



2020 Annual Meeting

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4. CONTRALATERAL BREAST CANCER RISK AND ENDOCRINE THERAPY USE IN DCIS PATIENTS TREATED WITH UNILATERAL MASTECTOMY IN THE MODERN ERA

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Background: The rate of contralateral prophylactic mastectomy for women with unilateral breast cancer has increased in the past two decades for the fear of developing contralateral breast cancer (CBC). The use of adjuvant endocrine therapy (ET) to decrease CBC risk in unilateral mastectomy DCIS patients is recommended. The aim of this study was to define the incidence of CBC in DCIS patients treated with mastectomy in the modern era and to determine the role ET plays in decreasing CBC risk.

Methods: A single institution retrospective review was performed on consecutive patients diagnosed with DCIS and DCIS with microinvasion (mDCIS) who underwent unilateral mastectomy between 2000-2010. Patient characteristics and pathologic variable were assessed. Patients who received ET were compared to those who did not and the development of contralateral disease, time to CBC and overall survival were evaluated.

Results: There were 175 patients who underwent unilateral mastectomy at a median age of 61 yrs. On final pathology, 72% of patients were ER positive, 13.1% (N=24) had mDCIS. Only 10% of patients took adjuvant ET, and more women with mDCIS took TE (DCIS N=12 versus mDCIS N=6, p=0.017). There was no difference in age or menopausal status between patients who took ET versus those who did not.

At median follow-up of 9.8 years, 15 patients experienced a CBC. CBC developed in 9% of patients who did not take ET versus 5.6% who took ET, p=NS. Time-to-CBC and survival also showed no difference between groups. CBC presented as invasive cancer in 60% of the cases and ER positive in 93%. When recurrence data were stratified, older age at initial diagnosis was a risk factor for CBC (p=0.04). Factors such as mDCIS, or tumor biology were not associated with CBC

Conclusion: Only 10% of patients who underwent unilateral mastectomy for DCIS took adjuvant ET to reduce their CBC risk. The overall incidence of CBC was 8.5% in our cohort and was not significantly different among the patients who took ET versus those who did not. Further evaluation is needed to evaluate the benefit of ET on CBC risk reduction in the modern era.

Kaplan-Meier estimate of time to Contralateral Breast Cancer

	N	Contralateral Breast Cancer	Median time	95%CI	p-value
Endocrine therapy	18	1	NA	NA	0.91
No endocrine therapy	157	14	12.2	(12.2, NA)	

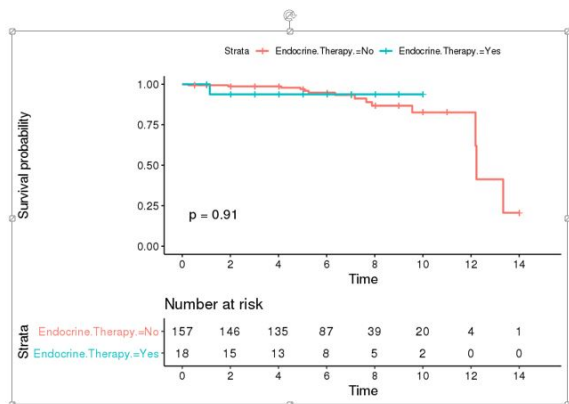


Figure 1. Kaplan-Meier time to contralateral Breast Disease