

METASTATIC BREAST CANCER IN MEN**L. T. Alimkhodzhaeva*¹ and M. Kh. Norbekova²**¹Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology (RSSPMTSO&R)²Tashkent Medical Academy, Department of Oncology
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Article Received on 21/10/2022

Article Revised on 11/11/2022

Article Accepted on 01/12/2022

AIM

Optimization of diagnostic and therapeutic measures with the assessment of prognostic factors in metastatic breast cancer in men.

MATERIALS AND RESEARCH METHODS

To study the results of treatment of metastatic breast cancer (MBC) in the Republic of Uzbekistan covers the period from 2010 to 2020 (10 years), 103 patients with newly diagnosed breast cancer with metastases. The largest group consisted of patients with breast cancer with metastases in the age group of 41-50 years (31%) and 51-60 years (27.3%). There were slightly fewer patients with breast cancer at the age of 61-70 years (19.6%) and even fewer in the elderly - 79 patients (7.6%). The most common histological forms of the primary tumor were lobular (41%) and ductal (30%) types of cancer. In 13.5% of cases, the histological structure of the tumor was represented by an undifferentiated form, due in some cases to therapeutic pathomorphosis.

RESULTS OBTAINED

The size of neoplasms ranged from 0 to 5 cm or more. One-year survival of patients with MBC differed depending on the size of the primary tumor. Between groups of patients with sizes from 2 to 5 cm and more than 5 cm, the overall 5-year survival was not statistically significantly different (35% and 28%, respectively). It is noticeable that the 5-year survival rate of patients with metastatic breast cancer with tumors less than 2 cm was 66.9%, while with tumors more than 5 cm it was only 28.8% ($P < 0.001$). The upper outer quadrant, as well as the central part of the mammary gland, were statistically significantly more often (34.2 ± 4.87 and 46.1 ± 4.7 cases, respectively) affected by the tumor compared with the lower outer (5.7 ± 1.69), upper inner (7.5 ± 2.28) and lower inner (2.3 ± 0.94) quadrants. According to our study, the bones were already affected at the initial admission in 24.0% of cases. In 8 cases it was the spine, in 7 - the ribs and 4 - the ilium. Osteolytic lesions were noted in 5 patients. In two cases it was difficult to determine the type of lesion radiographically. Thus, 64.2% of patients survived 5 years or more, which

was statistically significantly higher than with combined and combined methods ($P < 0.05$, $t=2.1$). The main histological forms of breast cancer were lobular and ductal variants of the tumor, which together accounted for 71% of the forms.

CONCLUSION

Thus, in the treatment of metastatic breast cancer, it is necessary to provide adequate local treatment of the primary focus, control of metastatic regional and distant ones, which prevents further spread of the tumor process and leads to an increase in survival and improvement in the quality of life of patients. When choosing a method of treatment, it is necessary to take into account the localization of the metastasis, the age and general condition of the patient, her menstrual status, the presence of concomitant diseases, previous treatment for primary breast cancer. Important prognostic factors are the number of metastatic regional lymph nodes, the histological structure of the tumor, and the treatment methods used.