PREVALENCE AND SURVIVAL OF STAGE IV MALE BREAST CANCER: A SEER DATABASE ANALYSIS

Patrícia Miguel Semedo M.D., Conceição Pinto M.D., Luís Costa M.D. PhD1,2, Arlindo R. Ferreira M.D. PhD.3
1 Medical Oncology Department, Hospital de Santa Maria, Centro Hospitalar Universitário Lisboa Norte, Lisbon, Portugal
2 Instituto de Medicina Molecular, Faculdade de Medicina, Universidade de Lisboa, Portugal
3 Breast Unit, Champalimaud Clinical Center/Champalimaud Foundation, Lisbon, Portugal

INTRODUCTION

Male breast cancer (BC) is a rare disease (<1% of all BC cases in the United States).

Delay in diagnosis can result from ignorance of the existence of BC among men. Since it is often late diagnosed, male BC remains a substantial cause of morbidity and mortality.

The goal of this study was to evaluate the proportion of stage IV patients and their survival outcomes over time, using SEER (Surveillance, Epidemiology, and End Results) data.

METHODS

The data of the study was derived from SEER Stat version 8.3.2, which provided information on cancer statistics from 18 population-based cancer registries (1973-2016) with additional treatment fields, including approximately 28% of cancer cases in the United States.

We identified patients who were male, had known age and a diagnosis between 2000-2016. We stratified year of diagnosis in 5-year categories (2001-2005, 2006-2010 and 2011-2016).

Our primary outcome was stage IV cancer specific survival (CSS) over time. CSS was obtained using the Kaplan-Meier method. To assess the effect of analyzed parameters univariate and multivariate analyses were conducted using the Cox regression model.

RESULTS

Table 1. Patients baseline characteristics in the global population.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>All</th>
<th>2000-2005</th>
<th>2006-2010</th>
<th>2011-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-39</td>
<td>127 (1.7)</td>
<td>47 (0.6)</td>
<td>32 (0.5)</td>
<td>48 (1.6)</td>
</tr>
<tr>
<td>40-59</td>
<td>1327 (18.2)</td>
<td>409 (5.4)</td>
<td>325 (4.5)</td>
<td>593 (20.1)</td>
</tr>
<tr>
<td>60-69</td>
<td>566 (7.7)</td>
<td>203 (2.7)</td>
<td>189 (2.6)</td>
<td>174 (6.2)</td>
</tr>
<tr>
<td>70-79</td>
<td>1365 (18.2)</td>
<td>511 (6.7)</td>
<td>389 (5.3)</td>
<td>465 (16.6)</td>
</tr>
<tr>
<td>80+</td>
<td>2602 (34.3)</td>
<td>1104 (14.1)</td>
<td>720 (9.8)</td>
<td>1378 (48.4)</td>
</tr>
</tbody>
</table>

Percentage of stage I-III and stage IV diagnosis

Fig. 1. Percentage of stage IV diagnosis.

DISCUSSION AND CONCLUSIONS

- Compared to the Epidemiological Strategy and Medical Economics (ESME) cohort, a contemporaneous real-life cohort of women with mBC, both median OS (of 39.5 months [95% CI 38.7-40.3]) and 5-year OS (of 33.8%) compared more favorably to our findings. While these results may partially reflect the difference between BC in women and men, the community of physicians managing male BC needs to be vigilant to pursue improved outcomes in the community of male BC patients.

- There was a initial reduction in stage IV diagnosis between 2000-2005 and 2006-2010 (20.1% vs 8.0%), respectively with a stable percentage of diagnosis after that period. 8.9% in 2011-2016.

- Patterns of metastatic spread were stable over time.

- No significant or consistent improvement in CSS was achieved across the 3 time periods (21.4%, 26.6% and 15.5%).

- These results raise awareness towards the need of treatment innovation uptake in the male community of mBC patients.

REFERENCES: