



Primary Metastatic Breast Cancer: Locoregional Treatment of the Primary Tumor and Metastatic Site.

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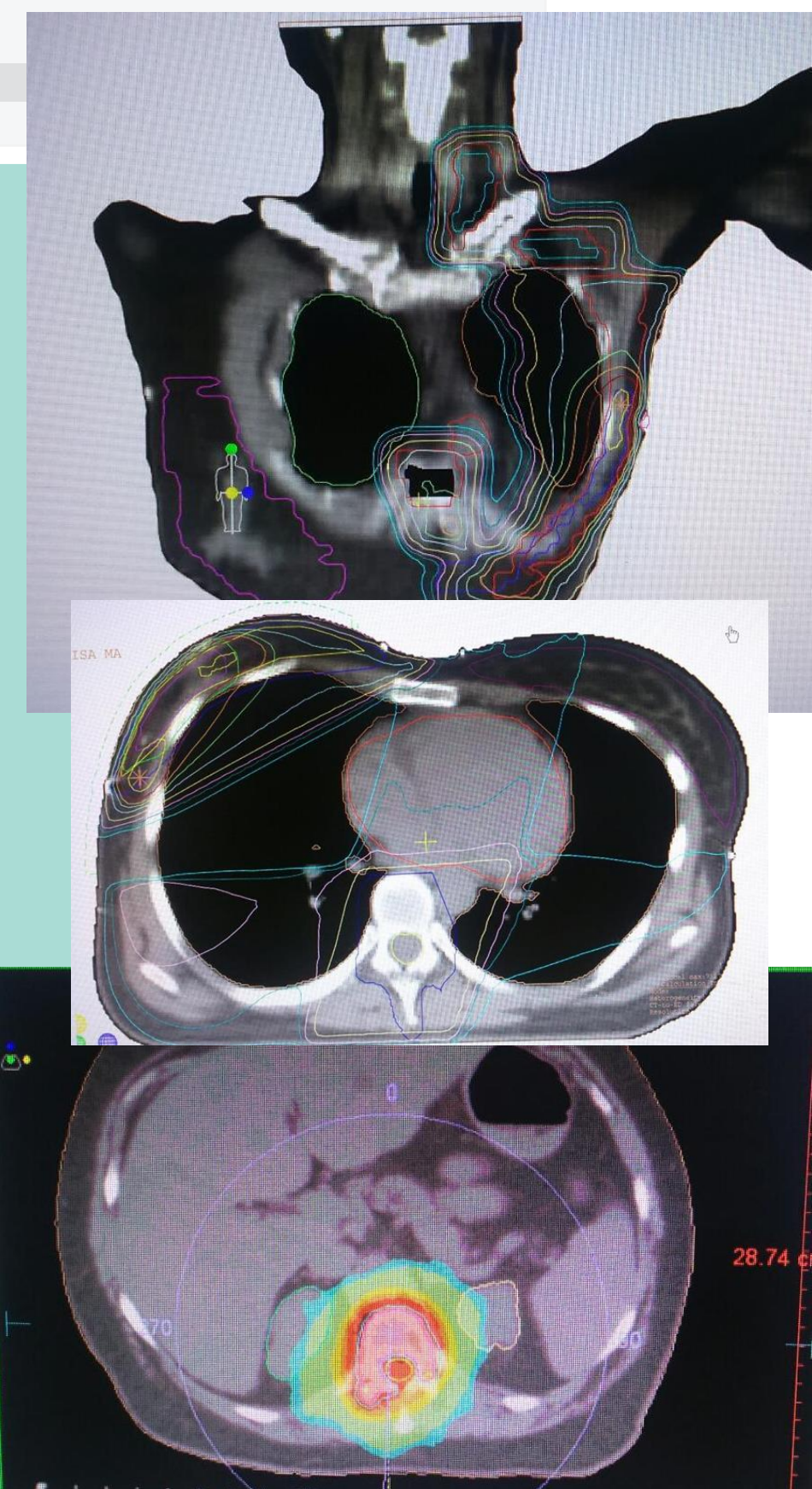
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Purpose: Approximately 5-10% of patients present with primary metastatic breast cancer at onset (MBC). Advances in systemic therapy and biomarker based therapies since the mid-1990, have contributed to improved survival in MBC.

Recent reports suggest a survival improvement after locoregional treatment, but this is still controversial.

Our aim was to review our experience with primary oligoMBC patients, to evaluate effectiveness of intensified multidisciplinary treatment for both primary tumor and metastases and to review literature in an attempt to propose an optimal treatment scheme.

