Oral Session (Oral presentations categorized by each organ)

CLINICOPATHOLOGICAL FEATURE OF JAPANESE BREAST CANCER PATIENTS WITH A HISTORY OF GYNECOLOGICAL HORMONE THERAPY

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Background: Clinicopathological features of breast cancer patients with a history of gynecological hormone therapy (OC/HRT) are not clear.

Methods: 1) Breast cancer screening results from 2007 to 2012 and 2) breast cancer patients with OC/HRT were analyzed retrospectively.

Results: 1) Screening were performed for 15,683 women. The mean age was 40.6 years old, 72.4% had no childbirth, 16% had a family history, and 27.3% with OC/HRT. Recall rate was 14.4%, cancer detection rate was 0.59%, positive prediction value was 3.81%, and the rate of early breast cancer was 56.8%. The cancer detection rate was 0.24% in OC/HRT group, 0.67% (0.63% after age adjustment) in non-OC/HRT group. 2) Thirty nine breast cancer patients with a history of OC/HRT were analyzed. The mean age was 44.5 years old, 51.4% had no childbirth, 29.7% had a family history, 28.9% was DCIS, 50% was Stage I, and 90% was ER positive. The rate of breast conservation was 56.5%. All the patients stopped OC/HRT, 66.6% were prescribed tamoxifen ± LHRH. During the follow up period (median 1.1y), no recurrence, 17.9% of menopausal disorder, 5% of endometriosis, 1 case of ovarian cancer, 1 case of hepatitis was occurred. Although Chinese herbal medicines and antidepressants were co-prescribed for menopausal disorder, 2 patients (5%) discontinued tamoxifen.

Conclusions: In this study, the tendency for the breast cancer detection rate of OC/HRT group was not higher than non-OC/HRT group. The features of breast cancer occurred in patients with OC/HRT was younger, have more family history, earlier staged, higher ER positive tumor as compared with the annual report of a Japanese breast cancer society. It is possible that the medical advice from a gynecologist and the high consciousness of the person herself led to earlier detection. Understandings of the patients about hormonal environment changing by breast cancer endocrine therapy and establishment of supportive care are needed for treatment adherence.