

Universitas Indonesia
2019



KANKER PAYUDARA

MODUL HEMATOLOGI-ONKOLOGI

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Tujuan

- Peserta didik memahami definisi dan faktor risiko dari kanker payudara
- Peserta didik mengetahui data epidemiologi terkait kanker payudara
- Peserta didik memahami pencegahan, diagnosis serta *staging* dari kanker payudara



Konten

- Definisi
 - Epidemiologi
 - Faktor Risiko
 - Pencegahan
 - Diagnosis
 - *Staging*
-

PEMAHAMAN DASAR

Definisi

Apa itu kanker payudara?

Proliferasi ganas



Sel epitel



Duktus / lobules



Payudara

Sumber:

1. Lippman ME. Breast cancer. In: Harrison's Principle of Internal Medicine. 19th ed. 2015.

Epidemiologi kanker payudara?



“The most common”

US
2012 163.570 invasif
63.300 in situ
39.510 kematian

INA
2010 18,6% total kasus
12/100.000 wanita
80% kasus lanjut



1⁰%

Sumber:

2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abeloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

3. Menteri Kesehatan Republik Indonesia. Pedoman nasional pelayanan kedokteran tata laksana kanker payudara. HK.01.07/MENKES/414/2018 Indonesia; 2018.

Sumber gambar:

• iconfinder.com

Faktor Risiko Kanker Payudara?



Sumber:

2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abelloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

Faktor Risiko

Kanker Payudara?

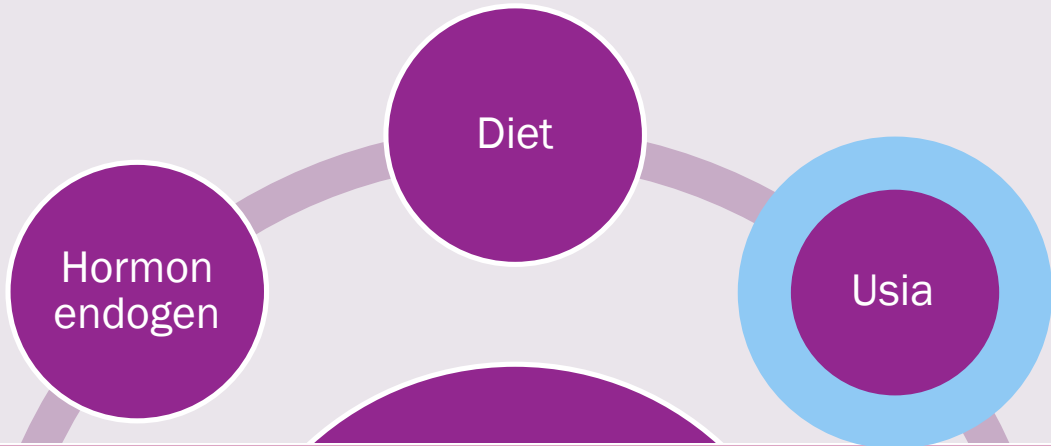
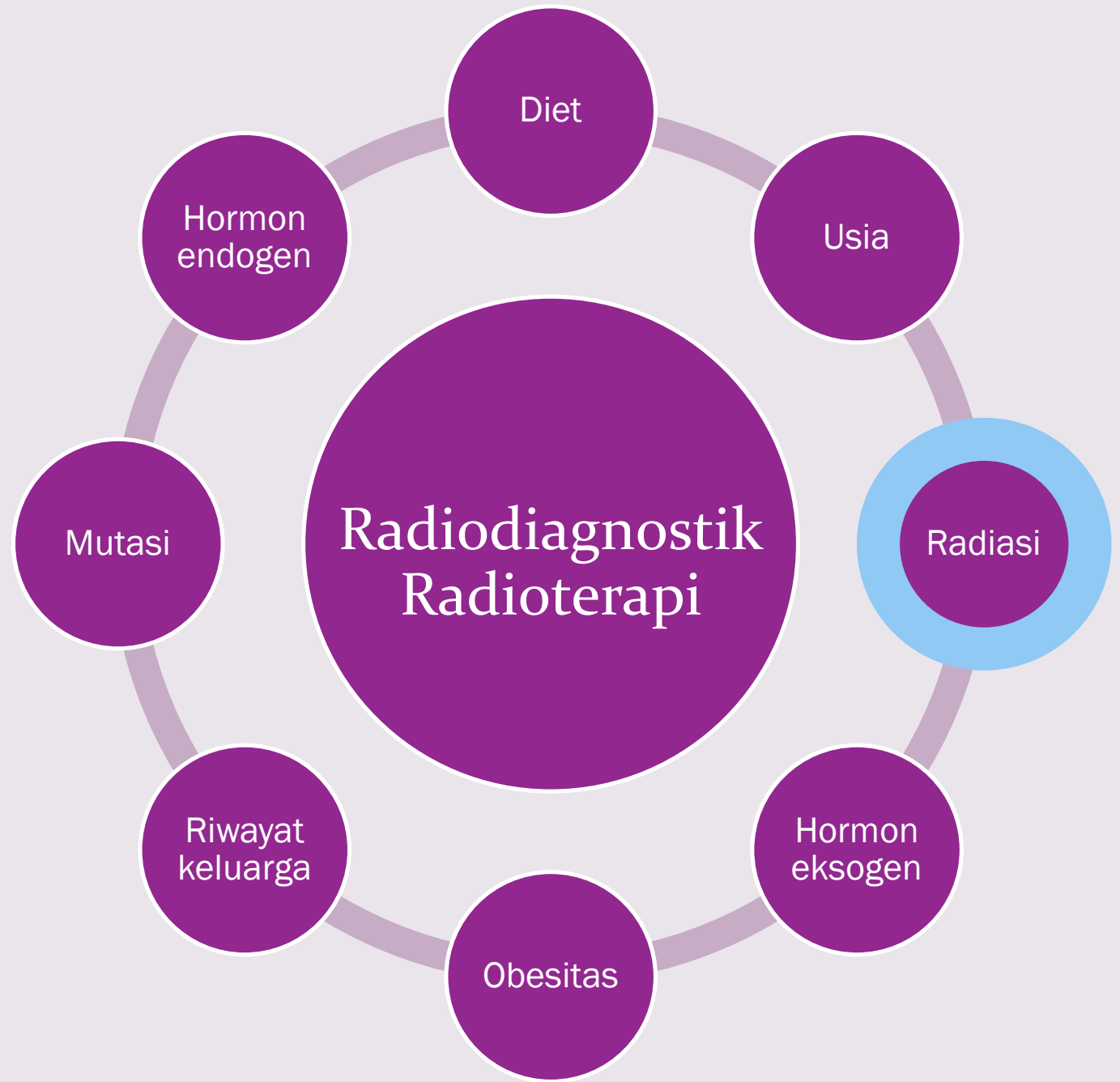


Table 91-1 Risk of Breast Cancer in U.S. Women

Age Range (years)	Breast Cancer Risk
30–40	1:227
40–50	1:68
50–60	1:42
60–70	1:28
Lifetime (to age 110 years)	1:8

Data from www.cancer.gov/cancertopics/factsheet/Detection/probability-breast-cancer. Accessed 10/1/2012

