

Clinical Issues: Surgical Oncology

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SURGICAL MANAGEMENT OF PRIMARY TUMOR IN NEWLY DIAGNOSED METASTATIC BREAST CANCER PATIENTS - A SYSTEMATIC REVIEW OF THE LITERATURE

Felipe Ades, Dimitrios Zardavas, Ana Catarina Pinto, Evandro de Azambuja
Institut Jules Bordet, Brussels, Belgium

Introduction: Approximately 5-10% of breast cancer patients present with metastatic disease at diagnosis and these patients are unlikely to be cured. Loco regional treatment of the primary tumor has been reserved for symptom palliation and to improve quality of life by controlling bleeding, ulceration and infection. Local therapy improves survival in metastatic colorectal, ovarian, gastric and renal carcinomas. Nevertheless, in metastatic breast cancer patients there are no published randomized prospective trials evaluating the impact of breast surgery in survival. We aim to review the available evidence in medical literature of the survival benefit of surgery to the primary tumor in metastatic breast cancer patients.

Material and Methods: A systematic review of the literature was performed in Pubmed using the terms “breast cancer”, “breast surgery”, “metastatic breast cancer”. Articles in English with publication date until September 2012 were manually selected. A second manual selection was made by verifying the articles’ references and “related citations”. Data was extracted to an excel spread sheet. Results are presented in a descriptive way.

Results: Five retrospective population-based studies and 13 single institution retrospective series were identified. From the total of 18 studies, 13 were cohort studies and 5 descriptive series. In 16 out of 18 studies a survival advantage was observed in the cohort where surgery to the primary breast cancer was performed. However patients selected for surgery were consistently younger, had smaller tumors, had less metastatic sites and the metastatic sites were more likely to be bone or soft parts and less likely to be visceral metastasis. Patients that had their primary tumor resected were more commonly treated with radiotherapy for local control and received additional systemic treatment. Two recent series evaluating cohorts with similar patient characteristics showed no differences in mortality between the two groups. It is worth noting that most studies did not perform subgroup analysis regarding the effect of surgery according to the breast cancer intrinsic subtypes.

Conclusion: Most of the studies found a survival benefit for the group of metastatic patients where surgery was performed, however it is not possible to draw definitive conclusions about this finding as selection bias could have influenced those result. Young age, good performance status, low tumor burden and favorable tumor biology features could be factors used to predict survival benefit from this approach. Three randomized prospective trials addressing the question of breast surgery in the metastatic setting are currently ongoing.

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ROLE OF BREAST SURGERY ON SURVIVAL OF PATIENTS WITH PRIMARY ADVANCED BREAST CANCER

Iryna Liubota¹, Roman Liubota², Mykola Anikusko³
¹Municipal Oncological Centre, Kiev, Ukraine; ²National Medical University Named after O.O. Bogomolets, Kiev, Ukraine; ³Municipal Oncological Centre, Kiev, Ukraine

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 2008. Among the 242 patients, the effect of surgical treatment of primary tumor on survival outcomes was evaluated in 84 women

(group 1) with metastases at diagnosis of breast cancer. The remaining 158 patients (group 2) did not receive 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 groups 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 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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AUDIT OF THE INVESTIGATION AND MANAGEMENT OF LOCO-REGIONAL BREAST CANCER RECURRENCES IN A UK DISTRICT GENERAL HOSPITAL

Alice Elvy, Rachel Bright-Thomas
Worcestershire Royal Hospital, Worcester, Worcestershire, UK

Background/standard: Following operable breast cancer, disease can recur locally, regionally, and at distant metastatic sites. A loco-regional recurrence is defined as reappearance of cancer on the ipsilateral chest wall and the regional lymph nodes. When a loco-regional recurrence of breast cancer is detected from biopsy and histology, it is hospital protocol to perform a staging CT scan and a nuclear medicine (NM) bone scan within 2 weeks to determine management. According to the Cancer Reform Strategy from the Department of Health there is a 31 day standard from diagnosis to first treatment to cover all cancer treatments. Similarly National Institute of Clinical Excellence (NICE) guidelines state that all patients with breast cancer should get Multi-disciplinary team (MDT) care that will support them throughout diagnosis, treatment and follow-up.

Aims/objectives: Completed audit cycle at a large district general hospital to assess length of time for patients to get a CT scan, NM bone scan and whether these correlate with treatment time for their loco-regional recurrence of breast cancer. Assess whether all patients received multi-disciplinary team (MDT) care.

Methodology: 1st audit was retrospective audit using patients diagnosed with loco-regional breast cancer recurrence between April-October 2011. 2nd audit was prospective. Date of MDT meeting as date of diagnosis. These patients were followed using the hospital computer software (ICE) which contains correspondence letters and investigation results.

Results from 1st audit: 93% (n=16) had CT scans but only 50% were within 2 weeks. 80% had NM bone scans but only 58% had one within 2 weeks. There was no evidence of when these investigations were requested. 75% of patients with distant recurrence started treatment within 31 days. However, only 27% of those with purely loco-regional recurrences got treatment within 31 days. 100% received MDT care.

Recommendations/action plan from 1st audit cycle:

1. Request CT and NM bone scan on ICE at time of clinic appointment/diagnosis (MDT meeting) to have auditable evidence of when they were requested.
2. In the metastatic arm, start aromatase inhibitors earlier, at time of receiving histology result.
3. Make a provisional date for surgery at time of diagnosis (MDT).

Results from 2nd audit: 88.9% (n= 9) had CT scans but an improved 71.9% were within 2 weeks. 85.7% of these were booked on ICE. 66.7% had a NM bone scan but only 50% had one within 2 weeks. 33.3% were booked on ICE. A significant improvement in treatment as 100% of patients with both distant recurrence and those with purely loco-regional recurrences received treatment within 31 days. 100% received MDT care.