Centers of Excellence in Cancer

What is the Role for Surgery in the Metastatic Setting?

Benjamin O. Anderson, M.D.

Chair and Director
Breast Health Global Initiative
Fred Hutchinson Cancer Research Center
Professor of Surgery & Global Health Medicine
University of Washington

Seattle, Washington
What is the role of breast cancer surgery in the metastatic setting?
WHAT IS THE ROLE OF BREAST CANCER SURGERY IN THE METASTATIC SETTING?

ANSWER

Very Limited!
Locoregional treatment versus no treatment of the primary tumour in metastatic breast cancer: an open-label randomised controlled trial

Rajendra Badwe, Rohini Hawaldar, Nita Nair, Rucha Kaushik, Vani Parmar, Shabina Siddique, Ashwini Budrukkar, Indraneel Mittra, Sudeep Gupta

Summary

Background The role of locoregional treatment in women with metastatic breast cancer at first presentation is unclear. Preclinical evidence suggests that such treatment might help the growth of metastatic disease, whereas many retrospective analyses in clinical cohorts have suggested a favourable effect of locoregional treatment in these patients. We aimed to compare the effect of locoregional treatment with no treatment on outcome in women with metastatic breast cancer at initial presentation.
SURGERY WITH METASTATIC DISEASE
RANDOMIZED TRIAL

• Open-label, randomized controlled trial previously untreated patients $\leq 65$ years of age with life expectancy of $\geq 1$ year:
  
  – De-novo metastatic breast cancer randomly assigned (1:1) to receive locoregional (breast + axilla) treatment vs no locoregional treatment
  
  – Stratified by site of distant metastases, number of metastatic lesions, and hormone receptor status.
  
  – Resectable primary tumor in the breast and ER positive randomly assigned upfront.
  
  – Unresectable primary tumor planned for chemotherapy (6 – 8 cycles) before randomization.

*Badwe, et al., Lancet Oncol 16:1380, 2015*
691 eligible for systemic chemotherapy

716 patients presented with metastatic disease

276 non-responders or not eligible for study
received standard treatment (inadequate tumour response, progression, or life expectancy less than 6 months)

415 responders and eligible for study

25 eligible for endocrine therapy

440 registered for study

90 not eligible for surgery or declined to participate
(not fit for surgery, refused further treatment, or declined to participate)

350 patients randomly assigned
14 endocrine
336 chemo

173 randomly assigned to receive loco-regional treatment
7 endocrine
166 chemo

7 refused surgery
1 progressed before surgery

173 included in intention-to-treat analysis

177 randomly assigned to receive no loco-regional treatment
7 endocrine
170 chemo

18 had palliative mastectomy
1 had mastectomy (out of protocol)

177 included in intention-to-treat analysis

SURGERY WITH METASTATIC DISEASE
T4 BREAST PRIMARY SKIN EROSION
The primary treatment approach recommended by the NCCN Panel for women with metastatic breast cancer and an intact primary tumor is systemic therapy, with consideration of surgery after initial systemic treatment for those women requiring palliation of symptoms or with impending complications, such as skin ulceration, bleeding, fungation and pain.
Generally such surgery should be undertaken only if complete local clearance of tumor may be obtained and if other sites of disease are not immediately threatening to life. Alternatively, radiation therapy may be considered as an option to surgery. Often such surgery requires collaboration between the breast surgeon and the reconstructive surgeon to provide optimal cancer control and wound closure.
The Breast Health Global Initiative

www.bhgi.info

BCI 2.5
Making breast cancer a global priority

www.BCI25.org