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Abstracts

Surgery for Breast Sarcoma.

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Aims:

A large, tertiary referral centre experience of breast sarcoma was analysed to investigate factors affecting patient outcome.

Methods:

Retrospective analysis was performed on patients with breast sarcoma treated between 1996-2006. Kaplan-Meier survival curves were plotted, and differences assessed by Log-Rank tests.

Results:

66 patients with breast sarcoma were identified; 60 underwent surgery with curative intent. 24 patients had undergone previous radiotherapy. Pathological features are summarised in Table 1.

	Primary Breast Sarcoma (including Malignant Phylloides tumour) (N= 42)	Breast Sarcoma after Radiotherapy (N= 24)
Mean tumour size (mm)	66.6	75.2
Tumour grade		
<i>Grade 1</i>	36%	38%
<i>Grade 2</i>	32%	14%
<i>Grade 3</i>	32%	48%
Histo-pathological subtype		
<i>Angiosarcoma</i>	21%	66%
<i>Malignant Phylloides</i>	19%	0
<i>Others</i>	60%	33%

Table 1

39 patients underwent surgery elsewhere and were referred for further treatment; 22 underwent further surgery. Surgery performed and margins status varied between institute performing primary surgery: this institution (n=21, lumpectomy=8, mastectomy=12, chest wall resection=1, involved margins=2 {9%}) or referring institution (n=39, lumpectomy=28, mastectomy=11, involved margins=24{60%}).

Clear margins were gained more often at this institute (P<0.001). Rates of local relapse for surgery at 2 & 5 years also differed (18% & 36% this institute, 24% & 46% referring institute, did not attain significance). There was a non-significant difference in rate of distant relapse. Sarcoma-specific survival was 84% at 2 and 70% at 5 years, with significant differences for patients operated on at this institution (100% & 88.9%), compared with elsewhere (82.4% and 66.2% (p=0.04)). Comparison of primary and radiation-induced tumours showed a significant difference in local recurrence (2-year: 38% vs 14%, 5-year 69% vs 30%, P<0.01) but not distant.

Conclusions:

Radiation-induced breast sarcoma has worse local recurrence rates compared to primary tumours. Involved margins were fewer at a specialist unit, which may translate into improved outcome.
