ASO Author Reflections: Surgery Offers Survival Advantage in Treatment-Responsive Metastatic Breast Cancer

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PAST

For patients with metastatic breast cancer, systemic therapy has been the cornerstone of treatment while the utilization of surgery has not been clear. Randomized controlled trials (RCT) in India, Turkey and Austria concluded that there was no survival advantage with surgical intervention, however these results have been questioned, and retrospective reviews have noted a reduction in mortality between 35 and 50%.¹ Prior studies evaluating surgical intervention have not taken into account either the hormone receptor, HER2 status or the sequence of chemotherapy in relation to the surgical intervention.

PRESENT

Our study used the National Cancer Database to investigate patients with stage IV breast cancer and known hormone receptor and HER2 status who had undergone systemic therapy (ST) with or without surgical intervention, excluding patients who died within the first 6 months of diagnosis.² We found that the addition of surgical intervention was associated with better survival, regardless of biologic subtype; further neoadjuvant timing of ST in ER +, PR + or HER2 + patients was the most beneficial.

FUTURE

Surgical treatment for metastatic cancer is not a new concept. The resection of liver metastases in colorectal cancer became the standard of care in 1996.³ Previous RCTs among metastatic breast cancer patients have been questioned due to small sample size, lack of receipt of ST and blinding; and recent RCTs are limited by poor accrual.¹ The utilization of real-world secondary data studies of treatment modalities in specific biologic subtypes of metastatic breast cancer offers a timely guide to clinical decision-making.⁴ We encourage clinicians to evaluate real-world evidence, including this study, when choosing the optimal treatment for metastatic breast cancer and consider the addition of surgery in patients with metastatic breast cancer responsive to systemic treatments.

REFERENCES

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