Centers of Excellence in Cancer

What is the Role for Surgery in the Metastatic Setting?

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QUESTION

What is the role of breast cancer surgery in the metastatic setting?

ANSWER

Very Limited!

SURGERY WITH METASTATIC DISEASE
RANDOMIZED TRIAL

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

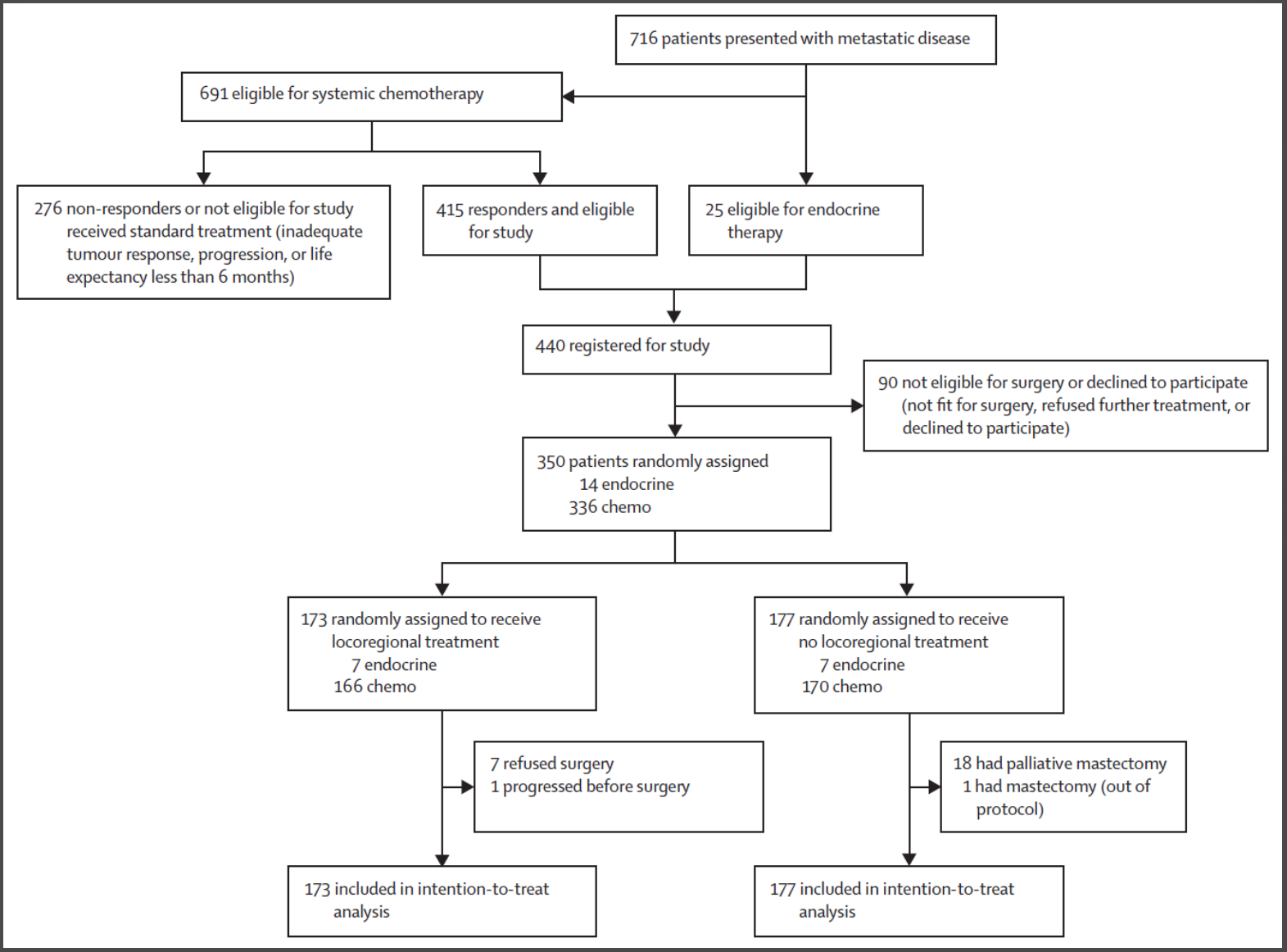
Background The role of locoregional treatment in women with metastatic breast cancer at first presentation is unclear. Preclinical evidence suggests that such treatment might help the growth of metastatic disease, whereas many retrospective analyses in clinical cohorts have suggested a favourable effect 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.

