interdisipliner onkoloji derneği

GENÇLERLE ONKOLOJİYE BAKIŞ KONGRESİ

GEBELİK MEME KANSERİ

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VM MEDİKAL PARK BURSA-MEDİKAL ONKOLOJİ

15-18 ŞUBAT 2018

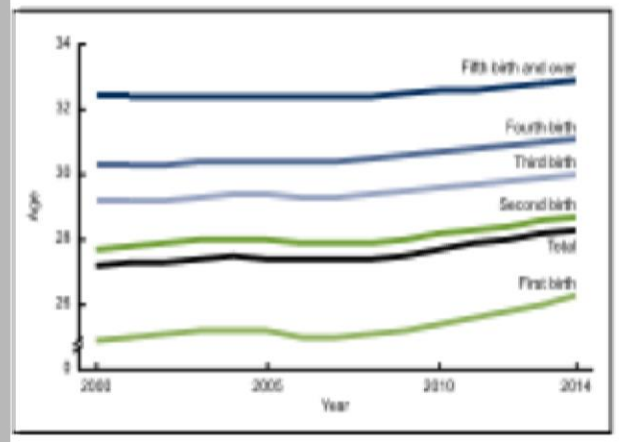
Gestasyonel meme kanseri nedir?

- ✓ Gebelik sırasında
- ✓ Postpartum ilk 1 yıl içinde
- ✓ Veya laktasyon sırasında tanı konulan meme kanseridir

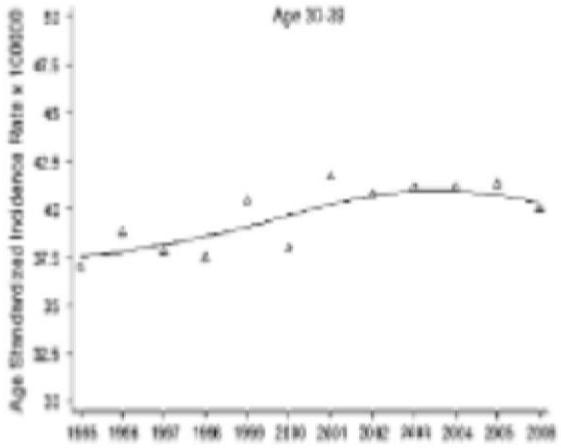
annelerbilir.net/hamileyken-meme-kanseri-teshisi-konan-annenin-duygulandiran-hikayesi

GEBELİKTE MEME KANSERİ
İnsidans:2.4-7.3/100.000 gebelik

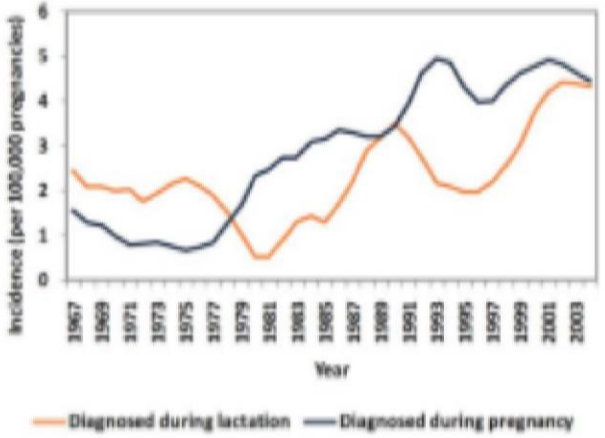
Trend in mother's age at birth



Trend in BC in young women



Trend in BC during pregnancy



Increased awareness needed!

Mathews TJ et al, NCHS 2016;(232):1-8. Merlo FD et al, BCRT 2012;134:363-70. Loibl S et al, JAMA Oncol 2015;1:1145-53

BİYOLOJİ-PROGNOZ

histoloji dağılımında fark yok

Pregnant BC Patients **Non-pregnant BC Patients**

Outcome	HR	95% CI	*P*
DFS			
Main analysis: IPW for age	1.34	0.93 to 1.91	.14
Sensitivity analysis: stratification for age	1.31	0.92 to 1.85	.15
OS			
Main analysis: IPW for age	1.19	0.73 to 1.93	.51
Sensitivity analysis: stratification for age	1.06	0.66 to 1.68	.80

