Do young women (≤40 years) with breast cancer have more aggressive invasive cancer compared with older women?

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Aim: The aim was to assess the predictive and prognostic factors in young women (≤ 40 years) with breast cancer and compare with older age group with symptomatic breast cancer. We also analysed the long term outcome in young women with symptomatic breast cancer.

Method: Retrospective review of breast cancer patients (≤ 40 years) undergoing breast surgery between January 2006 to February 2011 (group 1). We compared the pathology data of young patients with same number of consecutive symptomatic breast cancer patients > 40 years who were operated between January 2012 to August 2012 (group 2). Data was analysed using SPSS 19 and p value of <0.05 was considered significant.

Results: There were 94 patients in each group. Median age was 36 years and 65 years in group 1 and 2 respectively. Median tumour size was 22 mm and 23 mm in group 1 and 2 respectively. Significantly more patients in group 1 had grade 3 cancers compared to group 2 (60% versus 45%; P=0.04). Significantly more patients in group 1 had triple negative disease (25% versus 10%; P=0.002). There were no significant differences between the groups with regard to lymph node status.

After a median follow-up of 41 months (6–83), eight patients (9%) developed local recurrence and 12 patients (13%) had distant metastases in group 1. Eighty eight percent were alive at the end of follow up.

Conclusion: Young women with breast cancer are associated with some adverse prognostic factors (more patients with grade 3 and triple negative disease) compared with older group.

http://dx.doi.org/10.1016/j.ejso.2013.07.195

mrEMVI status should be used in addition to pEMVI for treatment decision making in rectal cancer to prevent under-reporting of extramural venous invasion

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Introduction: Extramural venous invasion (EMVI) is increasingly recognised as an important prognostic factor in rectal cancer. Traditional histopathological methods have been shown to be variable and lead to under-reporting. MRI can accurately identify EMVI (mrEMVI), pre-operatively. This study aimed to show that mrEMVI can be used as an adjunct to pathology-detected EMVI (pEMVI).

Methods: Retrospective analysis of prospectively collected data was conducted comparing MRI-detected and pathology-detected EMVI following neoadjuvant chemotherapy in patients that had presented with rectal cancer and evidence of mrEMVI on baseline staging. Correlation was tested using Kappa agreement and comparison of 3-year DFS made with Mantel-Cox log rank test. Multivariate analysis was performed using a binary logistic regression model for disease recurrence.

Results: 211 patients were included. There was agreement between MRI and pathology for detection of EMVI in 43.4% of cases (Kappa 0.29). There was no difference in 3-year DFS or recurrence rates between the patients with mrEMVI or pEMVI (Mantel-Cox p>0.05) or between mrEMVI-negative and pEMVI-negative tumours (p>0.05); however there was significant difference in 3-year DFS and recurrence rates between pEMVI positive and negative patients (p<0.05). mrEMVI and pEMVI positive status were the only significant radiological or pathological factors associated with disease recurrence following CRT on multivariate analysis with odds ratios of 1.97 and 2.39, respectively.

Conclusion: Pathologists may be under-reporting EMVI in rectal cancer. Whilst the importance of pathological identification must not be lost, it may be prudent to consider features on MRI in addition to help guide accurate staging.

http://dx.doi.org/10.1016/j.ejso.2013.07.196

Male breast cancer: Our 10 year experience

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Introduction: Male breast cancer (MBC) is rare and accounts for less than 1% of breast cancers. Treatment guidelines for MBC are usually extrapolated from data derived from female patients. We evaluated our practice in this retrospective study.

Methods: All MBC treated in our unit between January 2003 and December 2012 were included. Cancer registry, case-notes, radiological and histopathological reports were used for data collection. Patient demographics, tumour characteristics, treatment and survival data were analysed.

Results: Seventeen patients were diagnosed with MBC during the 10-year period. One patient had simultaneous bilateral cancers. Median age at diagnosis was 69 [41–77] years. Median follow-up was 27 [3–69] months. The common presenting complaints were painless breast lump, nipple changes and bleeding. There were 15 cases of invasive carcinoma, 2 DCIS and 1 case of encapsulated intracystic solid carcinoma.

Thirteen patients underwent mastectomies with curative intent. Four patients had axillary nodal metastases, and 4 patients had axillary and distant metastases. Three patients underwent neo-adjuvant chemotherapy but passed away before surgery. Chemotherapy was given to 5 patients, and 7 patients underwent radiotherapy. All invasive cancers were oestrogen receptor positive, and 3 were HER2 receptor positive. One patient developed local chest wall recurrence. Twelve patients remained disease-free but all 4 patients with Stage IV MBC have succumbed to their diseases. One patient has died of medical morbidities.

Conclusion: MBC patients were older at diagnosis when compared with female patients. Therapy regimes derived from treating female breast cancer are effective, and survival of MBC is comparable with matched female cohorts.

http://dx.doi.org/10.1016/j.ejso.2013.07.197

Re-excision of anterior margins for breast cancer is associated with a low local recurrence rate

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Background: Management of close margins following oncological breast surgery is a controversial topic. There is little evidence to support