BREAST

Benefits of Surgical Treatment in Stage IV Male Breast Cancer Patients with Known Hormone Receptor Status
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INTRODUCTION: Male breast cancer (BC) represents <1% of all BC diagnoses. Given the rarity of this disease, limited research is available. Recent publications in female Stage IV BC have shown that surgical intervention has a survival benefit. This study aims to determine the impact of surgical intervention in men with Stage IV BC and known estrogen receptor (ER) and progesterone receptor (PR) status.

METHODS: The National Cancer Database was used to identify 539 Stage IV BC patients with known ER/PR status from 2004-2017. Chi-square tests examined subgroup differences between the treatment modalities received. Overall survival (OS) was assessed using the Kaplan Meier method (Figure). Multivariate Cox proportional hazard models examined factors associated with survival.

RESULTS: A survival advantage was noted in patients who received systemic therapy, surgery, and radiation (Trimodality) compared to systemic therapy alone (ST) (hazard ratio [HR] 0.622, 95% CI 0.459-0.843; p<0.0022). ER+ patients who received trimodality or ST and surgery (ST+Surg) had an improved 5-year OS rate when compared with ST (Trimodality 40%, ST+Surg 27%, ST 20%, p<0.0028). PR+ patients who received trimodality or ST+Surg had an improved 5-year OS rate when compared with ST (Trimodality 39% ST+Surg 24%, ST 20%, p<0.0325). The sequence of treatment was significant, with the greatest survival advantage noted in recipients of neoadjuvant chemotherapy (NAC) compared to adjuvant chemotherapy in ER+ patients (ER+ NAC HR 0.342, p<0.0244).

CONCLUSION: Surgery with ST has a survival benefit in stage IV male BC patients with known ER/PR status and should be considered after NAC in patients with ER+ disease.

Chest Wall Resection for Breast Cancer: 21st Century Experience
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INTRODUCTION: Breast cancer involving the chest wall is uncommon and usually due to recurrence. We hypothesized the combination of full thickness chest wall resection (FTCWR) with advanced surgical techniques and modern systemic therapy provides local control and good overall survival.

METHODS: We performed a retrospective review of adult women with breast cancer who underwent FTCWR (resection including rib or part of sternum) between 2000 and 2020 at our institutions. Primary endpoints included 90-day minor and major morbidities and all-cause mortality. Secondary endpoints were locoregional and distant recurrence, disease-free survival (DFS) and overall survival (OS).

RESULTS: Thirty-five patients met criteria, all FTCWR were for recurrence. Median time to recurrence was 6 years. Tumor subtype was 50% ER+HER2-, 50% ER-PR-HER2- and no tumor was HER2+; 58% were palliative resections. FTCWR included rib(s) in 89% and a portion of sternum in 57%; 94% required reconstruction, and 77% were R0 resections. There were no 90-day mortalities. Overall mortality was 29%; 5 major, with 4 reoperations. Forty percent received neoadjuvant chemotherapy (CT), 17% neoadjuvant endocrine therapy (ET) and 9% neoadjuvant radiotherapy

Table

<table>
<thead>
<tr>
<th>Overall Survival by Treatment Intent</th>
<th>Curative patients (n =15, 4 deaths)</th>
<th>Palliative patients (n =20, 6 deaths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-y survival — 92% (95% CI: 79-100%)</td>
<td>1-y survival — 81% (95% CI: 64-100%)</td>
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<tr>
<td>2-y survival — 85% (95% CI: 67-100%)</td>
<td>2-y survival — 74% (95% CI: 54-100%)</td>
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<tr>
<td>3-y survival — 68% (95% CI: 46-100%)</td>
<td>3-y survival — 66% (95% CI: 46-96%)</td>
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Figure 1. 15-year overall survival for men with Stage IV breast cancer by treatment modality received.