

ROLE OF STAGING IN BREAST CANCER PATIENTS RECEIVING NEOADJUVANT CHEMOTHERAPY

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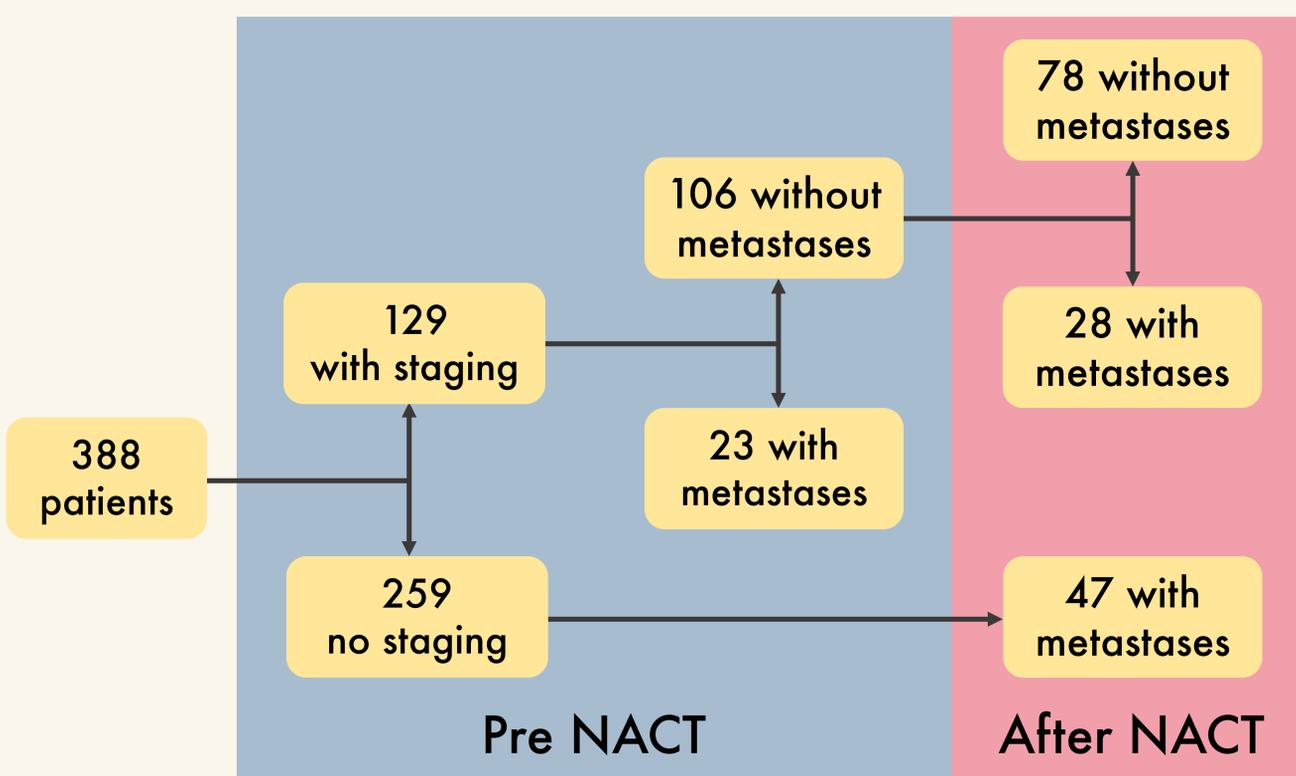
INTRODUCTION

Neoadjuvant therapy (NACT) is increasingly used in breast cancer. The objective of this study was to examine whether staging (either CT/bone scintigraphy or both) should be performed routinely in this cohort of patients.

METHODS

A retrospective study of 388 female patients from Jan 2008 to Dec 2015 with follow up until Sept 2018. Tumour subtypes, patients who had staging, pathological response, outcome on cause of death and those who are alive were recorded from patient electronic records.

RESULTS



Subtypes	N (%)
Luminal A	89 (23%)
Luminal B Her 2+	69 (18%)
Luminal B Her 2-	80 (21%)
Her 2 + Non luminal	39 (10%)
Triple Negative	110 (28%)
Unknown	1

33% (129/388) had staging. Within this group, 18% (23/129) had metastatic disease diagnosed prior to or just after starting NACT. 22% (28/129) who had negative staging developed metastases after NACT. 67% (259/388) did not have any staging performed and 18% (47/259) developed metastases post treatment (see flow chart above).

18/23 cases diagnosed with metastases prior to or just after starting NACT, were Luminal B and Triple negative cases. 3 cases were Her 2+ve, 1 Luminal A subtype and 1 in unknown luminal subtype. 32/47 cases who developed metastases post NACT and surgical treatment were from the Luminal B and Triple negative cases, of which 8/9 were under the age of 40. 3 cases were Her 2+ve and 12 Luminal A subtype.

Median number of years from surgery to metastases were 2.8 for Luminal A; 2 for Luminal B Her 2+ve, 2 for Luminal B Her 2-ve, 1.6 for Her 2+ve and 0.7 for Triple negative.

CONCLUSION

- About 25% (98/388) of patients developed metastases after treatment.
- Routine staging does not mitigate the development of metastases in this cohort of patients having NACT and is therefore only recommended if the patient is symptomatic or there are test results raising suspicion of metastases.