Local and Systemic Therapy for Local Recurrence After Primary Surgery

Approximately 80%-90% of breast cancer local recurrences appear within five years after primary therapy. One-fourth to one-third of patients with local or regional recurrence have had preceding distant metastases. Another one-fourth of patients are diagnosed as having simultaneous local and distant failure or develop distant metastases within a few months of the local recurrence. The management of these patients continues to evolve and a gold standard for treatment is controversial. Should patients who initially had breast-conserving surgery now have a mastectomy, or is re-excision appropriate? What is the role of radiotherapy and chemotherapy? Should tamoxifen be discontinued and should the patient be started on an aromatase inhibitor and/or ovarian ablation? The answer to these questions are determined according to thoughtful consideration of the clinical and pathological characteristics of the patient at the time of recurrence.

Clinical Research Background

MILAN SERIES OF 191 LOCAL RECURRENCE CASES AFTER BREAST CONSERVING SURGERY FOR EARLY BREAST CANCER

<table>
<thead>
<tr>
<th>N=191</th>
<th>TREATMENT OF RECURRENCE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MASTECTOMY (N=134)</td>
</tr>
<tr>
<td>Solitary</td>
<td>63%</td>
</tr>
<tr>
<td>Multi-focal</td>
<td>17%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>20%</td>
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<tr>
<td>Pathological Size (cm)</td>
<td></td>
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<tr>
<td>≤ 1</td>
<td>34%</td>
</tr>
<tr>
<td>&gt; 2</td>
<td>52%</td>
</tr>
<tr>
<td>Undetectable</td>
<td>13%</td>
</tr>
<tr>
<td>Subsequent Distant Metastases</td>
<td>47%</td>
</tr>
<tr>
<td>Overall Survival Probability at 60 Month</td>
<td>70%</td>
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</tbody>
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“Since the two surgical options were not randomized, no statistically reliable comparison could be obtained. Furthermore, the favourable results after re-excision could simply reflect patient selection. However, total mastectomy does not seem to prevent patients from developing distant metastases. In conclusion, half the patients were disease-free five years after reoperation. Re-excision was not disadvantageous in selected patients. Selection should include small solitary recurrences in a breast large enough to permit a satisfactory cosmetic result. The patient should be considered appropriately about the risk of a further IBTR.”


Miami Meeting Patterns of Care Study

SURGEONS

A woman is diagnosed by mammogram with an upper, outer quadrant lesion that is excised and proven to be a 0.8 cm noncomedo DCIS. The margins are clear to 1 cm. She is treated with radiation therapy and tamoxifen. Three years later, she presents with a nodule in the suture line, which is excised and found to be recurrent DCIS.

Which of the following therapies would you be most likely to recommend?

LOCAL THERAPY

- Mastectomy
- Re-excision
- Undecided

SYSTEMIC THERAPY

- Continue tamoxifen
- Discontinue tamoxifen, start aromatase inhibitor and ovarian ablation

CHEMOTHERAPY FOR LOCAL RECURRENCE

“Although salvage mastectomy is currently the standard surgical treatment for IBTR (ipsilateral breast tumor recurrence), a small series has shown that breast conservation plus salvage radiotherapy to the operative area is well tolerated and results in reasonable long-term local control of the disease. This strategy needs to be further explored and eventually compared directly with salvage mastectomy.”


PROPOSED TRIAL OF XT IN LOCAL RECURRENT

We are planning a trial to determine the value of chemotherapy in patients with ipsilateral breast tumor recurrence (IBTR) or local regional recurrence. These patients have not been studied prospectively, and it is not known whether chemotherapy can improve survival. Patients with IBTR and local regional recurrence have a 50%-60% and 80%-90% risk, respectively, of developing systemic disease in the next five years. In ER-positive patients, we will compare hormonal therapy with or without capecitabine / docetaxel. In ER-negative patients, we will compare capecitabine/docetaxel to no treatment. Since most of the patients will have received either an anthracycline or alkylating agent as adjuvant therapy, we chose docetaxel as a noncross-resistant agent. Capecitabine was added to obtain the maximum benefit.

—Elefterios P Mamounas, MD

“Local recurrences occur most frequently in the skin, and the optimal treatment consists of complete excision of gross disease followed by irradiation. This approach has improved local control and survival in most series. For systemic management, antihormonal therapy should be administered concurrently with irradiation to all receptor-positive patients. Chemotherapy, using a combined or sequential application of Adriamycin and Taxol, has become a standard treatment in advanced breast cancer, but it may be ineffective in resolving local recurrence.”


INNOVATIVE RADIOTHERAPIES FOR LOCALLY RECURRENT BREAST CANCERS

PDR (PULSED-DOSE-RATE) BRACHYTHERAPY

“Even applying the most appropriate treatment, local failure rates up to 52% have been reported after treatment of local recurrences. Treatment options in this situation are limited, and, due to an increased normal tissue complication probability, reirradiation is used with caution. On the other hand, 62% of the patients with uncontrolled locoregional recurrences experience severe clinical problems and an extremely impaired quality of life. As an alternative to reirradiation with electrons… PDR (PULSED-DOSE-RATE) BRACHYTHERAPY may be ineffective in resolving local recurrence.”


SELECT PUBLICATIONS


