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Management of isolated loco-regional recurrences in breast cancer: A review of local and systemic modalities

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Abstract:

Loco-regional recurrence (LRR) after adequate treatment of primary breast cancer poses a therapeutic challenge. Advances in the management of breast cancer have led to significant improvement in survival. With this advantage, it is observed that incidence of LRR has relatively decreased. Systemic involvement should be ruled out in patients presenting with loco-regionally recurrent disease, as isolated LRR deems a treatment with curative intent. Salvage mastectomy following Ipsilateral Breast Tumor Recurrence (IBTR) is a time tested treatment option and widely accepted. Second time breast conservation surgery with or without radiotherapy is an emerging alternative. Following second breast conservation, partial breast irradiation has been seen to improve local control. 5 year overall survival with second breast conservation and radiotherapy is in the range of 76% to 100% with acceptable toxicities. Isolated chest wall recurrences after mastectomy are difficult to manage. Multi-modality treatment has been adopted to treat chest wall recurrences, following which 5 year overall survival was observed to be in the range of 45% to 60%. Use of hyperthermia and photodynamic therapy in combination with conventional treatment options has been associated with better clinical outcomes. Systemic therapy in the form of chemotherapy and /or hormonal therapy in adjunct to adequate loco-regional treatment have shown to improve survival. Multi-modality treatment for isolated regional recurrences has been associated with better outcomes and 5 year survival rates are around 50%.All patients with LRR should be evaluated in multi-disciplinary tumor board to individualize treatment based on expected risk benefit ratio of re-treatment.

Keywords: Loco Regional Recurrence, Ipsilateral Breast Tumor Recurrence, Chest wall recurrence, Hyperthermia, Photo dynamic therapy,

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