



## Questions about the primary tumor resection for de-novo metastatic breast cancers



To The Editor,

I wish to congratulate Co and colleagues for their article [1] in which they evaluated survival benefit of surgical removal of the primary tumor in de-novo metastatic breast cancers (MBC). They reported that surgical excision of primary breast tumor may confer survival benefit in de novo MBC. First of all, authors did not describe detailed information about the rate of de novo MBC patients who responded better to chemotherapy or endocrine therapy and went to surgery or not for primary resection. This information might affect survival both in surgical and non-surgical group. Secondly, timing of surgery in de-novo MBC might be important and did not describe in the current study. In clinical practice, 8–10 months after the diagnosis could be good time for better responders to treatment. Thirdly, the authors did not mention frequency of surgical patients who received loco-regional radiotherapy (RT) which may affect survival of these patients. As associated with this, medical records of 227 patients with de novo stage MBC between April 1999 and January 2013 were retrospectively evaluated in our study [2]. In our study population, 188 (82.8%) patients had loco-

regional treatment [2 (1%) had loco-regional RT alone, 54 (29%) had surgery alone (mastectomy,  $n = 50$ ; breast-conserving surgery (BCS),  $n = 4$ ), and 132 (70%) had surgery (mastectomy,  $n = 119$ ; BCS,  $n = 13$ ) followed by loco-regional RT]. The median follow-up time was 35 months (range 4–149 months). The 5-year OS and PFS rates were significantly higher in patients treated with loco-regional RT than the ones who were not.

### References

- [1] M. Co, J. Ng, A. Kwong, De-novo metastatic breast cancers with or without primary tumor resection - a 10-year study, *Cancer Treat. Res. Commun.* 19 (Jan) (2019) 100118, , <https://doi.org/10.1016/j.ctarc.2019.100118> [Epub ahead of print].
- [2] K. Altundag, Predictive role of loco-regional radiotherapy among metastatic breast cancer patients who had undergone primary tumor surgery, *Breast Cancer Res. Treat.* 167 (Jan (1)) (2018) 303.

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