Studying the attitudes toward euthanasia of medical students will be useful for understanding the possible change in the tactics of managing patients with incurable diseases in future.

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PROGNOSTIC SIGNIFICANCE OF BIOLOGICAL SUBTYPES OF BREAST CANCER

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Introduction. Currently, the most common malignant neoplasm in women is breast cancer. Every year there is an increase in the number of cases of newly diagnosed breast cancer, and a similar trend is observed in the group of women of young working age. On this basis, the question of reasonable approaches to the treatment of this disease and predicting the course taking into account the tumor parameters is relevant. The 12th International Conference on Breast Cancer in St.Gallen (2011) adopted a new approach to therapy planning for this disease, based on the recognition of biological subtypes of breast cancer [1, 2]. This approach of defining tumor subtypes is based on immunohistochemical detection of estrogen and progesterone receptors, overexpression of HER2neu and cell proliferation marker Ki-67.

Aim of the study. To analyze some prognostically significant parameters in patients with breast cancer in Grodno region.

Materials and methods. The database of Oncology Department No. 2 of Grodno University Hospital for 2017, including 282 patients with newly diagnosed breast cancer, was analyzed. The following information was used: expression level of ER, PR, HER2neu in tumor tissue, process progression and five-year survival rate.

Results and discussion. According to the biological subtypes of the tumor, the patients were distributed as follows: luminal A – 97 (34.4%), luminal B (HER2-negative) – 37 (13.1%), luminal B (HER2-positive) – 72 (25.5%), HER2-positive non-luminal – 33 (11.7%), triple-negative – 43 (15.3%).

Among 282 patients included in the study, local-regional recurrences were detected in 7 patients: luminal-A subtype in 2 (2%), luminal-B HER2-negative also in

2 (5.4%), HER2-positive non-luminal in 1 (3%), triple-negative in 2 patients (4.7%). The potential for distant metastasis is one of the important features of the biological subtype of breast cancer, ultimately determining the survival of patients. In total, out of 282 patients, distant metastases to various organs were detected in 30 patients. In luminal-A breast cancer, distant metastases were detected in 8 patients and amounted to 8.2% (lungs – 4.1%, bones – 3.1%, liver – 1%). In the luminal-B (HER2-) group, distant metastases were detected in 3 out of 37 patients and amounted to 8.1% (lungs – 5.4%, bones – 2.7%). In luminal-B (HER2+), distant metastases were detected in 7 out of 72 patients – 9.7% (lungs – 4.2%, bones – 5.5%), in HER2-positive non-luminal in 4 out of 33 patients – 12% (lungs 3%, liver – 6%, brain 3%), in triple-negative in 6 out of 43 patients – 13.9% (lungs – 2.3%, bones – 7%, brain – 2.3%, ovaries – 2.3%). Thus, metastasis to bone was more frequently observed in luminal-A and luminal-B (HER2-) subtypes, and no cases of metastatic brain lesions were reported. Metastatic brain lesions were consistently observed in the HER2-positive non-luminal and triple-negative cancer groups. No skeletal lesions were observed in HER2-overexpressing breast cancer. The highest five-year survival rates were observed in the luminal-A subtype, 90%. The survival rate of patients with luminal-B HER2-negative cancer is statistically significantly higher than that of patients with other subtypes of cancer. Statistically significant differences in survival of patients with luminal-B HER2-positive, non-HER2-positive non-luminal and triple-negative breast cancer are not observed: five-year survival rate in these groups does not exceed 60%.

Conclusion. It is confirmed that the determination of IHC subtypes of breast cancer is effective in individual prognosis of the disease. The most favorable prognosis and high survival rates were observed in luminal-A subtype of cancer and slightly worse in luminal-B (HER2-negative). Aggressive course of the disease with the development of visceral metastases and brain damage was observed in HER2-overexpressing and triple-negative cancer.

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