



AB150. SOH22ABS120. Surgical management of estrogen receptor positive breast cancer in the West of Ireland

Luis Bouz Mkabaah, Matthew Davey, Ray McLaughlin, Karl Sweeney, Carmel Malone, Michael Barry, Maccon Keane, Aoife Lowery, Michael Joseph Kerin

Department of Surgery, Lambie Institute for Translational Research, National University of Ireland, Galway, Ireland

Background: Estrogen receptor positive (ER+) breast cancer accounts for 70–80% of new diagnoses. The cornerstone of breast cancer management involves surgical resection, with judicious use of chemoendocrine and radiotherapies.

Methods: Consecutive female patients with ER+ breast cancer managed in a single institution between 2005–2015 were included. Descriptive statistics were used as appropriate to outline clinicopathological and treatment data. Survival analyses were performed using Cox regression and log-rank Kaplan-Meier analyses.

Results: A total of 2,304 patients were included with a median age of 58.0±12.1 years (range, 21–95 years). Median follow-up was 98.2 months. Overall, 69.2% of patients underwent breast conserving surgery (BCS) (1,595/2,304) and 30.8% underwent mastectomy (709/2,304). Furthermore, sentinel lymph node biopsy was performed in 1,322 of cases (57.4%) and axillary lymph node dissection in 982 cases (42.6%). Older age at diagnosis ($P=0.006$), increased tumour size ($P<0.001$), grade 3 disease ($P<0.001$) and nodal status ($P<0.001$) were all associated with mastectomy. Patients undergoing BCS had enhanced disease-free survival (DFS) and overall survival (OS) (both $P<0.001$) than those undergoing mastectomy. Patients undergoing mastectomy had worse DFS [hazard ratio

(HR): 2.739, 95% confidence intervals (CIs): 2.189–3.427, $P<0.001$] and worse OS (HR: 2.003, 95% CIs: 1.616–2.482, $P<0.001$).

Conclusions: The surgical management of breast cancer depends on routine clinicopathological parameters, such as patient age, tumour grade and tumour and axillary staging. In ER+ breast cancers, BCS remains the gold standard where feasible.

Keywords: Breast cancer; personalised medicine; precision oncology; surgery; surgical oncology

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-22-ab150

Cite this abstract as: Mkabaah LB, Davey M, McLaughlin R, Sweeney K, Malone C, Barry M, Keane M, Lowery A, Kerin MJ. AB150. SOH22ABS120. Surgical management of estrogen receptor positive breast cancer in the West of Ireland. *Mesentery Peritoneum* 2022;6:AB150.