

ARTICLE

Tertiary Education Scholarships Scheme

MSc Advanced Surgical Practice (University of Cardiff)

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Dissertation title:

Repeat breast conserving surgery with or without radiation, versus salvage mastectomy, in patients with ipsilateral breast tumour recurrence:

Extended Literature Review.

Breast cancer is the commonest cause of cancer in the female population and third leading cause of cancer death in Europe. Patients who are diagnosed with breast cancer in the early stages, are most often offered breast conserving surgery. Despite this, some have recurrent disease and necessitate further surgical resection, if indicated. Traditionally, salvage mastectomy has been the standard treatment for patients who develop an ipsilateral breast tumour recurrence, especially those who received radiotherapy following the first breast-conserving surgery. Repeat breast conserving surgery is an alternative option to mastectomy, however, there are several controversies on the subject. The aim of my dissertation was to critically appraise relevant literature, comparing repeat breast conserving surgery to salvage mastectomy, with or without radiotherapy, in patients with an ipsilateral breast tumour recurrence after breast conserving surgery, in terms of overall survival, breast cancer-specific survival, secondary local recurrence rate, distant metastasis rate, cosmetic outcome, radiotherapy complications and quality of life. For data collection, a thorough literature search of several databases was performed. The keywords: "ipsilateral breast tumour recurrence", "repeat breast conserving surgery", "salvage mastectomy", were selected. 15 papers, either meta-analyses or cohort studies, from the years 2016-2022 and in English language, were appraised. Repeat breast conserving surgery was noted to offer comparable findings to mastectomy for ipsilateral breast tumor recurrence. Survival outcomes were mostly similar for both groups, nevertheless, radiotherapy was recommended to be prescribed in conjunction with repeat breast conserving surgery, as patients who underwent repeat breast conserving surgery alone exhibited worse outcomes. No differences were noted in terms of re-recurrences and distant metastasis, concluding that conservative management is a viable option. On a positive note, cosmesis and quality of life were improved following repeat breast conserving surgery. This favours the implementation of conservative management for IBTR.