

73P EFFECT OF LOCAL SURGICAL TREATMENT ON SURVIVAL IN METASTATIC BREAST CANCER PATIENTS

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Introduction: Distant metastatic breast cancer is considered to be an incurable disease and therefore is only treated with palliative intent. Local treatment is recommended only if the primary tumor is symptomatic. However, recent studies challenge this approach, suggesting that removing the primary tumor may lead to an overall improved survival. We retrospectively reviewed patients who underwent surgical removal of the primary tumor while they were metastatic as regards survival and clinico-pathological data.

Patients and methods: In a retrospective review of our database, we collected data of 80 patients who were presented at Menofia oncology department with metastatic breast cancer (MBC) excluding patients above 70 years old and patients with performance status > 2. Patient characteristics and survival were reviewed between the surgical group and non-surgical group.

Results: Of the 80 patients with MBC, 40 (50%) underwent surgery either modified radical mastectomy (MRM) or conservative surgery, other 40 (50%) started treatment without surgery. Mean age at diagnosis was 47.33, 44.20 in both groups respectively. Surgery was associated with significantly improved median overall survival (~ 20 months) versus no surgery (~ 6.5 months) (P = < 0.05).

Conclusion: In our experience here at Menofia oncology department we concluded that surgery of the primary tumor in patients presented with MBC is associated with improved survival. A double blind randomized study is already started at our department to assess these results.

Disclosure: All authors have declared no conflicts of interest.

74P ASSOCIATION OF SURGERY WITH IMPROVED SURVIVAL IN PATIENTS WITH METASTASES AT DIAGNOSIS OF BREAST CANCER

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Background: The aim of this study was to investigate the influence surgery of primary tumor on overall survival of patients with metastatic breast cancer (MBC).

Patients and methods: The study included women aged 23 to 81 (55 ± 11) years old, living in Kiev at the time of diagnosis with MBC from 2004 to 2006. Among the 121 patients, the effect of surgical treatment of primary tumor on survival outcomes was evaluated in 42 women (group 1) with metastases at diagnosis of breast cancer. The remaining 79 patients (group 2) no received surgical treatment. All patients received systemic cytotoxic chemotherapy and radiation therapy. The Kaplan-Mayer method was used to estimate the patient's survival rate.

Results: 3 and 5-year overall survival in patients of group 1 was 44% and 33%, whereas those of patients of group 2 were 15% and 7%, respectively. The median survival for patients who underwent surgery was 30 months versus 19 months in patients who have not received surgery.

Conclusions: This study shows that surgery of the primary tumor in breast significantly improves the prognosis of metastatic breast cancer. Women who have received surgery 3 and 5-year overall survival rate increased by 29% and 26%, and median survival by 11 months. The results of this study show the positive impact of surgery on the prognosis of metastatic of breast cancer. However, further research should be aimed at establishing criteria for selecting patients with metastatic breast cancer patients for surgery.

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76P WIDE LOCAL EXCISION OF BREAST CANCER UNDER LOCAL ANAESTHETIC: A TREATMENT OPTION

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Introduction: Elderly and medically unfit patients make up a small but significant proportion of breast cancer patients.

Methods: A prospective study of breast cancer wide local excisions (WLE) performed under local anaesthesia (LA) from Mar 2008 to Apr 2011.

Results: 17 patients were included, with average age of 81 years (range 59 – 94 years). 10 patients had American Society of Anaesthesia (ASA) grade 3 and 7 patients had ASA grade 2. Mini mental state examination (MMSE) range was 8-10 (average 8.75). Preoperative Portsmouth Physiologic and Operative Severity Score for enumeration of Mortality and Morbidity (PPOSSUM), score predicted morbidity at 28.5 % (range 15 – 60%) and mortality at 1.8 % (range 0.1 – 6.1%). The observed morbidity was 5.8 % and mortality was 0%. Tumor size was 13-47mm (median 26mm). 10 patients were oestrogen receptor (ER) negative and 7 were positive. 100% disease free survival has been observed. The follow-up range was 8-54 months (median 39 months).

Conclusions: WLE of breast cancer under LA is a useful option. All patients in this selected 'unfit' group were treated as day cases. All patients currently remain disease free.

Disclosure: All authors have declared no conflicts of interest.

77P HARMONIC SCALPEL VS. ELECTROCAUTERY DISSECTION IN MODIFIED RADICAL MASTECTOMY: RANDOMIZED CONTROLLED TRIAL

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Aim: To compare outcomes between harmonic and Electrocautery dissection in adult female patients underwent modified radical mastectomy (MRM).

Method: All adult females who underwent MRM during May 2010 to July 2011 were randomized to either intervention A harmonic scalpel or B electrocautery. The outcomes were estimated blood loss, operating time, drain volume, seroma, surgical site infection and postoperative pain. Comparison of groups were done with T-test for continuous and chi-square for categorical variables. Multiple linear regression was done to control the effect of age, BMI, breast volume, tumor size and neoadjuvant chemo radiotherapy.

Results: In each group, 75 patients were recruited consecutively. Both the groups were comparable for baseline variables with age of 48.5 ± 14.5 and 50.5 ± 12.2 years, respectively. Harmonic dissection yielded better outcomes as compared to electrocautery with lower EBL (182 ± 92 vs. 100 ± 62, p-value: 0.00), operative time (187 ± 36 vs. 191 ± 44, p-value: 0.49), drain volume (1035 ± 413 vs. 631 ± 275, p-value: 0.00), drain days (17 ± 4 vs. 12 ± 3 p-value: 0.00), seroma formation (21.3% vs. 33.3%, p-value: 0.071), surgical site infection (5.3% vs. 23%, p-value: 0.006) and postoperative pain (3.4 ± 1 vs. 1.8 ± 0.6, p-value: 0.00).

Conclusions: Although the harmonic didn't reduce the operative time, however, it significantly reduced post-operative discomfort and morbidity to the patient.

Disclosure: All authors have declared no conflicts of interest.