

<https://doi.org/10.29289/25945394V36S10923>

923 – Breast cancer associated with gynecological neoplasms: a retrospective case series

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Introduction: Breast cancer is the most frequently diagnosed malignancy in women worldwide, and improved survival has led to an increasing incidence of multiple primary tumors. The association between breast cancer and gynecological neoplasms, including cervical cancer, remains clinically relevant and may reflect both shared and independent etiological mechanisms.

Methods: This retrospective case series included patients treated at an oncology center in Brazil between 2012 and 2021 with histopathologically confirmed breast cancer associated with a primary gynecological neoplasm. Tumors were classified as synchronous when diagnosed within six months and metachronous otherwise. Clinical, pathological, therapeutic, and follow-up data were collected and analyzed descriptively.

Results: Fourteen patients were included, with ages ranging from 26 to 78 years. Endometrial neoplasms (42.9%) and cervical neoplasms (35.7%) were the most frequent. A metachronous pattern predominated (78.6%), with gynecological neoplasia preceding breast cancer in most cases, highlighting a consistent temporal pattern in clinical practice. Invasive breast tumors were observed in 78.6% of patients, with luminal subtypes in 50.0%, as well as a predominance of early-stage disease (64.3%). All patients underwent surgical treatment, frequently combined with systemic and locoregional therapies. Germline mutations were identified in a limited subset (14.3%), with non-systematic testing. At the last follow-up, 50.0% of patients remained free of disease.

Conclusion: The association between breast cancer and gynecological neoplasms is heterogeneous but demonstrates a predominance of metachronous presentation, suggesting clinically relevant temporal patterns beyond incidental coexistence. These findings support the role of longitudinal oncological surveillance and highlight the need for individualized follow-up strategies in patients at risk for multiple primary tumors.

Ethics: Research Ethics Committee Approval (CAAE 77671324.3.0000.5209).

Keywords: breast neoplasms; genital neoplasms female; neoplasms multiple primary; uterine cervical neoplasms.