

Time for a randomised clinical trial evaluating breast conserving surgery compared to mastectomy in ipsilateral multifocal breast cancer (MFBC)?

Nijenhuis et al. (2015) are to be commended for reviewing the role of breast-conserving surgery (BCS) in the treatment of Multi-focal Breast Cancers (MFBC) [1]. Currently, evidence-based guidelines on recommended surgical treatments in MFBC are based on limited evidence. A systematic review [2] critically evaluating the published literature has led us to conclude the following: 1) Studies of MFBC would benefit from standardized imaging, ideally with MRI providing detailed and accurate anatomic extent; 2) Modern trials would ideally evaluate neoadjuvant therapy, where therapeutic response can be evaluated; 3) Tumour subtype (immunohistochemical markers) of each cancer should be used in a minimized randomization design; 4) There is poor clinical evidence for the feasibility of dual tumour bed radiotherapy (RT) boosting and its impact on outcomes; 5) Meta-analyses on RT for unifocal cancers underline the significance of 10-year first recurrence and not breast cancer death; 6) Effect-sizes for 5-year local recurrence requires intergroup comparisons of surgery types (BCS versus mastectomy) far in excess of reported studies, where multicentric cancers are included and MFBC are clinically diagnosed; 7) Lack of convincing outcomes data on 5-year local recurrence after BCS is motivating a large international collaborative supported by respective international and national associations of breast surgery.

References

- [1] Nijenhuis MV, Rutgers EJ. Conservative surgery for multifocal/multicentric breast cancer. *Breast* 2015 Nov;24(Suppl 2):S96e9.
[2] Winters ZE, Cutress R, Greenwood R, Ingram JC. P035. Reaching a national consensus on the surgical management of multiple ipsilateral breast cancers (MIBCs): perceptions by patients, healthy volunteers, surgeons and breast cancer associations, vol. 41(6); 2015 JunS37.
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