LETTER TO THE EDITOR

Planning Surgical Resection in Stage IV Breast Cancer Patients

TO THE EDITORS:

The article of Rao et al. about the important issue of timing the surgical resection of the primary breast cancer in stage IV patients may be misleading. Rao et al. concluded that surgery after systemic induction therapy demonstrates improved progression-free survival compared with surgery first (before any systemic therapy).¹ This question is of highest importance regarding a possible prospective trial design.

This small retrospective study is not only statistically underpowered to draw any conclusions (28 versus 47 patients), looking at the prognostic factors between the groups it becomes obvious that this retrospective study does not compare between early versus later surgery but between two groups with different prognoses. The groups with patients operated on within the first 3 months had inadequate local therapy (resection positive margins 50% versus 7%) and a worse response prediction to systemic chemotherapy (hormone receptor status positive 38% vs. 7%). Besides this, the authors can only speculate that patients operated on 3 months after diagnosis had induction chemotherapy before surgery.

These issues have been well discussed by the authors except the hormone receptor issue; however, they still conclude that surgery after rather than before systemic

chemotherapy improves progression-free survival, which, in my opinion, cannot be concluded based on these data. In this respect, Fields et al. have been demonstrating in a much bigger cohort that timing may not matter.² Moreover, a recent report of a prospective study from India demonstrated no detrimental impact on recurrence and survival in patients with early surgery.³

Prospective trials comparing surgery first versus only on demand should still be considered to clearly answer the open question of local therapy in stage IV breast cancer patients.

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