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Staging distribution and choice of therapeutic management in patients with breast cancer in 2016 at the Breast Unit, University Hospital Tzaritza Joanna – ISUL, Medical University of Sofia, Bulgaria

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Introduction: The incidence of breast cancer (BC) in Bulgaria is lower than the average in Europe (76.3 out of 100 000 females to average in Europe 94.2/100 000 females). The data from Bulgarian National Cancer Registry for the last 40 years shows continuous growth in the number of newly diagnosed cases – from 1632 patients in 1976 to 4000 in 2014. The staging distribution for 2013 is the following: stage I (A, B) – 29%, stage II (A, B) – 42 %, stage III (A, B, C) – 20 %, stage IV – 5 %, unclassified – 4 %1.

Purpose: The purpose of this study is to analyze the choice of therapeutic management in patients with BC, diagnosed and treated at the Breast Unit, University Hospital "Tzaritza Joanna – ISUL", Medical University (MU) of Sofia in 2016 according to the stage of the disease.

Materials and method: All patients, diagnosed with BC were staged according to the TNM- classification (8th edition). The University of Southern California/Van Nuys Prognostic Index (USC/VNPI), the Memorial Sloan-Kettering Cancer Center (MSKCC) nomogram and Medical University Sofia (MUS) prognostic model for evaluating the probability of local recurrence were used in determining the treatment options for patients with non-invasive form of BC (DCIS)[2]. The selection of patients with early breast cancer, suitable for breast-conserving surgery (BCS) with simultaneous intraoperative radiotherapy (IORT), was accomplished according to The Groupe Européen de Curiethérapie-European Society for Therapeutic Radiology and Oncology (GEC-ESTRO) Breast Cancer Working Group (2009) criteria[3]. SPECT/CT was the preferred method for a preoperative maping of sentinel lymph nodes, followed by intraoperative detection with Europad Gamma Probe camera. We used the INTRABEAM® system (Carl Zeiss Surgical Gmbh, Oberkochen, Germany) to complete the process.

Results: In 2016 386 BC patients were treated at our Breast Unit. The mean age of the group of 136 newly diagnosed cases (132 females and 5 males) is 59,2 (29-91). Invasive ductal carcinoma was the most frequent finding (76%) and invasive lobular carcinoma occurs in 16 % of all cases. We had one male patient with malignant fibrous histiocytoma of the breast.

Conclusion: Important factors for successful results are the modern complex treatment, which requires individualized approach, and the consequtive modules in standard limits that we provide. The role and advantages of the specialized structures (Breast Units) are undeniable, since they ensure the highest level of diagnosis and treatment, i.e. for the past year at our Breast Unit newly-diagnosed patients were 33% without a single patient with unclear stage. Nationally these numbers are 29% and 4%, respectively.

Biography

Ivan Terziev was born in 1961. He graduated in Medicine in 1987 from the Medical University of Sofia and obtained a specialty in Pathology and Cytology in 1991. Dr Terziev has been working at Tsaritsa Yoanna ISUL University Hospital since 1988, and he is also an Assistant professor of Pathology at the Medical University of Sofia, Bulgaria. Dr Terziev is a member of Bulgarian and European Society of Pathology and Bulgarian-Turkish group on Diseases of Thyroid and Breast. He has numerous publications in Bulgarian scientific journals, as well as more than 20 papers in reputed international ones. Dr Terziev is working in the area of histopathology of head of neck, thyroid gland, gastrointestinal, breast and surgical pathology.

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