Introduction: Breast cancer is one of the most heterogeneous types of cancer and characterized by several molecular subtypes. As a result, determining clinical outcomes and treatment algorithm is the function of critical analysis of the biological features of the corresponding tumor (1). In addition, clinicopathological investigation and assessment of the possible risk factors of breast cancer have important impact on clinical decisions and survival of individual breast cancer patients (2). The biological and clinicopathological features also are sometimes patient and geographical-site-specific and vary from one population to the other population (3). Therefore, the objective of this study was investigate the Biological and clinicopathological characteristics of breast cancer in Ethiopian patients.

Materials and Methods: Descriptive cross-sectional study was conducted on 137 confirmed Breast cancer cases at Tikur Anbessa Specialized Hospital (TASH) in Ethiopian women patients. Socio-demographic characteristics of the study subjects was obtained with pretested structured interview and clinical data was collected from the Hospital records. Surgical specimens were analyzed immunohistologically and histopathologically with specific antibodies and hematoxyline and eosin staining.

Results: More than 50% of the patients were categorized in the age of 15-40 (Table 1). Sixty percent were in the age of 41-100. Infiltrating ductal carcinoma was the most common type (70%) in this study, followed by lobular carcinoma (8.5%). Almost all of the breast cancer cases under this study were at advanced stage: 48.5% were with stage III and 51% were grade II tumors. Half of the study participants belonged to T2 tumor size (2-5 cm) and 52.3% of the patients had auxillary lymph node metastases. Sixty five percent were ER+, 58% were PR+ and 28 % were HER2+ (Fig 1 and 2).

Luminal A was the most common tumor subtype (54%), followed by luminal B (22%) and TNBC (18%). Based on crude analysis, patients with family history of breast cancer had a lesser likelihood of being ER+ as compared to those patients with no family history [COR=0.10 (95% CI: 0.028, 0.34)] (Fig 2). None of the other risk factors were correlated with the prevalence of ER+ results. The age distribution of study subjects indicated the need to create awareness and improvement of advanced diagnostic services and make available screening programs for young people. In a resource limited setting, the function of critical analysis of the biological features of the corresponding tumor is very thick, almost folded outline.

We study the genetic profile of TNBC and aggressive nature of ethiopian breast cancer. We investigate also the glycan profile of breast cancer as a diagnostic and prognostic.

Reference
4) Daniel Seifu, Bizualem Shenkutie, Yalemsehay Mekonnen, Endegena Abebe, Wondwossen Ergete, Amanuel Damie and Wajana Lako: Biological and clinicopathological characteristics of breast cancer at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia.