

Is BCT An Option In Inflammatory Breast Cancer After Neoadjuvant Chemotherapy?

S.M. Khan¹, M.B. Rasheed¹, A.M Rao¹

¹Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan.

BACKGROUND

Inflammatory breast cancer is an aggressive and rare form of breast cancer. It is traditionally treated with neoadjuvant chemotherapy followed by mastectomy and axillary lymph node dissection (MRM). Recent studies have questioned the need for mastectomy in these patients and raised the possibility of safely treating inflammatory breast cancer with breast conversation surgery (BCS) instead.

OBJECTIVE

To find out if breast conservation surgery is possible after neoadjuvant therapy in inflammatory breast cancer. Our aim is to look at the final histopathological outcome of inflammatory breast cancer after neoadjuvant therapy and surgery and assess whether BCT would have been a viable option in these patients.

METHODS

- Retrospective observational study between Jan 2010 to Dec 2020.
- Patients diagnosed with T4 inflammatory breast cancer with unifocal disease were included in the study
- Final histopathology report after surgery was reviewed

RESULTS

345 patients included in the study. Mean follow-up 12 years

Table 1. Age (Years)

Range	27-93
Average	54

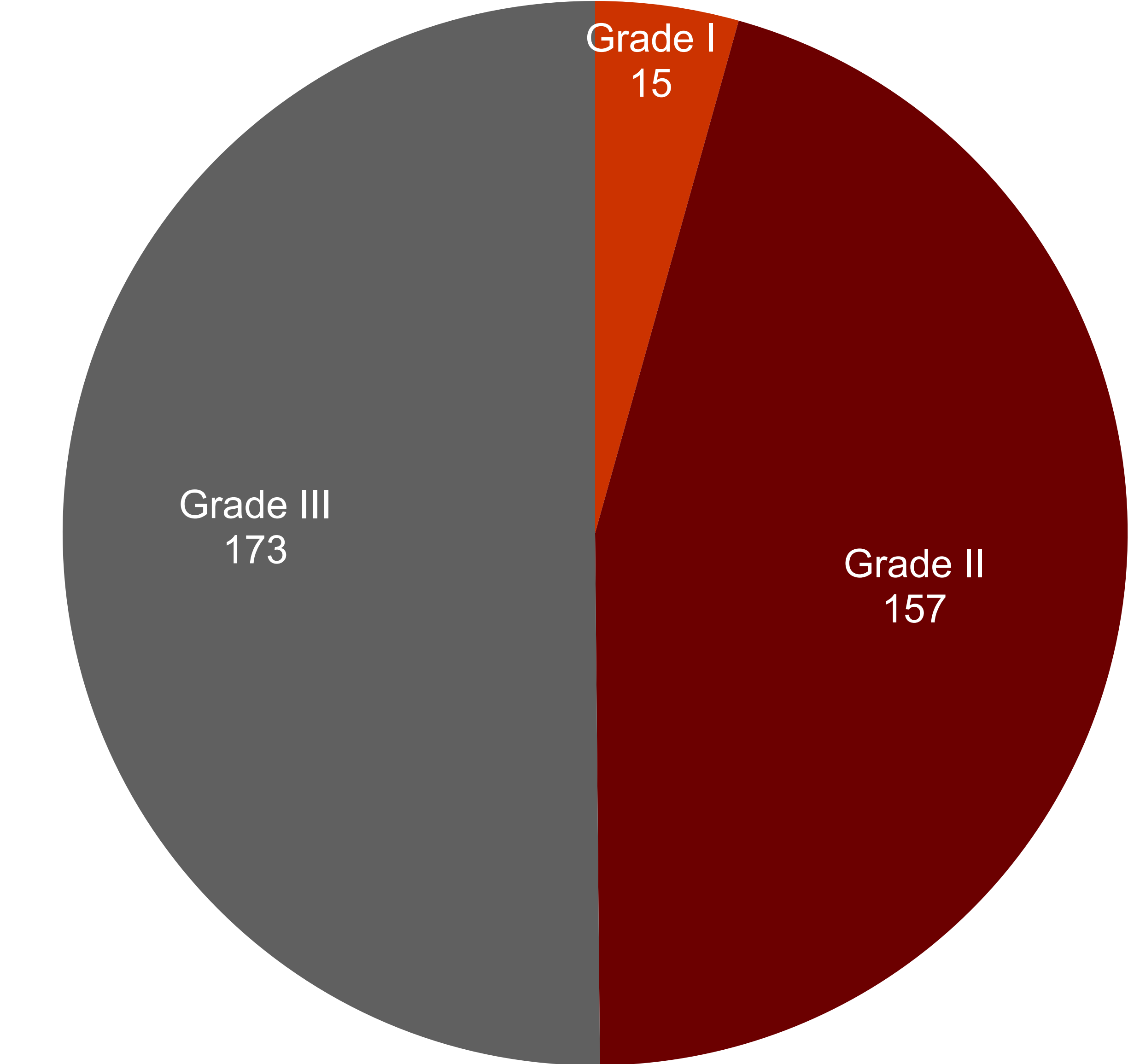
Table 2. Type

Invasive Ductal Carcinoma	149 (43%)
Others	196 (57%)

