Improved Locoregional Control in a Contemporary Cohort of Nonmetastatic Inflammatory Breast Cancer Patients Undergoing Surgery

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Nothing to disclose
BACKGROUND

Current Standards for IBC Treatment: Trimodality Therapy

Aggressive surgical management and PMRT in this population decreases locoregional recurrence.

Photos courtesy Anthony Lucci, MD
Methods

- 277 pts with newly diagnosed IBC from 2007-2015
- 114 pts had non-metastatic disease
  - Received aggressive trimodality therapy with curative intent.
    - Clinical, patient and pathologic factors were considered
    - Rates of LRR and survival outcomes were evaluated.
Results

• Median follow-up was 3.6 years
• 29 deaths and 4 LRR
• **The 5-year OS from date of diagnosis was 69.41%** (95% CI 57.57% to 78.54%).
• Variables statistically associated with diminished overall survival were age ≥ 65 years, HER2 negative disease, limited clinical response to chemotherapy and absence of pCR.
• Increased hazard of recurrence or metastasis among women 65 years of age or older, clinical stage IIIIC (versus IIIB) disease, lymphovascular invasion, HER-2 negative tumors, advanced N stage and absence of pCR.
Results

• Four patients with LRR
  • 2 had limited clinical response to neoadjuvant therapy, 2 had stable disease
  • 0 experienced a pCR
  • Given the small numbers of LR events during the study period, predictors of LR recurrence could not be evaluated.

• The 2-year probability of LRR was 3.19% (95% CI 1.03%, 9.90%).
• The 2-year probability of recurrence or distant metastasis was 23.10% (95% CI 16.43%, 32.48%).
Thank you

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