Badwe, et al., Lancet Oncol 16:1380,2015

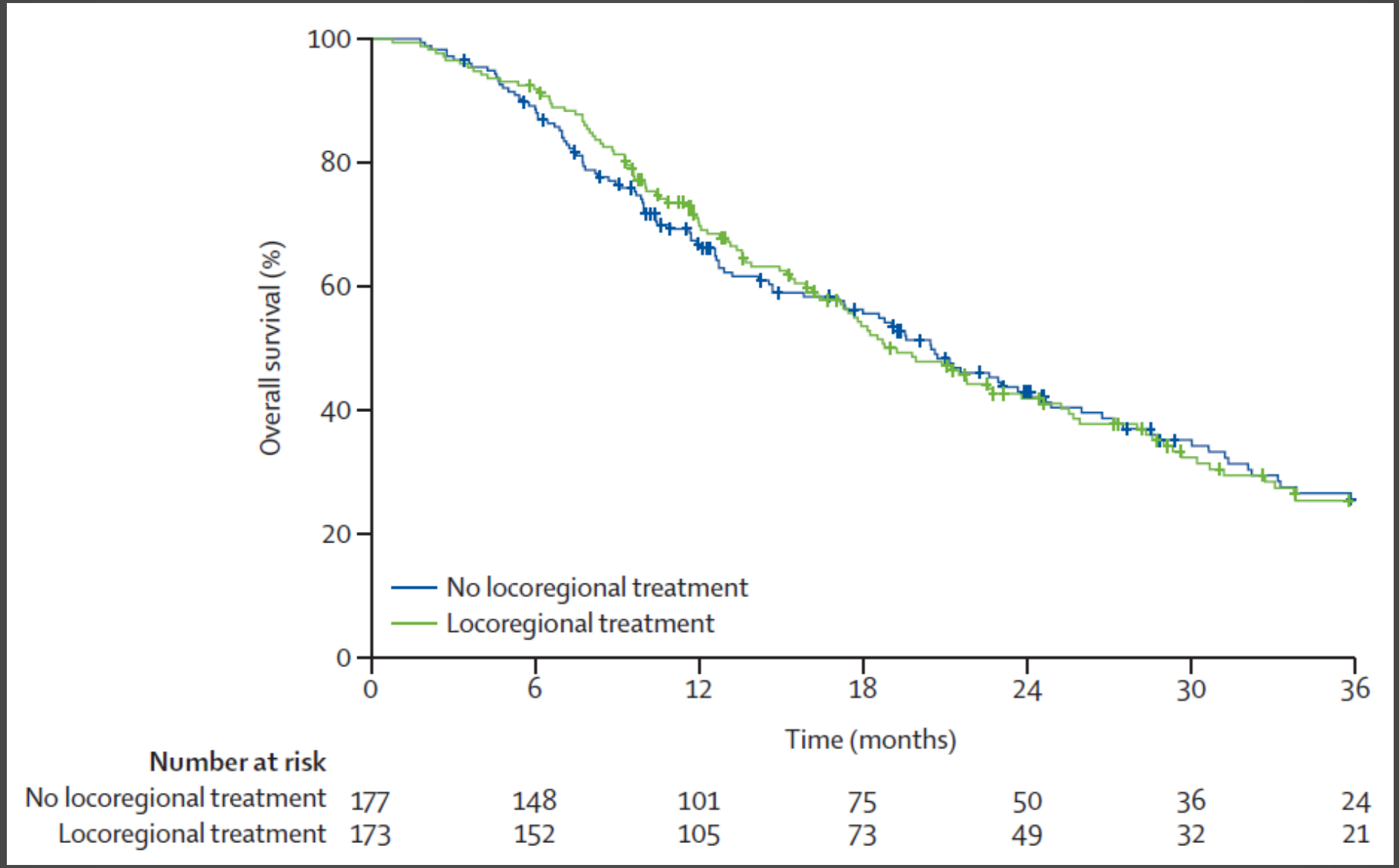
SURGERY WITH METASTATIC DISEASE
RANDOMIZED TRIAL

- Open-label, randomized controlled trial previously untreated patients ≤65 years of age with life expectancy of ≥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



