www.jmscr.igmpublication.org
Index Copernicus Value: 79.54
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossrefDOI: https://dx.doi.org/10.18535/jmscr/v7i3.119

IGM Publication
Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

Clinical Study of Locally Advanced Breast Cancer and Management

Authors
Dr P. Mythili General Surgery (MS)[1], Dr G. Santosh Kumar General Surgery (P.G)[2]
Dr P. Jyothi Sree General Surgery (P.G)[3], Dr G. Keerthi General Surgery (P.G)[4]

Abstract
To study the clinical presentation, its age distribution of locally advanced breast carcinoma and its various modes of management.
Keywords: *Locally advanced breast cancer, modified radical mastectomy, neo adjuvant chemotherapy, quadrantectomy, axillary dissection, radiotherapy.*

Introduction

Worldwide breast cancer is the most frequent cancer in women and represents the 2nd leading cause of cancer death among women. locally advanced breast cancer constitutes more than 50 to 70% of the patients presenting for treatment. Have 2 common problems in treatment. Achieving local control and prolonging survival by preventing or delaying distant metastasis. Today treatment of LABC requires a combination of systemic and local/regional therapies.

Materials and Methods

The present study includes 50 patients who attended dept of general surgery AMC, Visakhapatnam during period of November 2013 to October 2015.

Inclusion Criteria

All patients presenting in AMC, Visakhapatnam with stage IIIA, IIIB, IIIC and inflammatory carcinoma were included in the study.

Exclusion Criteria

Patients who were clinically diagnosed as having locally advanced breast cancer but on investigations found to have distant metastasis were excluded.

Diagnosis was made by FNAC, investigative profile available and accessible in the hospital were made use of.

Investigations to rule out metastasis were obtained.USG abdomen and pelvis, LFT, Chest X-ray and skeletal X-rays were done.

The multimodality treatment approach of LABC commenced in majority of cases with neoadjuvant chemotherapy, followed by local therapy in the form of MRM (Auchincloss modification).

In certain cases of stage IIIA disease considered operable at presentation (stage T3N1) treatment is initiated with local therapy i.e modified radical mastectomy followed by adjuvant chemotherapy with standard chemotherapy regimen.

The response to neoadjuvant chemotherapy was studies by serial clinical examination noting the regression in the size of the lump (or ulcer) and change in the lymph node status of axilla.

Results

Table 1: Age distribution

AGE GROUP	NUMBER OF PATIENTS	PERCENTAGE
21-30YRS	6	12%
31-40YRS	13	26%
41-50YRS	17	34%
51-60YRS	9	18%
>6OYRS	5	10%

Table 2: Tumour size

TUMOUR SIZE	NUMBER OF PATIENT	PERCENTAGES
<5CMS	7	14.2%
5-8CMS	37	75.5%
8-10%	4	8.2%
>10CMS	1	2%

Table 3: Fixity to skin and chest wall

Fixity	Feature	Number of patients	Percentage
Skin	Peau d orange	12	24%
	Ulcer	8	16%
	Sat nodule	4	8%
Chest wall		5	10%

Table 4: lymph node status

Lymph node status	Number of patients	Percentage
N1	26	52%
N2	22	44%
N3	2	4%

Table 5: Stage of Disease

GROUP STAGE	TNM STAGE	NUMBER OF PATIENTS	NUMBER OF PATIENTS	PERCENTAGE
IIIA	T3N1M0	12	23	46%
	T3N2M0	10		
	T2N2	1		
IIIB	T4a N1 M0	1	24	48%
	T4a N2 M0	4		
	T4b N1 M0	13		
	T4b N2 M0	6		
IIIC	T3N3M0	2	2	4%
INFLAMMATORY Ca	T4d	1	1	2%

Table 6: Proportion of Inoperable Cases

OPERABILITY	NUMBER	PERCENTAGE
OPERABLE	12	24%
INOPERABLE	38	76%

Table 7: Sequencing of Treatment

SEQUENCING	NUMBER OF CASES	PERCENTAGE
NC+S+C+R	33	66%
NC+S+C	2	4%
NC+R	3	6%
S+C+R	7	14%
S+C	5	10%

Table 8: Chemotherapy Regimen

REGIMEN	NUMBER OF PATIENTS	PERCENTAGE
CMF	26	52%
AC	24	48%

Table 9: Response to Neo Adjuvant Chemotherapy

CLINICAL RESPONSE		IIIA	IIIB	IIIC
COMPLETE(Ccr)	100%	3	2	-
Partial (Cpr)	91-99%	2	1	-
	81-90%	1	5	1
	71-80%	3	8	-
	61-70%	-	2	1
	51-60%	-	1	-
STABLE DISEASE	1-50%	2	2	-
	0%	-	3	-

Table 10: Chemotherapy Toxicity

TOXICITY	CMF		AC	
	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
ALLOPECIA	10	38.46%	20	83.33%
ANEMIA	5	19.2%	6	25%
MUCOSITIS	4	15.4%	3	12.5%
NAUSEA	1	3.8%	5	20.8%
EMESIS	3	11.5%	9	37.5%
FATIGUE	2	7.7%	4	16.6%
NEUTROPENIA	0	0%	1	4.1%

Outcome

The patients were regularly followed up and at the end of the study 35 (70%) of the patients were doing well. 4(8%) of the patients developed distant metastatis and 3 (6%) of the patients developing local recurrence.8 (16%) of the patients were lost follow up.

References

1. Rosai J. Breast. Rosai and Ackerman„s Surgical Pathology. 9th ed: Missouri. Elsevier; 2004. 1763-1827.
2. Tavassoli FA, Devilee P. WHO classification of tumours- Pathology and genetics tumours of the breast and female genital organs. Lyon: International agency for research on cancer (IARC press); 2003.
3. Moses Ambroise, Mitra Ghosh, VS Mallikarjuna, Ann Kurian. Immunohistochemical Profile of Breast Cancer Patients at a Tertiary Care Hospital in South India. Asian Pacific J Cancer Prev, 12, 625-629
4. Lester SC. The Breast. In: Kumar V, Abbas AK, Fausto N, Aster JC editors. Robbins and Cotran Pathologic Basis of Disease. 8th ed. Philadelphia: Elsevier; 2010, 1073-90.
5. Guidelines for management of breast cancer/by WHO Regional Office for the Eastern Mediterranean: EMRO Technical Publications Series; 31.
6. Kyle Bradley T. Prognostic and predictive markers in breast carcinoma. CAP Cancer Committee 2007.
7. Almasri NM, Hamad MA. Immunohisto-chemical evaluation of human epidermal growth factor receptor 2 and estrogen and progesterone receptors in breast carcinoma in Jordan. Breast Cancer Research 2005; 7:

598-604.

8. Jambhekar N, Chaturvedi AC, Madur BP. Immunohistochemistry in surgical pathology practice: A current perspective of simple, powerful, yet complex tool. IJPM 2008; 51(1): 2- 12
9. Azizun-Nisa,Yasmin Bhurgri, Farrukh Raza, Naila kayani. Comparison of ER/PR and her2 reactivity pattern with histolgic grade, tumor size and lymph node status in breast cancer Asian pacific J cancer 9,553-556.