Debate

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Abstract not received.

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Speaker in favour: Radiation after mastectomy is needed in high risk patients, to secure both optimal loco-regional tumour control and optimal longterm survival

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Postmastectomy irradiation has been analysed in several randomized trials during the past 50 years. From the EBCTCG overview analysis of these studies the overall conclusion could be drawn that in all stages of operable breast cancer adjuvant radiotherapy can significantly reduce the loco-regional recurrence rate with a factor 3–4 but no general improvement in long-term survival was proved. However, the question can be raised whether the overview analysis has addressed the question about the role of radiotherapy in a properly selected group of patients, since other parameters, such as use of systemic therapy in high-risk patients, have not been accounted for. In fact, there is a accumulating knowledge that improved local tumour control has impact on long time survival in early breast cancer and this has clearly been demonstrated in the Vancouver trial and the two Danish trials which all included patients with well defined pathologically staged high-risk breast cancer treated with modern radiation technique and adjuvant systemic therapy. Further, it has been demonstrated that adjuvant systemic therapy after mastectomy cannot sufficiently prevent loco-regional recurrences in patients with high-risk features such as positive lymph nodes in the axilla and/or large primary tumour. In addition these three studies have demonstrated that the use of modern irradiation technique is necessary to obtain optimal outcome with respect to tumour control and long-term morbidity, especially by avoiding excess cardiac mortality in irradiated patients. Thus, in addition to systemic therapy, radiotherapy is needed in a well defined group of mastectomized high-risk patients in order to secure loco-regional control and its subsequent impact on disease dissemination and death.