

BREAST CANCER IN PATIENTS SUBMITTED TO NEOADJUVANT CHEMOTHERAPY: FREQUENCY OF CONSERVATIVE SURGERY AND SENTINEL NODE BIOPSY AND ITS IMPACT ON PROGNOSIS

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INTRODUCTION

Breast cancer is a complex disease that has been increasingly studied due to its high incidence. Surgery is one of the most frequently therapeutic techniques currently being applied. Regarding surgical techniques, less extensive surgeries have been implemented such as conservative surgery and sentinel node biopsy, although, in some cases, only possible when there is an initial indication of chemotherapy.

OBJECTIVE

In a cohort of patients diagnosed with breast cancer, the purpose was to describe the epidemiological, clinical, anatomopathological and therapeutic response characteristics; analyze the frequency of conservative surgery and sentinel node biopsy; to analyze disease-free survival and overall survival according to the mammary and axillary surgical technique performed.

METHOD

This is a cohort of women diagnosed with breast cancer, enrolled at the Hospital of Cancer III (HCIII / INCA), from January 2013 to December 2015. Patients included in the study were those submitted to neoadjuvant chemotherapy and subsequently surgery, depending on the indication of the mastologist. Patients with inflammatory breast carcinoma; patients submitted to neoadjuvant radiotherapy or neoadjuvant hormone therapy prior to chemotherapy; women with contraindications to clinical / cardiologic surgery; bilateral breast cancer; pregnant women; non-epithelial tumors, clinical stage IV will be excluded from the study. Data will be collected through active search of medical records (physical and electronic). For survival analysis, only patients enrolled between January 2013 and December 2014 will be included, for a minimum follow-up of five years. From 2013 to 2015, 1112 women submitted to neoadjuvant chemotherapy were included in this research. Among them, 124 patients were excluded (45 bilateral cancer, 15 inflammatory cancer, 07 pregnant women, 26 stage IV, 06 previous cancer, 08 radiotherapy or hormone therapy prior to surgery, 01 non-epithelial tumor, 02 with contraindications to clinical / cardiologic surgery, 12 other reasons). This project was approved at CEP / INCa on December 10, 2012 (CAAE 06794512.3.00005274).