

# **Primary Breast Sarcoma: A Retrospective Single Institution** Study of Clinicopathologic Features, Treatment and Prognosis

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#### Introduction

- Primary breast sarcomas (PBS) are a rare and heterogeneous group of cancers with limited research, publications and treatment algorithms.
- Previous PBS studies showed that the median overall survival was 108 months.
- Reports using SEER data cannot report on many of the clinicopathologic features of the tumor that may affect outcome, such as surgical margins, and treatment specifics.
- Single institution studies have been performed; however, these have been small

Variables	PBS (%) N=34	RIS (%) N=28	
Race			
White or Caucasian	28 (82.4)	21 (75	
Other	6 (17.6)	7 (25	
Age at diagnosis, year			
Mean	55	62	
Median (range)	57.5 (21-86)	67 (31-80	
Clinical LN involved			
No	28 (82.4)	27 (96.4	
Yes	6 (17.7)	1 (3.6	
Tumor location			
Central	3 (8.8)	3 (11.1	
Inner	7 (20.6)	7 (25.9	
Outer	14 (41.2)	12 (44.4	
Other	10 (29.4)	5 (18.5	
Method of diagnosis			
FNA/core biopsy	30 (88.2)	22 (78.6	
Excisional/incisional biopsy	4 (11.8)	6 (21.4	
Type of surgery		Υ.	
Segmental mastectomy	11 (32.4)	1 (3.6	
Total mastectomy	23 (67.7)	27 (96.4	
Preoperative treatment			
None	14 (41.2)	8 (28.6	
Chemotherapy/radiation	20 (58 8)	20 (71 4	
Tumor histology	20 (0010)	_0 (/ // /	
Angiosarcoma	3 (8 8)	14 (50	
Phyllodes	7 (20.6)		
Spindle cell sarcoma	4 (11 8)	10 (35 7	
Others	20 (58 8)	4 (14 3	
Tumor necrosis	20 (00.0)	1 (110	
No	7 (25 9)	6 (33 3	
Yes	20.3) 20 (74 1)	12 (66 7	
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Pathological LN involvement	22 (01 1)	0	
No	32 (94.1)	28	
No Yes	32 (94.1) 2 (5.9)	28	

	Variables	HR	p	959	% CI
	Final tumor size	1.1	0.03	1.02	1.2
	Excisional/ Incisional biopsy	20.4	0.003	2.7	152.6
	Type of surgery		NS		
	Preoperative treatment		NS		
	Adjuvant chemotherapy		NS		
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#### Conclusion

Our data confirms that increased tumor size is associated with decreased survival for patients with PBS. Interestingly, our data also suggests that different treatment strategies did not affect patient outcomes. However, more patients are needed in the database to make the results more significant due to the inherent heterogeneity of breast sarcomas.

#### **Future Steps**

due to the rarity of these malignancies.

#### **Objective**

- To determine factors associated with survival of primary breast sarcoma patients at a single institution.
- To develop a database of primary breast  $\bullet$ sarcoma cases from a single institution.

#### Methods

- **Retrospective review of data on patients** with:
  - Primary breast sarcoma
  - Underwent primary surgery at MD Anderson Cancer Center from 01/2000 to 12/2020
- Statistical analysis:
  - Univariable and multivariable Cox hazard-ratio modeling.
- **Clinicopathologic factors examined** included:
  - Patient demographics
  - Clinical features

#### with DSS in patients with PBS.

Variables			HR	р	95%	
Positive final m	argin		10.3	0.02	1.4	78.6
Type of surgery	/			NS		
Preoperative tr	eatme	nt		NS		
Adjuvant chem	othera	ру		NS		
Adjuvant radiation therapy			NS			
with LRR in p	atien	s with PBS.				
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6 Ch	-50	· ·	Angiosar	coma		
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**Figure 2.** Waterfall plot showing percent change in tumor size from clinical size to pathologic size in PBS patients with neoadjuvant chemotherapy (NAC) (n=10).

#### Discussion

Final tumor size was the only factor

- Include more patients to expand database, resulting in better reliability.
- Identify genetic mutations that could be associated with outcomes in breast sarcomas and provide better insight into mechanism of disease progression.
- Determine factors that select patients  $\bullet$ for the most effective clinical protocols for the treatment of their primary breast sarcoma.
- Find alternative and better-targeted strategies for primary breast sarcoma patients.

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Treatment strategies



**Figure 1.** Patient demographics and tumor characteristics examined.

djuvant radiation therapy		
No	23 (67.7)	27 (96.4)
Yes	11 (32.4)	1 (3.6)
inal margin		
Close (<5mm)	8 (24.2)	10 (35.7)
Negative	21 (63.6)	15 (53.6)
Positive	4 (12.1)	3 (10.7)
ollow up time (month)		
Mean	46.4	59
Median (range)	37.6 (0.4-129.6)	56.3 (2.3-143.0)
S		
No	25 (73.5)	16 (57.1)
Yes	9 (26.5)	12 (48.9)
DS		
No	27 (79.4)	28
Yes	7 (20.6)	0
RR		
No	30 (88.2)	20 (71.4)
Yes	4 (11.8)	8 (28.6)

9 (26.5)

Yes

7 (25)

**Abbreviations:** LN = lymph node, cm = centimeter(s), HPF = highpower field, GX = unknown/unclassified grade, mm = millimeter(s), OS = overall survival, DSS = disease-specific survival, LRR = locoregional recurrence.

 
 Table 1. Characteristics of patients with primary
breast sarcoma (PBS, N=34) and radiation-induced breast sarcoma (RIS, N=28).

significantly associated with poor prognoses for PBS patients (HR: 1.1, *p*: 0.03).

Excisional/incisional biopsy was found to be a significant factor associated with OS (*p*: 0.003), and positive margins were found to be significantly associated with LRR (*p*: 0.02); however, the data is unreliable as the confidence interval is too wide in range as a result of minimal data.

- No clinicopathological factors were found to be significantly associated with outcomes for breast sarcomas that were radiationinduced.
- There was no significant difference in OS, DSS or LRR based on different treatment strategies (type of surgery, neoadjuvant or adjuvant treatment).
- Preliminary data suggested that NAC was not effective in patients with PBS, except possibly in the cases of angiosarcoma.



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