Are Clinicopathologic Features of Invasive Breast Cancer At Initial Diagnosis Predictive of Metastatic Disease?

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BACKGROUND

- The NCCN, ASCO and ESMO recommend radiological imaging to stage symptomatic patients and those with clinical stage III breast cancer
- Despite existing guidelines, physician variability in obtaining metastatic workup results in overutilization of diagnostic tests, false positives, delay in care and increased health care costs
- We sought to identify clinicopathological features at diagnosis that could be predictive of metastatic disease to guide future testing

METHODS

- Patients diagnosed with invasive breast cancer from 1st January 2014 to 31st December 2015 were identified from institutional database
- Patient variables collected included demographics, pathology, receptor profiles, clinical TNM staging and rates of upstaging to stage 4 disease
- Frequencies and percentages reported for categorical variables were assessed using Pearson’s χ2 test using SPSS, version 22.0

RESULTS

- Overall 70/378 (18.5%) had metastatic disease at diagnosis
- Advancing clinical stage, tumor size and nodal status resulted in statistically significant (p<0.001) upstaging to M1 disease
- Age and Receptor status were not independently predictive of upstaging to stage IV disease
- Almost 40% of tumors were Grade II and were associated with statistically significant upstaging (p=0.02)

CONCLUSION

- Advancing clinical stage at presentation was predictive of upstaging to M1 disease
- The higher rate of upstaging in grade II versus grade III tumors warrants further study

REFERENCES