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Management of Breast Cancer Locoregional Recurrence

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Abstract
Breast cancer recurrence represents a challenge for clinicians because the management is not standardized and usually requires a multidisciplinary approach. This is the key for a good long term disease control and for a management with curative intent. The local recurrence in breast cancer appears after breast conserving treatment (BCT) or after mastectomy, and the regional recurrence involves the ipsilateral axillary, internal mammary or supraclavicular lymph nodes. Local recurrence prognosis after BCT seems to be better than after mastectomy regarding distant metastases occurrence and overall survival. Prognosis of axillary recurrence is better than prognosis of supraclavicular and internal mammary recurrence. Locoregional recurrence in breast cancer represents rather a marker for the appearance of distant metastases than a determinant factor for them. Management options for locoregional recurrence of cancer require multidisciplinary input decision making and for this reason the multidisciplinary tumor-board (MTD) is very important. Each patient should receive the best individualized oncologic treatment.
Key words: locoregional recurrence, multimodality treatment, marker of distant metastases