



EP14.11 Pulmonary Metastasectomy in Metastatic Breast Cancer: A Retrospective Single-Center Experience

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INTRODUCTION

Although metastatic breast cancer is considered a systemic disease, selected patients with limited pulmonary metastases may benefit from surgical resection.

The role of pulmonary metastasectomy remains debated, particularly regarding patient selection and survival outcomes.



METHODS



Retrospective study



Study period: 2001 – 2024



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21 patients who underwent
pulmonary metastasectomy
for histologically confirmed
breast cancer metastases



Analysis of clinical, radiological,
surgical, and outcome data

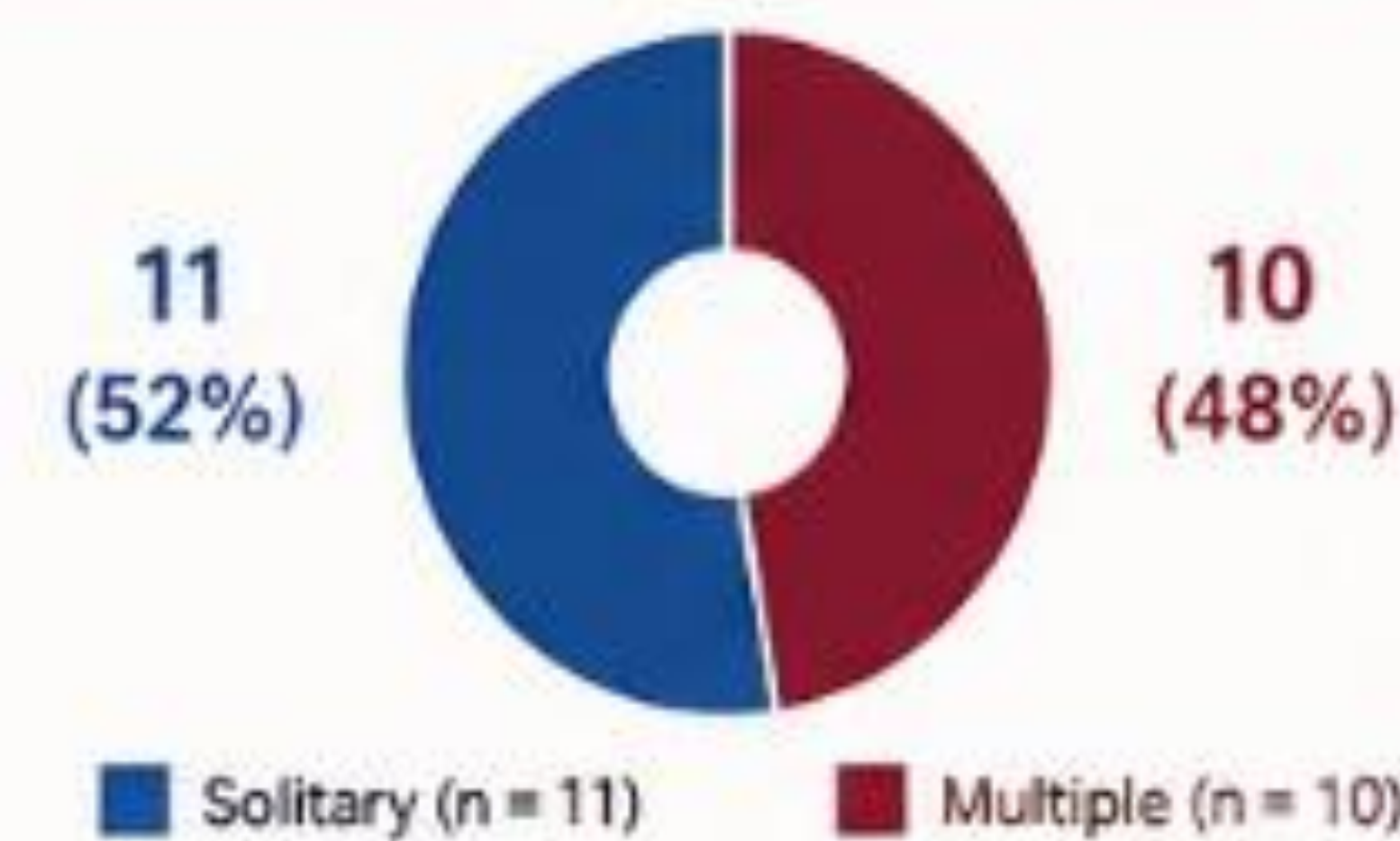


RESULTS

1. PATIENT CHARACTERISTICS

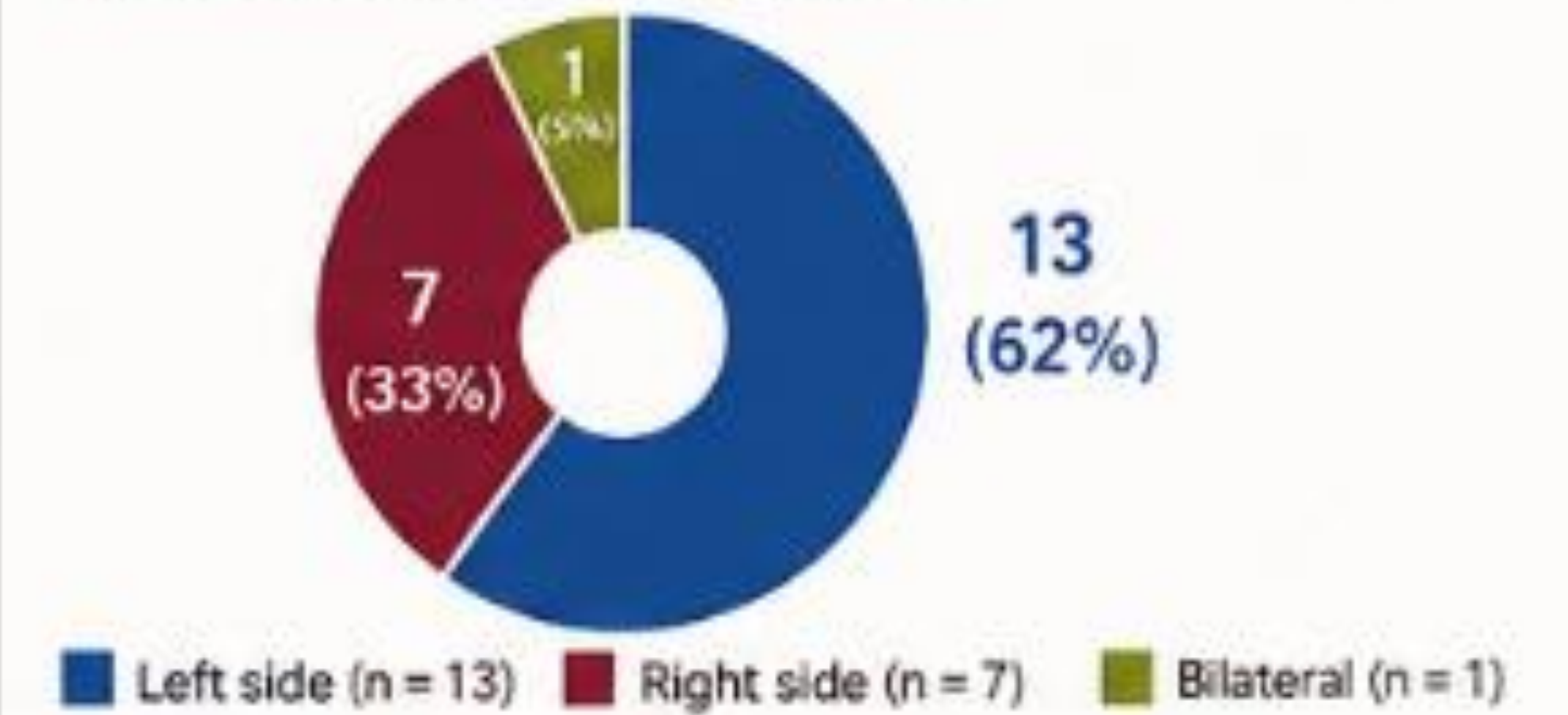
	Number of patients	21
	Mean age (years)	54.9 ± 11.5
	Age range (years)	24 – 77
	Sex (Female)	21 (100%)

