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Locoregional surgery in metastatic breast cancer

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Background: A current guidelines do not recommend locoregional surgery for metastatic breast cancer at presentation despite some studies suggesting a survival benefits. We aimed to assess outcomes in patients with metastatic breast cancer who underwent surgery.

Methods: In a cohort study of all metastatic breast cancer diagnosed at single institution between 2000 and 2012, we assessed patient survival in the context of demographics, clinical and histopathology characteristics, metastatic burden, and type of surgery performed.

Results: 678 patients with metastatic breast cancer were included, 412 (60.77%) underwent surgery for primary tumor, with a median follow-up of 41 months. Patients in the surgery group had longer survival (3.1 vs. 1.9 years, $P < 0.0001$). The surgery group had longer survival (41 versus 27 months, $p < 0.0029$). The 5 year survival rate for surgery group was 34% compared with 14% for the nonsurgery group. A multivariate analysis revealed surgery ($p = 0.0003$), large tumor size ($p = 0.0195$), ER positive ($p < 0.0001$), and metastasis at presentation ($p = 0.0032$) were prognostic variables.

Conclusions: Locoregional surgery does confer a survival advantage in stage iv breast cancer.

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