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CANCER IN YOUNG AND OLD PATIENTS: A SINGLE CENTER OBSERVATIONAL STUDY

Sandeeep K Jasuja*

Department of Medical Oncology SMS MC & Attached Hospitals, Jaipur, Rajasthan, India

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ABSTRACT

This study was intended to assess pattern of cancer among young and old population visiting a tertiary cancer treatment center.

Material and methods: A hospital based retrospective, observational, analytic study was conducted at a cancer care tertiary center in Western India during December 2016 to May 2017. Patients who had histologically proven malignancies (both newly diagnosed and previously diagnosed) and visited cancer OPD were included. Total 3068 patients attended cancer OPD during the study period, out of them 2085 (67.96%) patient were >40 years old (age range 41-91 years) with M:F ratio 4:3. The maximum patients (590, 19.2%) were in age group of 41-60 years. Ca lung was the most prevalent malignancy (18.15%, 557/3068) and ca breast and ca oral cavity were next common malignancy with prevalence of 9.36% (287/3068) and 6.6% (202/3068) respectively. Among male cancer patients, Ca lung was the most prevalent (442/1740, 25.40%) and Ca oral cavity (170/1740, 9.77%) was second most common malignancy. In female cancer patients, Ca breast was the most frequent malignancy (20.85%, 277 /1328) followed by ca ovary (188/1328, 14.15%).

Among young population (<40 years), ca breast was the most prevalent malignancy (8.45%, 83/983) followed by ca oral cavity and ca ovary (6%, 59/983 each). Ca oral cavity was the most prevalent (51/537, 9.5%) and Ca Lung (29/537, 5.4%) was second most common malignancy in young male. In female cancer patients, Ca breast was the most frequent (17.94%, 80/446) followed by ca ovary (59/446, 13.23%).

Among older population (>40 years), ca lung was the most prevalent malignancy (24.17%, 504/2085) followed by ca breast (9.78%, 204/2085). In male cancer patients, Ca lung was the most prevalent (413/1203, 34.33%) and Ca oral cavity (143/1203, 11.89%) was second most common malignancy. In female cancer patients, Ca breast was the most frequent malignancy with prevalence of 22.34% (197/882) and ca ovary was the second prevalent malignancy (129/882, 14.62%).

Conclusion: Malignancies are common in young patients (32.04%). Among young population (<40 years), Ca breast was the most prevalent malignancy in young patients followed by ca oral cavity. Among older population (>40 years), ca lung was the most prevalent malignancy followed by ca breast and ca gall bladder.

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INTRODUCTION

Cancer is one of the common cause of morbidity and mortality in modern era. In developing countries like India, cancers are commonly diagnosed in old age (>40 years) but the incidence of cancers among young population is also increasing. This rise in cancer incidence in young population is becoming a alarming health challenge for the health sector. Cancers in young people has distinct characteristics as compared to older patient cohort. There is sparsely of published data on young cancers in India. This study was intended to assess pattern of cancer among young and old population visiting a tertiary cancer treatment center.

*Corresponding author: Sandeeep K Jasuja
Department of Medical Oncology SMS MC & Attached
Hospitals, Jaipur, Rajasthan, India

MATERIAL AND METHODS

This hospital based retrospective, observational, analytic study was conducted at a cancer care tertiary center in Western India during December 2016 to May 2017. Patients who had histologically proven malignancies (both newly diagnosed and previously diagnosed) and visited cancer OPD were included in this study. Patient data were collected from hospital records and stored in Microsoft Excel®. These data were analysed using SPSS® 20 for Windows®.

Observations

Total 3068 patients attended cancer OPD during the study period, out of them 2085 (67.96%) patient were >40 years old (age range 41-91 years). The male female ratio was 4:3. The

maximum patients (590, 19.2%) were in age group of 41-60 years. Majority of the patients were urban population (2493, 81.26%). (Table No.1)

Table No.1 Epidemiological profile of study subjects

Age (years)	Total n(%)	Male n(%)	Female n(%)		
rige (years)	3068 (100)	1740 (56.7)	1328 (43.3)		
0-20	277 (9.0)	177 (5.8)	100 (59.0)		
21-40	706 (23.0)	360 (11.7)	346 (11.3)		
41-60	1267 (41.3)	677 (22.1)	590 (19.2)		
61-80	783 (25.5)	506 (16.5)	277 (9.0)		
>80	35 (1.1)	20 (0.7)	15 (0.5)		
Inhabitant	<40 years	>40 years	Total		
Rural	182 (5.93)	393 (12.8)	575 (18.74)		
Urban	801 (26.11)	1692 (55.15)	2493(81.26)		
Total	983 (32.04)	2085(67.96)	3068 (100)		