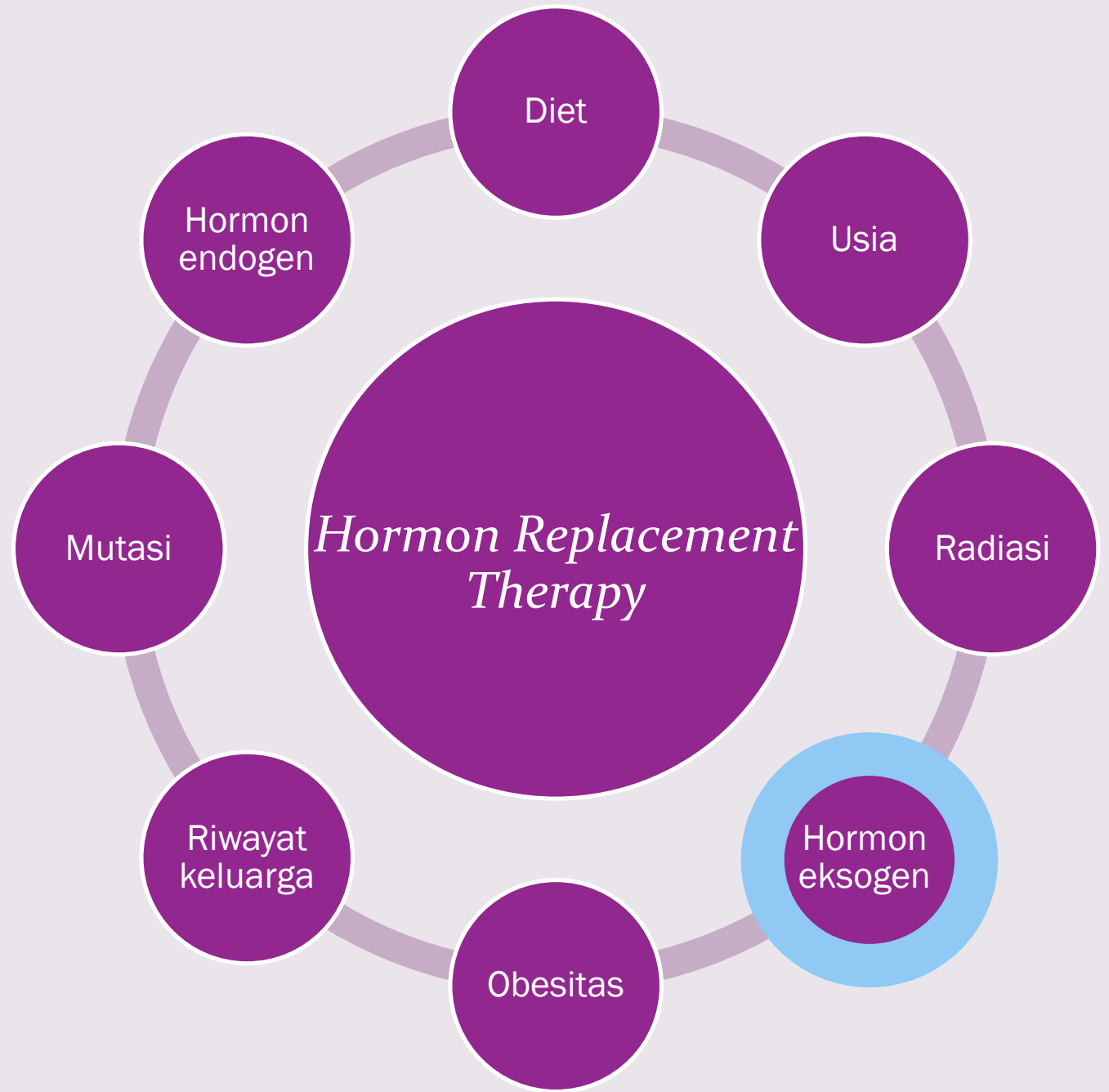
Faktor Risiko Kanker Payudara?



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2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abelloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

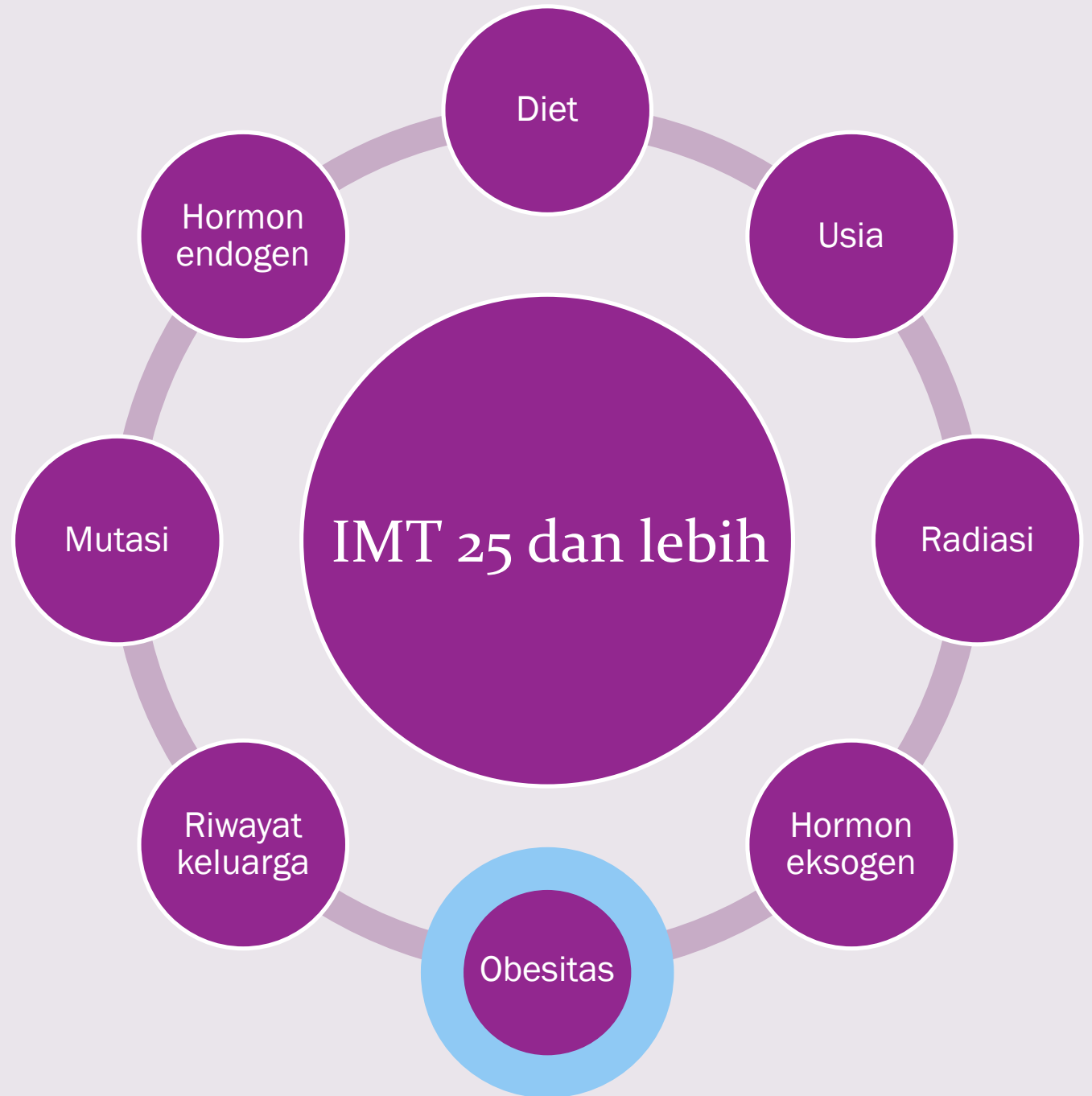
Faktor Risiko Kanker Payudara?



