Evaluation of the role of preoperative chemotherpy in the tratment of locally advanced breast cancer

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Conclusion and SummaryThe term locally advanced breast cancer (LABC) encompasses a heterogeneous group of patients including those with neglected, slow grouping tumors as well as those with biologically aggressive disease. (LABC) is a relatively uncommon presentation in the economically developed world, accounting for only 5% of cases in major centers, and no more than 20% in other locations. In most other parts of the world, is more common, accounting for at least one half of all cases.(LABC) remains a therapeutic challenge to surgeon and oncologist. Although patients present with localized disease, they have a high incidence of distant failure and locoregional relapse if not treated appropriately.In this study, there are two groups of patients, 50 patients with (LABC), the first group named group (A), 25 patients with (LABC) were treated with combined (neoadjuvant chemotherapy, surgery and adjuvant treatment) modality strategy, from January 2004 to June 2007. The mean age of patients 47 years. 15 (60%) patients in the study were early menarche. 16 (64%) of this group positive for contraceptive method and 1 (4%) of patient positive for family history. 15 (60%) in the study were premenopausal.While the second group named group (B), 25 patients with (LABC) were treated with combined (surgery and adjuvant treatment) modality strategy, from January 2004 to June 2007. The mean age of patients 46 years. 14 (56%) patients in the study were early menarche. 14 (56%) of this group positive for contraceptive method and 1 (4%) of patient positive for family history. 16 (64%) in the study were premenopausal.In all of patients of two groups, the mainly complaint was breast lump; 12 cases (48%) in stage IIIA in group (A) but 13 cases (52%) in group (B), while 13 cases (52%) in stage IIIB in group (A) but 12 cases (48%) in group (B).Mammogram and complementary breast ultrasonography were done in all patients. The main pathological examination tru cut biopsy was performed for all patients.Metastatic work up and full laboratory investigations were done for two groups and all patients of two groups were free of distant metastases before treatment.Patients of group (A) prone to four of cycles neoadjuvant chemotherapy, 17 patients was to give (FAC), one patient (FNC), and 6 patients received (FEC 100) and only one patient received (CMF). 80% of patients had response to neoadjuvant chemotherapy (the tumor size decreased more than 50% and the axillary lymph nodes were not palpable), while five patients who did not respond to treatment (20%) had their surgery after third cycle of neoadjuvant chemotherapy.All patients

of two groups prone to surgical procedure which was modified radical mastectomy. Pathological examination of the mastectomy specimens revealed invasive duct carcinoma in most cases. All patients of two groups received adjuvant treatment [chemotherapy (FAC, FEC100, CMF, and FNC), radiotherapy and hormonal treatment (tamoxifen 20mg/ day)].Follow up of patients for variable periods ranging from 12 to 42 months for both groups, group (A) was performed and local recurrence was detected in only one patient, only two cases developed distant metastases, disease free survival was 88%.Group (B) was performed and local recurrence was detected in 3 patients, 5 patients developed distant metastases, disease free survival was 68%.So this preoperative neoadjuvant chemotherapy approach to locally advanced breast cancer (LABC) rendered most patients disease free and produced an excellent local control rate.