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Locoregional control after breast conserving treatment in patients undergoing neoadjuvant chemotherapy for breast cancer

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Introduction: Limited information on rates and predictors of locoregional recurrence (LRR) and ipsilateral breast tumor recurrence (IBTR) for patients who undergo NAC are available. The aim of this analysis is to compare a population of patients treated with BCT and axillary lymph node dissection after NAC (NAC-group), with a consecutive case series of patients also treated with BCT and ALND for which NAC was not indicated.

Methods: 532 patients were treated with BCT and ALND for breast cancer at Sant'Orsola-Malpighi Breast Unit, between 2000 and 2014: 84 with NAC first, 448 underwent surgery upfront and adjuvant chemotherapy. Measured outcomes were 5 and 10 years IBTR-free survival and LRR-free survival. Results obtained were compared to a population of patients treated with BCT and ALND, for whom NAC was not indicated (PoCT-group).

Results: 32/448 cases of IBTR were registered among patients treated with BCT and adjuvant chemotherapy, while 9/84 cases were registered in the NAC-group. LRR occurred in 37 patients in the PoCT-group and in 9 patients in the NACgroup. 5 years LRR-free survival for NAC group resulted 87.4% vs. 95.3% in PoCT-group; while 10 years LRR-free survival was respectively 79.4% and 89.3%. 5 years IBTR-free survival for NAC group resulted 87.5% vs. 95.3% in PoCT-group; while 10 years IBTR-free survival was respectively 79.5% and 88.9%. In patients initially staged cT2, there was no significant difference in terms of outcome at 5 and 10 years. For PoCT-group vs. NAC, 5 years LRR-free survival respectively was 94.9% vs. 90.2%, and 10 years LRR-free survival respectively was 91.7% vs. 78.9%. In terms of IBTR, 5 years and 10 years IBTR free survivals were 90.2% vs. 94.9% and 78.9% vs. 91.7%, $p=0.14$. DFS at 5 and 10 years for PoCT vs. NAC-group, as predictable was significantly different, respectively 88.9% vs.77% 5 yrs DFS and 75.1% vs. 59.8% 10 yrs DFS. While 5 years OS resulted 93% vs. 86.2% and 10 years OS resulted 83% vs. 83.5%, respectively.

Conclusions: NAC shows equivalent outcomes obtained with BCT and adjuvant chemotherapy.

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Detection of BRCA 1 founder mutation 185DELAG in Breast Cancer Patients using Pyrosequencing Technique

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Hereditary breast and ovarian cancer due to mutations in BRCA1 andBRCA2 is the most common cause of hereditary forms of both breast and ovarian cancer and occurs in all ethnic and racial populations. Till now, no assessments of the BRCA1 founder mutation have been performed by sequencing in Egyptian population. The aim of this pilot study was to detect the prevalence BRCA1 founder mutation 185DELAG in familial and sporadic breast cancer patients. Blood samples of 100 Egyptian female including 40 patients who had no significant family history of BC in their families (sporadic BC) , 40 patients had at least 2 positive family history in their first degree relatives (familial BC) , 20 control patients with no BC or history of breast cancer in their families. All subjects went for detection for 185DELAG mutation using Pyrosequencing technique. There were significant differences between familial and sporadic BC as regards their age ($P=0.004$) and in the premenopausal patients in familial BC than sporadic BC ($P=0.02$). Moreover, sporadic BC showed a significant increase in the ER&PR +ve, HER2/neu -ve (luminal A) than familial BC patients ($P=0.012$). As regards the mutation, we found a carrier frequency of 2.5% (95% confidence interval 1.1-2.4). There was no significant relation between mutation and type of BC, or between the hormonal profile of BC tumor and 185DELAG carriers. Conclusion: The prevalence of BRCA1 185AG deletion mutation is significantly lower than previously reported using other molecular techniques.

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