

# Clinical Characteristics

With reference to the figures from some international cancer registries, symptomatic patients were reported in 80% of women in USA, 75% in Australia and 87% in Singapore.<sup>46-48</sup>

Eighty percent of our subjects were incidental self-discovery of breast cancer whilst 20% detected breast cancer through screening examinations, either by mammography screening, breast ultrasound regular clinical breast examination; breast self examination or other breast screening modalities (Figure 23).

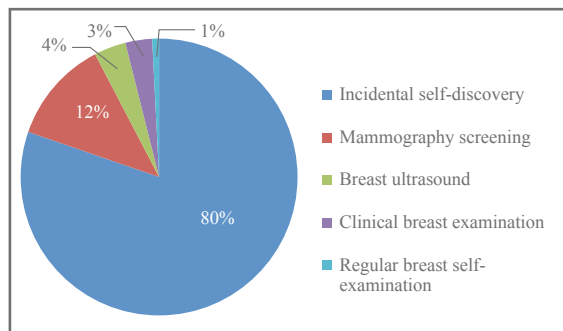


Figure 23. Mode of first breast cancer detection

Among those subjects who were incidental self-discovery of breast cancer, 91% had breast lump, 5% nipple discharge, 3% pain, 2% nipple retraction, 1% asymmetry and 1% other symptoms such as breast discomfort and chest pain at their first clinical consultation (Figure 24).

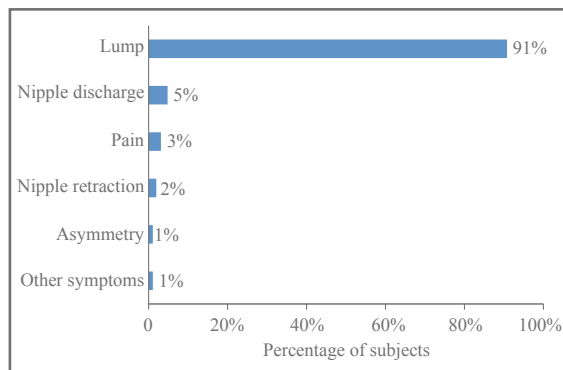


Figure 24. Major presenting symptoms among those subjects who were incidental self-discovery of breast cancer

Note: \* = percentages added to more than 100% because more than one response could be checked

Median tumour sizes were 1.7cm in screen-detected and 2.2cm in symptomatic cases in Hong Kong, whereas median tumour sizes were 1.8cm and 2.3cm among screen-detected cases and symptomatic cases in Singapore.

Prolonged patient delay (defined as the interval between first detection of symptom and first medical consultation greater than 12 weeks)<sup>49</sup> is associated with advanced staging and poorer outcome.<sup>50</sup>

On average, the subjects sought medical consultation 4 months after the appearance of presenting symptoms. More than 80% sought medical consultation within 3 months of onset of symptoms, 10% sought medical consultation 4 to 12 months after onset of symptoms and 6% sought medical consultation after 1 year of onset of symptoms (Figure 25).

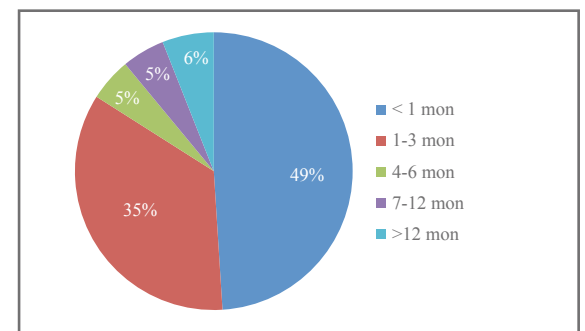


Figure 25. Number of months to seek for medical consultation since onset of symptoms

# 臨床徵狀

根據一些國際性的癌症資料庫資料顯示，因出現病徵才確診乳癌的婦女，在美國佔80%，在澳洲佔75%，及在新加坡佔87%。<sup>46-48</sup>

香港乳癌資料庫中，80%參加者是在偶然情況下自行發現乳癌徵狀，餘下20%則是透過乳癌普查確診，包括醫生臨床檢查、乳房X光造影、超聲波檢查、定期自我檢查乳房或其他方法等（圖23）。

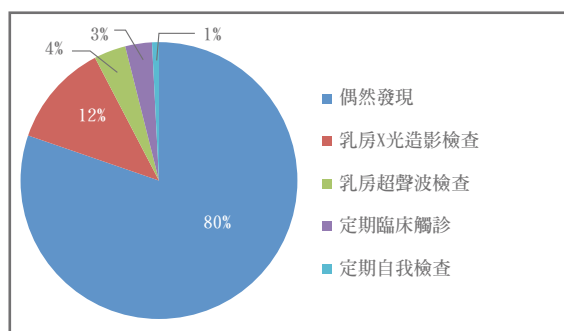


圖23. 首次發現乳癌的方式

在偶然情況下自行發現乳癌徵狀的參加者中，在首次求診時91%有乳房腫塊、5%有乳頭分泌、3%疼痛、2%有乳頭凹陷、1%有兩邊乳房不對稱及1%有其他徵狀，例如乳房不適及胸痛等（圖24）。

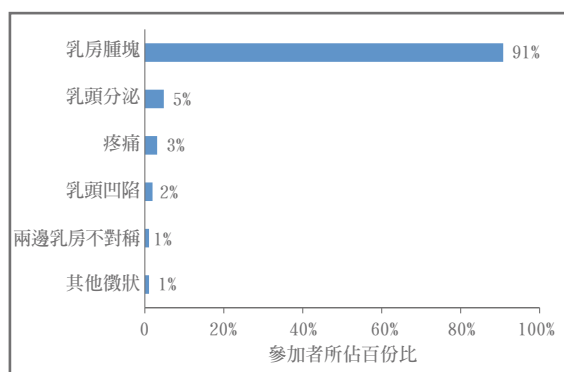


圖24. 參加者在偶然情況下自行發現乳癌徵狀  
備注：\* =因參加者可作多於一個選擇，故百分比高於100%

在香港，透過乳癌普查確診的乳癌病人的腫瘤大小中位數是1.7厘米；在偶然情況下自行發現乳癌徵狀的乳癌病人的腫瘤大小中位數是2.2厘米。在新加坡，透過乳癌普查確診的乳癌病人的腫瘤大小中位數是1.8厘米；在偶然情況下自行發現乳癌徵狀的乳癌病人的腫瘤大小中位數是2.3厘米。

病人拖延求診（定義：出現乳癌徵狀與首次求診相距時間多於12星期）<sup>49</sup> 與乳癌期數較為晚期及較差的結果有關。<sup>50</sup>

平均而言，參加者在出現乳癌徵狀4個月後才求診：超過80%參加者在發現徵狀3個月內求診，10%則在4至12個月內，亦有6%參加者在徵狀出現一年後，才前往求醫（圖25）。

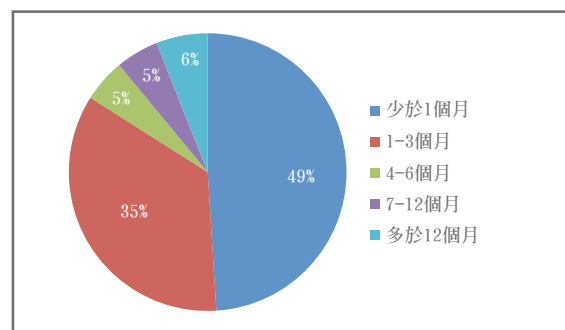


圖25. 參加者出現乳癌徵狀與首次求診相距時間