
To the Editor:

Male breast cancer is a rare disease, accounting for less than 1% of total malignant diseases and less than 1% of all breast cancer cases (1). Inspired by the Ruddy and Winer’s article published in Annals of Oncology (2), we analyzed our group of patients treated at the Oncology Institute of Vojvodina from 2006 to 2010.

We analyzed the medical records of 44 patients managed at our Institute. The median follow-up was 50 months (25–83). Diagnosis was established after radical mastectomy in case of 72% of studied patients; the rest of patients underwent less radical surgery or biopsy in case with primary metastatic disease. Adjuvant radio- and chemotherapy were administered according to standard protocols (3). The Kaplan–Meier estimator and Mann–Whitney U-test were used for statistical analyses.

In our group, 34% of patients had T1 disease, while 50%, 3%, and 13% had T2, T3, and T4, respectively. Lymph node status was N0 32%, N1 32%; also, N3 and N4 both by 18%. Seventeen patients (39%) had stage IV disease in the time of diagnosis while stage I, II, and III was found in 9%, 41%, and 11%, respectively. Hormone receptor positive disease in our group of male patients was diagnosed in 78% of patients, while three patients (10%) had HER2 positive disease from 32 patients with known HER2 status. Grade two was the most often determined (62%), while G1 and G3 disease was diagnosed in 21% and 17% of patients.

In the time of diagnosis, 27 patients had no metastases and 21 of them were treated with adjuvant chemotherapy. FAC protocol (5-flurouracil, doxorubicin, and cyclophosphamide) was applied in case of 81% of patients; combination of AC protocol (doxorubicin and cyclophosphamide) and taxanes was administered in two patients (10%), and CMF (cyclophosphamide, methotrexate, and 5-flurouracil) was also applied in two patients. Tamoxifen was given to all patients with positive estrogen receptors. After disease progression, the patients were mostly treated with taxane therapy and/or capecitabine. None of the patient was given trastuzumab therapy. Primary metastatic disease was found in 17 studied patients and 14 (82%) of them were given FAC therapy and followed with tamoxifen in case of hormone positive disease; two patients were treated with taxanes initially, and one patient was treated with hormonal therapy only.

The median of progression free survival (PFS) in the analyzed group of patients was 29 months, and median overall survival (OS) was 40 months. Four-year PFS was 28% and OS was 43%. In addition, we analyzed survival based on clinical and histopathologic parameters. The univariate analysis showed that tumor size and number of involved lymph nodes in axilla had no significant impact to 4-year PFS and OS. Patients with stage III and stage IV disease had shorter 4-year PFS (5% versus 64%, p = 0.0006) and OS (19% versus 70%, p = 0.0044), mainly on the account of 17 patients with primary metastatic disease. Four-year survival of the patients with metastases was 17% with the median time to progression of 11 months and median time for overall survival of 35 months. These data speak in favor of the efficacy of larger number of therapies administered in metastatic stage of disease. Hormone receptor status did not influence PFS and OS. None of the patients with HER2 positive or grade 3 disease survived more than 3 years, but we didn’t find statistical significance because of the small number of studied patients. Patients with primary metastatic disease had more often tumors of ≥5 cm (p = 0.03) and ≥4 positive ipsilateral axillary lymph nodes (p = 0.01).

In contrast to the majority of studies that have been analyzed by Ruddy and Winer (2) our study was a report of the 44 patients who were treated after the year 2005, with more recent standards in adjuvant treatment and with more drugs to treat metastatic
disease. The majority of studies have been conducted in developed countries, and only a very small number (4–7) in developing countries with lower healthcare awareness in general. In spite of modern therapies, the majority of the patients in our study have relatively poor prognosis, because half of the patients are diagnosed in advanced stage of the disease. Therefore, continuous improvement of healthcare awareness in terms of the recognition of any change on the breasts in men is highly important in developing countries.

Lazar Popovic, MD*†
Jasna Trifunovic, MD, PhD*†
Jasna Pesic, MD*
Gorana Matovina-Brko, MD*†
Ivana Kolarov-Bjelobrk, MD*†
Numa Memisevic, MD†
Darjana Jovanovic, MD, PhD*†

*Clinic for Medical Oncology
Oncology Institute of Vojvodina
Sremska Kamenica
Serbia;
and †Medical Faculty
University of Novi Sad
Novi Sad
Serbia

REFERENCES


