

Diagnosis and Treatment of Patients with Primary and Metastatic Breast Cancer

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Loco-regional Recurrence

◀◀ START

Loco-Regional Recurrence

- **Version 2002:**
Brunnert / Simon
- **Version 2003–2008:**
**Audretsch / Bauerfeind / Costa / Dall/
Gerber / Göhring / Lisboa / Rezai /
Souchon / Thomssen**
- **Version 2009:**
Dall / Rezai

Further
Information

References

Loco-Regional Recurrence Incidence and Prognosis

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Localization	Frequency (%)	5-y. Overall Survival (%)
Ipsilateral recurrence (post BCT + irradiation)	10 (2–20)	65 (45–79)
Chest wall (post mastectomy)	4 (2–20)	50 (24–78)
Axilla:		
ALND	1 (0.1–8)	55 (31–77)
Sentinel node excision	0.25 (0–2.0)	not available
Multiple localizations	16 (8–19)	21 (18–23)

Further
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References

Loco-Regional Recurrence Incidence and Prognosis

Wapnir et al. [JCO 24 (2006) 2028-37] Prognosis after ipsilateral breast tumor recurrence (IBTR) and other locoregional recurrences (oLRR) in five NSABP node-positive adjuvant breast cancer trials.

B15 / B16 / B18 / B22 / B25

	IBTR (n=259) (%)	oLRR (n=165) (%)
n = 424 / 2669 (15,9%)	9,7	6,2
10-year cum. incidence	8,7	6,0
< 5 years	62,2	80,4
5-year DFS	51,4	18,8
5-year OS	59,9	24,1

significant correlation to

**age
tumor size
ER**

**nodal status
ER
PR**

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Loco-Regional Recurrence Risk Factors at Primary Diagnosis

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Increased risk for loco-regional recurrence

- **Young age**
- **Positive microscopic margins**
- **Extensive intraductal component**
- **Vessel invasion**
- **ER and PR negative**
- **Grading (G3 vs. G1)**
- **pT (> 2 vs. ≤ 2 cm)**
 - * node negative
- **pN (N1 vs. N0)**
- **Number of involved lymph nodes**
- **Endocrine non-sensitive tumors (no vs. chemotherapy)**
- **Endocrine sensitive tumors (no vs. endocrine therapy)**
- **Radiotherapy (no vs. radiotherapy)**
- **Delayed radiotherapy (>2 mo after surgery w/o. syst. therapy)**
- **Medial tumor localisation (vs. central/lateral)**

**Oxford
LoE**

1a
1a
1b
1b
2a
1b*
1b*
1a
1a
1a
1a
1a
1a
4
4

Further
Information

References

Loco-Regional Recurrence Prognostic / Predictive Factors

Oxford AGO
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Parameters in local recurrence to define risk for re-recurrence

➤ Tumor size	2a B	+
➤ Multifocality	2a B	+
➤ Localisation	2b B	+

Predictive factors for treatment considerations

➤ HER-2	4 B	++
➤ ER and PR	4 B	++

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Loco-Regional Recurrence Staging

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<u>Examinations before treatment:</u>		
➤ Complete re-staging	5	D ++
➤ CT chest/neck	4	C +

- Further Information
- References

Ipsilateral Recurrence after BCT (+ Radiotherapy) Local Treatment

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	LoE/GR	
➤ Mastectomy (aim: R0)	3b B	++
➤ Re-BCS with tumor-free margins ± flap reconstruction	3 C	+/-
➤ Disadvantage for overall survival <u>cannot</u> be excluded		
➤ Poor cosmetic result		
➤ Impaired local tumor control		
➤ Axillary intervention after prior AxDiss if cN0	4 C	-
➤ Axillary intervention (SNE/AxDiss) after prior SNE if cN0	4 D	+/-
➤ Re-irradiation (breast)	4 D	+/-
➤ Radiation of chest wall +/- regional lymph nodes (14% involved supraclavicular metastases)	2b B	+/-
➤ Palliative surgery in M1-situation (e.g. pain, ulceration, psychosocial)	5 D	+

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Chest-Wall Recurrence after Mastectomy / Axillary Recurrence – Local Treatment



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- **Curative situation: R0-resection** 2b A ++

- **Palliative situation: Resection of deep parts of the chest wall** 5 D +/-
- **Palliative surgery in M1-situation (e.g. pain, ulceration, psychosocial)** 5 D +

- **If no prior postmastectomy radiotherapy**
 - **Curative situation: irradiation of the chest wall +/- regional lymph nodes** 2b B +

- **Re-irradiation (chest wall)** 4 D +/-

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Information

References

FORSCHEN
LEHREN
HEILEN

Ipsilateral Recurrence after R0-Resection

Systemic Treatment

Oxford AGO LoE / GR

- **Endocrine therapy in endocrine responsive tumors after pathological re-evaluation of the recurrent tumor (ER,PR, HER-2)** 5 D ++

- **Chemotherapy** 3b C +/-

- **HER-2-targeted therapy in HER-2 overexpressing tumors** 5 D +/-
 - **Trastuzumab in trastuzumab-naive pts.** 5 D +

Further Information

References

Chest-Wall Recurrence after Mastectomy / Axillary Recurrence - Systemic Treatment

According to pathohistological re-evaluation of the recurrent tumor (ER,PR, HER-2)

Oxford LoE / GR AGO GR

- **Endocrine therapy in endocrine responsive tumors**
 - **Postmenopause** 2b B ++
 - **Premenopause** 4 C ++

- **Chemotherapy (pre- or postoperatively)**
 - **Resectable endocrine non-responsive tumors** 4 C +/-
 - **Resectable endocrine responsive tumors** 5 D +/-
 - **In non-resectable tumors** 2b B ++

- **HER-2-targeted therapy in HER-2-overexpressing tumors**
 - **In resectable tumors** 5 D +
 - **Trastuzumab in trastuzumab-naive pts.** 5 D +
 - **In non-resectable tumors (+ chemotherapy)** 1b A ++

Further Information

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Loco-Regional Recurrence

Treatment Options in Non-Curative Cases

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- **Topical chemotherapy (miltefosine)** **3b C +**
- **Concomitant radio-chemotherapy** **3b C +**
- **Hyperthermia** **4 C +/-**
 - In combination with radiotherapy
 - In combination with chemotherapy
- **Intra-arterial chemotherapy** **4 C +/-**

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References