MALE BREAST CANCER: A REVIEW OF PATIENTS TREATED OVER THE LAST DEcade.

Aba Scott¹, V. Vanderpuye¹, J. Yarney¹, C. Aidoo¹
¹Korle Bu Teaching Hospital, Accra – Ghana.

CONCLUSION

Male breast cancer represents 1.6% of all breast cancer presenting to the Radiotherapy Centre in Accra, Ghana, consistent with worldwide data. Majority present with locally advanced or metastatic disease. Outcomes are poor and could be related to late presentation and paucity of receptor status reporting. Early screening and detection programs may translate into better outcomes.

Introduction

Male breast carcinoma (MBC) is a rare disease, accounting for less than 1% of all breast cancers. The incidence varies worldwide with geographic location. Sub-Saharan Africa records some of the highest rates.

There is a lack of prospective trials to define its optimum treatment due to small numbers as a result of rarity. Current data consists mostly of retrospective studies with low numbers. Treatment recommendations have generally followed the guidelines and principles established for the management of female breast cancer event though there are differences in characteristics and outcomes.

The purpose of this study is to review male breast carcinoma in patients treated at our institution over a 10 year period (2004 to 2013).

The goal of the poster

Breast cancer is real in men. Man examine your breast. The earlier the better.

RESULTS

Over the 10 year period, 41 male breast cancer patients were studied, accounting for 1.6% of all breast cancer cases managed over that period. Median age at diagnosis was 66 years, (range 36-89). Majority (87.8%) self-detected a lump in the breast. The median time from onset of symptoms to diagnosis was 12 months.

Hormone receptor status known for only 36.6% of the patients of which 73.2% were hormone receptor positive. HER2 testing was never done. Less than half (46.3%) received postoperative breast/chest wall irradiation. The rest did not receive local radiotherapy because they were either metastatic, defaulted or delayed referral following surgery.

Chemotherapy was administered to 40.3% in the adjuvant, neoadjuvant or metastatic setting. Hormone receptor positive patients received Tamoxifen.

Mean follow up duration was 13.9 months. Median survival was 13 months with a 5yr overall survival rate of 2%.