

Experience with breast cancer in a single oncology clinic in Nairobi

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Abstract:

Combinations of anthracyclines and cyclophosphamide \pm 5-FU are widely used in treatment of breast cancer (BC) in the adjuvant setting. Addition of taxanes is beneficial. For Her2-positive tumours addition of herceptin may improve relapse-free survival in the adjuvant setting, and prolongs survival in metastatic setting. We routinely use doxorubicin and cyclophosphamide (AC) x 6 courses for standard risk disease and give the same x 4 followed by docetaxel \pm herceptin x 4 for those with ≥ 10 positive axillary nodes. We also use AC as first line for endocrine nonresponsive metastatic BC. A total of 173 BC patients seen in our clinic between January 1997 and May 2005, 83 were given chemotherapy both in the adjuvant and metastatic settings. Results: Of 83 patients, 81 were female and 2 males, age range 24–71, median 45 years. Seventy-eight cases were ductal carcinoma, not otherwise stated, 1 colloid, 1 anaplastic, 1 adenosarcomatoid, 2 medullary. Fifty-six were post resection and 27 metastatic. Thirty eight sites of metastasis or spread were evaluable. These were skeletal 10 (26.3%), liver 7 (18.4%), chest wall 6 (15.9%), lungs and pleura 9 (23.7%), brain 4 (10.5%) and supraclavicular nodes 2 (5.3%). Her2 expression by immunohistochemistry in 20 cases was - 3+ in 7 (35%), 2+ in 3 (15%) and $\leq 1+$ in 10 (50%). Out of 40 cases, 15 (37.5%) were endocrine responsive, 17 (42.5%) nonresponsive and 8 (20%) indeterminate. Twenty seven patients treated before January 2004 were recorded dead after survival ranging between 8 and 96 months, median 36 months. Only 3 patients with resected BC were recorded dead as opposed to 24 with MBC at diagnosis. Two of the deaths in the adjuvant setting were in patients with ≥ 10 nodes positive and both had the brain as the only site of metastasis. There was no significant correlation between nodal status and follow-up duration ($P = 0.43$), hormone receptor status and survival ($P = 0.20$), and Her2-expression and survival ($P = 0.23$). This material shows a low frequency of ER positivity and higher mortality particularly from brain metastasis than most Western series. It does however show a similarity to recent reports of breast cancer in African-American women.