Sumber:

2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abelloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

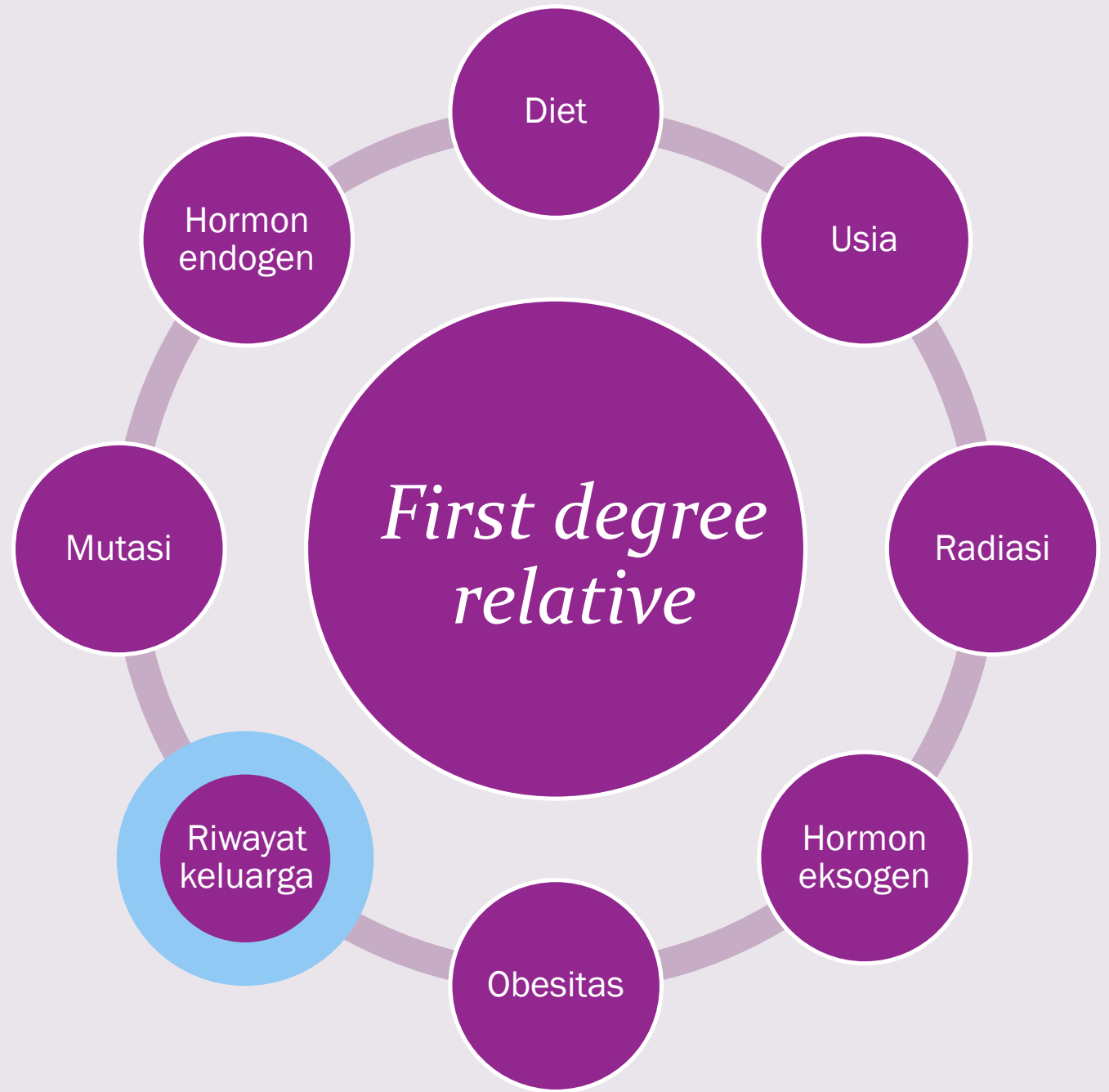
Faktor Risiko Kanker Payudara?



Sumber:

2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abelloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

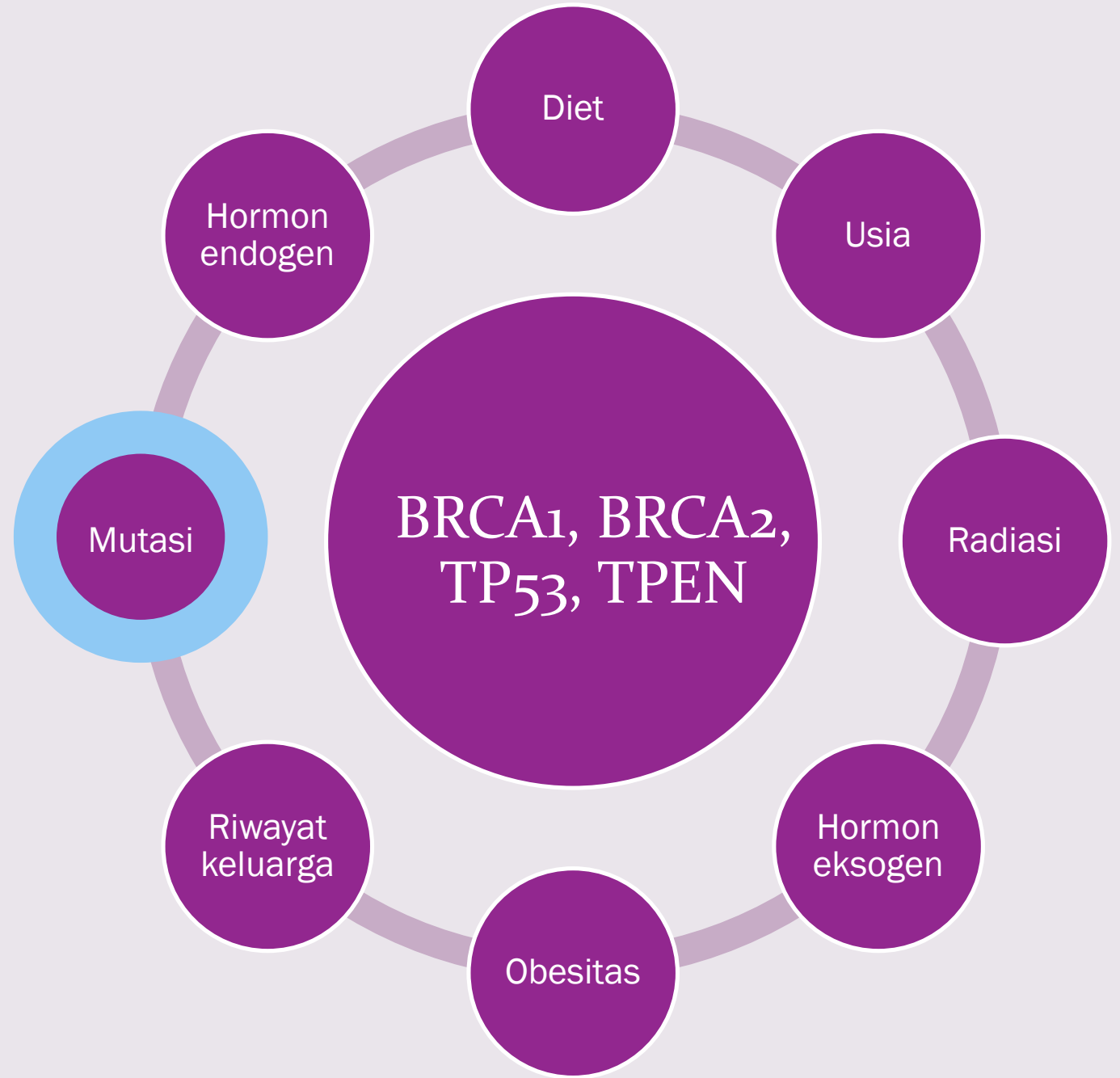
Faktor Risiko Kanker Payudara?



