

Breast Conserving Surgery in Locally Advanced Breast Cancer Patients with Good Response to Neoadjuvant Chemotherapy

Sharon WW Chan, Siu King Law | Department of Surgery, United Christian Hospital, Hong Kong SAR



INTRODUCTION

The application of breast-conserving surgery (BCS) on patients with locally advanced breast cancer (LABC) with good response to neoadjuvant chemotherapy (NACT) still remains controversial. The objective in this study is to analyse the safety of BCS in the management of Locally advanced breast cancer LABC in patients with good response to NACT.



MATERIALS AND METHODS

LABC was defined as stage III or inoperable breast cancer. All patients diagnosed with LABC with surgery after Neoadjuvant Chemotherapy was recruited from Jan 2018 to Dec 2023. Local recurrence (LR) and regional recurrence (RR) in patients with LABC receiving BCS or mastectomy (MT) was analysed.



RESULTS

Total 143 LABC patients with NACT were recruited. With a median follow up of 40 months, there are 4 LR (2.8%) and 5 RR (3.5%). Among 23 patients received BCS, there are only 1 RR (4%).



DISCUSSION

Though there is unavoidable selection bias in patients receiving BCS, our initial result showed that BCS is a safe option for patients with LABC with good response to NACT.

	Total (n=143)	Breast-Conserving Surgery BCS (n=23)	Mastectomy (n=120)
Patients with recurrence	9 (6.3%)	1 (4%)	8 (6.7%)
Local recurrence (LR)	4 (2.8%)	0	4 (3.3%)
Regional recurrence (RR)	5 (3.5%)	1 (4%)	4 (3.3%)

Table 1. Local and regional recurrences

