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Feasibility of Breast Conserving Surgery in locally Advanced Breast Cancer Patients Treated with Neoaduvant Therapy

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Editorial

For a long time, breast-conserving surgery has been a subject of great interest and debate. Many researchers have tried to find strict criteria in selecting the patients who can benefit from such a treatment but this remains a goal to achieve in the future. Locally advanced breast cancer (LABC) presents a challenge to surgeons. The standard treatment of locally advanced breast cancer is neoadjuvant chemotherapy (NACT). It has a high rate of success, causing complete clinical response in some patients and down staging the tumor in many patients. Patients with LABC previously treated by modified radical mastectomy could now be offered the chance for breast conserving surgery. Several studies have documented the feasibility and safety of breast conservation for locally advanced breast cancer after preoperative chemotherapy [1,2]. Breast conservation is possible in 27% to 90% of patients after preoperative chemotherapy. Local recurrence rates after breast conservation are low (5% -10%) in patients who respond to preoperative chemotherapy

A common question raised with respect to performing breast-conserving therapy after neoadjuvant chemotherapy is the volume of breast tissue that should be resected. To evaluate this, Boughey et al. studied [4] whether preoperative chemotherapy was able to reduce the volume of tissue excised and the number of breast operations performed and reported that in patients with T2 or T3 tumors, significantly less tissue was resected when patients received neoadjuvant chemotherapy (P < .004 for volume of tissue resected). At a median followup time of 33 months there were only two cases of ipsilateral

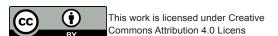
breast recurrence, one in the neoadjuvant group, and one in the adjuvant group, leading them to conclude that it is not necessary to excise the entire pre NACT volume of tissue. Therefore, using chemotherapy in the preoperative setting can afford a better overall cosmetic outcome for patients.

Finally, sufficient evidence is now available to suggest that breast conservation after neoadjuvant chemotherapy is safe and effective for properly selected patients. Neoadjuvant chemotherapy may permit a breast conservation approach for selected patients with initial tumor sizes that require mastectomy and it does not compromise excellent outcome for patients with early stage disease. Neoadjuvant chemotherapy does increase the complexity of breast conservative treatment and requires a close collaboration between a multidisciplinary team to achieve excellent outcomes.

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