Ca lung was the most prevalent malignancy in our study population with prevalence of 18.15% (557/3068). Ca breast and ca oral cavity were next common malignancy with prevalence of 9.36% (287/3068) and 6.6% (202/3068) respectively. Ca ovary and ca gall bladder were next common malignancy with prevalence of 6.12% (188/3068) and 5.93% (182/3068) respectively. (Table No. 2) In male cancer patients, Ca lung was the most prevalent (442/1740, 25.40%) and Ca oral cavity (170/1740, 9.77%) was second most common malignancy. Ca gall bladder was third common malignancy with prevalence of 6.03 % (105/1740). (Table No. 2).

In female cancer patients, Ca breast was the most frequent malignancy with prevalence of 20.85% (277 /1328). Ca ovary was the second prevalent malignancy (prevalence 188/1328, 14.15%) and Ca lung was the third common (115/1328, 8.66%). (Table No. 2)

Among young population (<40 years), ca breast was the most prevalent malignancy in our study population with prevalence of 8.45% (83/983). Ca oral cavity and ca ovary were next common malignancy with prevalence of 6% (59/983) each. (Table No. 2) In male cancer patients, Ca oral cavity was the most prevalent (51/537, 9.5%) and Ca Lung (29/537, 5.4%) was second most common malignancy. Ca gall bladder was third common malignancy with prevalence of 6.51 % (35/537). (Table No. 2). In female cancer patients, Ca breast was the most frequent malignancy with prevalence of 17.94% (80 /446). Ca ovary was the second prevalent malignancy (prevalence 59/446, 13.23%) and Ca colo-rectum was the third common (33/446, 7.4%). (Table No. 2)

Among older population (>40 years), ca lung was the most prevalent malignancy in our study population with prevalence of 24.17% (504/2085). Ca breast and ca gall bladder were next common malignancy with prevalence of 9.78% (204/2085) and 7.05% (147/2085) respectively (Table No. 2) In male cancer patients, Ca lung was the most prevalent (413/1203, 34.33%) and Ca oral cavity (143/1203, 11.89%) was second most common malignancy.

