

Clinico-pathological study and treatment results of 1009 operable breast cancer cases: Experience of NCI Cairo University

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Abstract

Aim of study: This retrospective study was designed to evaluate Clinicopathological data including stage, results of treatment, and prognostic factors which affect the overall survival & disease free survival.

Patients and methods: This is a retrospective study carried out at the radiotherapy department, National Cancer Institute, Cairo University on 1009 patients treated for primary breast cancer between 1999–2003.

Results: The median follow-up was 68 months. Loco regional relapse occurred in 23 patients (2.3%) and distant relapse occurred in 203 patients (20.1%). Both loco regional and distant relapse were reported in 32 patients (3.2%). The DFS at 3 and 5 years were 87% and 78% respectively, while OAS at 3 and 5 years were 96.4% and 91.4% respectively. Multivariate analysis of different prognostic factors showed that the independent bad prognostic factors in the study for disease relapse are positive lymph nodes (more than 10) , tumor size T3, T4 with significance of 0.0001 for each and pathologic grade with significance of 0.003. Adjuvant chemotherapy showed no significant improvement in the survival for node negative patients as a whole, but for T3 and T4 lymph nodes negative patients, significant improvement in the median survival in favor of the use of adjuvant chemotherapy was reported. (P value = 0.03). As regard timing of radiotherapy the 3 and 5 year disease free survival was significantly higher in patients who started radiotherapy within three months after date of surgery (93% and 85% respectively) (p value = 0.0001) , while the delay in starting chemotherapy didn't affect the prognosis significantly in the studied group as a whole.

Conclusions & Recommendations: The most important independent bad prognostic factors for relapse are positive LNs more than 10, tumor size T3, T4 and pathologic grade. The timing of radiotherapy affects the disease free survival significantly. It is recommended to analyze the group of patients with LNs negative using well designed randomized trials.