TAC IN THE NEOADJUVANT TREATMENT OF LOCALLY ADVANCED AND INFLAMMATORY BREAST CANCER HER NEGATIVE

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Keyword: Inflammatory , advanced breast cancer, Chemotherapy néoadjuvante, Docetaxel – doxorubicine – cyclophosphamide (TAC), Toxicity, Overall survival

1.INTRODUCTION

Due to its incidence, Breast cancer remains the most common cancer in women and its leading cause of death in the world. In Algeria, according to the cancer registers already established, we are witnessing a marked increase in the incidence of breast cancer, with more than 6000 new cases each year thus occupying the first place among all cancers of women. Locally advanced forms are predominant in our country (Algeria), they represent more than 75% of cases of breast cancer.

Inflammatory breast cancer is a special and rare form. It is essentially characterized by its clinical presentation and its extreme gravity. It represents approximately 1 to 5% of breast cancers with a high frequency in the North Africa countries. In addition, there is a constant rejuvenation of women affected by breast cancer, with a peak frequency before the age of 50.
Despite all the therapeutic advances made in the past twenty years, the prognosis of locally advanced and inflammatory forms remains formidable
The aim of this work is to determine, and to find in which therapeutic approach we will have the best response rates and survival rates, a therapeutic approach based on taxanes which will therefore be best indicated in the case of locally advanced breast cancer and inflammatory.

2.PATIENTS AND METHODS

This is a prospective study on patients with exclusively locally evolved and inflammatory breast cancer, recruited at of the medical oncology service of the university hospital center of Oran over a period of 4 years, going from January 2015 as of December 31, 2018. The operation has included a group of ninety two patients (92). Patients selected for the study had locally advanced or inflammatory breast cancer (stage IIb, stage IIIa, stage IIIb)

2.1. Primary objective

To determine the clinical and histological response rates of the Docetaxel-Doxorubicin-Cyclophosphamide combination in locally advanced and inflammatory breast cancer HER negative.

2.2. Secondary objectives

Study of epidemiological profiles and diagnostic aspects -Assessment of the toxicity of the Docetaxel-Doxorubicin-Cyclophosphamide
combination.Estimation of the overall survival, without recurrence, of patients subjected to the protocol.

2.3. Treatment protocol

Chemotherapy is carried out on an outpatient basis at the day's hospital. Patients received the following protocol: Doxorubicin: 50 mg / m2 - Cyclophosphamide: 500 mg / m2 - Docetaxel: 75 mg / m2
Docetaxel is administered after premedication with corticosteroids and growth factors are given routinely

3.PATIENT CHARACTERISTICS

characteristics	Number	(%)
Total number of patients	92	100
Age (years)		
< 40	20	21,7
40 – 50	34	37
> 50	38	40,3
Middle age	48,3 ± 1,04	
Age extremes	28 – 70	-
Menopausal status		
Ovarian activity	44	
Peri menopause	19	47,8
Menopause	29	20,7
		31,5
Average clinical tumor size	-	
10,1 ± 4,7 mm		-
Classification		
Tumor (T)	16	17,4
T3	2	2,2
T4a	12	13,0
T4b	7	7,6
T4c	55	59,8
T4d		
Node (N)	21	22,8
N0	43	46,7
N1	28	30,4
N2		
Stage	9	9,8
IIb	2	2,2
IIIa	81	88,0
IIIb		
Hormonal status	59	69,5
RE + et /ou PR +	26	30,5
RE – PR –		
WHO performance status	86	93,5
WHO 0	6	6,5
WHO 1		
Obesity	17	18.5%

4.RESULTS

The rate of objective response is of 86%.

Tumor clinical response rate : Complete clinical response was 65.3% and partial was 34.7%

Lymph node clinical response rate : The complete lymph node clinical response was 64.8% and partial 35.2%.

Tumor histological response rate : The complete tumor pathological response was 30.6% and partial 69.4%

Toxicity :

The principal toxicities of rank 3 and 4 allotted to this association of antimitotic are neutropenia (6, 5%), the vomiting (27%), the stomatitis (15%) and the alopecia (93%). No case of allergy was noticed however a moderate asthenia was present at the majority of the patients.

1- Haematological toxicity

Haematological toxicity on J1				
Toxicity	Grade 1 – 2		Grade 3 – 4	
	Number	%	Number	%
Leucopenia	11	11,9	1	1,1
Neutropenia	11	12,0	-	-
Thrombocytopenia	10	10,9	-	-
Anemia	7	7,6	-	-
Haematological toxicity on D 10				
	Grade 1 – 2		Grade 3 – 4	
Leukopenia	68	73,9	6	6,5
febrile Neutropenia	12	13,0	4	4,3
Anemia	41	44,5	3	3,3
Thrombocytopenia	24	26,1	2	2,2

2- Non Haematological toxicity

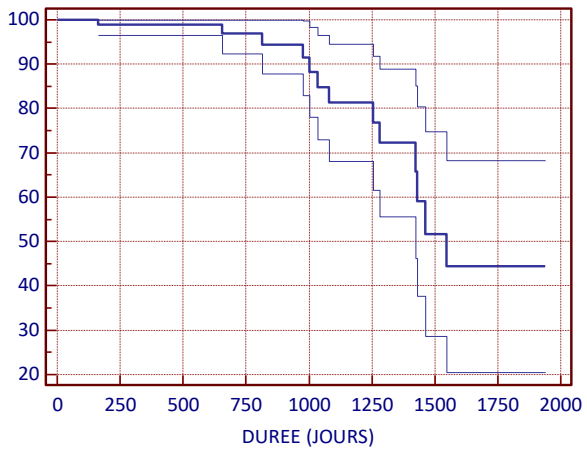
Toxicity	Grade 1 – 2		Grade 3 – 4	
	Nbre	%	Nbre	%
Nausea/vomiting	61	66,3	25	27,2
Diarrhea	50	54,3	22	23,9
Stomatitis	57	62,0	14	15
Constipation	13	14,0	-	-
Hypersensitivity	16	17,3	-	-
Edema	19	44,6	-	-
Fluid retention	8	8,7	-	-
Alopécia	6	6,5	86	93,5
Nail toxicity	28	30,0	-	-
Neuropaty	21	22,8	-	-
Skin toxicity	10	10,8	-	-
Asthenia	79	85,9	-	-
Anorexia	64	69,5	-	-
Myalgia	20	21,7	-	-
Fever	23	25,0	-	-

5.OVERALL SURVIVAL

In our study, the median survival (50%) is 1,550 days (51 months).

At 16 months, the probability of survival of our study series is 98%

At 57 months the probability of survival is 45%.



6.CONCLUSION

The neoadjuvant treatment done by the docetaxel - doxorubicine - cyclophosphamide association showed a great effectiveness allowing the operability of the tumors which were from the start inoperable. This was a result of several appreciable objective responses and with an acceptable toxicity level.

This whole study leads to an interesting survival rate due to the Taxanes administration