Azim HA et al, Endocr Relat Cancer 2014;21:545-54

Amant F et al, J Clin Oncol 2013;31:2532-9

KLİNİKTE

- ✓ **Kitle**
- ✓ **<u>Ayırıca Tanıda:</u>**
- ✓ fibroadenom, fibrokistik değişiklikler,galaktosel, adenom,lipom ve apse
- ✓ **Görüntülemede:**
- ✓ USG

MAMOGRAFİ	MEME MR	BİYOPSİ
Fetusun maruz kaldığı radyasyon dozu (abdomen koruma ile 0.03ugy)	I.Triemsterde önerilmez Zararlı etkiler??	Meme ve aksiller LAP
	Önerilmez Gadolinum kontrendikedir	

EVRELEME

AKCİĞER	KARACİĞER	KEMİK	BEYİN	KALP
PA AC Fetus:0.06mili rad	USG	MR	MR	EKO
[illegible]	[illegible]	KEMİK SİNT. Fe[illegible].19 ra[illegible]		
MR!	MR	Direk grafi		

Gadolinum kontrendikedir
Gadobenat ve gadotenate kullanılabilir

CERRAHİ

Trimester	Surgical management
First	1. Chemotherapy not appropriate 2. Consider awaiting the second trimester to initiate therapy depending on disease severity and week of gestation 3. Consider surgery cautiously with RSI and FM
Second	1. Consider neoadjuvant chemotherapy to downstage disease and allow for further workup 2. Consider surgery (using RSI and FM) followed by adjuvant chemotherapy
Third	1. Chemotherapy not appropriate unless it can be halted approximately 3–4 wk before EDD; can resume after delivery or proceed with surgery after delivery 2. Consider surgery cautiously (using RSI, FM, and proper positioning) followed by adjuvant therapy after delivery 3. Consider awaiting or hastening delivery and treating in the postpartum period depending on disease severity and week of gestation/ fetal maturity

The Oncologist 2017;22:324–334

Breast Cancer Management During Pregnancy

SLNB

- ✓ Tartışmalıdır
- ✓ Prognostik önemi, adjuvan tedavi seçimi,aksiller lenf nodu diseksiyonu gerekliliği
- ✓ İsosulfan blue gebelikte KONTRENDİKE,
- ✓ Tcehnetium sülfür colloid daha güvenli, 500-600mikroCurie
- ✓ Klinik olarak ipsilateral aksiller lenf nodu pozitif veya inflamatuvar meme kanseri var ise ALND yapılmalıdır.

REKONSTRİKSİYON

- ✓ Gebelikte mastektomi
- ✓ Simetri? Maternal psikoloji?
- ✓ Expander veya implant*
- ✓ N:78 gebe meme kanseri
- ✓ N:22 mastektomi yapılan hastanın 12 expander ,1 implant
- ✓ Komplikasyon (hematom, enf,nekroz,) yok, n:1 expander sızıntı
- ✓ Doğumdan sonra radyoterapi sonrası rekonstriksiyon tamamlanmıştır.
- ✓ Sadece 1 hastada 19. ayda lokal rekürrens ,

KEMOTERAPİ

	Cardonick *et al.* (2010)	Loibl *et al.* (2012)	Murthy *et al.* (2014)
No. of patients receiving anthracyline	103	178	81
Type of anthracyline regimen used	AC, FAC, EC, FEC, anthracycline followed by taxanes	A alone or E alone, AC or EC, FAC or FEC, anthracycline → CMF, anthracycline → taxanes	FAC
Gestational age at starting CT (months)	20.4	24	-
Gestational age at delivery (months)	35.8	37	37
Spontaneous abortion	5%	1%	-
Malformations	4%	4%	4%

Lambertini M et al, Expert Opin Drug Safety 2015;14:1395-408

KEMOTERAPİ

Taxanes during pregnancy	
Number	55
- Breast cancer	39
- Other	16
- Paclitaxel	33
- Docetaxel	19
- Both	3
Neonatal outcome	
- Mean gestational age at delivery	Week 36
- Foetal weight	2400 g
- Early preterm delivery	1 (2%)
- Foetal complications	Anaemia (n=1), neutropenia (n=1)
- Foetal malformations	Pyloric stenosis (n=1)

Zagouri F et al, Clin Breast Cancer 2013;13:16-23. Loibl S et al, Lancet Oncol 2012;13:887-96

