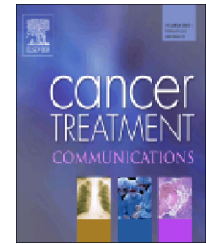




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Case series of 21 patients with extrahepatic metastatic lobular breast carcinoma to the gastrointestinal tract



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KEYWORDS

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Abstract

Background: Invasive lobular carcinoma (ILC) comprises 5-16% of all breast cancers, with its incidence gradually increasing. ILC has a disproportionately higher incidence of spread to the gastrointestinal (GI) system.

Methods: This study is a retrospective chart review of all cases of ILC with gastrointestinal metastases seen at a university affiliated tertiary cancer institute between 2005 and 2010, examining demographic, epidemiological, medical, and treatment factors that may have an association with the risk of GI metastases.

Results: 343 consecutive cases of lobular breast cancer were reviewed, and 21(6%) were found to have GI metastases. The mean age at initial diagnosis of primary tumor was 63 years. Stages at presentation of the breast primary were: Stages 1/2=73% and stages 3/4=27%. Receptor status of the primary breast cancer was as follows: HER2+=5%, PR+=76%, ER+=90%. The mean age at time of diagnosis of metastatic disease was 67 years. The main presenting symptoms of GI metastatic disease were: incidental finding/asymptomatic (20%), nausea (20%), and abdominal pain (15%). The major sites of extrahepatic gastrointestinal spread were the stomach (52%), peritoneum (38%), and omentum (19%). Average five-year survival from initial diagnosis of ILC was 46%. Five-year survival from diagnosis of gastrointestinal metastasis was 29%.

Conclusions: Approximately 1 in 20 patients diagnosed with ILC will have spread to the GI tract, presenting 4 years after their initial primary diagnosis. Future research is needed in

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developing treatment regimens for these patients, as the 5-year survival is only approximately 1 in 4.

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1. Introduction

Breast Cancer is the most common malignancy in women. Invasive lobular carcinoma (ILC) comprises 5-16% of all breast cancer cases, making it the second most common type of breast cancer [1-4]. While lung, brain, liver and bone comprise the most common sites of metastatic spread, it is not uncommon for breast cancer to metastasize to the gastrointestinal tract [1,5]. Lobular carcinoma has a disproportionately higher incidence of spread to the gastrointestinal (GI) system in comparison to other types of breast cancer [1]. On a review of 12,001 patients with metastatic breast cancer, ILC accounted for 58% of the GI metastasis compared to 38% due to invasive ductal carcinomas (IDC), although ILC comprised only 12% of the total breast cancers. Post-mortem studies comparing metastatic ILC versus IDC found a significant propensity for metastatic spread of ILC to the stomach, intestine and peritoneum compared to IDC [2,6]. Still the literature on extrahepatic gastrointestinal metastatic lobular carcinoma is comprised mostly of individual case reports, small case series or autopsy series [1,5].

It is not uncommon for patients to first present with symptoms associated with their GI metastatic disease, like early satiety, epigastric pain and weight loss, as their initial presentation of their breast cancer rather than from mammogram findings or physical exam of the breast [3]. Case reports have even described a presumed gastric cancer, Linitis Plastica, as the first indication of ILC, which is an important diagnostic distinction from a primary gastric cancer as the treatment regimen is significantly different [5,7].

The aim of this study is to describe quantitative demographic, epidemiological, medical, and treatment factors, that may have an association with the risk of GI metastases. Our case series of 21 patients is one of the larger case series in the literature exclusively reporting on ILC with GI metastasis. We also review the literature on clinical presentation, diagnosis, and outcomes in patients with ILC metastasis to the extrahepatic gastrointestinal tract.

2. Patients and methods

After receiving ethics approval by the Research Ethics Office at the University of Alberta, a retrospective chart review was conducted of all patients seen at the Cross Cancer Institute in Edmonton, Alberta, Canada between 2005 and 2010, with a diagnosis of lobular breast cancer.

Only patients with a final pathological tissue diagnosis of invasive lobular breast cancer or mixed invasive lobular/ductal and had extrahepatic gastrointestinal metastatic disease were included. Exclusion criteria were any other pathological breast cancer. Two independent reviewers analyzed all records.

The outcomes of interest included: age at diagnosis, site of primary breast cancer, stage at initial presentation, hormone receptor status, site of gastrointestinal metastasis, time from diagnosis of breast primary to gastrointestinal metastasis, time from gastrointestinal metastasis to death, and treatment regimen for both primary and metastatic disease.

3. Results

During the 5-year study period, 343 consecutive cases of lobular breast cancer were reviewed, and 21(6%) were found to have GI metastases and were included in this study.

3.1. Primary tumor patient demographics

Basic patient demographics were collected (Table 1). The mean and median age at initial diagnosis of the primary tumor were 63 (40-74) years and 61 years respectively. Patient initial presentation varied; routine mammogram (38%), palpable breast mass (38%), nipple inversion (14%), fatigue (5%), and abdominal pain (5%). Cases were equally distributed between both breasts, with 10/21 presentations in the right breast, and 11/21 in the left breast. The site of primary breast cancer was most commonly in the outer

Table 1 Basic demographics of patients at original diagnosis of primary invasive lobular carcinoma of the breast.

Demographic	
Female (%)	100
Age at primary tumor diagnosis (years)	
Mean	63
Median	61
Histology (%)	
Invasive lobular carcinoma	95
Mixed invasive lobular/ductal	5
Immunohistochemistry (%)	
Estrogen receptor +	90
Progesterone receptor +	76
Human epidermal growth factor receptor 2+	5
Staging (%)	
1A	17
1B/2A	17
2B	22
3A	11
3B	6
3C	17
4	11

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