Methods and materials: The Radiation Oncology Department of the Institut Oncològic del Vallés is the reference department of 900,000 inhabitants, and receives an average of 400 patients diagnosed with BC per year. We extracted data from consecutive patients treated for primary oligoMBC (≤ 5 metastatic sites), no brain metastases, from January-2008 to December-2017. Patients were referred from the main hospitals in the region: Parc Taulí, Consorci Sanitari de Terrassa and Mútua de Terrassa. Radiation therapy (RT) was indicated as consolidation treatment for patients responding to first-line systemic therapy. A total of 12 patients were referred. Regardless of surgery, patients received locoregional radiotherapy (LRRT), 50 Gy and RT of bone metastases SBRT 12-45 Gy in 1-3 fractions or 46-60 Gy in 23-30 fractions with curative intent.



Results: Mean age at diagnosis was 45 years (Range 34-73 years). Median follow-up 52 months (Range 5-105 months). Eight patients had hormone receptor-positive (HR+); 4 patients had Her2+ disease, 2 of them had HR+ also.

Nine patients had bone metastases, 3 patients had liver metastases (all of them Her2+ disease).

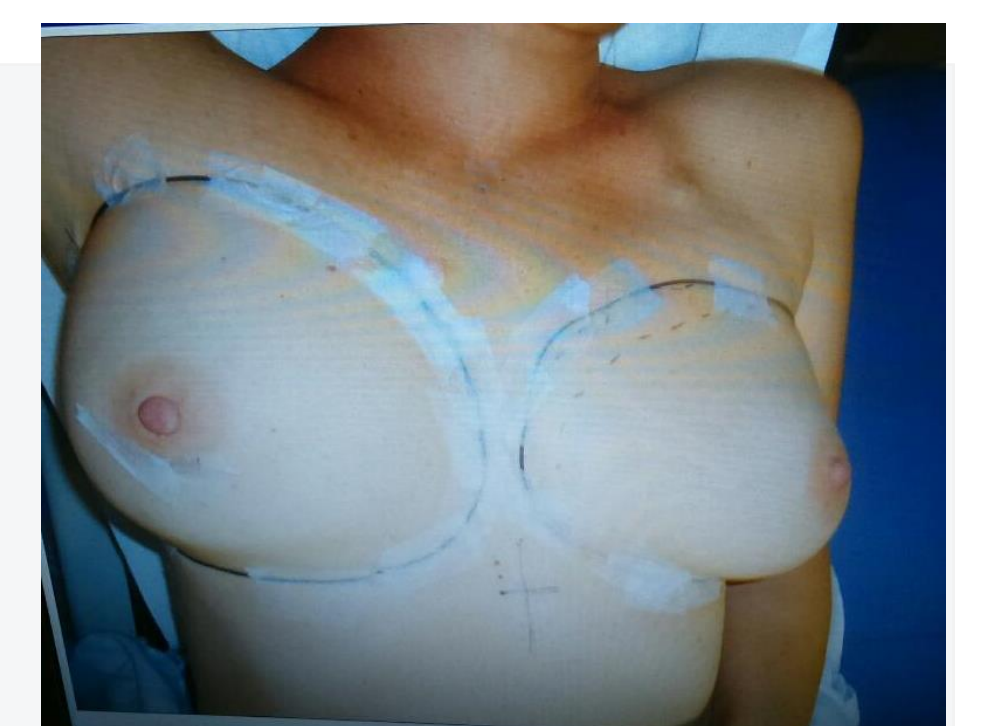
Only one patient died after 6 years of distant progression without locoregional disease.

Three patients recurred in the breast without distant progression, 2 patients after conservative surgery and LRRT and 1 patient after only LRRT at 80, 42 and 31 months from diagnosis, all three had Her2+++ disease.

Two patients HR+ had new bone metastases at 48 and 60 months from diagnosis.

Ten patients are alive without distant progression and with a median of breast cancer distant progression-free survival

of 47 months (range 22-105 months). Only in 5 patients it has been possible to preserve the affected breast, 4 of them HR+ the other one HR+ and Her2+.



Conclusions: Our results support usefulness of intensified multidisciplinary treatment for primary tumor and metastases in selected patients with primary oligoMBC.

Its efficacy with regard to local control in Her2+ disease is less clear.

We need the survival and quality of life results of the prospective trials that will allow us to select the patients that will benefit from more intensive treatment.

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