Palliative Care and Prognosis of Men with Metastasized Breast Cancer

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BACKGROUND

- About 1% of breast cancer occur in men (MBC)
- No publications on palliative care and prognosis of men with metastasized breast cancer available

OBJECTIVE

- Analysis of the significance of systemic oncologic treatments within the framework of complex palliative care (CPC) (n=24; 64.9%) vs. best supportive care alone (BSC) (n=13; 35.1%)

PATIENTS & METHODS

- Scientific evaluation of all patients with MBC (n=127) listed in the cancer registers of the cities Chemnitz and Zwickau, District of Chemnitz, Saxony, Germany 1995-2009
- Identification of 37 men with metastasized MBC including 13 cases (35.1%) with primary metastasis
- Statistical analysis with χ^2 test and Log-Rank test

RESULTS

1. Patients' Characteristics

- Patients' characteristics according to treatment cohorts are shown in table 1 and according to time of diagnosis of metastasis in table 2

Tab. 1: Patients' characteristics and treatment cohort

	CPC		BSC		Total	
N	24	64.9%	13	35.1%	37	100%
Age	43-81		51-80		43-81	
Age (average)	62,42		71,31		65,64	
Histopathology	n=24		n=13		n=37	
Invasive-ductal ca.	23	95.8%	8	61.5%	31	83.8%
Others	1	4.2%	5	38.5%	6	16.2%
Tumor size	n=24		n=13		n=37	
T1	7	29.2%	5	38.5%	12	32.4%
T2	10	41.6%	2	15.4%	12	32.4%
T3	1	4.2%	1	7.7%	2	5.5%
T4	6	25%	5	38.4%	11	29.7%
Nodal state	n=23		n=10		n=33	
N+	13	56.5%	4	40%	17	51.5%
N-	10	43.5%	6	60%	16	48.5%
Grading	n=24		n=9		n=33	
G1	1	4.2%	0	0%	1	3%
G2	15	62.5%	4	44.4%	19	57.6%
G3	8	33.3%	5	55.6%	13	39.4%
Hormone receptor	n=22		n=9		n=31	
HR+	20	90.9%	6	66.7%	26	83.9%
HR-	2	9.1%	3	33.3%	5	16.1%
HER2 receptor	n=18		n=8		n=26	
HER2+	2	11.1%	1	12.5%	3	11.5%
HER2-	16	88.9%	7	87.5%	23	88.5%

Tab. 2: Patients' characteristics and time of occurrence of metastasis

	Primary metastasized		Secondary metastasized	
N	13	35.1%	24	64.9%
Age	43-79		44-81	
Age (average)	66,15		65,21	
Histopathology	n=13		n=24	
Invasive-ductal ca.	8	61.5%	23	95.8%
Others	5	38.5%	1	4.2%
Tumor size	n=13		n=24	
T1	1	7.7%	11	45.8%
T2	4	30.7%	8	33.4%
T3	2	15.4%	0	0%
T4	6	46.2%	5	20.8%
Nodal state	n=10		n=23	
N+	8	80%	9	60.9%
N-	2	20%	14	39.1%
Grading	n=10		n=23	
G1	0	0%	1	4.3%
G2	3	30%	16	69.6%
G3	7	70%	6	26.1%
Hormone receptor	n=11		n=20	
HR+	9	81.2%	17	85%
HR-	2	18.8%	3	15%
HER2 receptor	n=9		n=17	
HER2+	2	22.2%	1	5.9%
HER2-	7	77.8%	16	94.1%

2. Therapeutic Management

- Complex palliative care (CPC) consisted of: chemotherapy, endocrine therapy, radiation therapy, pain control, bisphosphonates, transfusion, pleura puncture, pleurodesis, complementary treatments, physiotherapy, ergotherapy, psychotherapy , wound management (Fig. 1)

