ASO AUTHOR REFLECTIONS

ASO Author Reflection: Trimodality Therapy Offers Survival Advantage in Metastatic Male Breast Cancer

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PAST

For males with metastatic breast cancer, systemic therapy has been the cornerstone of treatment. Treatment algorithms parallel female breast cancer treatments, where surgery remains controversial and not currently recommended by National Comprehensive Cancer Network guidelines.¹ Previous retrospective cohort studies in males have suggested that surgery is beneficial to survival;^{2,3} however, survival benefit by the type of treatment received based on a patients' hormone status has yet to be studied.

PRESENT

Our study used the National Cancer Database to investigate men who presented with de novo stage IV breast cancer and known estrogen receptor (ER) and progesterone receptor (PR) statuses, who had undergone systemic therapy with or without surgical intervention. Patients who died within the first 6 months were excluded. We found that, in male patients with de novo stage IV breast cancer who were ER+ or PR+, those who had surgery, radiation therapy, and systemic therapy (trimodality) had a significant survival advantage compared with patients who received only systemic therapy. Our data also showed a downward trend in the utilization of surgery over the years in this cohort.⁴

FUTURE

Trimodality therapy should strongly be considered for men with de novo stage IV breast cancer, which is in concordance with similar findings in the female breast cancer literature.⁵ Given our small sample size, we were unable to analyze patients by human epidermal growth factor receptor 2 (HER2) status. However, we postulate that an even greater benefit could be seen in HER2+ patients. Given the rarity of this disease, randomized controlled trials are not feasible. Therefore, we recommend evaluating real-world evidence, especially large retrospective cohort studies, to guide the treatment of men with de novo stage IV breast cancer.

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