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LETTERS TO THE EDITOR

Medullary carcinoma of the breast: a brief report from a tertiary care center

Dear Editor,

Medullary breast carcinoma (MDBC) comprises 3-5% of all breast cancer patients. It is easily identified by prominent syncytial growth, well-circumscribed margins, nuclear pleomorphism, diffuse lymphoid infiltrate and absence of an intraductal component or microglandular features [1]. Studies have shown that despite the common occurrence of large tumor size, high nuclear grade, and hormone receptor negativity, MDBC has a good prognosis (up to 84% 10-year survival) [2].

We retrospectively investigated the files of 2003 female patients with breast cancer and found 16 patients diagnosed with MDBC. We looked at some parameters like age, menopausal status, oral contraceptive use, TNM classification, estrogen (ER) and progesterone receptor (PR) status, follow up period, survival, and the treatment modalities they had received.

The mean patient age was 47 years (median 46, range 28-73). Seven patients were postmenopausal. Three had a history of oral contraceptive usage, and the remaining denied any use of oral contraceptives. Nine patients had a family history of a malignancy, 2 were ER positive, 3 were PR positive, 4 were HER-2 positive; however, information about receptor status in 1 patient and HER-2 in 3 patients was lacking. Six patients had triple negative MDBC.

Ten patients had grade 3 tumors, 1 grade 2 and in 4 patients data were lacking. Two patients had T1, 12 T2, and 1 T3 tumors. Ten patients had N0, 4 N1 and 1 had N4 nodal status. All of the patients had M0 stage at the time of diagnosis.

All of the patients received adjuvant chemotherapy; none had received neoadjuvant chemotherapy. Five patients had received hormone therapy and 10 had adjuvant radiotherapy.

The mean follow up period was 44.8 months (range 4.2 months-10.5 years). During follow up, 2 patients passed away, 2 had disease progression (1 after 8.4 months and the 2nd one after 17.7 months).

Lymph node metastases (LNM) have been shown to be an important prognostic factor of this disease. Fisher et al. have demonstrated that the 10-year survival rates for those without LNM were 68.7-80.2%, whereas in patients with LNM not receiving chemotherapy, this ratio was 44.4-50.0%. [3]. Metastasis, as demonstrated in our analysis, is rare in this breast cancer subtype. In addition, a recent study has shown that ER positivity is infrequent, and that there are racial disparities in survival. Moreover, it has been shown that inadequate lymphadenectomy may lead to understaging, as the survival increases with increasing lymph node yield [4]. Furthermore, Pinto et al. reported no survival difference between ER+ and ER- patients suggesting a hormone therapy resistance [5].

To conclude, MDBC has unique characteristics of its own which need to be taken into consideration during diagnosis and selection of treatment modalities. In this study we present a brief report of our experience, and a concise summary of the current information about this uncommon pathology.

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Distribution of breast cancer diagnosis according to month of birth in Turkish population

Dear Editor,

Studies conducted in a multitude of countries have suggested that early prenatal and postnatal factors affect the future risk of breast cancer. While some studies have found a positive relation, other studies have failed to identify statistically significant factors [1,2]. Herein we present our analysis of 1249 breast cancer patients registered to the Hacettepe University Oncology Hospital. The patients were grouped according to their month of birth. Afterwards, a x^2 test was conducted to determine whether there are seasonal variations in the frequency distribution of breast cancer according to the month of the patient's birth (Table 1). While among women born in March and May the risk of breast cancer increased, in women born in September, October, November and December the risk of future breast cancer