

# Breast Reconstruction In Stage IV Breast Cancer with Oligometastasis in Young Malaysian Women : A Single Centre Experience

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## Introduction

The landscape of Stage IV breast cancer treatment has evolved from a uniform approach to personalized care, emphasizing multidisciplinary strategy. Advances in systemic treatments have contributed to an improved disease free survival. Surgery with immediate breast reconstruction is debatable but has potential to improve the psychosocial needs of this cohort of patients. We report our demographics of patients ,tumour biology and survival outcome in this cases series.

## Method

This is a retrospective analysis , descriptive study between January 2020 to December 2023, performed in a single institution, Hospital Putrajaya.

## Results

Out of 58 patients of immediate breast reconstruction performed, a total of 15 patients had stage IV oligometastases at diagnosis. 9 out of 15 patients had neoadjuvant chemotherapy followed by surgery with immediate breast reconstruction. Seven (n=7) patient had autologous immediate breast reconstruction and two (n=2) patients had two-stage expander-implant reconstruction. Local complications rate was 3.4% (n=2).

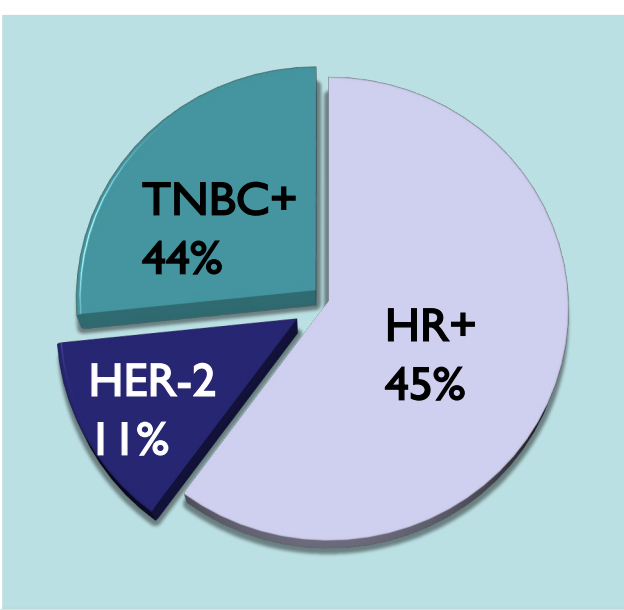


Chart 1 : Tumour biology

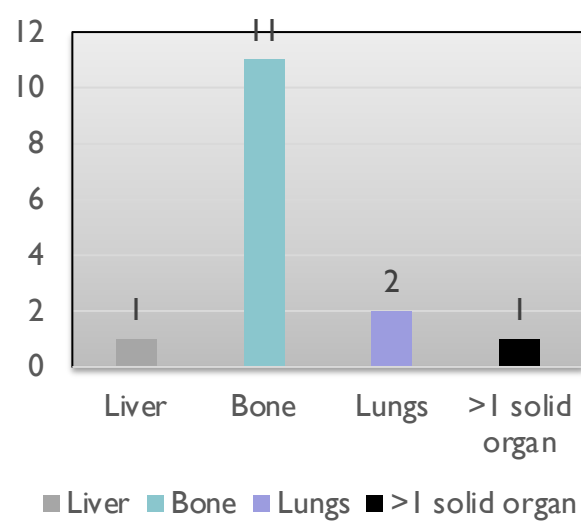


Chart 2 : Sites of metastases

Mean	With Breast Reconstruction (n=9)	Without Breast Reconstruction (n=6)
Age (years)	33.0	47.0
T size (cm)	1.3	4.4
NACT (n)	9	6
RT (n)	9	6
Local recurrence (n,%)	1 (11.1%)	1 (16.6%)
Progression of disease (%)	2 (22.2%)	1 (16.6%)
Time to disease relapse (months)	16.3	18.0
Alive (n,%)	8 (88.8%)	5 (83.3%)

Table 3 : Demographics and Outcome of Breast Reconstruction vs No Breast Reconstruction in Stage IV Oligometastatic patients

## Discussion:

The main treatment for metastastatic breast cancer is systemic therapy. Surgery is often considered as a treatment of palliative intent. Immediate breast reconstruction was controversial, but it is now an integral component of multidisciplinary care to discuss this treatment option with these patients. It is shown in our small case series that immediate breast reconstruction in oligometastatic stage IV breast cancer is a feasible option and has low complication rates with similar survival rate with non-reconstructed patients. Careful selection of younger patients, smaller tumour post neoadjuvant chemotherapy and good response of distant metastasis to systemic treatment , use of autologous myocutaneous flaps over implant are likely the factors to successful immediate reconstruction. Life expectancy in metastastatic breast cancer patients is improving and breast reconstruction has become increasingly important, since quality of life and well-being are factors that influence the survival.

## Conclusion:

With its low complication rate, provision of immediate breast reconstruction as a part of treatment is a reasonable option in Stage IV young breast cancer patients with oligometastases.