

Neoadjuvant chemotherapy for male with locally advanced breast cancer

Murashko R, Keshabyan A and Zandaryan A

Regional Cancer Centre, Russia

Introduction: Male breast cancers (MBC) are rare cancers that include less than 1% of all breast cancers and less than 1% of all cancers in men. Unfortunately, at the moment there is no single view on the problem of breast cancer treatment. The principles of treatment of breast cancer in men are still based on knowledge, including in relation to women with a similar pathology. Neoadjuvant chemotherapy is a standard aid for local breast cancer in women. Our study was designed to evaluate the potential for surgery on the chest (BS) after neoadjuvant chemotherapy in men with locally advanced breast cancer and the selection of the optimal adjuvant chemotherapy regimen.

Patients and methods: We performed retrospective analysis of short-term outcomes of ten breast cancer patients. All patients were male median age 50.2 years luminal biological subtype of tumor. Three patients had stage IIB (T2N1M0) and seven

patients had stage IIIA (T3N1M0) were selected to 3 cycles taxane-based neoadjuvant chemotherapy. One patient who had a positive luminal biological subtype of HER-2 tumor, was added Trastuzumab to the treatment regimen. Adjuvant chemotherapy, radiotherapy and hormonal treatment were given to all patients.

Results: All patients underwent surgical treatment. Response to chemotherapy was the only statistically significant factor which influences the BS. All patients showed positive changes in the form of a reduction in the size of the tumor, and the same decrease in the size of the axillary lymph nodes.

Conclusion: We recommend all patients (men) with locally advanced breast cancer to perform neoadjuvant chemotherapy; this will allow you to choose the optimal mode of adjuvant therapy.

e: adrianudrea@medisprof.ro