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EVALUATION OF THE CLINICAL PARAMETERS OF A GROUP OF PATIENTS WITH TRIPLE-NEGATIVE BREAST TUMORS

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Objective: This study aims to evaluate the prevalence of triple-negative breast cancer (TNBC) in breast cancer patients treated at the Mastology Service of the Hospital das Clínicas – Federal University of Minas Gerais (HC-UFMG/EBSERH) and to analyze other clinical parameters in this population, such as age, clinical stage at the first consultation, and family history (FH) for cancer. To describe the systemic treatment, the surgical approach and the pattern of response after neoadjuvant chemotherapy were used. Methods: A retrospective cohort study was carried out with the analysis of 337 patients treated at the Mastology Service of HC-UFMG with TNBC. The study was approved by the National and Institutional Research Ethics Committee. Results: Of the 337 patients analyzed, 45 (13.35%) had TNBC. The median age of the patients was 51 years, the minimum age was 24 years, and the maximum age was 77 years. Clinical staging at the first consultation corresponded mostly to stage IIIA (46%), followed by 15% in stage IA and 12% in stage IIB. The positive FH for cancer in a first-degree relative was 52%. In addition to mastectomy, performed in 50% of patients, axillary lymphadenectomy was added in 70% of cases and sentinel lymph node biopsy in the remaining 30%. Of the patients who underwent conservative treatment, 50% underwent axillary lymphadenectomy and 50% underwent sentinel lymph node biopsy. Only 5% did not undergo chemotherapy (early stages). Fifty-nine percent underwent neoadjuvant chemotherapy, fulfilling the indication criteria authorized by the Unified Health System. Pathological complete response was achieved in 32% of patients. Conclusion: The incidences found in the population with TNBC assisted by the mastology service of the HC-UFMG are similar to those found in the world population. The 45 (13.35%) patients in the study with TBNC are mostly (58%) in advanced clinical stage with positive FH (52%).

Keywords: Breast cancer. Triple-negative. Epidemiology. Treatment.