

BREAST CONSERVING THERAPY VERSUS MODIFIED RADICAL MASTECTOMY WITH CONVENTIONAL AND HYPOFRACTIONATION RADIOTHERAPY IN THE MANAGEMENT OF EARLY BREAST CANCER: ONCOLOGICAL OUTCOMES (6 years single institution experience)

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ABSTRACT

Background: From June 2010 to June 2017, we carried out a prospective randomized trial comparing Breast conservative therapy (BCT) with modified radical mastectomy (MRM) for early breast cancer in patients with tumors up to <5 cm. In this analysis, we investigated whether the treatments resulted in different overall survival, time to distant metastasis, or time to local recurrence.

Methods: 456 eligible breast cancer patients randomly assigned to the BCT arm (295 patients) or to the mastectomy arm (161 patients). BCT comprised quadrantectomy with axillary clearance (level I, II), followed by radiotherapy to the breast and a supplementary dose to the tumor bed. The median follow-up period was 38 months (range 24-50 months).

Results: Throughout the period of the study there was slight difference between the two groups in overall 5 years survival (88.6% for the mastectomy arm and 92.3% for the BCT arm; $P = 1$) also the distant metastasis-free rates (91.2% for the mastectomy patients and 93.4% for the BCT patients; $P = 1$). The rate of local recurrence did not show a statistically significant difference (3.6% of the mastectomy and 8.5% of the BCT patients; $P = .54$). hypofractionation scheme is feasible and well tolerated and offers women WBI in a highly convenient schedule.

Conclusions: Modified radical mastectomy and conservative surgery are excellent local treatment methods for clinical stage I and II breast cancer, with similar survival. hypofractionation scheme is feasible and well tolerated and offers women WBI in a highly convenient schedule.

Key words: Early breast cancer, breast conservative therapy, modified radical mastectomy, hypofractionated radiotherapy.