



Case report

The surgical management of male breast cancer: Time for an easy access national reporting database?

Robert M.T. Staruch^{a, *}, Maral J. Rouhani^b, Mohammed Ellabban^c^a Guys & St Thomas's Hospital NHS Trust, London, United Kingdom^b North Central Thames Deanery Basildon University Hospital, Nethermayne, Basildon, SS16 5NL, United Kingdom^c Heart of England NHS Trust, United Kingdom

H I G H L I G H T S

- Male breast cancer is extremely rare with an incidence of less than 1% of all breast cancers.
- We report a series of seven cases of male breast cancer encountered over three years, evaluating patient demographics, treatment and outcomes.
- Review of these patients highlighted a lack of consensus on the optimal surgical strategy for their management.
- The paper discusses the plausible options for surgical reconstruction of male breast cancer defects.
- The authors advocate an easy access national reporting database to improve large scale data collection and surgical intervention.

A R T I C L E I N F O

Article history:

Received 4 April 2016

Received in revised form

6 June 2016

Accepted 7 June 2016

Keywords:

Male

Breast

Cancer

Breast reconstruction

A B S T R A C T

Introduction: Male breast cancer is extremely rare with an incidence of less than 1% of all breast cancers. Literature reports a peak of incidence at roughly 71 years of age. Management currently follows the same clinical pathways as female breast cancer as a general rule.

Methods: A retrospective search for all patients who were referred and diagnosed with male breast cancer at our centre was undertaken. Patients notes were then explored for demographics, histological staging, multidisciplinary team meeting outcome and treatment.

A literature search including the search terms 'Male Breast Cancer AND Surgery' or 'Male Breast Cancer AND Experience' were used. Non English language articles, or those without abstracts were excluded.

Results: Seven patients were reviewed over 3 years (2006–2009). Mean age was 69 years and mean lesion size was 15 mm. Histology was invasive ductal carcinoma for all patients. All patients were ER receptor positive. Two patients were HER2 positive. Five patients were offered mastectomy. One patient refused treatment. In follow up at 36 months there were 3 recurrences. 1 patient was lost to follow up. There were 3 mortalities.

The literature search identified 72 articles. Articles were subdivided into those that discussed the surgical management of male breast cancer ($n = 8$), articles that discussed male breast cancer as podium presentations or posters with no full text article publication ($n = 13$) and finally full text publications of case experience of male breast cancer ($n = 21$).

Discussion: We report a series of seven cases of male breast cancer encountered over three years, evaluating patient demographics as well as treatment and outcomes. In our series patients were managed with mastectomy. New evidence is questioning the role of mastectomy against breast conserving surgery in male patients. Furthermore there is a lack of reporting infrastructure for national data capture of the benefits of surgical modalities. Literature review highlights the varied clinical experience between units that remains reported as podium presentation but not published. The establishment of an online international reporting registry would allow for efficient analysis of surgical

* Corresponding author. Department of Surgery & Interventional Science, University College London, The Royal Free Hospital, Pond Street, London, NW3 2QG, United Kingdom.

E-mail addresses: robmtstaruch@doctors.org.uk (R.M.T. Staruch), maralrouhani@gmail.com (M.J. Rouhani), Mohammedellabban@aol.com (M. Ellabban).

outcomes to improve patient care from smaller single centres. This would facilitate large scale meta analysis by larger academic surgical centres.

© 2016 The Author(s). Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Male breast cancer represents around 1% of all breast cancers worldwide and evidence shows that it is on the rise [1,2]. The rarity of male breast cancer makes conducting a prospective trial difficult but not impossible. Progress in this area has been made with collaborations between Europe and north America to launch the EORPT-BIG-NABGS prospective trial on male breast cancer. The pitfall of this paucity of male focused research and outcome data is a lack of tailored treatment regimes. This is as a result of several confounding factors, namely the low incidence, the lack of co-ordinate reporting of new cases and outcomes. The focus of recent male breast cancer research has been in understanding the importance of molecular subtyping in outcomes. Furthermore data from metastatic male breast cancer has supported the practice of utilizing female protocols to treat male patients.

