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Is breast conservation surgery feasible in ipsilateral cancer recurrence with previous radiotherapy?

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Abstract

Introduction: Breast-conserving surgery (BCS) is the preferred modality for early breast cancer, yet there is a significant research gap in understanding the feasibility of BCS in ipsilateral recurrent breast cancer (IRBC) post-radiotherapy. This systematic review aims to investigate the outcomes of repeat BCS (rBCS) in managing IRBC, providing crucial insights for clinicians and patients in evaluating treatment options.

Methods: The PRISMA framework guided data collection from PubMed and Embase. A qualitative systematic approach involved descriptive and thematic analysis, examining patterns and consistencies in outcome findings across identified studies. Due to the nature of the research, no statistical analysis was conducted.

Results: Four papers, employing a 95% confidence level, were included. Studies revealed a 2.103 risk ratio for second local recurrence (SLR) after rBCS compared to mastectomy. Pooled data indicated SLR rates of 15.7% for BCS and 10.3% for mastectomy, with a 5-year overall survival (OS) rate of 86.8 and 79.8%, respectively. Repeat radiotherapy showed a protective effect for SLR and a small OS benefit favoured rBCS. However, this came with overall evidence certainty. Other studies found a 5-year OS of 77 and 87% after rBCS, with oncological advantages for adjunctive radiotherapy. Post-IBTR, 84% had a 5-year survival rate, while multivariate analysis highlighted factors influencing SLR.

Conclusion: This systematic review suggests that rBCS may be considered in a subset of patients with IBCR after BCS and RT. Individual assessment encompassing tumour-size and duration prior to relapse shows importance approach feasibility. However, further research would improve subject knowledge and aid in optimal patient selection.

Keywords: conserving surgery; breast cancer; radiotherapy; patient selection

References