Sumber:

2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abelloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

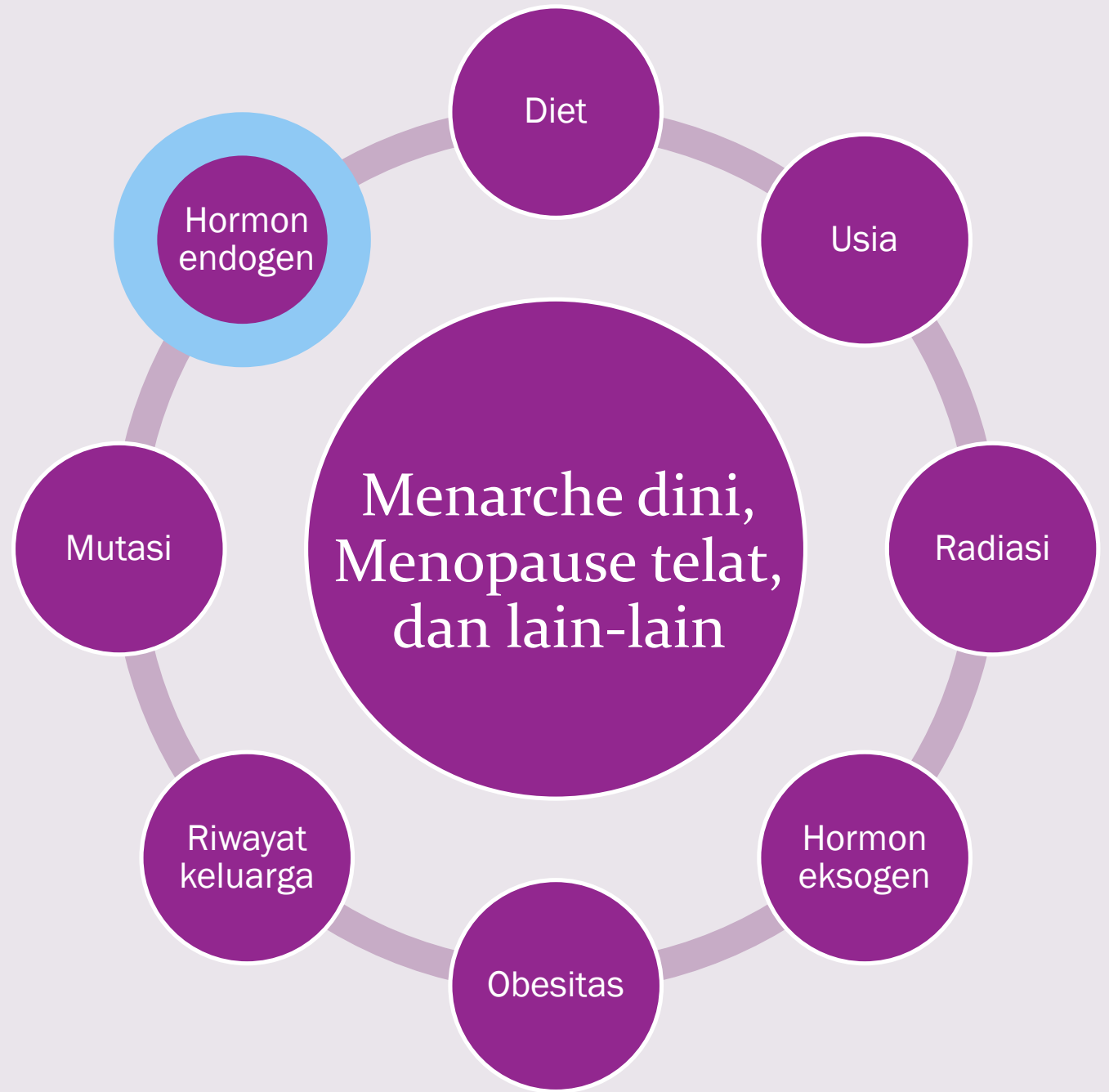
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Faktor Risiko Kanker Payudara?



Sumber:

2. Wolff A, Domchek SM, Davidson N, Sacchini V, McCormick B. Cancer of the breast. In: Abeloff's Clinical Oncology. 5th ed. Philadelphia: Saunders; 2014.

PENCEGAHAN

Pencegahan Kanker Payudara?

Pencegahan Primer

-  faktor risiko

Pencegahan Sekunder

SADARI

Periksa Payudara Sendiri



1
Di depan cermin angkat tangan dan periksa apakah ada kemerahan atau bengkak di payudara



2
Letakkan tangan di pinggang dan periksa payudara seperti pada langkah pertama



3
Tekan payudara dari atas ke bawah seperti pada gambar, dan rasakan apakah ada benjolan



4
Tekan payudara secara melingkar seperti pada gambar, dan rasakan apakah ada benjolan



5
Tekan payudara ke arah puting dan lihat apakah ada cairan yang keluar



6
Posisi berbaring dan tekan kembali payudara secara melingkar

Sumber:

3. Menteri Kesehatan Republik Indonesia. Pedoman nasional pelayanan kedokteran tata laksana kanker payudara. HK.01.07/MENKES/414/2018 Indonesia; 2018.

Sumber Gambar:

• pitapink-ykpi.or.id



DIAGNOSIS

Diagnosis

	Anamnesis + PF + <i>pathology</i> <i>review</i>	Bilateral mammografi	ER + PR + HER2 receptor status	MRI	Breast ultrasonogor aphy	Pemeriksaan lain
Lobular Carcinoma In Situ (<i>Stage 0, Tis,</i> <i>NO,MO</i>)	✓	✓				
Ductal Carcinoma In Situ (<i>Stage 0, Tis,</i> <i>NO,MO</i>)	✓	✓	✓ (ER)	✓*		

Sumber:

1. Lippman ME. Breast cancer. In: Harrison's Principle of Internal Medicine. 19th ed. 2015.
4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Breast cancer. 2019;

	Anamnesis + PF + <i>pathology review</i>	Bilateral mammografi	ER + PR + HER2 receptor status	MRI	Breast ultrasonography	Pemeriksaan lain
Invasive Carcinoma(Sta ge I, IIA, IIB, IIIA T3-N1-M0)	✓	✓	✓ (ER+PR+ HER2)	✓ <i>optional</i>	✓ <i>Jika dibutuhkan</i>	
<i>Invasive Carcinoma (Stage III)</i>	✓	✓	✓ (ER+PR+ HER2)	✓ <i>optional</i>	✓	DPL, fungsi hati, ALP, pencitraan dada <i>FDG PET/CT, bone scan: optional</i>
<i>Metastatic / recurrent breast cancer (Stage IV)</i>	✓		✓ (ER+PR+ HER2)	✓ MRI abdomen dipertimba ngkan		DPL, fungsi hati, CT scan dada, <i>bone scan</i> . Pencitraan tulang panjang CT abdomen dipertimbangkan FDG PET/CT: <i>Optional</i>

Diagnosis Anamnesis?