Badwe, et al., Lancet Oncol 16:1380,2015

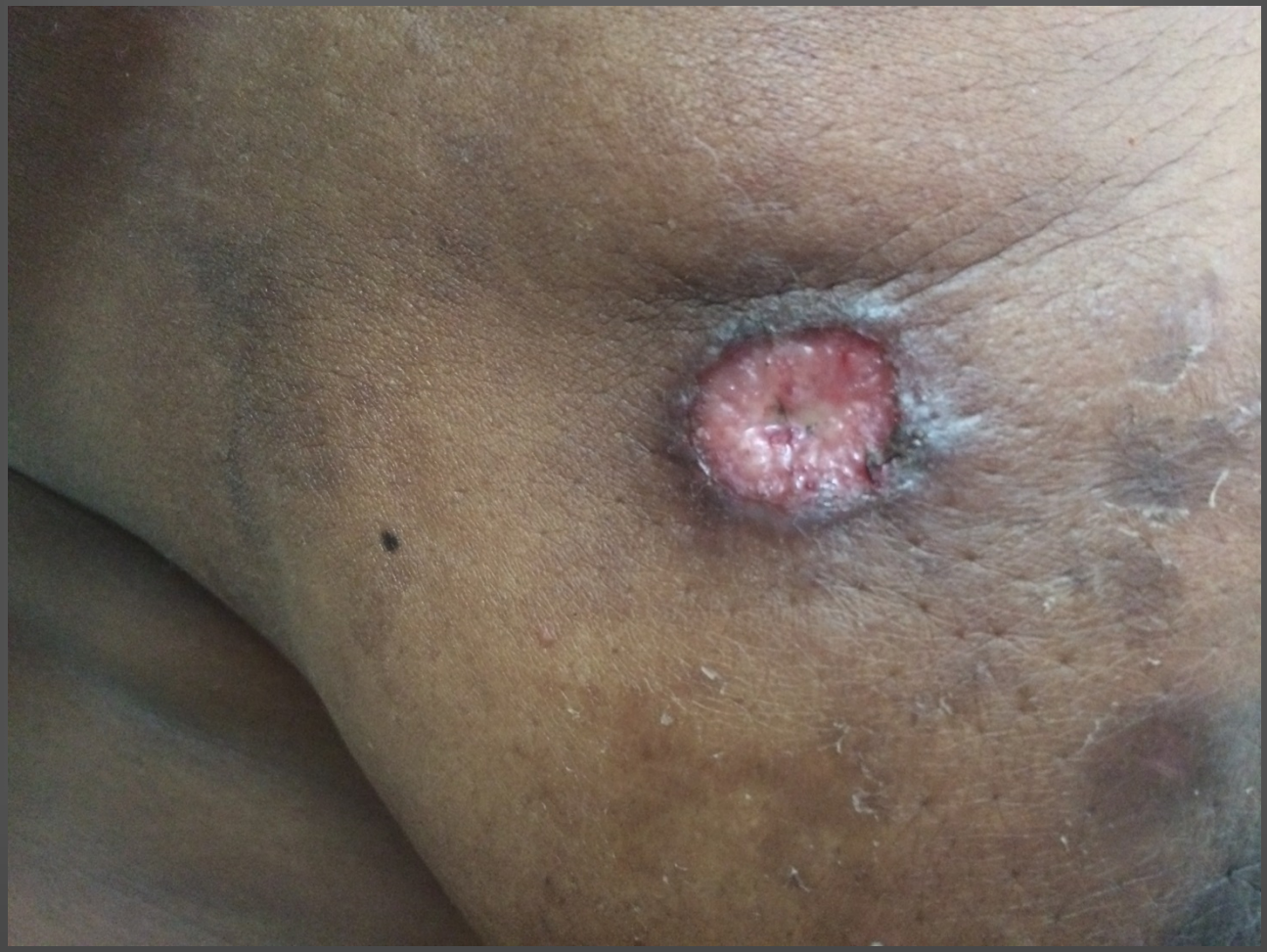


Number at risk							
No locoregional treatment	177	148	101	75	50	36	24
Locoregional treatment	173	152	105	73	49	32	21

Badwe, et al., Lancet Oncol 16:1380,2015

SURGERY WITH METASTATIC DISEASE

T4 BREAST PRIMARY SKIN EROSION



SURGERY WITH METASTATIC DISEASE

2015 NCCN GUIDELINE (1)

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.

SURGERY WITH METASTATIC DISEASE

2015 NCCN GUIDELINE (2)

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

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