

6th ASU-ICOC Supplement issue

O3: Frontline primary tumor resection followed by systemic therapy in metastatic breast cancer patients may be non-inferior to systemic treatment alone: A retrospective study.

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Keywords
Breast cancer,
Surgery,
Systemic treatment

ABSTRACT

Background: Primary tumor resection in metastatic breast cancer (MBC) remains a palliative procedure. Its impact as an upfront option on survival is debatable. No data from our locality addressed this issue; we conducted this retrospective study to explore its benefit as regards time-to-progression and/or time-to-death.

Methods: Data of patients' medical records used between 2010 through 2015 from Sohag Cancer Institute (SCI) and Sohag University Hospital, Egypt. Patients diagnosed with de novo MBC who had surgery before starting systemic treatment (ST) or had ST only were eligible. Cox proportional hazard regression and Kaplan-Meier estimates and descriptive statistics were used.

Results: Overall, 332 patients with MBC were included. They were pathologically proven MBC at presentation, HER2 negative, any HR status. Among them, 144 cases had upfront local surgery and matched to 188 who had not. Median PFS for ST group was 1.75 years while for surgery group was 2.41 years (p value=0.36). Median OS was 4.77 years and >5 years for ST and surgery groups respectively (p value=0.11). In multivariate analysis, progression of the disease was significantly associated with lower OS (HR, 4.63; 95% CI, p value= 0.03).

Conclusion: Primary tumor resection followed by systemic treatment was similar to systemic treatment alone as regards overall mortality and risk of progression in MBC. So, primary breast tumor resection in MBC should not be routinely used as frontline therapy but it may be considered in selected cases.