Terkait keluhan utama

- Ukuran dan letak benjolan
- Kecepatan benjolan tumbuh
- Nyeri
- *Nipple discharge* / krusta
- Kelainan pada kulit (peau d' orange, ulserasi, venektasi)
- Benjolan pada ketiak/edema pada lengan atas

Terkait keluhan tambahan (kemungkinan metastasis)

- Nyeri pada tulang
- Sesak nafas

Diagnosis

Pemeriksaan Fisik?

Status generalis

Status lokalis (inspeksi, palpasi)

- Lokasi, konsistensi, ukuran, bentuk dan batas, dan fiksasi tumor
- Perubahan kulit (kemerahan, *dimpling*, edema, *peau d' orange*, ulserasi)
- Perubahan putting (*nipple discharge*, krusta, erosi)

Status kelenjar getah bening

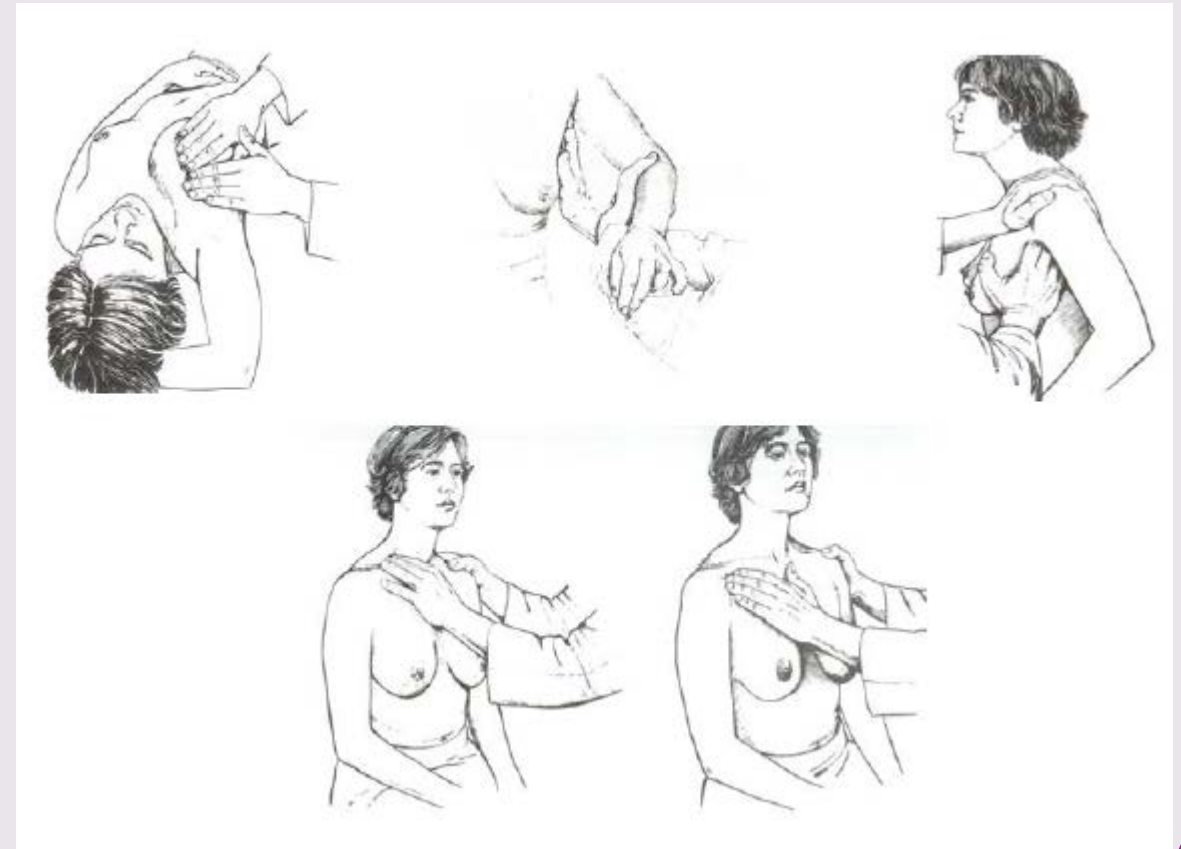
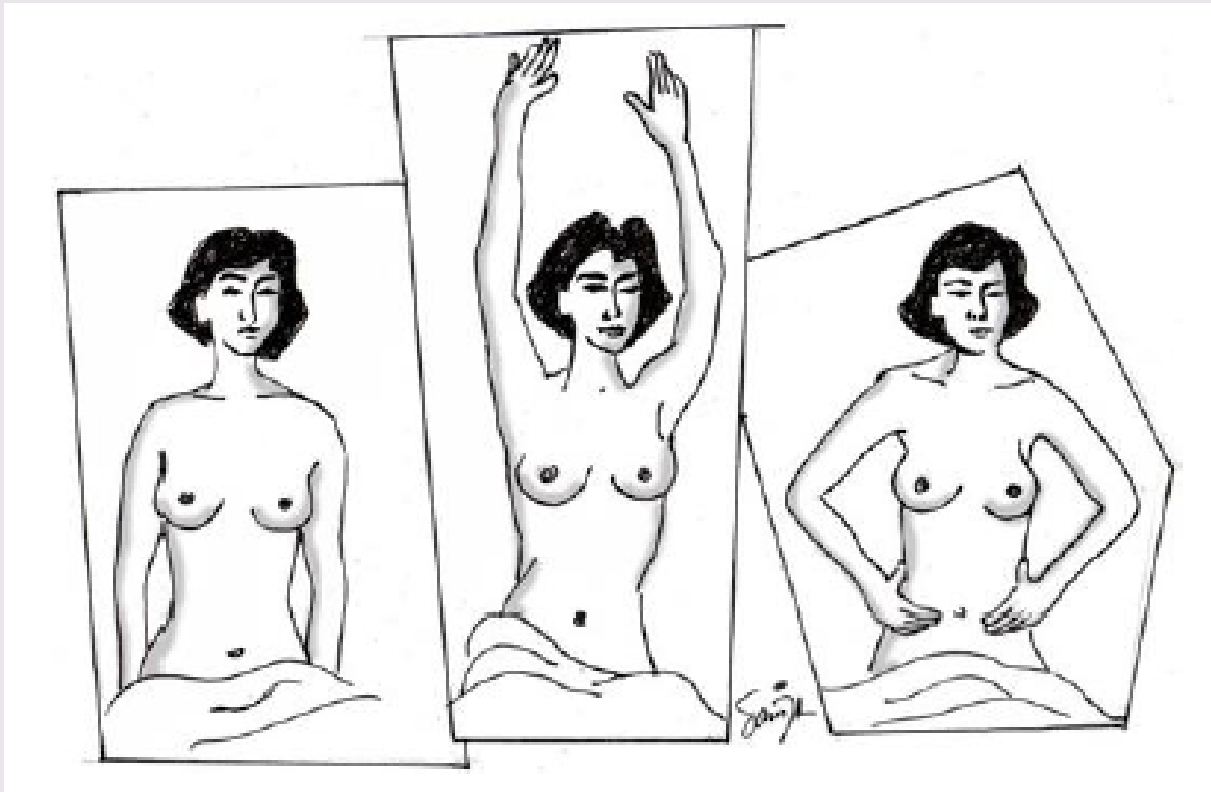
- Jumlah, ukuran, konsistensi, fiksasi kelenjar getah bening pada daerah aksila, supraklavikular dan infraklavikular

Status pemeriksaan daerah yang dicurigai metastasis

- Pemeriksaan tulang, hati, paru, otak

Diagnosis

Pemeriksaan fisik



Staging

Kanker Payudara?

