2.1 Clinical characteristics

Modes of breast cancer detection

Of the 2,130 breast cancer cases, 77.2% were self-detected breast cancers. About 13% were detected through breast screening modalities including breast self-examination (0.4%), clinical breast examination (3.3%), mammography screening (7.3%), breast ultrasound screening (2.1%) and magnetic resonance imaging (0.1%) (Figure 2.1.1).

The overall median age at diagnosis was 48.8 years. The median ages at diagnosis were similar in the three groups receiving different types of medical care. (Total private medical care vs Mixed private/public medical care vs Total public medical care: 48.3 years vs 48.8 years vs 49.1 years)

The proportion of screen-detected breast cancers in the patients receiving total private medical care was similar to their counterparts in the mixed medical care group. But it was 2.8% higher than that in the patients receiving total public medical care (Table 2.1.1).

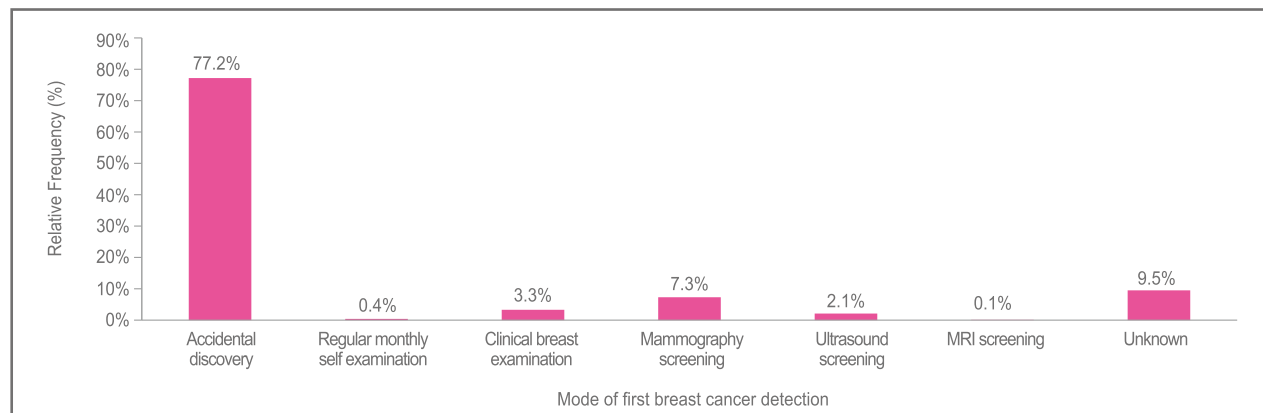*Figure 2.1.1 Mode of first breast cancer detection in the patient cohort (N=2,130)*

Table 2.1.1 Mode of first breast cancer detection by type of medical care

	Total private medical care group (N=492)	Mixed private / public medical care group (N=869)	Total public medical care group (N=511)
Accidental discovery	399 (81.1%)	665 (76.5%)	397 (77.7%)
Regular breast self-examination	3 (0.6%)	2 (0.2%)	2 (0.4%)
Clinical breast examination	12 (2.4%)	33 (3.8%)	16 (3.1%)
Mammography screening	36 (7.3%)	65 (7.5%)	25 (4.9%)
Ultrasound screening	9 (1.8%)	20 (2.3%)	5 (1.0%)
MRI Screening	1 (0.2%)	0 (0.0%)	1 (0.2%)
Unknown	32 (6.5%)	84 (9.7%)	65 (12.7%)

Major presenting symptoms in self-detected breast cancers

Among the 1,645 self-detected breast cancers, the vast majority of patients (89.4%) presented with painless lumps, 4.4% had pain, 4.6% had other breast symptoms such as nipple retraction, nipple discharge, skin change and asymmetry and 0.3% found palpable axillary node as their major presenting symptoms (Figure 2.1.2).

The proportion of patients with painless lumps as the main presenting symptom was similar across the different medical care types, ranging from 88.8% in the total private medical care group to 91.0% in the mixed private / public medical care group (Table 2.1.2).