KEMOTERAPİ

Preferred Regimen Standard	
Epirubicin or doxorubicin with cyclophosphamide q3w followed by paclitaxel weekly	Taxane based: epirubicin with cyclophosphamide q3w followed by paclitaxel weekly (reverse sequence is possible—decision might be based on gestational age)
Epirubicin or doxorubicin with cyclophosphamide q3w followed by docetaxel q3w	An option decision based on adverse effects and experience
Docetaxel-doxorubicin-cyclophosphamide	Not recommended during pregnancy because better evaluated and less toxic regimen available
Dose-Dense Regimen	
Epirubicin or doxorubicin with cyclophosphamide q2w followed by weekly paclitaxel[3,4]	Can be considered as an option in patients with higher risk BCP; G-CSF obligatory
Epirubicin or doxorubicin with cyclophosphamide q3w followed by paclitaxel q2w[3]	No data in BCP
Cyclophosphamide-doxorubicin with paclitaxel q2w followed by cyclophosphamide-doxorubicin-paclitaxel q2w[3,4]	Cyclophosphamide-doxorubicin q2w followed by paclitaxel q2w seems to be an alternative in patients with BCP[5]
Dose-Dense and Intensified Dose-Dense Regimens	
CT epirubicin-paclitaxel-cyclophosphamide q2w	Intensified dose-dense CT is not recommended: high risk for febrile neutropenia and anemia with need for transfusion

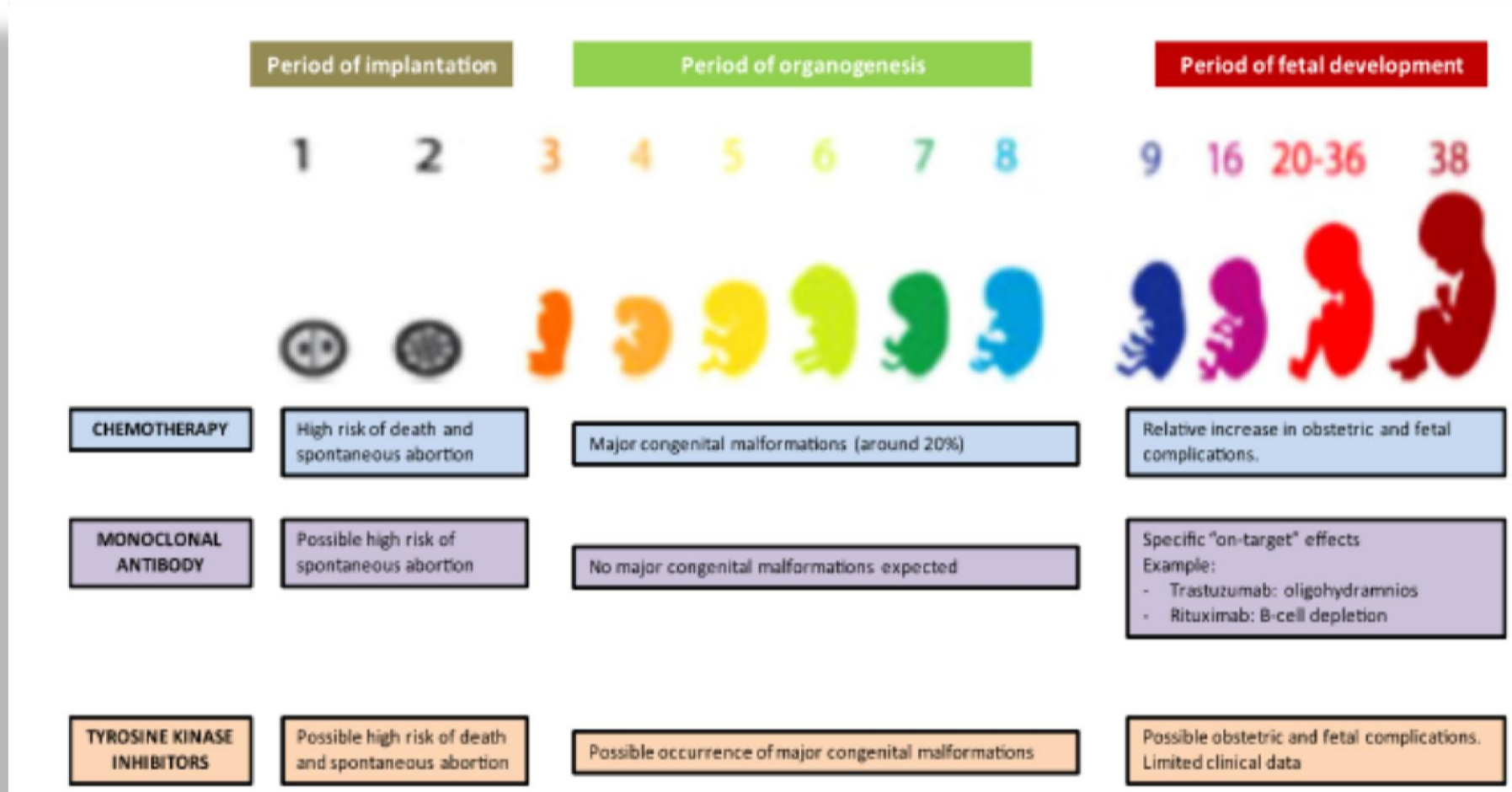
Loibl S et al, JAMA Oncol 2015;1:1145-1153

