

Pathological response predictors in neoadjuvant breast cancer; A report of Iran

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Statement of problem: Breast cancer in Iran like other parts of the world is the first cancer in women; one of the classifications is locally advanced breast cancer (LABC) which despite improvements in treatment remains mostly incurable. All attempts now are to change what affects this issue. Neoadjuvant chemotherapy and pathologic complete response (pCR) is a goal in short time, which can predict treatment outcomes. The aim of this article is to assess factors that influence pCR.

Methodology: 214 breast cancer patients who received neoadjuvant chemotherapy in Tehran, Shohada hospital (one of breast cancer research center and referral hospital) during 2011 to 2017, were evaluated. The treatment regimen was consisting of Antracyclin, taxane (plus trastusumab base on consideration of HER2/neu receptor). Different variables; tumor characteristics (appearance and size), and patients' demographic data were evaluated. Statistical analysis was performed.

Biography

M Malekzadeh Moghani is an Assistant Professor at Shahid Beheshti University of Medical Sciences (SBMU). He and his coworkers are working at Shohada hospital, which is one of the main referral centers of Tehran for this current research. He is the Head of Educational methods committee of EDO, SBMU, and the Collaborator in Cancer Research Center at SBMU in research and fellowship training. He also serves as the Head of International committee of Iranian society of Radiation oncologist, Co-partner in Advisory board of Breast cancer and cervical cancer, and the Member of national oncologic guidelines committee in Health ministry.

Findings: 214 of 2665 patients were LABC, with median age of 47.7, 40.4 % were advanced stage and 38 % had pathologic grade 3. Finally 33.3 % achieved pCR; pCR was no significantly higher in positive history of pregnancy (78%) than patients without history of complete pregnancy (65%) ($p=0.024$). There is a higher trend in stage II patients, 63% in comparison to 46% in stage III, ($p=0.048$), 65% in tumor by clinical size of smaller than 5 cm compare to 52% in larger mass ($p=0.038$), pCR reported to be 75% in sample without lymphovascular invasion (LVI) but only 39% in positive LVI ($p=0.02$), 87% in higher Ki67 index compare to 68% in sample with Ki67 percentage less than 10 ($p=0.067$) and the significant difference was found in triple negative tumors, 50% in comparison to 35% pCR in other group ($p=0.005$).

Conclusion and significance: We observe more occurrence of pCR in small, triple negative breast cancer without LVI. However the study was retrospective and we hope that in prospective future evaluation could identify other items.

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