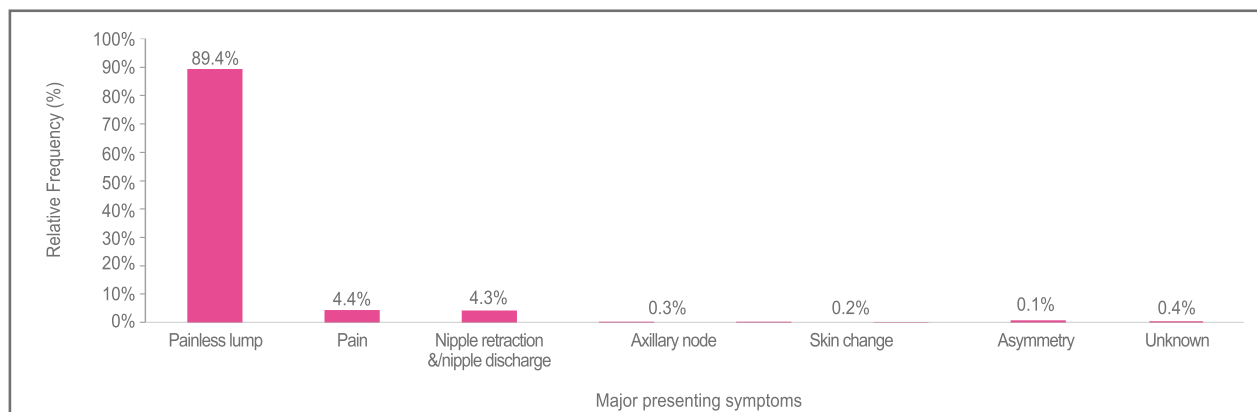*Figure 2.1.2 Major presenting symptoms in self-detected patients (N=1,645)*

Table 2.1.2 Summary of major presenting symptoms in self-detected patients by type of medical care

Type of major presenting symptoms	Total private medical care (N=400)		Mixed private / public medical care (N=665)		Total public medical care (N=398)	
Painless lump	355	(88.8%)	605	(91.0%)	359	(90.2%)
Pain only	19	(4.8%)	20	(3.1%)	23	(5.8%)
Nipple retraction/ nipple discharge	19	(4.8%)	29	(4.4%)	9	(2.3%)
Axillary node	1	(0.2%)	2	(0.3%)	1	(0.2%)
Skin change	1	(0.2%)	3	(0.4%)	0	(0.0%)
Asymmetry	1	(0.2%)	0	(0.0%)	1	(0.2%)
Others	4	(1.0%)	3	(0.4%)	2	(0.5%)
Unknown	0	(0.0%)	3	(0.4%)	3	(0.8%)

Duration from onset of symptoms to first medical consultation

Of the 2,130 patients, 42.9% sought their first medical consultation within 3 months of onset of symptoms, 10.7% within 4-12 months and 5.4% after more than 12 months (Figure 2.1.3).

Among the different types of medical care, the proportion of patients seeking their first medical consultation within 3 months was highest in the patients receiving total private medical care (Table 2.1.3).

Figure 2.1.3 Number of months from onset of symptoms to first medical consultation in the patient cohort (N=2,130)
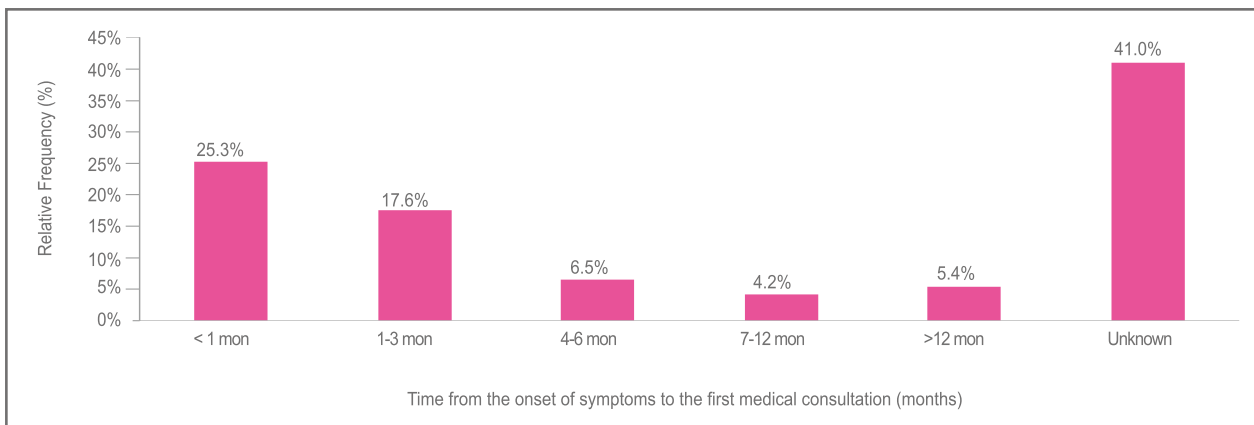

Table 2.1.3 Number of months from onset of symptoms to first medical consultation by type of medical care

Duration (Months)	Total private medical care (N=492)	Mixed private / public medical care (N=869)	Total public medical care (N=511)
< 1 mon	201 (41.0%)	345 (39.7%)	177 (34.7%)
1-3 mon	158 (32.1%)	271 (31.2%)	166 (32.4%)
4-6 mon	51 (10.3%)	102 (11.7%)	67 (13.1%)
7-12 mon	34 (6.9%)	71 (8.2%)	53 (10.4%)
> 12 mon	48 (9.7%)	80 (9.2%)	48 (9.4%)