Clinical Characteristics of Breast Cancers in Postmenopausal Women Receiving Hormone Therapy

Jung Bin Son*, Ju Eun Jeong, Jong Kil Joo, Kyu Sup Lee
Department of Obstetrics and Gynecology, Pusan National University, School of Medicine

Myung: Hormone therapy (HT) increases breast density and has been documented to increase frequency of the breast cancer. But, there were some reports that emerged breast cancers during HT have low malignant tendency and the clinical prognosis is better than other breast cancers. Therefore, we studied comparison of risk factors, histologic and clinical features of breast cancers occurred by postmenopausal women who receiving HT.

Method: We researched 40 breast cancer patients who receiving HT due to postmenopausal symptom in our university. Research variables include history and basic substances of the patients, kinds and duration of received HT, duration of the cancer outbreaking after starting HT, the radiological characteristics of breast, cancer stage, histologic diagnosis, tumor size, grade, aspect of lymph nodes metastasis, the ER and PR status, and whether 5-year survival was investigated.

Results: Kinds of previous HT were 12 patients (30%) had E only therapy, 13 patients (32.5%) had E+P therapy, 10 patients (25%) had tibolone therapy and the others received combination therapy of above regimens. Duration of treatment was 31 ± 27.9 (0.4 ~ 115) months and distribution of the cancer outbreaking after starting HT are 4 cases in 1 year, 5 cases in 1-2 years, 10 cases in 2-3 years, 4 cases in 3-4 years, 1 case in 4-5 years, and 16 cases in more than 5 years. Average diameter of tumor was 1.7cm and ductal type consisted of 92.5% of tumor. Stage 0 and I were appeared to 66% and grade I was showed 38% that was most frequent. Hormone receptor-positive breast cancer were investigated 85% and 70% of patients had negative LN metastases, and 5-year survival rate was 92%.

Conclusion: HT increases breast density in postmenopausal women and makes the breast cancer to have hormone receptor-positive. And the size and stage of these breast cancers showed small and low, and represented low-grade differentiation, thus recurrences of disease were uncommon and came out favorable 5-year survival rates and good prognosis.

Somatostatin analogue cotreatment is effective on ovarian response to controlled ovarian stimulation in nonobese patients with polycystic ovary syndrome, but not in obese women

김정훈*, 안준우, 전일경, 이지원, 유래미, 강혁재, 채희동, 강병문
울산대학교 의과대학 산부인과학학교실

목적: To investigate the effects of somatostatin analogue, octreotide, given concurrently with recombinant human follicle stimulating hormone (rhFSH) on ovarian response to controlled ovarian stimulation (COS) and in vitro fertilization (IVF) outcome according to body mass index (BMI) in infertile patients with polycystic ovary syndrome (PCOS) resistant to clomiphene citrate (CC)

방법: One hundred forty-four infertile patients with PCOS unresponsive to CC were enrolled in the present study. COS was performed using GnRH antagonist multiple-dose protocol in early and late follicular phase (MDP-EL) for all patients. Patients were randomly allocated either to octreotide group or control group in each nonobese (BMI < 23)(n=80) and obese (BMI < 23)(n=64) PCOS group. For octreotide group of both PCOS groups, 100 micrograms of octreotide were administered daily concomitantly with rhFSH from the starting day of COS up to the day of human chorionic gonadotropin (HCG) injection. Oocyte retrieval was performed 35-36 h after HCG injection and one to three embryos were transferred into the uterus on the third day after oocyte retrieval.

결과: Patient’s characteristics were comparable in octreotide and control groups. Two cycles in the control group of nonobese patients and one cycle in the control group of obese patients were abandoned because of excessive follicular development. However, none of the cycles in octreotide group of both nonobese and obese patients was abandoned. In nonobese patients, total dose and days of rhFSH administered were similar in octreotide and control group, but in obese patients, total dose of rhFSH was significantly higher in octreotide group (p=0.01). In nonobese patients, the number of follicles >14mm, serum estradiol and IGF-1 levels on the day of hCG injection, the numbers of retrieved oocytes and mature oocytes were significantly lower in octreotide group (p=0.001, p=0.001, p=0.005, p=0.002, p=0.03, respectively). However, in obese patients, there were no differences in the number of follicles > 14mm, serum estradiol and IGF-1 levels on the day of HCG injection, the numbers of retrieved oocytes and mature oocytes between octreotide and control groups. In nonobese patients, the incidence of severe ovarian hyperstimulation syndrome (OHSS) was significantly lower in octreotide group, with 15% (6/40) compared with 0% in control group (p=0.026). There were no differences in the clinical pregnancy rate, miscarriage rate and multiple pregnancy rate between octreotide and control groups in both nonobese and obese groups.

결론: Octreotide supplementation to rhFSH in COS cycles is beneficial in reducing the excessive follicular development and the incidence of severe OHSS without a deleterious effect on pregnancy outcome in nonobese patients with PCOS resistant to CC, but this treatment does not work in obese PCOS patients.