Table No.2 Type of cancer in study population

·	Younger <40 years				Elder >40 years			Total		
	F	M	Total	F	M	Total	F	M	Total	
Lung ca	24	29	53(5.39)	91	413	504(24.17)	115	442	557(18.15)	
Breast ca	80	3	83(8.44)	197	7	204(9.78)	277	10	287(9.35)	
Oral cavity	8	51	59(6.00)	24	119	143(6.85)	32	170	202(6.58)	
Ovary	59	00	59(6.00)	129	00	129(6.18)	188	00	188(6.12)	
GB ca	18	17	35(3.56)	87	60	147(7.05)	105	77	182(5.93)	
Colo-rectal ca	33	9	42(4.27)	64	16	80(3.83)	97	25	122(03.97)	
Oesophagus	2	11	13(1.32)	37	47	84(4.2)	39	58	97(03.16)	
Tongue	4	11	15(1.52)	13	54	67(3.21)	17	65	82(2.67)	
Cervix	13	0	13(1.32)	45	1	46(2.2)	58	1	59(1.92)	
Sarcoma	12	19	31(3.1)	6	10	16(0.76)	18	29	47(1.53)	
Pancreas ca	1	7	8(0.81)	12	25	37(1.77)	13	32	45(1.46)	
Larynx	1	5	6(0.61)	3	35	38(1.82)	4	40	44(1.43)	
Stomach	2	8	10(1.01)	8	20	28(1.34)	10	28	38(1.23)	
Metastatic Ca	5	4	9(0.91)	7	18	25(1.19)	12	22	34(1.10)	
Ewing sarcoma/PNET	8	17	25(2.54)	2	7	9(0.43)	10	24	34(1.10)	
Prostate ca			_= (=.e .)	0	27	27(1.29)	0	27	27(0.88)	
HCC	0	3	3(0.30)	6	16	22(1.05)	6	19	25(0.81)	
RCC	0	2	2(0.20)	4	16	20(0.95)	4	18	22(0.71)	
Urinary Bladder	1	1	2(0.20)	1	13	14(0.67)	2	14	16(0.52)	
Uterus	4	0	4(0.40)	11	0	11(0.52)	15	0	15(0.48)	
Thyroid Ca	7	1	8(0.81)	4	3	7(0.33)	11	4	15(0.48)	
Germ Cell Tumor	5	6	11(.1.11)	0	3	3(0.14)	5	9	14(0.45)	
Seminoma	0	5	5(0.50)	0	7	7(0.33)	0	12	12(0.39)	
Bone tumor	2	6	8(0.81)	2	2	4(0.19)	4	8	12(0.39)	
Brain Tumor	0	5	5(0.50)	2	4	6(0.28)	2	9	11(0.35)	
Retinoblastoma	4	4	8(0.81)				4	4	8(0.26)	
Wilms Tumor	4	2	6(0.61)	1	0	1(0.04)	5	2	7(0.22)	
Malignant Melanoma	0	2	2(0.20)	1	4	5(0.23)	1	6	7(0.22)	
GIST	0	0	_(**=*/	0	7	7(0.33)	0	7	7(0.22)	
Penile Ca	0	1	1(0.10)	1	4	5(0.23)	1	5	6(0.19)	
Aplastic Anemia	26	46	72(7.32)	11	11	22(1.05)	37	57	94(3.06)	
AML	26	28	54(5.49)	8	13	21(1.00)	34	41	75(2.44)	
ALL	28	76	104(10.5)	18	22	40(1.91)	46	98	144(4.69)	
CML	41	65	106(10.7)	34	45	79(3.78)	75	110	185(6.03)	
CLL	2	4	6(0.61)	6	32	38(1.82)	8	36	44(1.43)	
Lymphoma	28	61	89(9.05)	30	74	104(4.98)	58	135	193(6.29)	
Multiple myeloma	4	9	13(1.32)	24	45	69(3.30)	28	54	82(2.67)	
MDS	3	10	13(1.32)	4	12	16(0.76)	7	22	29 (0.94)	
Total patients	446 (45.4)	537 (54.6)	983 (100)	882(42.3)	1203 (57.7)	2085 (100)	1328(43.29)	1740(56.71)	3068 (100)	

Ca gall bladder was third common malignancy with prevalence of 49.87 % (60/1203). (Table No. 2). In female cancer patients, Ca breast was the most frequent malignancy with prevalence of 22.34% (197/882). Ca ovary was the second prevalent malignancy (prevalence 129/882, 14.62%) and Ca lung was the third common (91/882, 10.32%). (Table No. 2)

DISCUSSION

This study evaluated pattern of cancer among young (<40 years) and old (>40 years) patients. We have compared our results with the available literature from India and international reports. ³⁻⁶ Our observation is that 32.04 % of our patients are young. About 49% of the patients were more than 20 years. This observation correlates with other series as well. 1,3-7 The male: female ratio of 4:3 is higher than that reported from India and international This might be due to preference for male child and some cases are common in males.8

Among young population (<40 years), ca breast was the most prevalent malignancy followed by ca oral cavity. In male cancer patients, Ca oral cavity was the most prevalent followed by Ca Lung. This may be contributed by excessive use of tobacco and smoking in Indian male. In female cancer patients, Ca breast was the most frequent malignancy and ca ovary was next common. In previous studies, the most common cancer was head and neck carcinoma, followed by CNS tumors and carcinoma of breast.⁶ In US SEER database, the skin malignancies were more common, followed by lymphomas and malignancies of female genital tract which may be due to tobacco and smoking awareness in US.7 Etiological factors for cancers such as tobacco use, alcohol consumption, dietary factors, viruses, chronic infections, radiation, genetic and environmental factors along with racial and ethnic differences are also responsible for the observed variation among different reports.^{6,10}

In our study old population affected with malignancy was 67% which is equivalent to previous Indian studies and few international references. 12-21 Lung cancer was the most prevalent malignancy in this cohort our study. Similar to our finding, many previous Indian studies also reported lung cancer as the most prevalent malignancy in these patients. 22-23 This finding is also in echo with meta-analysis of various cancer registries.²⁴ The breast and ca gall bladder were the next common cancer in old patients in current study. This observation is also matches with metaanalysis of various cancer registries.²⁴ The results of the current study also show lung cancer as the most common malignancy in man and breast cancer in women. For predicting these cancer incidence cases for the year 2016, Balkrishna et al^{22} used population estimated by Registrar General and Mumbai registry data of 1971-2001 duration. These time and geographic difference might be the reason for some difference of their prediction and our study results. We found ca ovary as second most common malignancy in old female patients. This difference might be explained by the short study duration (6 months) and a single center study; we need large sample size for validation of our results. So lung carcinoma and oral cancer are the most frequent malignancy among old male population in current study making them major public health issues from oncology side and suggesting the priority of tobacco control for cancer control in India. In fact tobacco control will reduce many

