

Factors affecting disease free survival in Iranian patients with invasive ductal carcinoma of the breast.  
Tu Category: [Prognostic Factors](#) Sub-category mor Biology and Human

Genetics  
Meeting:  
[2008 ASCO Annual Meeting](#)

Abstract No:  
22130

Citation:  
J Clin Oncol  
26: 2008 (May 20 suppl; abstr 22130)

Author(s):  
M. Mokri, J. Raafat, S. Shariat Torbaghan, M. Karbassian, M. Shakiba, M.

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Abstract:

Background:  
Factors affecting Disease Free Survival (DFS) in breast cancer are very important in treatment planning and determining the prognosis of the patients. In this study, we have assessed the important factors affecting DFS of a large group in Iranian patients with invasive ductal carcinoma (IDC).

Methods:  
The data on demographic, clinical, histopathological (including grade and stage) and biomarkers (including estrogen receptor[ER], progesterone receptor [PR], Her-2, p53, ki-67 and Cothepsin-d) in 1823 Iranian patients with surgically candidated (Modified Radical Mastectomy or Conservative breast surgery) IDC were collected. All patients referred to Day General Hospital and the diagnosis of IDC was proved by histopathologic assessment. After surgery, all patients were followed up according to routine schedule and if they encounter a clinical problem, they referred and underwent routine plans for evaluation of metastasis. Time from surgery to the last visit recorded and if any metastasis was detected, the time between surgery and detection considered as DFS.

Results:  
Totally 1823 patients entered the study. The mean age was 48.8±10.9 years old (20-85) and 1091(59.8%) were equal or under 50 years old. The ER, PR, Her-2 and

p53 were positive in 68.5%, 64.5%, 40.1% and 40.5% of patients respectively. 29% were stage III or IV, 26.6% were in N2 or N3 and 85.1% had 2 or 3 Bloom-Richardson histological grade. 37.1% showed blood vessel involvement in pathology. In a Kaplan-Meyer analysis, the mean DFS of patients was 102.9±1.8 month (95% confidence interval [CI]=99.2-106.16 months). In a multivariate Cox regression model for DFS, the age (hazard ratio=0.98[95% CI=0.97-0.99]), tumor stage (hazard ratio=1.85[95% CI=1.15-2.99], vascular invasion (hazard ratio=1.43[95% CI=1.02-2]) and involved lymph nodes (hazard ratio=1.05[95% CI=1.02-1.08]) were statistically significant. (All P-Values<0.05).

Conclusions:

The lower age, higher tumor stage, vascular invasion and higher involved lymph nodes are associated with lower DFS