



Bone-Only Oligometastatic Breast Cancer Patients: Are We Ready for Curative Radiation?

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Keywords

Bone metastases; Oligometastases; Breast cancer; Radiation therapy

Short Communication

Bone is the most common site of breast cancer metastases and the first site of distant relapse [1]. Bone-only metastases are known to be a factor associated with improved survival compared to visceral metastases [2,3]. Patients with bone-only disease account for 41% of metastases diagnosed with contemporary tools and deserve a special consideration in order to evaluate whether they could be treated with a radical approach [4].

Radiotherapy (RT) is an effective treatment of bone metastases; however, the role of RT (either conventional or stereotactic body RT (SBRT)) for patients with bone-only oligometastatic breast cancer has not been investigated sufficiently. Furthermore, recent cancer treatment guidelines on diagnosis and treatment of bone metastasis do not consider the scenario of a solitary or oligometastatic bone disease [5].

So, we conducted in 2017 a survey to evaluate current clinical practice in treating breast cancer patients with bone-only oligometastases in our region (Catalonia, with a population of 7,500 inhabitants) that has shown a lack of consistency in the approach to treatment of these breast cancer patients [6]. The majority of Radiation Oncologists prefer to start with systemic treatment and save RT for symptomatic bone lesions. Only a minority recommend RT in a consolidated approach after a complete response to systemic therapy. Most of the answers were in the context of an inaccessibility to SBRT, or because these high conformal techniques are usually reserved for the treatment of primary tumors for financial reasons [7]. As recently reported by a survey of >1000 radiation oncologists in the United States, the main reason for not using SBRT for oligometastases was a perceived lack of evidence demonstrating clinical advantages [8] rather than the accessibility.

Although SBRT appears to be the most promising and deserving of future development, only 1/3 of the surveyed centers in our region are at present fully equipped to perform this technique. The ESTRO-HERO survey reported that in 2014 the access to RT modern equipment varied greatly across Europe between countries [9] and was especially disadvantaged in low-income countries and mostly in Southern and Central-Eastern Europe. This calls for more efforts to improve equity and accessibility of patients to high technology equipment in order to provide the best possible services to patients.

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