

BACKGROUND

- ▶ Mammary tumors are malignant in approximately 50% of cases
- ▶ Early spay significantly decreases the risk of developing mammary tumors and the mortality associated with them
- ▶ Contraceptives increase the risk of benign tumors
- ▶ Rare in males

CLINICAL SIGNS

- ▶ Mass in or near a mammary gland
- ▶ Typically, subcutaneous and painless; sometimes ulcerated and painful

Any mass located in the mammary glands, regardless its size, should be examined.

DIAGNOSIS

- ▶ Cytology can be used to rule out other skin or subcutaneous tumors or non-neoplastic lesions
- ▶ Histology required for definitive diagnosis

STAGING

- ▶ 3-view thoracic radiographs
- ▶ Fine needle aspirate of enlarged lymph nodes
- ▶ Abdominal ultrasound or a total body CT scan (for staging/planning)

TREATMENT

- ▶ Surgery (nodulectomy, regional or ipsilateral mastectomy, depending on the size, number and distribution in the mammary chain)
- ▶ Potentially use adjuvant chemotherapy (carboplatin- or doxorubicin-based protocols) if high grade, if lymph node metastasis, and/or with lymphatic or vascular invasion
- ▶ Potentially, metronomic chemotherapeutic protocols (cyclophosphamide plus Cox-2 inhibitors)



NEGATIVE PROGNOSTIC FACTORS

Tumor (> 3 cm), distant or lymph node metastases, lymphatic and vascular invasion; high histological grade

PROGNOSIS

Depends on clinical stage and grade. Smaller tumors without metastasis can often be cured by surgery alone