American Joint Committee on Cancer (AJCC):

T : Tumor primer

N: Kelenjar getah bening regional

M: Metastasis

Tujuan:

- ☐ Diagnosis
- ☐ Strategi terapi
- ☐ Prognosis
- ☐ Penetapan tindak lanjut

Sumber:

1. Lippman ME. Breast cancer. In: Harrison's Principle of Internal Medicine. 19th ed. 2015.
4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Breast cancer. 2019;

Staging

Kanker Payudara?

Table 1. Definitions for T, N, M

TX	Primary tumor cannot be assessed	T2	Tumor >20 mm but ≤50 mm in greatest dimension
T0	No evidence of primary tumor	T3	Tumor >50 mm in greatest dimension
Tis (DCIS)*	Ductal carcinoma <i>in situ</i>	T4	Tumor of any size with direct extension to the chest wall and/or to the skin (ulceration or macroscopic nodules); invasion of the dermis alone does not qualify as T4
Tis (Paget)	Paget disease of the nipple NOT associated with invasive carcinoma and/or carcinoma <i>in situ</i> (DCIS) in the underlying breast parenchyma. Carcinomas in the breast parenchyma associated with Paget disease are categorized based on the size and characteristics of the parenchymal disease, although the presence of Paget disease should still be noted	T4a	Extension to the chest wall; invasion or adherence to pectoralis muscle in the absence of invasion of chest wall structures does not qualify as T4
T1	Tumor ≤20 mm in greatest dimension	T4b	Ulceration and/or ipsilateral macroscopic satellite nodules and/or edema (including peau d'orange) of the skin that does not meet the criteria for inflammatory carcinoma
T1mi	Tumor ≤1 mm in greatest dimension	T4c	Both T4a and T4b are present
T1a	Tumor >1 mm but ≤5 mm in greatest dimension (round any measurement >1.0-1.9 mm to 2 mm)	T4d	Inflammatory carcinoma
T1b	Tumor >5 mm but ≤10 mm in greatest dimension		
T1c	Tumor >10 mm but ≤20 mm in greatest dimension		

*Note: Lobular carcinoma *in situ* (LCIS) is a benign entity and is removed from TNM staging in the AJCC Cancer Staging Manual, 8th Edition.

Staging

Kanker Payudara?

Regional Lymph Nodes (N)

Clinical (cN)

cNX*	Regional lymph nodes cannot be assessed (e.g., previously removed)
cN0	No regional lymph node metastases (by imaging or clinical examination)
cN1	Metastases to movable ipsilateral level I, II axillary lymph node(s)
cN1mi**	Micrometastases (approximately 200 cells, larger than 0.2 mm, but none larger than 2.0 mm)
cN2	Metastases in ipsilateral level I, II axillary lymph nodes that are clinically fixed or matted; or in ipsilateral internal mammary nodes in the absence of axillary lymph node metastases
cN2a	Metastases in ipsilateral level I, II axillary lymph nodes fixed to one another (matted) or to other structures
cN2b	Metastases only in ipsilateral internal mammary nodes in the absence of axillary lymph node metastases

cN3	Metastases in ipsilateral infraclavicular (level III axillary) lymph node(s) with or without level I, II axillary lymph node involvement; or in ipsilateral internal mammary lymph node(s) with level I, II axillary lymph node metastases; or metastases in ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement
cN3a	Metastases in ipsilateral infraclavicular lymph node(s)
cN3b	Metastases in ipsilateral internal mammary lymph node(s) and axillary lymph node(s)
cN3c	Metastases in ipsilateral supraclavicular lymph node(s)

Note: (sn) and (f) suffixes should be added to the N category to denote confirmation of metastasis by sentinel node biopsy or fine needle aspiration/core needle biopsy respectively.

*The cNX category is used sparingly in cases where regional lymph nodes have previously been surgically removed or where there is no documentation of physical examination of the axilla.

**cN1mi is rarely used but may be appropriate in cases where sentinel node biopsy is performed before tumor resection, most likely to occur in cases treated with neoadjuvant therapy.

Sumber:

4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Breast cancer. 2019;

Staging

Kanker Payudara?

Pathologic (pN)

pNX	Regional lymph nodes cannot be assessed (e.g., not removed for pathological study or previously removed)
pN0	No regional lymph node metastasis identified or ITCs only
pN0(i+)	ITCs only (malignant cells clusters no larger than 0.2 mm) in regional lymph node(s)
pN0(mol+)	Positive molecular findings by reverse transcriptase polymerase chain reaction (RT-PCR); no ITCs detected
pN1	Micrometastases; or metastases in 1–3 axillary lymph nodes; and/or in clinically negative internal mammary nodes with micrometastases or macrometastases by sentinel lymph node biopsy
pN1mi	Micrometastases (approximately 200 cells, larger than 0.2 mm, but none larger than 2.0 mm)
pN1a	Metastases in 1–3 axillary lymph nodes, at least one metastasis larger than 2.0 mm
pN1b	Metastases in ipsilateral internal mammary sentinel nodes, excluding ITCs
pN1c	pN1a and pN1b combined.
pN2	Metastases in 4–9 axillary lymph nodes; or positive ipsilateral internal mammary lymph nodes by imaging in the absence of axillary lymph node metastases
pN2a	Metastases in 4–9 axillary lymph nodes (at least one tumor deposit larger than 2.0 mm)
pN2b	Metastases in clinically detected internal mammary lymph nodes with or without microscopic confirmation; with pathologically negative axillary nodes

Pathologic (pN)

pN3	Metastases in 10 or more axillary lymph nodes; or in infraclavicular (level III axillary) lymph nodes; or positive ipsilateral internal mammary lymph nodes by imaging in the presence of one or more positive level I, II axillary lymph nodes; or in more than three axillary lymph nodes and micrometastases or macrometastases by sentinel lymph node biopsy in clinically negative ipsilateral internal mammary lymph nodes; or in ipsilateral supraclavicular lymph nodes
pN3a	Metastases in 10 or more axillary lymph nodes (at least one tumor deposit larger than 2.0 mm); or metastases to the infraclavicular (level III axillary lymph) nodes
pN3b	pN1a or pN2a in the presence of cN2b (positive internal mammary nodes by imaging); or pN2a in the presence of pN1b
pN3c	Metastases in ipsilateral supraclavicular lymph nodes

Note: (sn) and (f) suffixes should be added to the N category to denote confirmation of metastasis by sentinel node biopsy or FNA/core needle biopsy respectively, with NO further resection of nodes

