Nipple-Sparing Mastectomy with Immediate Breast Reconstruction in Breast Cancer Patients with Tumour-Nipple Distance Less Than 2.0 cm: The Jury is Still Out

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We read with interest the recently published article by Ruy et al. [1]. It is a retrospective study which compares the oncological outcome of breast cancer patients who were treated with nipple-sparing mastectomy (NSM) with the tumour lying more than 2 or less than 2 cm from the nipple. All patients had a preoperative MRI reporting that the nipple was preservable; the groups were comparable but the short nipple to tumour distance (STND) patients had smaller tumours in general. The authors conclude that after about 2 years of follow-up the relapse rates are the same.

We would like to highlight two issues.

First, we think it is not fair to say that the groups had similar relapse rates. The study population is too small and the follow-up period too short to justify a meaningful comparison. This is also acknowledged by the authors. It would be helpful to calculate the power of the study which would give an insight into how big the difference should be before authors identify it; or, in other words, how large the study population should be in order to allow detection of a reasonable difference. In our opinion it would be fairer to say that local relapse is rare even when the nipple to tumour distance is short at least for the first 2 years and probably thereafter.

The second point is a hidden strength which has not been adequately exploited in the manuscript. It is said that

78 patients had 78 positive nipple biopsies despite a “negative” preoperative diagnosis of nipple involvement (which involved MRI imaging). We would like to see a focus on these patients. Is there a characteristic or a combination of characteristics which predisposes to a positive nipple biopsy? Are age, tissue density, type of nipple positivity (as authors regard “positive” non-cancerous lesions, as LCIS, or atypia), or more importantly the tumour to nipple distance—since the distance from the nipple is the focus of the paper, factors that determine the fate of the nipple despite a benign MRI? This becomes important as frozen section is not always favoured in hospitals worldwide and in our view is not accurate either; in this paper nearly one fifth of the nipples were unnecessarily sacrificed due to false frozen section positivity.

If preoperative diagnosis—which we suggest should be based not only on MRI but more clinicopathologic data too—was more accurate, patients would be able to have a better idea of the immediate surgical outcome beforehand and surgeons could avoid unnecessary nipple sacrifice, minimise the need for frozen section, and keep the need for reoperation low.

References

1. Ryu JM, Nam SJ, Kim SW, Lee SK, Bae SY, Yi HW, et al (2016) Feasibility of nipple-sparing mastectomy with immediate breast reconstruction in breast cancer patients with tumor-nipple distance less than 2.0 cm. *World J Surg*. doi:[10.1007/s00268-016-3487-0](https://doi.org/10.1007/s00268-016-3487-0)

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