ABSTRACT

Background:

Male breast cancer, although rare, is a public health concern in South Africa. Studies have shown that there is an increasing trend, internationally, with a more advanced stage of presentation of male breast cancer than female breast cancer.

Objectives:

To identify the profile of male patients presenting with male breast cancer at the academic hospitals of the University of the Witwatersrand.

Methods:

The following is a retrospective review of male patients with breast cancer presenting to Charlotte Maxeke Johannesburg Academic Hospital (CMJAH), Chris Hani Baragwanath and Helen Joseph Hospital (HJH) from the period 1 January 2006 and 31 December 2016. Variables captured included: date of birth, race, ER, PR, Ki-67, HER2, hospital name, patient hospital number, specimen episode number and date of specimen logged. Data was collected on a Microsoft excel spreadsheet. Analysis was performed using STATA® Statistics/Data analysis program. Kruskal-Wallis equality of populations rank test, enumerating sample-space combinations, Fisher's exact, Mann-Whitney test, tabulation and observing frequency were performed.

Results:

This series included 154 cases, with most cases being from CMJAH (55.2%). Patients self-identifying as belonging to black race accounted for 79.1% with a median age of 63. The oestrogen receptor status was positive in 93.4% and progesterone in 87.3%; 86,4% of cases were positive for both oestrogen and progesterone receptors. The

HER2 receptor status was positive in 13.1% of cases. Analysis of Ki-67 status revealed records for 45 of 154 cases. Of significance is the assessment of the subgroup with a high Ki-67, 34 (75.5%) of all Ki-67 had a value of 14% or above. When assessing intrinsic subtypes, it was reported that 94.8% of patients were a luminal subtype while 5.21% of patients were of the triple negative subtype.

Conclusion:

Although rare, mBC is an important health concern with series indicating an increasing trend in prevalence, with patients presenting at more advanced stages. As precision medicine becomes the standard of care in cancer management, there is a need for further studies and standardisation of receptor subtyping for male patients. All variables including age, race, risk factors, hormonal subtyping and response to treatment must be recorded to tailor mBC care as is routine for fBC.