Table 3. Receptors

Hormone positive	158
Her2 positive	77

Grade



Recurrence

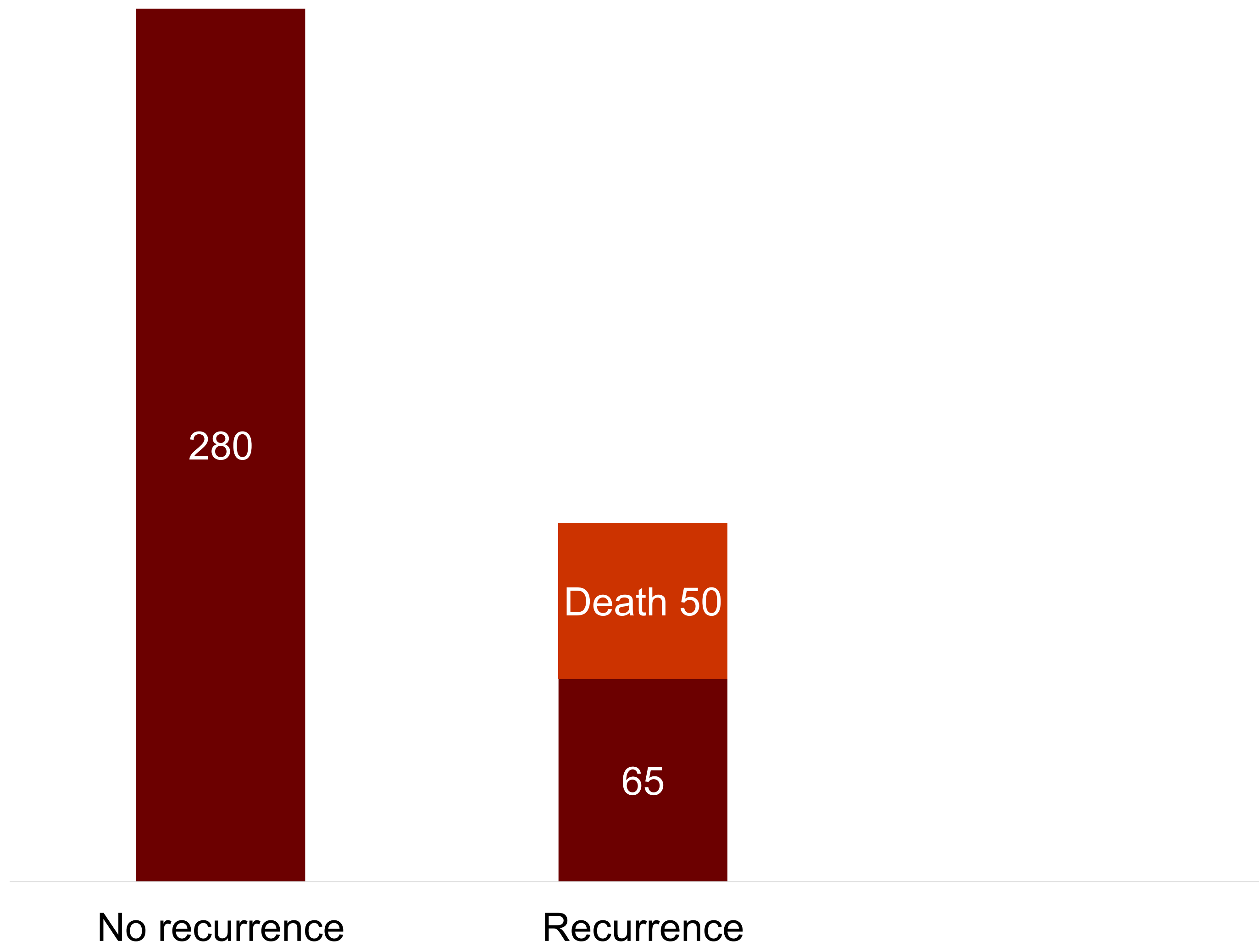


Table 4. Treatment

Neoadjuvant Chemotherapy	296 (85%)
Surgery (MRM)	267 (77%)

CONCLUSION

The final histopathology in most patients showed no residual disease or residual carcinoma in situ with no invasive component after surgery. Breast conservation can be safely considered in select patients initially diagnosed with inflammatory breast cancer, who show excellent response clinically and radiologically after neoadjuvant chemotherapy.