

Characteristic of Metastatic Breast Cancer from Various Site Organ, Prognostic Factors and Survival

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Introduction :

Metastases breast cancer (MBC) almost incurable, among them have longtime survivals. Treatment MBC is multimodality with emphasis on palliative treatment . usually median survival around 1-3 years. We evaluate MBC on several parameter ; site of metastases, number of metastases, prognostic factors (ER,PR, her2) and survival.

Material and Methode:

A retrospective study of Metastases breast cancer was obtain from year 2005-2007. Site of metastases classified as from bone, lung, liver and brain. A prognostic factors as ER,PR, HER2 or triple negative. For the survival analysis we use a Kaplan Meier methode.

Result :

We report 264 cases, with characteristics were : the most frequent age was fifth decade : 88 cases (33%); from the histopathology report, only 209 cases can be evaluate. Invasive ductal carcinoma was 148 of 209 (70.8%), followed by lobuler invasive 14, DCIS 1, and the rest was other type. The histological grading from cases, grade III was highest n=74 (50%), follow grade II n= 61(41%) and grade I n=25(16.8%). The site of metastases could be single or multiple site ; bone was the most frequent 143 (54%), lung 107 (40,5%), liver 78 (29.6%) and brain 33(12.5 %). Number of metastases; one site was 149(56.4%), two sites 69 (26.1%),three sites 19(7.2%) and more three sites 17 (6.5%). The prognostic factors ; among 264 cases MBC, only 130 can be evaluated. Estrogen Receptor (ER) positive only 27 (30%), Progesterone Receptor (PR)positive only 19 (14.6%), HER2 positive only 38 (29.2%), ER positive, PR positive and HER2 negative 17 (17%), and ER positive, PR positive, HER2 positive case was 1 (0.7%). The frequency of triple negative case was 57 (43.8%).

Survival analysis: overall median survival (MS) for single metastases was 29.3 months, for multiple metastases was 22.06 months (p=0.64). Suurvival analysis for specific sites also evaluate and the site of metastases could be more than one location. the site was bone n=143 (51.2%), lung n=107(40.5%), liver n=78 (29.5%), brain n=33 (12.5%), bone combine with lung, bone plus liver and bone combine with brain as well. Median survival for bone metastases only was 19 months and because of age influence bone health, we classified to under 50 years old (Y.O.) and over 50 years. Survival to the bone under 50 versus over 50 Y.O. was 22 months VS 14 months (p=022, not significant). MS for bone+lung 18 months, bone+liver 13 months, and bone +brain 20 months.

Conclusion :

Invasive ductal carcinoma was the most prominence histopathology n=148 (70.8%), and histological grade III was highest n=74 (50%). Usually mostly single site of metastases n= 143 (54%).

The prognostic factors mostly triple negative n=57 (43.8%), follow by ER positive n= 27 (30%), PR positive n= 19 (14.6%), HER2 positive n= 38 (29.2%), ER positive, PR positive and HER2 negative n=17 (17%), and ER positive,

PR positive, HER2 positive case was 1 (0.7%).

site of metastases could be more than one location. The site was bone n=143 (51.2%), lung n=107(40.5%), liver n=78 (29.5%), brain n=33 (12.5%), bone combine with lung, bone plus liver and bone combine with brain as well.

Survival analysis: Overall median survival (MS) the longest was single metastases 29.3 months, and multiple metastases was 22.06 months (p=0.64).

Survival analysis for specific sites : The best survivor bone +brain 20 months , follow by bone metastases only was 19 months, with sub analysis, metastases the bone under 50 versus over 50 Y.O. was 22 months VS 14 months (p=0.22, not significant). Survival to MS for bone+lung 18 months, and bone+liver 13 months.