2. NUMBER OF PULMONARY METASTASES



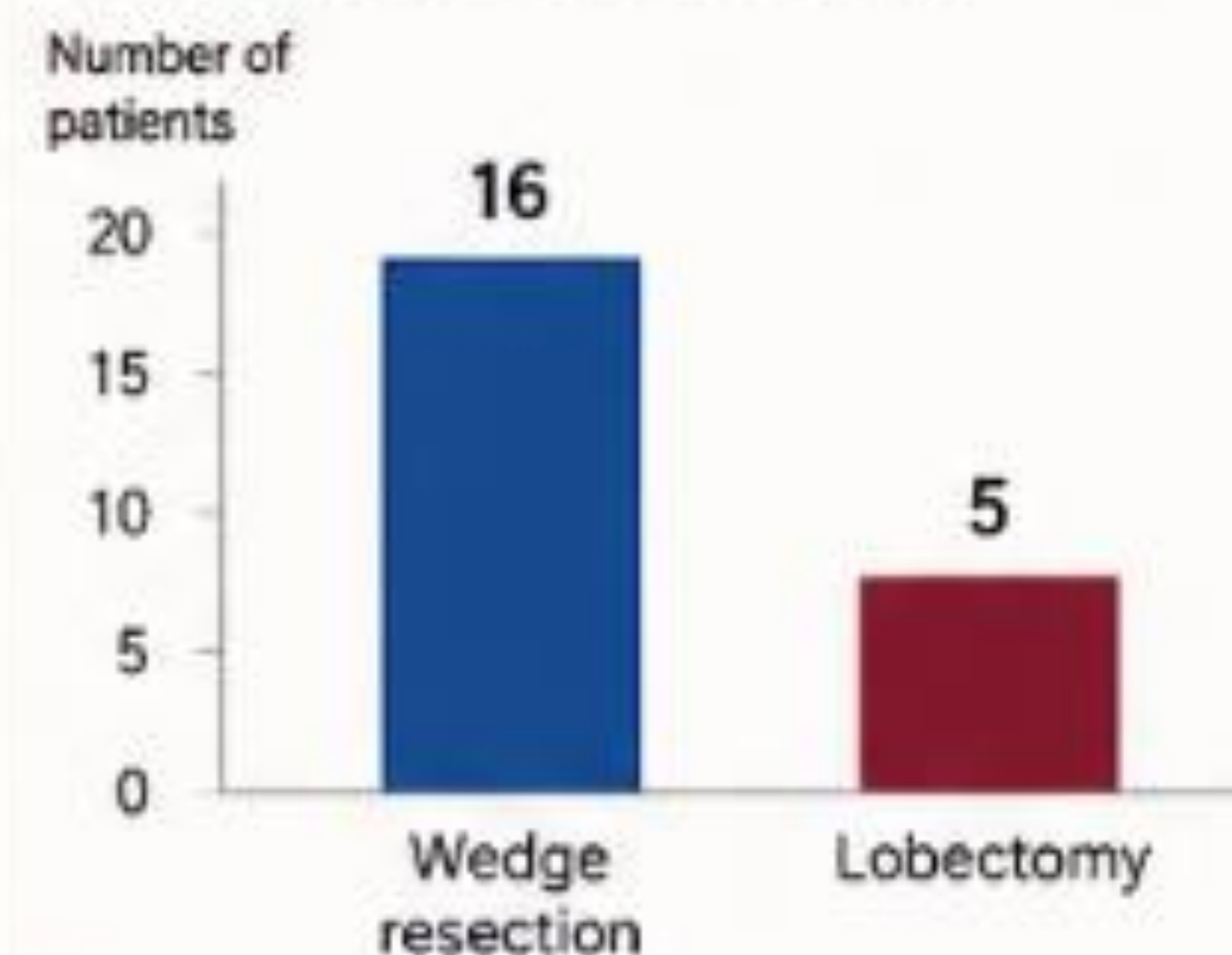
All metastases were considered resectable

3. LOCATION OF METASTASES



Bilateral resection performed during the same operative session

4. SURGICAL PROCEDURES



Surgical approach



10 (48%)
VATS



11 (52%)
Open thoracotomy



Complete resection (R0) achieved in all patients (100%)

5. LYMPH NODE DISSECTION



Systematic lymph node
dissection performed
in all patients (100%)

No nodal involvement in
all cases
(0 / 21)



6. POSTOPERATIVE OUTCOMES

	Postoperative morbidity	2 patients (9.5%) (Wound infections)
	Management	Conservative
	Mean chest drainage duration	3 days (range: 1 – 7 days)
	30-day mortality	0 (0%)

7. SURVIVAL OUTCOMES

Encouraging survival outcomes
were observed.

CONCLUSIONS

Pulmonary metastasectomy for breast cancer can be safely performed with low morbidity and allows complete resection in carefully selected patients.

Our findings support its role as part of a multimodal strategy, particularly in patients with limited and resectable pulmonary disease.



TAKE-HOME
MESSAGE

Pulmonary metastasectomy for breast cancer can be safely performed with low morbidity and allows complete resection in carefully selected patients.