Primary T0 breast cancer
DISCLOSURE OF INTEREST

- I have no disclosure of interests
Patient’s complaints & history

43 years old female in 01.2019 palpated mass in right axilla.
- No mass found in breasts

Comorbidities and history
- Hepatitis C
- Not married, didn’t have pregnancies.
- Premenopausal.
- Grandmother had breast cancer.
Diagnostic procedures

- Physical exam
  - 2 movable lymph nodes in right axilla.
- Mammography/US
  - BiRADS 2 in both breasts.
  - 2 changed right axillary lymph nodes up to 2.0sm.
- Breast MRI
  - No masses in both breasts.
  - Only right axillary lymph nodes.
- CT scan
  - No other lesions were found elsewhere.
- Biopsy from lymph nodes showed invasive carcinoma of breast, NOS.
- Repeated biopsy and immunohistochemistry again showed invasive breast cancer.
Staging

- cT0cN1cM0, G2
- ER +, PR +, Her2neu =, Ki67 50%.
- Luminal type B.
- Histology and immunohistochemistry reviewed and confirmed in France.

Anatomic stage IIA.
Clinical prognostic stage IB.
Genetic Testing

- BRCA 1/2 genetic testing
  - No mutations found.
Treatment

- **04.2019** neoadjuvant chemotherapy was started.
  - Epirubicin 100mg/m2 + Cyclophosphamide 600mg/m2 q3w 4 cycles
- US after 4th cycle showed partial response.
  - 2 right axillary lymph nodes max up to 9mm.
- Continued chemotherapy
  - Paclitaxel 80mg/m2 qw for 12 cycles.
- **09.2019** Mammography/US after the end of chemo.
  - Some enlargement of nodes up to 11-12mm.
- **09.2019** CT scan no distant mts.
Further steps

- Surgery
- Radiotherapy
- Endocrine Therapy
Questions

- What surgery should be done in this case: mastectomy or only lymph node dissection?
- What surgery should be done if BRCA1/2 mutations were positive?
- What about RT: only lymph node regions or chest wall(breast) + lymph node regions?
- Further systemic therapy only with endocrine therapy?
Treatment and Survival of Patients With Occult Breast Cancer With Axillary Lymph Node Metastasis: A Nationwide Retrospective Study

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Background and Objectives: Occult breast cancer (OBC) accounts for 0.3–1.0% of all breast cancers and is a rare presentation of the disease. The present retrospective study examined the overall survival and prognostic factors associated with OBC in Korea.

Method: The study included 142 OBC patients identified from the Korean Breast Cancer Society cancer registry from January 1990 to December 2009. All patients had pathologically positive axillary lymph nodes (N1–N3) and pathologically and radiologically negative in-breast lesions (T0/Tx) based on a retrospective review of the database.

Results: No statistically significant differences in overall survival were observed between patients undergoing axillary lymph node dissection (ALND) only (80.8%), breast conserving surgery (BCS) with ALND (98.0%), and mastectomy with ALND (92.5%) with P-value of 0.061. Nodal status was a significant prognostic factor (P = 0.004) on univariate analysis. When compared with T1 patients group, T0/TxN1 patients showed better survival than T1N1 patients (hazard ratio [HR] 0.253; 95% confidence interval, 0.104–0.618; P = 0.003), but T0/TxN2, T0/TxN3 patients showed similar survival to T1N2, T1N3 patients.

Conclusions: OBC patients treated with ALND only showed comparable outcomes to those undergoing ALND combined with BCS or mastectomy. Nodal status may be an independent predictor of poor outcome in OBC patients.

Clinicopathological characteristics and treatment outcomes of occult breast cancer: a SEER population-based study

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Background: Occult breast cancer (OBC) is a rare type of breast cancer that has not been well studied. The clinicopathological characteristics and treatment recommendations for OBC are based on a limited number of retrospective studies and thus remain controversial.

Patients and methods: We identified 479 OBC patients and 115,739 non-OBC patients from 2004 to 2014 in and the Surveillance, Epidemiology, and End Results (SEER) database. The clinicopathological characteristics and survival outcomes were compared between OBC and non-OBC patients. We used the propensity score 1:1 matching analysis to evaluate OBC vs non-OBC comparison using balanced groups with respect to the observed covariates. We further divided the OBC population into four groups based on different treatment strategies. Univariable and multivariable analyses were used to calculate and compare the four treatment outcomes within the OBC population.

Results: OBC patients were older, exhibited a more advanced stage, a higher rate of negative estrogen receptor and progesterone receptor status, a higher rate of HER2-positive status, and a higher rate of ≥10 positive lymph nodes, and were less likely to undergo surgical treatment than non-OBC patients. After adjustments for clinicopathological factors, the OBC patients exhibited a significantly better survival than the non-OBC patients (P<0.001). This result was confirmed in a 1:1 matched case-control analysis. Within the four OBC treatment groups, we observed no difference in survival among the mastectomy group, the breast-conserving surgery (BCS) group, and the axillary lymph node dissection (ALND)-only group. The multivariable analysis revealed that the sentinel lymph node dissection-only group had the worst prognosis (P<0.001).

Conclusion: OBC has unique clinicopathological characteristics and a favorable prognosis compared with non-OBC. BCS plus ALND and radiotherapy showed a survival benefit that was similar to that of mastectomy for OBC patients.

Keywords: occult breast cancer, clinicopathological characteristics, treatment outcomes, SEER database
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Thank you for your attention