DESTEK TEDAVİSİ ve PREMEDİKASYON

Drug Class	Examples	Recommendation
Antiemetics		
5-HT3 antagonists	Ondansetron, palonosetron, granisetron, tropisetron, dolasetron	Ondansetron therapy during pregnancy not associated with significantly increased risk of adverse fetal outcomes. Other 5-HT3 antagonists are less well investigated. Granisetron does not appear to cross the placenta
Neurokinin 1 inhibitors	Aprepitant, fosaprepitant	No data available; single reports with no adverse outcome—can be given if necessary
Corticosteroids	Dexamethasone, betamethasone, methylprednisolone	Dexamethasone therapy contraindicated in first trimester (risk of cleft palate). Attention deficit disorder reported with dexamethasone and betamethasone use. Methylprednisolone is the preferred option
H1 antagonists		Seem to be safe
H2 antagonists	Ranitidine, cimetidine	No increased incidence of malformations with H2 blocker. Can be used to prevent allergic reaction
Proton pump inhibitors	Omeprazole, pantoprazole	Seems to have muscle-relaxant effects in vitro
Colony-Stimulating Factors		
G-CSF	Daily use (filgrastim, lenograstim) or long acting (pegfilgrastim, lipegfilgrastim)	Information about the use of G-CSF during pregnancy is limited. In a series of 34 children exposed to daily G-CSF therapy, no splenomegaly and no increased rate of opportunistic infections was reported

Loibl S et al, JAMA Oncol 2015;1:1145-1153

MONOKLONAL ANTİKOR -ENDOKRİN TEDAVİ-TKİ-RADYOTERAPİ



Lambertini M et al, Cancer Treat Rev 2015;41:301-9

Key points

1. Ultrasonography is the first-line imaging modality. If concerning mass identified, bilateral mammography with appropriate shielding is recommended.
2. Surgery can be safely performed at any time during pregnancy, but second trimester is preferred. Lumpectomy and mastectomy are both reasonable surgical approaches.
3. The recommended method of lymphoscintigraphy is with 99m-Tc sulfur colloid alone.
4. Chemotherapy should not be administered in the first trimester of pregnancy; anthracycline-based chemotherapy can be safely initiated in the second and third trimesters of pregnancy.
5. Chemotherapy should be stopped approximately 3–4 wk before delivery to avoid hematologic nadir during delivery that may result in infectious or bleeding complications.
6. Dosing of chemotherapy in pregnant patient should be similar to that in nonpregnant patient (i.e., based on actual body surface area).

Contraindications

1. Gadolinium-based contrast for MRI is not recommended.
2. Isosulfan blue dye is contraindicated for lymphoscintigraphy as dual tracer for sentinel lymph node biopsy.
3. Chemotherapy is contraindicated in first trimester of pregnancy and during lactation.
4. Endocrine treatment is contraindicated during pregnancy and lactation.
5. Anti-HER2 therapy is contraindicated in pregnancy and lactation.
6. Radiation therapy is contraindicated during pregnancy and cautioned during lactation.

Although most studies evaluating the safety of chemotherapy beyond the first trimester have been retrospective, rates of fetal malformations have been low: on average, 3%–5% across several studies, similar to the rates in the population at large in the United States and to those reported in a large German study (6.9%).

The Oncologist 2017;22:324–334

TEŞEKKÜR EDERİM

- ✓ Multiparite sadece kalıtsal BRCA 2 mutasyonlu kadınlarda meme ca riskini azaltır .BRCA1 de geçerli değildir

17.02.2018

vaka-2: Postmenopozal,KAH ve KBY olup diyaliz programında olan opere T2N1MO, Üçlü negatif meme kanserinde adjuvan tedavi seçimi

Dr. Nilüfer AVCI