

# CLINICOPATHOLOGICAL FEATURES OF HER2-NEU ENRICHED BREAST CANCER (HEBC) - A RETROSPECTIVE ANALYSIS

Dr. Pankaj Somani	Senior resident general surgery, RVRS medical college, Bhilwara, Rajasthan, 311001
Dr. Vinod jeengar	Assoc. prof. general surgery, RVRS medical college, Bhilwara, Rajasthan, India, 311001
Dr. Saumya Somani	Senior consultant, Dept of ObGy, Ramsnehi Hospital, Bhilwara, Rajasthan, 311001

# ABSTRACT

Aim: The aim is to study various clinicopathological features of Her2-neu enriched Breast cancer (HEBC) in Northern part of INDIA.

## Background:

- Molecular classification of breast cancer is based on gene expressing profile.
- The subgroup [luminal A, luminal B, Her2-neu enriched Breast cancer (HEBC), and basal like] have distinct gene expression pattern and phenotypical characteristics.
- · Her2-neu enriched Breast cancer (HEBC) tumors are of more aggressive variety, hence associated with poor prognosis
- Her2-neu enriched Breast cancer (HEBC) usually present with larger tumor size, more advanced tumor grade and TNM stage. The higher positive rate in lymph node metastasis is also observed..
- · The pathological complete response (pCR) rate is consistently lower when compared with other subtypes

# Material And Method:

Study Design: Hospital based retrospective, descriptive type of observational study. Study place: Dept. of general surgery SMS hospital Jaipur. Study population: 402 cases of diagnosed breast cancer. Statistical Analysis: Descriptive statistics

#### Result:

Total breast cancer patients studied = 402 46 patients [11.44 %] were found to have Her2-neu enriched Breast cancer (HEBC) Maximum number of cases were in age group >50 years i.e. 27 (58.69 %). Most of the cases (32, 69.57 %) cases were postmenopausal. Her2-neu enriched Breast cancer (HEBC) cases [84.78 %] had histological features of IDC

## Conclusions:

- Her2-neu enriched Breast cancer (HEBC) cases represents around 12 % of total breast cancer.
- Her2-neu enriched Breast cancer (HEBC) cases is commonly associated with postmenopausal status, mostly seen in patient of age >50 years.

Common mode of presentation is usually advanced disease i.e. T2, N1 or more Her2-neu enriched Breast cancer (HEBC) cases most commonly have Grade III presentation. Her2-neu enriched Breast cancer (HEBC) cases most commonly occurs in UOQ and infiltrative duct carcinoma (IDC) is the most common histopathological variety.

# KEYWORD

Her2-neu Enriched Breast Cancer, Her2-neu, Post-menopausal



# **ARTICLE HISTORY**

# \*Corresponding Author Dr. Vinod jeengar

Senior resident general surgery, RVRS medical college, Bhilwara, Rajasthan, 311001 dr.pankajsomani@yahoo.com

## I. Introduction

Breast carcinoma is one of the most common malignancies affecting the female population accounting to approximately 1.67 million cases diagnosed in the year 2012, coming to an estimate of 25% of all cancers [1]. It is a heterogeneous disease entity encompassing numerous distinctive histological, immunohistochemical and gene profile-based subtypes. The cell of origin of breast tumours is of utmost significance, since they hold subsequent associations with aetiology, pathogenesis and selective treatment outcomes. However, the classification of BC intrinsic subtype based on some biomarkers was suggested as a common method to provide prognostic and predictive information for specific

therapies [2] which classified BC into luminal breast cancer (LBC), HER2-enriched breast cancer (HEBC) and triple negative breast cancer (TNBC). Different intrinsic subtypes of BC had distinct biological behaviour, prognosis, survival rate and risk of death [2-4].

Here, an attempt is made to study the clinicopathological features of HER2-enriched breast cancer (HEBC) by assessing histomorphological features of HER2-enriched breast cancer (HEBC); analysing various parameters such as the age, site, tumour size, clinical features and treatment outcomes in HER2-enriched breast cancer (HEBC) in Northern part of INDIA..

## II. Patients And Methods

**Study Design:** Hospital based retrospective, descriptive type of observational study.

Study Place: Dept. of General Surgery SMS hospital Jaipur Rajasthan.

Study Population: 402 cases of diagnosed breast cancer. Statistical Analysis: Descriptive statistics-

This analysis included women with diagnosed breast cancer at SMS hospital Jaipur. Patient demographics were obtained.

Tumors were staged according to the TNM criteria. The data on ER, PR, andHER2/neu was obtained through standard clinical testing. We further categorized the patients as Her2-neu enriched if they were negative for estrogen receptor, progesterone receptor and positive for Her2/neu receptor.

