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*

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

Rachael Madume[1] and Jaideep Singh Rait[1,2]

[1]Kent and Medway Medical School, Kent, UK; [2]Maidstone and Tunbridge Wells NHS Trust, Kent, UK

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Presenter: Rachael Madume (*rachael.madume@hotmail.co.uk*)

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