other chronic diseases along with tobacco-related cancers. 25-26 In current study, among female cancer patients, Ca breast was the most frequent malignancy in old female. Ca ovary was the second prevalent malignancy. Result of previous studies and meta-analysis of various cancer registries also matches with our study. 24,27-28 Rajendra et al. 24 observed an increase in breast cancer in Indian populations. The increase in breast cancer might be explained by redistribution of risk factors including late marriage and life style changes occurring as a result of socio-economic improvement.²⁹ The decline in cervical cancer might be due to family planning, greater awareness for genital hygiene, and visiting clinicians at preclinical stage. Whatever be the reason, the highest prevalence of breast cancer highlights needs for the control of female breast cancer at the primary, secondary and tertiary level within India. The breast cancer can be detected at an early stage via self-breast examination or clinical breast examination.30

Limitations

Our study had some limitations This study was done at a tertiary care centre with in a limited time period of 6 months resulting in a limited sample size, thus the results may not imply on general population, and further studies with a larger sample size and longer duration time frame are needed. Lack of survival analysis was the another limitation.

CONCLUSION

Malignancies are common in young patients (32.04%). Among young population (<40 years), Ca breast was the most prevalent malignancy in young patients followed by ca oral cavity. Among older population (>40 years), ca lung was the most prevalent malignancy followed by ca breast and ca gall bladder.

The spectrum of malignancies and their demographic distribution in cancer patient population varies among different age groups and among different cancer centers within India. Collaborative efforts are required to promote awareness for prevention, screening programmes for early detection and interdisciplinary approach for management of cancers to improve prognosis and better understanding of etiological factors for its causation.

Conflict of Interest: None of the authors have a Conflict of Interest

References

- Singh R, Shirali R, Chatterjee S, Adhana A, Arora RS. Epidemiology of cancers among adolescents and young adults from a tertiary cancer center in Delhi. Indian J Med Paediatr Oncol 2016; 37:90-4.
- 2. Census of India. Population Enumeration Data; Five-Year Age Group Data C-14 Tables. Available
 - http://www.censusindia.gov.in/2011census/C-series/C -14.html.
- 3. Haggar FA, Preen DB, Pereira G, Holman CD, Einarsdottir K. Cancer incidence and mortality trends in Australian adolescents and young adults, 1982-2007. BMC Cancer 2012; 12:151.
- 4. Aben KK, van Gaal C, van Gils NA, van der Graaf WT, Zielhuis GA. Cancer in adolescents and young

- adults (15-29 years): A population-based study in the Netherlands 1989-2009. *Acta Oncol* 2012; 51:922-33.
- 5. Moon EK, Park HJ, Oh CM, Jung KW, Shin HY, Park BK, *et al.* Cancer incidence and survival among adolescents and young adults in Korea. PLoS One 2014;9:e96088.
- Sharma D, Singh G. Spectrum of cancer in adolescents and young adult: An epidemiological and clinicopathological evaluationSensorineural deafness: An uncommon irreversible adverse effect of bortezomib. *Indian J Cancer* 2016; 53:457-9.
- Bleyer A, Leary MO, Barr R, Ries LA. Cancer Epidemiology in Older Adolescents and Young Adults 15-29 Years of Age, Including SEER Incidence and Survival: 1975-2000. NIH Pub. No. 06-5767. Bethesda MD: National Cancer Institute; 2006.
- Padhye B, Kurkure PA, Arora B, Banavali SD, Vora T, Naryanan P, et al. Patterns of Malignancies in Adolescents and Young Adults in Tertiary Care Center from Developing Country. Implication for Outcome Optimization and Health Service SIOP Abstract Book; 2006. p. 479-80.
- 9. Kalyani R, Das S, Kumar ML. Pattern of cancer in adolescent and young adults A ten year study in India. *Asian Pac J Cancer Prev* 2010; 11:655-9.
- 10. Wu X, Groves FD, McLaughlin CC, Jemal A, Martin J, Chen VW. Cancer incidence patterns among adolescents and young adults in the United States. *Cancer Causes Control* 2005; 16:309-20.
- 11. Goyal L K, Jasuja S K, Meena H. Cancer in Geriatric patients: A single center observational study. *Sch. J. App. Med. Sci.*, 2016; 4(5E):1781-1785
- 12. Nanda kumar A; National Cancer Registry Programme (NCRP), ICMR. August 2001.
- 13. O'ConnellJ B, Maggard MA, Ko CY; Cancer directed surgery for localized disease: Decreased use in the elderly. *Ann Surg Oncol* 2004; 11:962-9.
- 14. Okamoto I, Moriyama E, Fujii S, Kishi H, Nomura M, Goto E, *et al.*; Phase II study of carboplatin– Paclitaxel combination chemotherapy in elderly patients with advanced no small cell lung cancer. *Jpn J Clin Oncol* 2005; 35:188-94.
- 15. Makrantonakis PD, Galani E, Harper GP; Nonsmall cell lung cancer in the elderly. Oncologist 2004;9:556-60
- 16. Rama R; Statistical Assistant, PBCR. Population based cancer registry, Chennai Cancer Institute (wia), Adyar, Chennai: Individual Registry Data: 1990-1996.
- 17. Repetto L, Mammoliti SC; Life expectancy, comorbidity and quality of life: The treatment equation in the older cancer patients. *Crit Rev Oncol Hematol* 2001; 37:147-52.