Juxtaposed against the research into the hormonal and genetic interplay in male breast cancer, there is a lack of surgical outcome data for this patient group. Surgical management traditionally involves the use of a radical mastectomy to aggressively en bloc tumour resection. Despite the improvements in our understanding of the biohormonal markers of male breast cancer, little has changed or been added to the surgical armamentarium. The aim of this case series is to review our centres 7 case experience of male breast cancer and to discuss the potential reasons behind a lack of surgical evolution in this disease. Finally we propose a solution to improve the change of this surgical change.

2. Methods

A retrospective review was conducted over a 3 year period of hospital records for patients diagnosed and treated at our centre for Male breast cancer. Patient's notes were reviewed for demographics, histological staging, multidisciplinary team meeting outcome and treatment.

A literature review was conducted to search for all presented and published data on the surgical management of male breast cancer and comparative single centre experience. Search terms 'Male Breast Cancer AND Experience' or Male Breast Cancer AND Surgery' were used. Included articles for review were those that presented case experience of male breast cancer or discussed its surgical management. Podium presentations or posters were included. Publications were tabulated and reviewed. Articles that concerned biohormonal investigation of male breast cancer, adjuvant therapy treatment were excluded from further review or non English language were excluded.

3. Results

3.1. Case series

Our unit reviewed a total of 7 cases over a three-year period (2006–2009) of which 4 were diagnosed as male breast cancer. The mean age of our population was 69 years with a range of 47–93 years. 2 patients had gynaecomastia prior to diagnosis. 5 patients (71%) presented with a lump in the subareolar region, whilst 2 patients (29%) presented with an ulcer on the areola that was

clinically suspicious of skin cancer and referred to dermatology for formal biopsy and diagnosis. One patient's breast lesion was diagnosed on immunohistochemistry as a prostate metastatic secondary. 4 patients had their lesion located on the right breast, whilst 3 patients presented on the left breast. Two patients (29%) had previous malignant disease other than breast cancer prior to presentation; one had previous bladder cancer, whilst another had a previous prostate primary. [Table 1](#) highlights the outcomes of these patients.

The mean lesion size on histological examination was 15 mm. All histology (100%) showed invasive ductal carcinoma, of which only 1 patient had vascular invasion. All patients (100%) were ER receptor positive, whilst 2 patients (29%) were HER2 positive. Our histopathology department did not routinely test for progesterone receptor status, and this was not documented in the pathology records. One patient was CK7 negative, whilst the remainders were CK7 positive (86%). [Table 2](#) summarizes these histological findings.

Mortality in our group was three (43%), of which 1 refused treatment. One patient was referred to another unit due to geography. 5 patients were offered simple mastectomy with sentinel lymph node biopsy. Three patients were offered axillary node clearance for positive lymph nodes of which one declined. 1 patient received no treatments (on his request) as mentioned. 1 patient received primary hormonal treatment only (medically unfit). The chemotherapy regime in our unit was 6 cycles of Cyclophosphamide, 5 Flurouracil and Methotrexate. One patient received a cycle of epirubicin to augment his chemotherapy treatment. One patient received radiotherapy. All patients were advised of Tamoxifen tablets for 5 years, whilst the two patients with Her-2 positive histochemistry were offered Herceptin therapy.

Treatment outcomes were varied; patients were followed up for 36 months during which one patient was lost to follow-up due to desire to be referred to another unit. 3 patients had no recurrence during follow-up; two patients had local spread and one had spinal metastases. Three patients died of their disease state.

3.2. Literature review

Literature search yielded 72 results. The results were subdivided into three cohorts. The first was conference abstracts for posters or podium presentations. Thirteen abstracts were reviewed that discussed single or multi centre experience of male breast cancer ([Table 3](#)). The largest case series in this group was 13,457 patients from the US National Cancer Data Base. The smallest groups were of 16 patients. The second group was articles that direction discussed the surgical management or published case experience of surgical techniques for male breast cancer ([Table 4](#)). Eight articles were included in this group. The largest cohort in this group reviewed the poor compliance and outcomes of lumpectomy with adjuvant therapy and partial mastectomy in 6039 male patients. The third group reviewed full text case experience publications, of which 21 were available for review ([Table 5](#)). This reflected 1390 patients in total. The largest cohort in this group was 244 patients. The mean number of patients presented in publication was 66 patients per publication. Mean age for this group was 55.5 years. Mean 5 – year overall survival was 51.44%.

Download English Version:

<https://daneshyari.com/en/article/4195152>

Download Persian Version:

<https://daneshyari.com/article/4195152>

[Daneshyari.com](https://daneshyari.com)