

A Retrospective Comparative Study of Two Breast Cancer Staging Methods Used in a Multidisciplinary Tumor Board Conference

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Abstract

Since 2009, Multidisciplinary tumor board conferences predicted staging according to the American Joint Committee on Cancer (AJCC) 7th edition of breast cancer staging, which focused on anatomic findings of clinical tumor size, nodal status, and evidence of metastatic disease. In January 2018, Multidisciplinary tumor board conferences began utilizing the AJCC 8th Edition of breast cancer staging. In contrast to the AJCC 7th edition of breast cancer staging, the AJCC 8th Edition of breast cancer staging seeks better understanding of cancer biology and prefers documented biomarkers at the time of diagnosis. Biomarkers include the histologic tumor grade, estrogen receptor status [ER], progesterone receptor status [PR], human epidermal receptor status [HER 2], Ki-67 proliferative marker (or mitotic score), and genomic prognostic panel (for example, Oncotype DX ®, Mammoprint ®) if available. This new staging method seeks to personalize staging and offers better predict prognosis and therapy outcomes.

A retrospective comparative study of cases presented at a multidisciplinary breast conference over two sequential years was performed. The first year utilized the traditional 7th edition of breast cancer staging, and the latter utilized the new 8th Edition of breast cancer staging. Findings identified how histologic tumor grade, progesterone receptor status and Her 2 predictive marker dramatically impacted therapy decisions. A higher histologic grade, negative PR status can raise the breast cancer stage, while a positive HER 2 predictive marker can significantly lower the breast cancer stage. HER 2 positive breast cancer staging is lowered with the understanding that the patient will receive appropriate systemic therapy.

Recommendations from this Multidisciplinary tumor board conference were sent to referring physicians

Article Information

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