>
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<tr>
<td>Pan Afr Med J. 2014</td>
<td>NIGERAI</td>
<td>226</td>
<td>34%</td>
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<tr>
<td>Asian Pac J Cancer Prev. 2016</td>
<td>IVORY COAST</td>
<td>302</td>
<td>32.1%</td>
</tr>
</tbody>
</table>
PubMed search LAST & FIRST

BMC Public Health 2016

BRISTISH JOURNAL OF CANCER 1963
Epidemiology of breast cancer: retrospective study in the Central African Republic

From China and Africa

This is a retrospective study based on the data collected from pathological anatomy records from 2003 to 2015 in Bangui.
174 cases

Fig. 3 Delay between symptoms to consultation
Pearson JB on PubMed: probably a surgeon, probably from Birmingan and he published 6 papers on different surgical topics.
100 patients with carcinoma of the breast attending the University Hospital at Ibadan between 1957 and 1963 are reviewed. Carcinoma of the breast comprises 6-7% of all tumours and 12-4% of female carcinomas seen at the Ibadan Cancer Registry (Maclean and Edington, 1963, personal communication). The comparable figure for Uganda 4%, French West Africa 5-4% and Ghana5-4% of all tumours (Davies and Wilson,1954; Camain,1954; Edington,1956). In the Ibadan Register it is the fourth commonest tumour in females,tumours of reticulo- endothelial system,uterine cervix, and Burkitt's tumour taking precedence. At the University Hospital, on an average, there were 2300 surgical admissions each year,14 (0-5%) being for breast cancer.
Age incidence

Parity

Length of history

Size (inches) (1 inch=2.54 cm)
CONCLUSIONS

2. There is a variety of reasons for growths being more advanced by the time patients reach hospital. Lack of transport, hospitals and doctors, coupled with the present subordinate status of women in a society that enforces continuous care of the family so long as the woman is able to work, all contribute to late attendance. Anxiety and fear almost invariably cause the patient to subject herself to the abortive ministrations of nature doctors before she seeks scientific medical help. In addition to these factors, we have shown that the tumours are more highly malignant.

3. The patients seen are younger than in Europe or America.

4. There was only one case of carcinoma of a male breast. This incidence (1 per cent) agrees with that in America and England, and is lower than the 10 per cent reported in Kampala (Knowelden, 1957) and the 4 per cent in Johannesburg (Higginson and Oetlê, 1947). However, the male percentage in Kampala and Johannesburg failed to take into account the much lower incidence of female breast cancer in these places (6·8 per 100,000, compared with 43·6 per 100,000 in American whites—Davies, 1963, personal communication).
CONCLUSIONS

1. Carcinoma of the breast in Nigeria presents a picture of growths as rampant as the vegetation of the tropical rain forest.

2. There is a variety of reasons for growths being more advanced by the time patients reach hospital. Lack of transport, hospitals and doctors, coupled with the present subordinate status of women in a society that enforces continuous care of the family so long as the woman is able to work, all contribute to late attendance. Anxiety and fear almost invariably cause the patient to subject herself to the abortive ministrations of nature doctors before she seeks scientific medical help. In addition to these factors, we have shown that the tumours are more highly malignant.

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Thank you for your attention