Staging

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Distant Metastasis (M)

M0	No clinical or radiographic evidence of distant metastases*
cM0(i+)	No clinical or radiographic evidence of distant metastases in the presence of tumor cells or deposits no larger than 0.2 mm detected microscopically or by molecular techniques in circulating blood, bone marrow, or other nonregional nodal tissue in a patient without symptoms or signs of metastases
cM1	Distant metastases detected by clinical and radiographic means
pM1	Any histologically proven metastases in distant organs; or if in non-regional nodes, metastases greater than 0.2 mm

Staging

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Stage 0	Tis	N0	M0	Stage IIIA	T0	N2	M0
Stage IA	T1	N0	M0		T1	N2	M0
Stage IB	T0	N1mi	M0		T2	N2	M0
	T1	N1mi	M0		T3	N1	M0
Stage IIA	T0	N1	M0		T3	N2	M0
	T1	N1	M0	Stage IIIB	T4	N0	M0
	T2	N0	M0		T4	N1	M0
Stage IIB	T2	N1	M0		T4	N2	M0
	T3	N0	M0	Stage IIIC	Any T	N3	M0
				Stage IV	Any T	Any N	M1

Notes:

1. T1 includes T1mi.
2. T0 and T1 tumors with nodal micrometastases (N1mi) are staged as Stage IB.
3. T2, T3, and T4 tumors with nodal micrometastases (N1mi) are staged using the N1 category.
4. M0 includes M0(i+).
5. The designation pM0 is not valid; any M0 is clinical.
6. If a patient presents with M1 disease prior to neoadjuvant systemic therapy, the stage is considered Stage IV and remains Stage IV regardless of response to neoadjuvant therapy.
7. Stage designation may be changed if postsurgical imaging studies reveal the presence of distant metastases, provided the studies are performed within 4 months of diagnosis in the absence of disease progression, and provided the patient has not received neoadjuvant therapy.
8. Staging following neoadjuvant therapy is designated with "yc" or "yp" prefix to the T and N classification. There is no anatomic stage group assigned if there is a complete pathological response (pCR) to neoadjuvant therapy, for example, ypT0ypN0cM0.

Sumber:

4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Breast cancer. 2019;

Staging

Kanker Payudara?

Histologic Grade (G)

All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended and is stipulated for use by the College of American Pathologists (see www.cap.org). The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and calibrated mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3. The use of subjective grading alone is discouraged.

Invasive Cancer (Scarff-Bloom-Richardson [SBR] Grading System, Nottingham Modification)

- GX** Grade cannot be assessed
- G1** Low combined histologic grade (favorable); SBR score of 3-5 points
- G2** Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
- G3** High combined histologic grade (unfavorable); SBR score of 8-9 points

Ductal Carcinoma *in situ*: Nuclear Grade

The grade that should be used for ductal carcinoma in situ is nuclear grade (www.cap.org)

- GX** Grade cannot be assessed
- G1** Low nuclear grade
- G2** Intermediate nuclear grade
- G3** High nuclear grade

Sumber:

4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Breast cancer. 2019;

Staging

Kanker Payudara?

Table 3. Clinical Prognostic Stage

Clinical Prognostic Stage applies to ALL patients with breast cancer for clinical classification and staging. It uses clinical tumor (T), node (N) and metastases (M) information based on history, physical examination, any imaging performed (not necessary for clinical staging) and relevant biopsies. Genomic profile information is not included in Clinical Prognostic Stage as pathologic information from surgery is necessary to ascertain the prognosis using these tools.

TNM	Grade	HER2	ER	PR	Stage
Tis N0 M0	Any	Any	Any	Any	0
T1* N0 M0 T0 N1mi M0 T1* N1mi M0	G1	Positive	Positive	Positive	IA
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
			Negative	Negative	
	G2	Positive	Positive	Positive	IA
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
			Negative	Negative	
	G3	Positive	Positive	Positive	IA
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
			Negative	Negative	

*T1 Includes T1mi.

**N1 does not include N1mi. T1 N1mi M0 and T0 N1mi M0 cancers are included for prognostic staging with T1 N0 M0 cancers of the same prognostic factor status. Used with the permission of the American College of Surgeons, Chicago Illinois. The original source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. For complete information and data supporting the staging tables, visit www.springer.com.

TNM	Grade	HER2	ER	PR	Stage
T0 N1** M0 T1* N1** M0 T2 N0 M0	G1	Positive	Positive	Positive	IB
				Negative	IIA
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	IB
			Negative	Negative	IIA
	G2	Positive	Positive	Positive	IB
				Negative	IIA
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	IB
			Negative	Negative	IIA
	G3	Positive	Positive	Positive	IB
			Negative	Positive	IIA
		Negative	Positive	Positive	
			Negative	Negative	IIB

Continued

Staging

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Table 3. Clinical Prognostic Stage (continued)

TNM	Grade	HER2	ER	PR	Stage
T2 N1*** M0 T3 N0 M0	G1	Positive	Positive	Positive	IB
				Negative	IIA
			Negative	Positive	
				Negative	IIB
		Negative	Positive	Positive	IIA
			Negative	Negative	IIB
	G2	Positive	Positive	Positive	IB
				Negative	IIA
			Negative	Positive	
				Negative	IIB
		Negative	Positive	Positive	IIA
			Negative	Negative	IIB
	G3	Positive	Positive	Positive	IB
				Negative	IIB
			Negative	Positive	
				Negative	IIB
		Negative	Positive	Positive	
			Negative	Negative	IIIB

TNM	Grade	HER2	ER	PR	Stage
T0 N2 M0 T1* N2 M0 T2 N2 M0 T3 N1*** M0 T3 N2 M0	G1	Positive	Positive	Positive	IIA
				Negative	IIIA
			Negative	Positive	
				Negative	IIB
		Negative	Positive	Positive	IIA
			Negative	Negative	IIIA
	G2	Positive	Positive	Positive	IIA
				Negative	IIIA
			Negative	Positive	
				Negative	IIIB
		Negative	Positive	Positive	IIA
			Negative	Negative	IIIA
	G3	Positive	Positive	Positive	IIA
				Negative	IIIA
			Negative	Positive	
				Negative	IIIB
		Negative	Positive	Positive	IIA
			Negative	Negative	IIIC

*T1 Includes T1mi.

***N1 includes N1mi. T2, T3, and T4 cancers and N1mi are included for prognostic staging with T2 N1, T3 N1 and T4 N1, respectively.