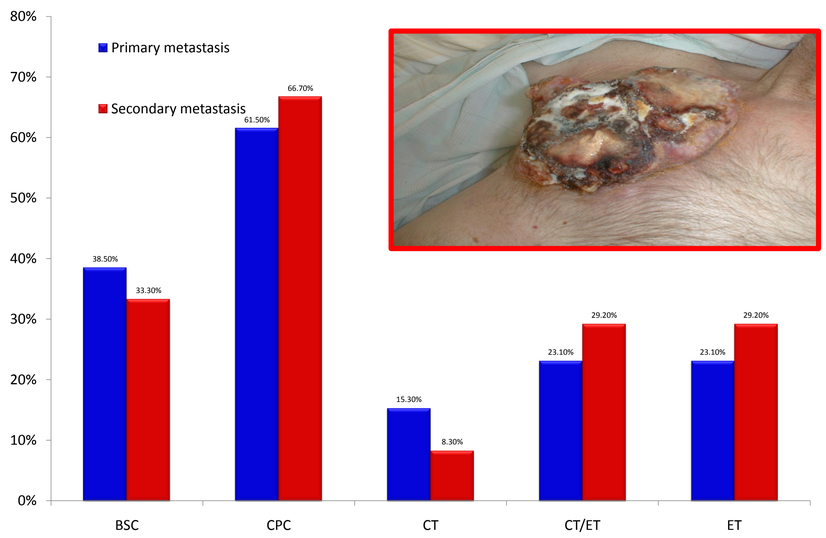

Fig. 1: Therapeutic management and time of diagnosis of metastasis

3. Sites of Metastasis

- Most common sites for occurrence of metastasis were bone, liver and lung (Fig. 2)

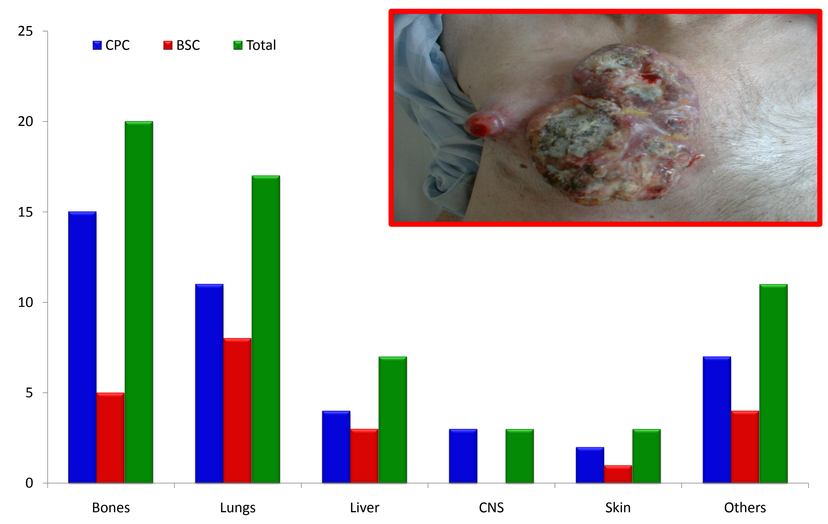

Fig. 2: Sites of metastasis

4. Survival

- Improvement of survival with the help of complex palliative care vs. best supportive care alone (Fig. 3; p=.001)

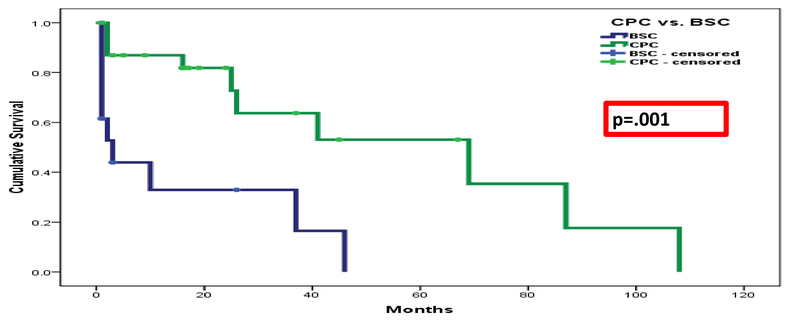

Fig. 3: Overall survival CPC vs. BSC (p=.001)

