

31- Local Surgery in Metastatic Breast Cancer at the Time of Initial Diagnosis

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Abstract

Objectives The role of loco-regional surgery in treatment of de-novo metastatic breast cancer (MBC) is unclear. Conflicting results have been reported by various analyses. We aimed to compare the effect of loco-regional treatment on outcome in women with MBC at initial presentation.

Materials & Methods Breast cancer patients files designated as stage IV in the time period from January 2010 till December 2015 were extracted. Then two groups were formed; patients who underwent surgery for the primary breast tumor and patients with an intact primary. Data collected comprised patients' baseline clinical characteristics, metastatic site(s), surgical procedure, management, disease progression and last follow-up.

Results Of the 112 eligible patients, 54 patients (48%) underwent primary surgery (majority modified radical mastectomy n= 40; 74.07%). Median OS was 29 months (95% CI 20.21- 37.79) in the locoregional treatment group and 21 months (95% CI 8.80-33.20) in the non-surgical group (p= 0.177). Median PFS was 16 months (95% CI 14.11- 17.88) in the surgical arm and 12 months (95% CI 9.97-14.04) in the non-surgical one (p=0.286). OS and PFS between patients in both groups after adjusting for age, ER, HER2, menopausal status, and metastatic sites (locoregional treatment *vs* no-locoregional treatment, HR=0.76 (95% CI 0.42-1.36; p=0.356). Estrogen receptor negative status was independently associated with PFS, whilst oligometastatic subjects experienced improvement in both outcomes.

Conclusion Primary tumor removal for breast cancer patients with synchronous stage IV disease failed to improve outcome. This approach requires further confirmatory prospective studies to establish patients that may benefit from current findings.

Keywords Breast cancer; Stage IV ; De-novo metastatic ; Surgery ; Loco-regional treatment.