Valvular, systolic and diastolic cardiac function in metastatic breast cancer patients, receiving combination of trastuzumab and non-anthracycline chemotherapy treatment - 1 year follow up

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Purpose: to asses cardio toxic risk profile of combined treatment with trastuzumab and chemotherapy in metastatic breast cancer patients (pts). Patients and methods: 28 pts: 12 recruited in our centre to BCIRG 101 trial, treated with combination of trastuzumab 2 mg/kg 1-weekly and chemotherapy consisting of doctezal 75 mg/m2 and cisplatin 75 mg/m2 every 3 weeks and 16 receiving trastuzumab and cisplatin or vinorelbine were evaluated clinically, by ECG and by Doppler echocardiography at baseline(I), in 2nd (II), 4th (III), 6th (IV) month of chemotherapy and up to 1 year follow-up (V) thereafter. Valvular function, resting left ventricular ejection fraction (LVEF), LV and LA diameters, diastolic and systolic LV function were determined. 12/28 pts were anthracycline pre-treated to maximum cumulative dose 300 mg/m2. Results: trace mitral insufficiency (MI) was observed at baseline in 12 pts, in 1 patient MI was moderate. During treatment there was progression of pre-existing MI from trace to moderate in 4 pts. MI did not progress in 8 pts and the only case of baseline significant MI did not show important progression upon observation. 3 pts presented trace aortic insufficiency (AI) at baseline without progression during treatment. No statistically significant changes were found for mean left ventricular ejection fraction (LVEF): I - 69.5%, II - 66.4%, III - 67.2%, IV - 66.3%, V - 67.0%, mean LV end-diastolic diameter (LVEDD) I - 4.47 cm, II - 4.62 cm, III - 4.46 cm, IV - 4.74 cm, V - 4.74 cm. Time isolated volumetric relaxation time (IVRT) I - 85.6 ms, II - 91.8 ms, III - 85.3 ms, IV - 89.8 ms, V - 97.5 ms, mean LA diastolic dimension (LA) I - 3.44 cm, II - 3.55 cm, III - 3.72 cm, IV - 3.73 cm, V - 3.86 cm. In 1 anthracycline naive patient I year after beginning of trastuzumab treatment moderate global hypokinesis was observed (EF - 59%). Conclusion: echo-doppler imaging during herceptin and chemotherapy combination treatment revealed progression of mitral regurgitation in some patients. The changes of other parameters do not substantiate an important deterioration of LV systolic and diastolic function, thus calling for larger number of patients to be evaluated.

Utility of intra-operative frozen section of sentinel nodes to predict final histology in patients with breast cancer

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BACKGROUND : Routine histology of sentinel nodes reliably predicts axillary node status in patients with breast cancer. Frozen section of sentinel nodes is not routinely used to determine the positivity or the nodes intra-operatively. PURPOSE: To determine if frozen section of sentinel nodes intra-operatively is reliable compared with paraffin histology and thus to determine if it is predictive of axillary node status. METHODS: Retrospective study of 32 patients with proven invasive breast cancer who had a sentinel node biopsy which was analyzed by...