The benefits of surgery for breast cancer liver metastases – a single center experience

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Aims: To demonstrate the effectiveness of hepatic resections for breast cancer liver metastases and to identify the strongest predictors of survival.

Method: Forty-nine patients diagnosed with breast cancer liver metastases were submitted to hepatic resection for breast cancer liver metastases in “Dan Setlacec” Center of Gastrointestinal Disease and Liver Transplantation, between 2002-2015.

Results: At the moment of liver resection the mean age was 53.2 years; 87.7% of cases received neo-adjuvant chemotherapy or hormone-therapy before liver resection. Four patients were diagnosed with synchronous liver metastases while in the other 45 cases metachronous hepatic lesions were found. Multiple liver lesions were found in 24 cases; in 12 cases the largest tumor dimension surpassed 5 cm. Major hepatic resections defined as resections of more than 3 segments) were performed in 14 cases while in the other 29 cases minor hepatic resections (of less than 3 segments) were needed. The overall morbidity rate was 10.2% while early postoperative mortality rate was 0. The median overall survival was 34.2 months for unique hepatic lesions versus 24.3 months for multiple lesions, p=0.005 respectively 34.5 months for tumors smaller than 5 cm versus 22.8 months for larger lesions, p=0.006); major hepatectomies were not associated with a poorer outcome when compared to minor resections (p=0.08).

Conclusions: Hepatic resection for breast cancer liver metastases is safe and can provide survival benefit especially in patients with solitary, lesser than 5 cm lesions.