

August 06-07, 2018
Prague, Czech Republic

Atilla Soran et al., J Univer Surg 2018, Volume: 6
DOI: 10.21767/2254-6758-C1-002

METASTASIS DIRECTED MANAGEMENT OF DISTANT RECURRENT BREAST CANCER: PRELIMINARY RESULTS OF ONGOING STUDY

Atilla Soran, Kaori Tane, Arsalan Salamat, Emilia Diego, Priscilla McAuliffe, Ronald Johnson and Sushil Beriwal

Magee-Womens Hospital of University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA

Background: The standard of care for management of distant metastasis in recurrent breast cancer (RBC) is systemic therapy. Metastatic site specific treatment is indicated in patients (pts) with symptomatic disease. There is limited data as to whether site specific intervention to distant metastasis in addition to systemic therapy would alter clinical outcomes and/or improve symptomatology. The aim of this retrospective study is to investigate short and long term outcomes in RBC pts who received intervention to distant site metastasis in addition to systemic therapy.

Methods: A prospectively-maintained cancer registry at a high-volume tertiary academic center was retrospectively reviewed for 435 RBC pts, from 2006 to 2016, who were diagnosed with stage I-III primary breast cancer (PBC). All pts had received standard of care treatment for PBC and had at least one distant metastatic lesion detected by radiological examination. Out of the 435 pts, 240 (55%) pts received additional interventions to the site of distant metastasis. Interventions to distant site metastases included surgery (OP), radiation therapy (RT), and radiofrequency ablation (RFA). Outcomes included post intervention morbidity, change of symptomatology and performance status (PS), length of hospital stay (LOS) due to intervention, and progression free survival (PFS).

Results: Two hundred forty pts (55%) underwent 544 interventions at total (2 ± 1.7 (1-12) interventions per pts (Median \pm SD (range)). The details of interventions were as follows; RT for bone (44%), RT for brain (38%), RT for other sites (4%), OP for bone (4%), OP for lung (3%), OP for liver (1%), OP for brain (4%), OP for other sites (2%), RFA for lung or liver (1%). Interventions were completed in 99% of cases. Complication data was adequately reported after 525 interventions. The most common complication for intervention was radiation dermatitis 15 (2.8%), and post intervention infection was diagnosed in 2 cases (0.4%); reoperation as well as hemorrhage rate was 0.2% (1/525). The data of symptom was available in 266 interventions, as well as the data of PS in 106 interventions. Improvement of symptoms was seen in 68% (180/266) of cases. PS was improved in 19% (20/106) of cases, and not changed in 68% (72/106) of cases after intervention. The data about LOS was reported in 279 interventions. 52% (144/279) of interventions were performed in an outpatient settings and the rest of the pts' average LOS was 5 ± 8.4 days (1-87). PFS for intervention was 4 ± 0.3 months (M) (95% CI; 3-5) at any metastatic sites and 5 ± 0.4 M (4-6) at the intervention site.

Conclusions: Our study demonstrated that intervention to distant metastatic site did not increase the rate of overall complications in pts with RBC. Symptoms improved in 68% with interventions. The final results of the study will demonstrate trends in PFS and overall survival.

Biography

Atilla Soran has completed his MD from University of Ankar, General Surgery Residency from Department of Surgery NHS Ankara Numune Teaching and Research Hospital, MPH from Graduate School of Public Health University of Pittsburgh. He holds different positions: Clinical Professor of Surgery, Director of International Breast Fellowship Program, Director of Lymphedema Program, and Director of Clinical Research for Breast Diseases. His research, clinical, and/or academic interests are Surgery in metastatic breast cancer, Lymphedema prevention and treatment, Optical Biopsy for breast lesions, Biomarker search for early breast cancer, Nomograms for prediction non-sentinel lymph node biopsy positivity, residual disease, Nomograms for lymphedema, Prediction model for predicting response to neo-adjuvant chemotherapy, Design of randomized studies for breast diseases. He is top oncologist in Pittsburgh, International Association of Oncologists, 2012. He was awarded Honorary Friendship Award, University of Uludag, Bursa Turkey, 2008; Man of Outstanding Accomplishment Award (DOFA), 2006; Fellow, American College of Surgeons, 2005; Best Physician and Scientist of the Year in Turkey, Baskent Group, Ankara, Turkey, 2005; Marquis Who's Who in Science and Engineering, 2004-2005; Ege University Best Breast Cancer Research Award, Izmir, Turkey, 2000; Turkish Surgical Society-Sanofi Best Surgical Research Award, 1999.

asoran@upmc.edu