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Breast cancer constitutes the most frequent malignancy among females, with one woman in every eight affected, and the second cause of mortality after lung cancer. Treatment modalities are evolving, with advantages and disadvantages for each treatment. Anthracyclines are the mainstay of adjuvant chemotherapy in early breast cancer; but other molecules are progressively proving their efficacy. After proving its efficacy in clinical studies Taxotere-Carboplatine-Herceptine (TCH) has become a widely acceptable regimen in early HER-2 positive breast cancer.

Objectives • The objective of our study is to demonstrate in real life experience, the efficiency, tolerability, safety, and cardiac toxicity of the TCH regimen.

Methods • Fifty-six patients were reviewed retrospectively between December 2011 and 2015. We assessed tumor characteristics, medication dosage, cycle dates (beginning and end), cardiac parameters (systolic and diastolic functions), and adverse effects. Disease free survival (DFS), was calculated by the Kaplan-Meier method, and dosage analysis was evaluated by the ANOVA test.

Results • 69% of treated patients had positive hormonal receptors. A significant decrease in the ejection fraction above 10% was noted in only 5.88% of patients. The most common hematologic side effect was neutropenia in 66.6%, whereas diarrhea was the most frequent non hematologic side effect in 24% of cases. Disease free survival was 86.3% in 4 years.

Conclusion • The TCH regimen, which is a therapy without “anthracyclines,” is less cardiotoxic, ensures better disease free survival and overall survival in all eligible women.

Keywords: breast cancer; TCH; cardiac toxicity

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