- Tumor size (Fig. 4), nodal state (Fig. 5) und grading (Fig. 6) did not have significant influence on overall survival

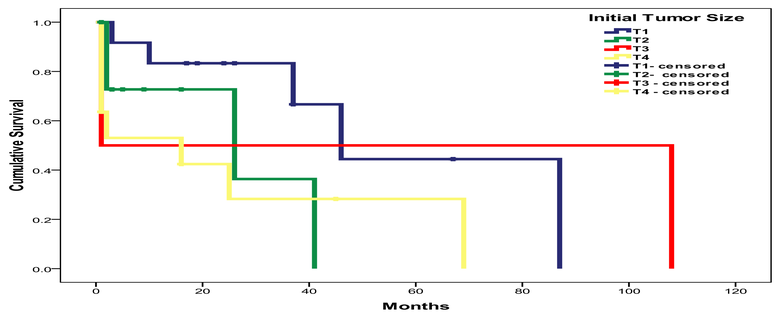

Fig. 4: Initial tumor size und survival (n.s.)

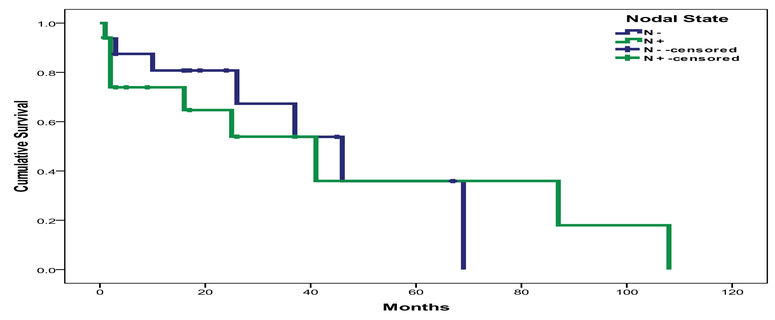

Fig. 5: Lymph node involvement and survival (n.s.)

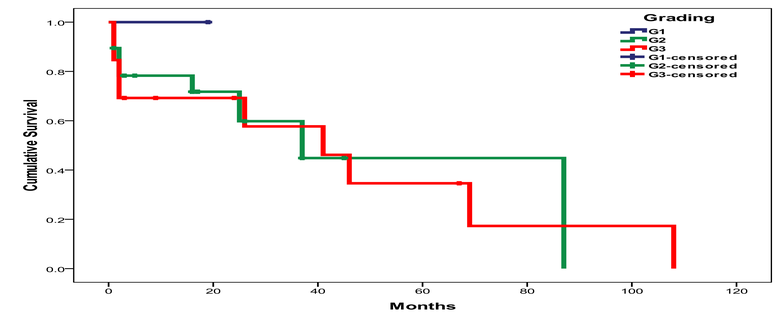

Fig. 6: Grading und survival (n.s.)

- Negative hormone receptor (HR) state did correlate with significantly (p<.001) worse overall survival (Fig. 7)

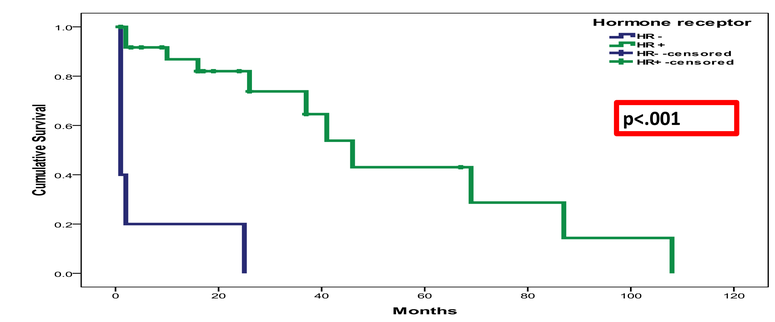

Fig. 7: HR state und survival (p<.001)

DISCUSSION & CONCLUSIONS

- Integration of systemic therapies into the palliative treatment concept for improvement of quality of life and overall survival

- Benefit also for patients with far advanced tumor disease with respect to performance index and phase of live and/or therapy

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