Comparison of clinicopathological characteristics and outcome of younger and older breast cancer patients

Dear Editor,

Younger women with breast cancer have poorer prognosis than older ones. These cancers are often hormone receptor-negative, high grade, and diagnosed at advanced stages. Although compared to younger patients, older patients are more likely to have low-grade, hormone receptor-positive breast cancers, a high percentage of older patients do not receive standard treatment based on current best practice guidelines [1-4]. The purpose of this report was to explore the differences between women with breast cancer who were in both extreme age groups, younger and older ages.

All patients > 75 years old and < 30 years old followed up at Hacettepe University Institute of Oncology were assessed. Statistical analysis was performed using the SPSS statistical package. The following independent variables were analyzed: age at presentation, surgical intervention, operation type, tumor type, tumor size, lymphovascular invasion (LVI), lymph node involvement, ER, PR and HER-2 receptor status, TNM stage, adjuvant radio-, chemo- and hormonal therapy, and disease recurrence. The follow-up duration was calculated as the length of time between the date of diagnosis and the date of death or last contact. Disease-free survival (DFS) was defined as the time from surgical resection to the first of any of the following events: relapse, second primary breast cancer, any second (non-breast) malignancy or death from any cause.

Out of a total study population of 1680 breast cancer women, 83 were < 30 years of age, with median age of 28.4 years (range 19-30) and 32 were > 75 years of age, with median age 77.1 years (range 74-88). The distribution of various clinicopathological factors did not differ significantly between the two age groups (operation type, tumor type, LVI, tumor stage, ER, PR and HER-2 receptor status, tumor and nodal stage (T1-4, N0-1). Fifty-eight (80.5%) of younger breast cancer patients received adjuvant chemotherapy based on anthracycline + taxane or anthracycline-containing regimen and 95.8% (n=23) of older patients received only adjuvant hormonotherapy. Median follow-up time was 4.8 years. In the younger age group, 30 (36%) patients developed some kind of disease progression (locoregional recurrence 27.7%, metastatic disease 3.6%) and 7 patients died. In the older age group 7 patients (21%) experienced some kind of disease progression (locoregional recurrence 9.4%, metastatic disease 12.5%) and 2 patients died. Significant difference was found in DFS between patients aged <30 years and those aged > 75 years (p=0.04).

In this study we demonstrated that the clinicopathological factors did not differ between younger and older age groups. Some recent studies report that older women have more advanced tumor stages at initial presentation, compared to younger patients [1-4]. We also documented that DFS in patients who were diagnosed before the age of 30 years was worse when compared with that of older women. Our data suggest that although other clinicopathological factors except age at diagnosis were the same, age does have some impact on long-term outcome of breast cancer patients [5].

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Cutaneous metastasis from hepatocellular carcinoma

Dear Editor,

Cutaneous infiltration by malignant cells is a rare manifestation of hepatocellular carcinoma (HCC) and confers a dismal prognosis. A biopsy is essential to confirm the diagnosis [1].

A 68-year-old man presented to our Department with gradually worsening dyspnea, abdominal discomfort and loss of appetite. Clinical examination revealed no respiratory sounds in the right pulmonary base with stony dull percussion, conspicuous hepatomegaly and a firm, painless, nonulcerative, reddish skin lesion in his right shoulder measuring 2.5×2 cm in diameter. Chest X-ray revealed right pleural effusion and thoracentesis was performed. Cytologic analysis of the effusion revealed metastatic adenocarcinoma. MRI of the upper abdomen was consistent with multifocal HCC, and the greatest lesion appeared in the segments VII and VIII measuring 9.5×8.5 cm. The MRI also revealed lytic bone lesions throughout the spine. His liver biochemistry classified him in Child-Pugh A category and αFP was 62 μg/L. Interestingly, his medical history was negative for hepatitis B and C infection. A core biopsy of the skin lesion was performed which was consistent with grade III metastatic carcinoma. Since the immunohistochemical features were hepatocyte paraffin 1 (HepPar1) strongly positive, TTF1 negative, CK5-6