

34th Euro-Global Summit on **Cancer Therapy & Radiation Oncology**
&
6th International Conference on **Big Data Analysis and Data Mining**
&
13th International Conference on **Orthopedics, Arthroplasty and Rheumatology**
July 25-27, 2019 London, UK

Management and outcome of breast cancer patients with ipsilateral supraclavicular lymph nodes involvement at presentation "retrospective study"

Ola Osama Ahmed Hafez

Kasr Alainy School of Medicine, Cairo University, Egypt

Breast cancer is the most common type of cancer and the most common cause of cancer-related mortality among women worldwide. About 4 % have had ipsilateral supraclavicular lymph nodes involvement (SCLNs) at presentation. In spite of this very low incidence, big conflicts occur in TNM staging and management. The current study was a retro prospective observational descriptive study. We re-viewed the files of breast cancer patients with synchronized with ipsilateral SCLNs involvement without distant metastasis who were seen in the follow up clinic in the period [Feb 2016- August 2016] at (NEMROCK) oncology Department, Kasr Al-Ainy School of Medicine. Clinicopathological data was described for 34 patients as age (median 50.5 years), menopausal status (premenopause were 47.1%), family history (positive in 23.5%), site of tumor (UOQ 67.6 %), side (Rt 52.9 %), hormonal receptors (positive in 58.8%), initial T (T3&T4 70.6%). Treatment applied NAC was given to 73.5% and the response was regressive in 44% of patients, 64.7 % underwent mastectomy while 14.7 % gone for conservation, 41.1 % received adjuvant hormonal treatment, post-treatment pathological T (3,4) was 35.3 %. Local recurrence occur in 14.7%, systemic relapse occur in 17.6%. We don't comment on overall survival because of selection bias. Although the incidence of patients with breast cancer who present with ipsilateral SCLNs involvement without distant spread at time of diagnosis is low, It seems reasonable to consider this selective patient group as a locoregional and thereby a potentially curable disease and should be treated with a curative rather than palliative intent. Nevertheless, one should keep in mind that patients presenting with supraclavicular disease are at high risk for harboring distant metastatic disease, even when clinically detectable metastases are not evident. Patients should be offered a combined-modality approach, including systemic therapy, surgery and radiotherapy.

olahafez@live.com