DESCRIPTION of PERSONAL AND FAMILY HISTORY IN A POPULATION OF BREAST CANCER PATIENTS, MANAGED AT THE LEVEL OF THE MEDICAL ONCOLOGY DEPARTMENT EHUO 2014-2019

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Abstract

The etiology of breast cancer is multifactorial and complex However, to date, many risk factors for breast cancer have been identified mainly the role of genetic factors in the occurrence of breast cancer that is becoming better known including the mutations of BRCA1 and BRCA2 [1]. These generate a risk of breast cancer and increase with the degree of kinship.
The objective of our work is to identify the frequency of personal and family history of cancer, all locations and breast cancer in a population of breast cancer patients, managed at the level of the medical oncology department of our institution.
The medical record study was conducted in a retrospective study to meet our objective. Data processing was carried out on Epi-info 6
Results: the study of 240 files, made it possible to identify the characteristics of patients and to calculate the frequency of the factors sought. More than 35.7% of cases reported having at least one person in the family who had cancer. The notion of a personal history of benign tumours is found in 126 patients. However, the family concept of breast cancer was recorded in 65 womens or 22% of cases.
Among patients, 32 (11.3%) revealed to have a member, of the first degree, having been affected by the disease (mother, sister), 35 (10.6%) reported a second degree member and 22 (7.8%) women evoke the notion of a history of third degree disease.
The results are similar to the literature [3]. The study of risk factors, particularly those related to family and even genetic history, allows to identify women at risk and to initiate preventive action and above all to think about the establishment of an oncogenetic consultation.

Keyword: breast cancer, oncogenetic, family history, EHUO, Oran

1.INTRODUCTION

The etiology of breast cancer is multifactorial and complex. However, to date, many risk factors for breast cancer have been identified (Key, Verkasalo and Banks, 2001; IARC, 2014) primarily the role of genetic factors in the occurrence of breast cancer that is becoming better known including the mutations of BRCA1 and BRCA2 [1]. These generate a risk of breast cancer and increase with the degree of kinship [2].

2. OBJECTIVE

Identify the frequency of personal and family history of cancer, all locations and breast cancer in a population of breast cancer patients, management at the medical oncology department of our institution.

3. WORKING METHOD

Retrospective study on medical records was carried out in order to meet our objective. The data processing was done on Epi-info 6.

4. RESULTS

Table 1 **:** Study of Family and Personal History of Benign Breast Cancer and Tumor in a Population with Breast Cancer
EHUO 2015-2018

Type of history	Cases	Freg. (%)
Family history of cancer	88	36.6
Family history of breast cancer	56	23.3
Antécédents personnel de tumeur bénigne	96	40.0
Total	240	100

Table 2: **Study of frequencies of kinship type in a patient population.**
EHUO 2015-2018

Degree of parental bond	Cases	Freg. (%)
Parent of 1st degree	32	13.3
Parent 2 ^{eme} degrée	30	12.5
3rd degree parent	19	7.9

5. DISCUSSION

The study of 240 files, was used to identify patient characteristics and calculate the frequency of the factors sought. More than 36,6% of cases reported having at least one person in the family who had cancer. The notion of a personal history of benign tumours is found in 60 patients. However, the family concept of breast cancer was recorded in 31 women or 22% of cases.
Among patients, 32 (13.3%) revealed to have a member, of the first degree, having been affected by the disease (mother, sister), 30 (12.5%) reported a second degree member and 1 (7.8%) women evoke the notion of a history of third degree disease.

6. CONCLUSION

The results are similar to the literature [3]. The study of risk factors, particularly those related to family and even genetic history, allows to identify women at risk and to initiate preventive action and above all to think about the establishment of an oncogenetic consultation.

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