CASE SERIES ANALYSIS

YOUNG BREAST CANCER IN PREGNANCY: CASE SERIES ANALYSIS OF SINGLE CENTRE INSTITUTION

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INTRODUCTION:

Breast cancer in pregnancy is defined as breast cancer diagnosed during pregnancy or within 1 year post delivery. However, to date, there is no analytical data to analyse specific breast cancer in pregnancy related to young population. Young breast cancer (<40 years old) in pregnancy is usually associated with poor outcome and prognosis due to intense hormonal stimulation. However if early intervention is taken, it would yield good outcome.

MATERIAL AND METHODS:

We analyse breast cancer cases in our centre from 2018 to 2020 and we noted there are 4 cases involving young age in pregnancy-associated breast cancer (PABC). This is a case series analysis which we focused on epidemiology, biological profile, outcome of treatment and prognosis.

RESULTS:

This is a 3-year-duration of study from 2018 to 2020. Total new breast cancer cases is 202 and total number for our case series is 4 cases giving the incidence rate of 1.98%. The median age of patient is 31 years old (range from 29 to 35 years old). The median duration of symptoms is 38 weeks (late presentation). 3 patients presented with breast lump only while another one came with breast lump and axillary swelling. 3 of them were diagnosed during first trimester and another one during second trimester. Biologically (hormonal status and molecular subtypes), 1 of them was triple negative, 1 was luminal type A, 1 luminal type B, and 75% HER-2 negative. Histologically all grade 3, and had pathological node positivity as well as lymphovascular invasion. Staging wise, 2 of them were in stage 4 (with mets to lung, liver and bone), and another 2 were in stage IIIa. During the follow up, 1 patient post mastectomy + axillary clearance (MAC) planned for 6 cycles adjuvant chemotherapy. She only managed to complete 4 cycles prior to delivery but currently doing well with treatment. 1 patient (stage 4) who had termination of pregnancy (TOP) during first trimester, had disease progress post first line chemotherapy, not fit for radiotherapy and next line chemotherapy. 1 patient planned for chemotherapy post delivery, however defaulted all follow ups and came with cervical lymph...
node and defaulted until now. Another one, whom earlier diagnosed with breast cancer (unresectable), completed 6 cycles of neoadjuvant chemotherapy then defaulted plan for MAC, then came again pregnant, only agreed for operation after delivery. Post MAC, underwent second line chemotherapy and doing well.

CONCLUSIONS:

Some studies held show that pregnancy is an independant and significant poor prognosis indicator in breast cancer. It is also noted that breast cancer in young age is associated with poorer outcome. In this case series, all patients were diagnosed at young age, presented to us in late stage and 2 cases had bad outcome. This case series also shows that having TOP in the first trimester does not necessarily improve the final outcome. However in the first trimester, if the patient is agreeable, it should be considered as it would allow full treatment to the mother. In this case series, other than young age and late presentation, another contributing factor would be the patient and the partner being indecisive regarding the treatment offered. Thus, this study is to recognize the contributing factors and subsequently to emphasize the early intervention in our local setting to prevent late presentation and to improve overall survival.