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Cont

Staging

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Table 3. Clinical Prognostic Stage (continued)

TNM	Grade	HER2	ER	PR	Stage
T4 N0 M0 T4 N1*** M0 T4 N2 M0 Any T N3 M0	G1	Positive	Positive	Positive	IIIA
			Negative	Negative	IIIB
		Negative	Positive	Positive	
			Negative	Negative	
			Positive	Positive	
			Negative	Negative	
	G2	Positive	Positive	Positive	IIIA
			Negative	Negative	IIIB
		Negative	Positive	Positive	
			Negative	Negative	
			Positive	Positive	
			Negative	Negative	
	G3	Positive	Positive	Positive	IIIB
			Negative	Negative	
		Negative	Positive	Positive	
			Negative	Negative	
			Positive	Positive	IIIC
			Negative	Negative	
Any T Any N M1	Any	Any	Any	Any	IV

Notes:

1. Because N1mi categorization requires evaluation of the entire node, and cannot be assigned on the basis of an FNA or core biopsy, N1mi can only be used with Clinical Prognostic Staging when clinical staging is based on a resected lymph node in the absence of resection of the primary cancer, such as the situation where sentinel node biopsy is performed prior to receipt of neoadjuvant chemotherapy or endocrine therapy.
2. For cases with lymph node involvement with no evidence of primary tumor (e.g. T0 N1, etc.) or with breast ductal carcinoma *in situ* (e.g. Tis N1, etc.), the grade, HER2, ER, and PR information from the tumor in the lymph node should be used for assigning stage group.
3. For cases where HER2 is determined to be "equivocal" by ISH (FISH or CISH) testing under the 2013 ASCO/CAP HER2 testing guidelines, the HER2 "negative" category should be used for staging in the Clinical Prognostic Stage Group.
4. The prognostic value of these Prognostic Stage Groups is based on populations of persons with breast cancer that have been offered and mostly treated with appropriate endocrine and/or systemic chemotherapy (including anti-HER2 therapy).

[Continued](#)

***N1 includes N1mi. T2, T3, and T4 cancers and N1mi are included for prognostic staging with T2 N1, T3 N1 and T4 N1, respectively.

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Sumber:

4. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: Breast cancer. 2019;

Staging

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Table 4. Pathological Prognostic Stage

Pathological Prognostic Stage applies to patients with breast cancer treated with surgery as the initial treatment. It includes all information used for clinical staging plus findings at surgery and pathological findings from surgical resection. Pathological Prognostic Stage does not apply to patients treated with systemic or radiation prior to surgical resection (neoadjuvant therapy).

TNM	Grade	HER2	ER	PR	Stage
Tis N0 M0	Any	Any	Any	Any	0
T1* N0 M0 T0 N1mi M0 T1* N1mi M0	G1	Positive	Positive	Positive	IA
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
				Negative	
			Negative	Positive	
				Negative	
	G2	Positive	Positive	Positive	
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
				Negative	
			Negative	Positive	
				Negative	
	G3	Positive	Positive	Positive	IA
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
				Negative	
			Negative	Positive	
				Negative	
	G3	Positive	Positive	Positive	IA
				Negative	
			Negative	Positive	
				Negative	
		Negative	Positive	Positive	
				Negative	
			Negative	Positive	
				Negative	

*T1 Includes T1mi.

**N1 does not include N1mi. T1 N1mi M0 and T0 N1mi M0 cancers are included for prognostic staging with T1 N0 M0 cancers of the same prognostic factor status. Used with the permission of the American College of Surgeons, Chicago Illinois. The original source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. For complete information and data supporting the staging tables, visit www.springer.com.

TNM	Grade	HER2	ER	PR	Stage
T0 N1** M0 T1* N1** M0 T2 N0 M0	G1	Positive	Positive	Positive	IA
				Negative	IB
			Negative	Positive	
				Negative	IIA
		Negative	Positive	Positive	IA
				Negative	IB
			Negative	Positive	
				Negative	IIA
	G2	Positive	Positive	Positive	IA
				Negative	IB
			Negative	Positive	
				Negative	IIA
		Negative	Positive	Positive	IA
				Negative	IIA
			Negative	Positive	
				Negative	IIA
	G3	Positive	Positive	Positive	IA
				Negative	IIA
			Negative	Positive	
				Negative	IIA
		Negative	Positive	Positive	IB
				Negative	IIA
			Negative	Positive	
				Negative	IIA

Cont

Staging

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Table 4. Pathological Prognostic Stage (continued)

TNM	Grade	HER2	ER	PR	Stage
T2 N1*** M0 T3 N0 M0	G1	Positive	Positive	Positive	IA
			Negative	Negative	IIB
			Positive	Positive	
			Negative	Negative	IIB
		Negative	Positive	Positive	
			Negative	Negative	IIB
	G2	Positive	Positive	Positive	IB
			Negative	Negative	IIB
			Positive	Positive	
			Negative	Negative	IIB
		Negative	Positive	Positive	
			Negative	Negative	IIB
	G3	Positive	Positive	Positive	IB
			Negative	Negative	IIB
			Positive	Positive	
			Negative	Negative	IIB
		Negative	Positive	Positive	
			Negative	Negative	IIIA

T0 N2 M0 T1* N2 M0 T2 N2 M0 T3 N1*** M0 T3 N2 M0	G1	Positive	Positive	Positive	IB
			Negative	Negative	IIIA
			Positive	Positive	
			Negative	Negative	IIIA
		Negative	Positive	Positive	
			Negative	Negative	IIIA
	G2	Positive	Positive	Positive	IB
			Negative	Negative	IIIA
			Positive	Positive	
			Negative	Negative	IIIA
		Negative	Positive	Positive	
			Negative	Negative	IIIB
	G3	Positive	Positive	Positive	IIA
			Negative	Negative	IIIA
			Positive	Positive	
			Negative	Negative	IIIA
		Negative	Positive	Positive	
			Negative	Negative	IIIC

*T1 Includes T1mi.

***N1 includes N1mi. T2, T3, and T4 cancers and N1mi are included for prognostic staging with T2 N1, T3 N1 and T4 N1, respectively.

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Cont

Staging

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Table 4. Pathological Prognostic Stage (continued)

TNM	Grade	HER2	ER	PR	Stage
T4 N0 M0 T4 N1*** M0 T4 N2 M0 Any T N3 M0	G1	Positive	Positive	Positive	IIIA
			Negative	Negative	IIIB
		Negative	Positive	Positive	
			Negative	Negative	IIIB
	G2	Positive	Positive	Positive	IIIA
			Negative	Negative	IIIB
		Negative	Positive	Positive	
			Negative	Negative	IIIC
	G3	Positive	Positive	Positive	IIIB
			Negative	Negative	
		Negative	Positive	Positive	IIIC
			Negative	Negative	
Any T Any N M1	Any	Any	Any	Any	IV

Notes:

1. For cases with lymph node involvement with no evidence of primary tumor (e.g. T0 N1, etc.) or with breast ductal carcinoma *in situ* (e.g. Tis N1, etc.), the grade, HER2, ER and PR information from the tumor in the lymph node should be used for assigning stage group.
2. For cases where HER2 is determined to be "equivocal" by ISH (FISH or CISH) testing under the 2013 ASCO/CAP HER2 testing guidelines, HER2 "negative" category should be used for staging in the Pathological Prognostic Stage Group.
3. The prognostic value of these Prognostic Stage Groups is based on populations of persons with breast cancer that have been offered and mostly treated with appropriate endocrine and/or systemic chemotherapy (including anti-HER2 therapy).

***N1 includes N1mi. T2, T3, and T4 cancers and N1mi are included for prognostic staging with T2 N1, T3 N1 and T4 N1, respectively.

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ST 4

Kesimpulan

Kanker payudara merupakan keganasan yang **banyak terjadi** terutama pada **perempuan**. Kanker payudara seringkali terdeteksi sebagai kasus yang sudah lanjut. Sehingga sangat penting bagi kita untuk mempelajari **pencegahan**, faktor risiko serta diagnosis kanker payudara

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TERIMA KASIH

Jangan lupa untuk mengerjakan soal-soal latihan ya!