III. Statistical analysis:
Table 1: Characteristics of Her2-neu enriched Breast cancer patients

_			
Clinical	Groups	No. of cases	%
AGE	<40 Years	6	13.04 %
	40 – 50 Years	13	28.26 %
	>50 Years	27	58.69 %
MENOPAUSAL			
STATUS	PRE-MENOPAUSE	14	30.43 %
	POST-MENOPAUSE	32	69.57 %
LATERALITY	RIGHT	20	43.47 %
	LEFT	26	56.52 %
LOCALITY	UOQ	27	58.69 %
	REST	19	41.30 %
PARITY	parity ≥3	14	30.43 %
	parity <3	32	69.56 %
OCP USE	Yes	8	17.39 %
	No	38	82.60 %
smoking		_	
history	Yes	5	10.86 %
	No	41	89.14 %

Table 2: Histological Pattern of Her2-neu enriched Breast cancer patients:

CHARACTERISTIC		N	%
HISTOLOGICAL TYPE	IDC	39	84.78 %
	OTHER	7	15.22 %
Grade	I	2	4.34 %
	II	10	21.73 %
	III	32	69.56 %
	IV	2	4.34 %

Table 3: Tumor characteristics

CHARACTERISTCS		N	%
T STAGE	T1	8	17.39 %
	T2	29	63.04 %
	Т3	7	15.21 %
	T4	2	4.3 %

N STAGE	NO	16	34.78 %
	N1	27	58.69 %
	N2	2	4.34 %
	N3	1	2.17 %
METASTATIC	YES	3	6.52 %
	NO	43	93.47 %
TNM STAGE	I	11	23.91 %
	III	6	13.04 %
	IV	3	6.52 %



## IV. Discussion

The demographic, clinical and pathological features of the patients with Her2-neu enriched Breast cancer patients are different from other molecular type of cancer breast.

The prevalence of Her2-neu enriched Breast cancer patients in the northern part of India [Rajasthan] is 11.44% as shown in our study, in American study prevalence was 13.6% [5].

In our study the average age of Her2-neu enriched Breast cancer presentation was 53.8 year. Which is comparatively higher than American study (average age was 47.6 year) [5] and china study (average age was 50.2 year) [6]

In our study 69.57 % patients were Post-menopausal as compare to study done in America (58.3%) [5] and china (62.8%) [6].

Though aggressive tumor, Patients of Her2-neu enriched Breast cancer presents late (>50 years) History of oral contraceptives do not have any statistical significance.

In our study 84.78 % patients were of IDC which is comparable to other studies found in literature (3,4).

At diagnosis, Her2-neu enriched Breast cancer are commonly presents with tumor size ranging from 2-5 cm (T2). In our study, the mean tumor size was 3.8 cm in Her2-neu enriched Breast cancer group, 63.04% patients of Her2-neu enriched Breast cancer had tumor size of 2-5 cm. (in American study 61% and in china study 56%).

At diagnosis, 65.2 % patients of Her2-neu enriched Breast cancer had clinically palpable lymph nodes which shows aggressive behavior of tumor.

In our study 69.56 % patients of Her2-neu enriched Breast cancer were in histological grade III which is comparable to other studies (in American study 66.2 % and in china study 68.4 %).

In our study 63.05~% patients had lymph node positive disease on Histopathological examination which shows aggressive behavior of tumor.

# V. Results

Total 402 breast cancer patients were studied, out of them 46 patients [11.44 %] were found to have Her2-neu enriched Breast cancer. Usual age of presentation of Her2-neu enriched Breast cancer is late despite its aggressive behaviour. Postmenopausal women who had aggressive behavior of tumor are more likely to have Her2-neu enriched Breast cancer. More than 60 % patients presents with lymph node involvement which shows aggressive behavior of Her2-neu enriched Breast cancer.

## They are mainly of IDC type.

Smoking, OCP intake and parity do not have any extra impact on Her2-neu enriched type of breast cancer.

The presentation in UOQ is more as compared to other quadrant which is same with other group of breast cancer. Her2-neu enriched Breast cancer is a different entity than other breast cancer and is an area for further research to develop novel treatment.

### REFERENCES

- Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, et al. [1] GLOBOCAN 2012 v1.1, Cancer incidence and mortality worldwide: IARC cancerbase no. 11 [Internet]. Lyon, France: International agency for research on cancer; 2014. Available from: http://globocan.iarc.fr,accessedon22/07/2016
- DiGiovanna MP, Stern DF, Edgerton SM, Whalen SG, Moore D, et al. (2005) Relationship of epidermal growth factor receptor expression to ErbB-2 signaling activity and prognosis in breast cancer patients. Journal of clinical oncology 23:1152-1160.
- Park S, Koo JS, Kim MS, Park HS, Lee JS, et al. (2012) Characteristics and outcomes according to molecular subtypes of breast cancer as classified by a panel of four biomarkers using immunohistochemistry. The Breast 21: 50-57.
- Wolff AC, Hammond MEH, Schwartz JN, Hagerty KL, Allred DC, et al. (2006) American Society of Clinical Oncology/College of American Pathologists guideline recommendations for human epidermal growth factor receptor 2 testing in breast cancer. Journal of Clinical Oncology 25:118-145.
- Carol A. Parise and Vincent Caggiano Sutter Institute forMedical Research, 2801 Capitol Avenue, Suite 400, Sacramento, CA 95816,USA Breast Cancer Survival Defined by the ER/PR/HER2 Subtypes(California Cancer Registry2000-2010) Volume 2014, Article ID 469251, 11 pages http://dx.doi.org/10.1155/2014/469251
- QiWu\*, Juanjuan Li\*, Shan Zhu, Juan Wu, Xiang Li, Qian Liu, Wen Wei, Shengrong Sun HER2-positive Luminal B breast cancer according to the clinicopathological features: a population-based study from SEER program2010-2012. Int J Clin Exp Med 2017;10(2):4049-4056 www.ijcem.com