ASO Author Reflections: Does Prompt Breast-Conserving Surgery Matter?

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PAST

Time from diagnosis to breast surgery has grown over the past decades in the USA.^{1,2} Studies suggested that delay of surgery is associated with increased mortality risk among early-stage breast cancer patients who were treated with surgery first.^{3,4} This raised the question of whether a prolonged preoperative interval is associated with measurable disease progression.

PRESENT

This cohort study showed that delay in surgery is associated with disease progression among estrogen receptor (ER)-positive T1N0M0 ductal breast cancer patients who received breast-conserving surgery as their first definitive treatment; however, no such association was observed in ER-negative patients.⁵ This study concluded that avoiding an excessive delay of surgery may reduce preoperative disease progression.

FUTURE

Given the slow progression of ER-positive compared to ER-negative disease, this observed time-dependent disease progression, specific to T1N0 ER-positive, was

unanticipated. Extensive translational and clinical studies are needed to understand how “good prognostic” ER-positive tumors progress during a relatively short period between biopsy to surgery. Do tumors begin to become more aggressive around the time they are clinically identified? Does the diagnostic process trigger a change in the biological behavior of ER-positive breast tumors? Despite our improved understanding of breast cancer, these new and puzzling questions challenge the current paradigms.

DISCLOSURES William Dooley—founding director, Shag Medical LLC—microendoscope company; patent pending on microendoscope for breast ductoscopy.

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