

EXECUTIVE SUMMARY

- ► This report covered 17,099 breast cancer patients who were diagnosed from 2006 onwards.
- ► The mean and median ages of the patients at diagnosis were 53.0 and 51.9, respectively.
- Around two-thirds (65.1%) of the patients were aged between 40 and 59.

Risk factors

► The 10 most common risk factors for developing breast cancer and the respective % of patients having each risk factor in the patient cohort:

	%
Lack of exercise (<3hrs / week)	77.6
No breastfeeding	65.8
Being overweight / obese	38.4
High levels of stress (>50% of time)	37.1
No childbirth / first live birth after age 35	26.4
Family history of breast cancer	14.6
Diet rich in meat/ dairy products	14.1
Early menarche (<12 years old)	13.9
Habit of drinking alcohol	5.0
Use of hormone replacement therapy	3.8

Screening habits

- ▶ The overall patients' breast screening habits were poor. Less than a quarter of patients underwent regular breast self-examination (20.3%), mammography screening (18.2%), or breast ultrasound screening (16.2%).
- ▶ Breast screening habits decreased with increasing age.
- Patients who attained lower education levels or had lower household monthly income were less likely to conduct regular breast screening than those with higher education levels or higher incomes.
- ► A higher proportion (63.3% to 84.9%) of the patients aged 40 or above have never undergone mammography screening prior to cancer diagnosis.

Cancer characteristics, histological and biological characteristics

- ➤ The primary method of first cancer detection in the patient cohort was self-detection by chance (83.3%). More stage 0 or I cancers (34.0% and 13.4% respectively) were detected by mammography screening than stage III or IV cancers (3.0% and 1.8% respectively).
- After the onset of symptoms, a quarter (25.3%) of the patients who self-detected their cancers by chance waited more than three months before seeking first medical consultation.
- ▶ Among the patients in the cohort, 12.0% were diagnosed with in situ cancers, 67.9% were diagnosed with early stage cancers (stages I-IIB), and 16.6% were diagnosed with stage III or IV cancers.
- ➤ The mean size of invasive breast cancers for the patient cohort was 2.2 cm (standard deviation: ±1.5 cm). Tumours larger than two cm in size were found in 47.5% of the patients. In the patient cohort, screen-detected cancers were significantly smaller than those self-detected by chance (mean: 1.2 vs. 2.3 cm).
- ► The mean size of in situ cancers for the patient cohort was 1.9 cm (standard deviation: ±1.5 cm). Tumours larger than two cm in size were found in 33.8% of the patients.
- ► The following table shows the histological and biological characteristics of invasive and in situ cancers in the patient cohort:

	Invasive tumours %	In situ tumours %
Histological type		
Ductal	86.8	93.1
Others	13.2	6.9
Biological characteristics		
ER+	77.8	80.8
PR+	65.5	72.0
HER2+	22.5	26.7
Ki-67 index ≥ 14%	63.1	36.2
ER-PR-HER2-	11.7	_
Lymphovascular invasion	27.9	

ER+/-: estrogen receptor positive/negative

PR+/-: progesterone receptor positive/negative

HER2+/-: human epidermal growth factor receptor 2 positive/negative



Treatment

- ▶ Of the 16,595 patients, 14.2% received care at private medical service, 52.1% received care at public medical service, and 33.7% received care at both private and public medical services.
- Combinations of treatments are usually used for treating breast cancer effectively. In general, the number of treatments received by the patients increased with increasing cancer stage.
- ► The following table shows the treatment utilisation in the patient cohort:

	Total	Treatment in Treatment in		Stage					
		private sector	public sector	0	I	IIA	IIB	Ш	IV
	%	%	%	%	%	%	%	%	%
Surgery	97.9	47.3	52.7						
Breast-conserving surgery	40.0	63.8	36.2	52.7	47.3	34.8	23.9	13.5	8.5
Mastectomy	60.0	44.5	55.5	47.3	52.7	65.2	76.0	86.5	91.5
Radiotherapy	61.8	17.5	82.5						
In patients with breast- conserving surgery	89.2	16.8	83.2	94.8	96.4	96.1	97.1	98.0	85.7
In patients with mastectomy	46.3	6.5	93.5	3.3	12.5	34.7	76.8	94.7	54.2
Chemotherapy	68.2	13.1	86.9	_	38.8	79.4	90.0	94.0	87.3
Endocrine therapy	67.6	9.2	90.8	11.6	77.7	75.2	78.0	75.9	79.5
Anti-HER2 targeted therapy*	61.1	10.1	89.9	_	44.3	66.4	68.6	75.0	76.9

^{*} Among patients with human epidermal growth factor receptor 2 (HER2) positive only

Physical discomfort after treatment

- ▶ Among all types of treatment, chemotherapy was the most distressing treatment for patients: 50.7% of the patients reported having severe discomfort during or after chemotherapy.
- ► The following table shows the proportion of patients reported having severe discomfort and the most common forms of discomfort for different treatments:

Treatment S	evere discomfort	Most common forms of discomfort
	(% of patients)	(% of patients)
Chemotherapy	50.7	Vomiting (18.4), Loss of appetite (15.3), Hair loss (11.7)
Radiotherapy	13.1	Dry skin (13.3), Skin burns (10.4)
Surgery	9.2	Wound pain (16.8)
Endocrine therapy	8.5	Hot flushes (13.4)
Anti-HER2 targeted there	ару 6.0	Fatigue (5.3)

Psychosocial impact of diagnosis and treatment

- ► At diagnosis, 46.1% of the patients accepted the diagnosis with a calm or positive attitude. In contrast, 22.9% of the cohort could not accept the diagnosis.
- ► Half (51.4%) of the breast cancer survivors reported having a positive change in their outlook on life and about two-fifths (41.4%) reported having a positive change in their self-image.
- ▶ In the cohort, 79.1% of the patients reported having changes in their lifestyle after diagnosis with breast cancer. A change in diet (75.4%) was the most common lifestyle change, followed by increased exercise (62.4%).
- ► The two most common ways of managing negative emotions were direct verbal expression (54.1%) and diverting attention from the negative emotions (31.9%).
- ▶ Slightly more than half (54.9%) of the patients always or sometimes worried about recurrence. The level of worry about recurrence showed correlation with the patients' age at diagnosis; the proportion of patients who never worried about recurrence increased with increasing age, while the proportion of patients who always worried about recurrence decreased with increasing age.