



“Why and What” for the optimal management of inflammatory breast cancer

Inflammatory breast cancer (IBC) is one of the most aggressive breast cancer subtypes. IBC has multiple clinical management challenges from diagnosis to treatment. In December 2020, as part of the 4th International Inflammatory Breast Cancer Conference, we hosted an online discussion forum for IBC management. The session was chaired by Dr. Wendy Woodward, Dr. Huong T. Le-Petross, and Dr. Naoto T. Ueno. Here, the special series presents a summary of the presentations.

In 2018, we published a consensus of contemporary treatment approaches for IBC (1). National and international experts created this consensus statement in IBC from high-volume centers treating IBC, recently convened at the 10th Anniversary Conference of the Morgan Welch Inflammatory Breast Cancer Research Program at The University of Texas MD Anderson Cancer Center in Houston, Texas.

However, despite the consensus (1) and National Comprehensive Cancer Network guidelines (2), there remains a challenge for many practitioners to optimize the best approach for diagnosis and treatment. This special series includes expert editorial input from a multidisciplinary specialist at MD Anderson. The special series covers the best way to make a clinical diagnosis of IBC and discusses the ideal radiographic approaches for diagnosis and treatment planning. The special series also covers trimodal treatment strategies, which are essential for the best outcome. Trimodal treatment comprises the best systemic treatment, the most appropriate surgical approach, and the optimal radiation therapy.

These six papers provide the latest comprehensive information about diagnosing IBC and providing the best standard of care accurately. IBC is often misdiagnosed, and more than one-third of patients do not receive the trimodal treatment approach. Missing any one of the three treatment modalities reduces overall survival compared with receiving all three (3); hence dissemination of best practices is crucial to improving outcomes worldwide in this often-misunderstood subtype of breast cancer.

We hope that these articles will provide practical tips for your day-to-day encounters with IBC. MD Anderson also offers the best standard of care to the public as a treatment algorithm. These guidelines are updated every year (4).

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References

1. Ueno NT, Espinosa Fernandez JR, Cristofanilli M, et al. International Consensus on the Clinical Management of Inflammatory Breast Cancer from the Morgan Welch Inflammatory Breast Cancer Research Program 10th Anniversary Conference. *J Cancer* 2018;9:1437-47.
2. National Comprehensive Cancer Network clinical practice guidelines in oncology: breast cancer version 5.2020 [Internet]. 2020 [cited 8 April 2021]. Available online: <https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419>
3. Rueth NM, Lin HY, Bedrosian I, et al. Underuse of trimodality treatment affects survival for patients with inflammatory breast cancer: an analysis of treatment and survival trends from the National Cancer Database. *J Clin Oncol* 2014;32:2018-24.
4. MD Anderson Inflammatory Breast Cancer Treatment Algorithm. Available online: <https://www.mdanderson.org/for-physicians/clinical-tools-resources/clinical-practice-algorithms/cancer-treatment-algorithms.html>



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