- 18. Goldberg RM, Fisch TI, Bleiberg H, De Gramont A, Tournigand C; Pooled analysis of safety and efficacy of oxaliplatin plus fluorouracil/leucovorin administered bimonthly in elderly patients with colorectal cancer. *J Clin Oncol* 2006; 24:4085-91.
- 19. Yancik R; Cancer burden in the aged: An epidemiologic and demographic overview. *Cancer* 1997; 80:1273-83.
- 20. SEER Cancer Statistics Review, 1975-2003.
- 21. Sharma RG, Kumar R, Jain S, Jhajhria S, Gupta N, Gupta S.K *et al.*; Distribution of malignant neoplasms reported at different pathology centers and hospitals in Jaipur, Rajasthan. *Indian Journal of Cancer* 2009; 46 (4):323-330.
- 22. Balkrishna B Yeole, Arun P Kurkure, SS Koyande; Geriatric Cancers in India: An Epidemiological and Demographic Overview. *Asian Pacific Journal of Cancer Prevention* 2008;1 9:271-274
- 23. Advani SH; Decreasing trend in the incidence of stomach cancer in Mumbai, India, during 1988 to 1999. *Asian Pacific Journal of Cancer Prevention*, 2004; 5:169-174.
- 24. Badwe RA, Rajesh Dikshit M; Laversanne and Fredie Bray. Cancer Incidence Trends in India. *Japanese J Clinical Oncology* 2014;44(5)401-407
- 25. Jha P; Avoidable global cancer deaths and deaths from smoking. *Nat Rev Cancer* 2009; 9:655-64.
- 26. Moodie R, Stuckler D, Montreiro C, Sheron, N., Neal, B., Thamarangsi, T *et al.*; Lancet NCD action group: profits and pandemics: prevention of harmful effects of tobacco, alcohol and ultraprocessed food and drink industries. *Lancet* 2013; 381(9867):670-9.
- 27. Dikshit RP, Yeole BB, Nagrani R, Dhillon P, Badwe R, Bray F; Increase in breast cancer incidence among older women in Mumbai: 30-year trends and predictions to 2025. *Cancer Epidemiol* 2012; 36:e215-20.
- 28. Dhillon PK, Yeole BB, Dikshit R, Kurkure AP, Bray F; Trends in breast, ovarian and cervical cancer incidence in Mumbai, India over a 30-year period, 1976–2005: an age-period-cohort analysis. *Br J Cancer* 2011; 105:723-30.
- 29. Singh RB, Beegom R, Mehta AS, Niaz M.A, De Amit K, Mitra R.K *et al.*; Social class, coronary risk factors and under nutrition, a double burden of diseases in women during transition, in five Indian cities. *Int J Cardiol* 1999; 69(2):139-47.
- 30. Shapiro S, Coleman EA, Broeders M, Codd M, de Koning H, Fracheboud J *et al.*; Breast cancer screening programme in 22 countries: current policies, administration and guidelines: International breast cancer screening network (IBSN) and the European network of pilot projects for breast cancer screening. *Int J Epidemiol* 1998; 27(5):735-42.

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