PROGNOSTIC SIGNIFICANCE OF BIOLOGICAL SUBTYPE FOR CHOICE OF SURGICAL TREATMENT TACTICS IN EARLY BREAST CANCER

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Relevance of the topic. Breast cancer (BC) is one of the most common oncological diseases in the world, with about 1.7 million cases diagnosed annually [1,3]. In the structure of oncological morbidity among the female population, BC ranks first in most economically developed countries; this oncological pathology occupies a leading position both in the structure of malignant neoplasm morbidity among the female population (21.2%) and in the mortality structure [5]. Breast cancer is a heterogeneous tumor, the course and treatment options of which are determined primarily by biological characteristics: the presence of steroid hormone receptors, Her2\neu expression , proliferation index, as well as the prevalence of the process, age and functional status of the ovaries. The established clinical concepts of the course of the disease made it possible to create a biological classification of BC used to individualize the choice of treatment tactics for patients [2,4] . The development of diagnostic methods and more advanced treatment methods, the systematic use of adjuvant therapy, and the introduction of new, more effective antitumor drugs have significantly improved the treatment results for patients with breast cancer, especially in patients with its early forms.

The aim of the study : to identify the dependence of the development of local recurrence depending on the chosen tactics of surgical treatment for different biological subtypes of breast cancer.

Materials and methods of the study : Molecular taxonomy of breast cancer (BC) can improve the prognosis of local-regional recurrence (LRR) and has great potential to improve decision-making regarding local treatment for BC. A review of the world literature was conducted, reflecting prospective and retrospective studies on the biological characteristics of BC. The studies reflected such parameters as the degree of malignancy, age of patients, biological subtype of the tumor and the treatment performed. The development of local and local-regional recurrence was assessed depending on the choice of surgical treatment tactics: radical mastectomy and organ-preserving treatment + radiation therapy. The search was limited to 2001, when biological subtypes of BC were identified. The analysis of prospective and retrospective studies was based on patients with early operable breast cancer.

Conclusions:

The main predictors of relapse in breast cancer include young age, tumor grade, tumor node size, lymphovascular invasion or lymph node involvement, and unfavorable tumor subtypes, such as Her2/ neu and triple-negative tumors. Triple-negative tumors have the most aggressive course, which concerns both local, regional relapse, and distant metastasis. Advances in modern neoadjuvant therapy have reduced the overall incidence of local relapse for all subgroups. Radiation therapy also helps reduce the risk of local-regional relapse. Currently, there is no clear data on the choice of surgical treatment tactics for various biological subtypes, but effective systemic therapy, as well as radiation therapy, reduces the frequency of local relapses after organ-preserving operations for unfavorable tumor subtypes and, according to research results, overall and relapse-free survival is comparable, as with mastectomy .

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