Bilateral Preoperative MR Examinations in Newly Diagnosed Breast Cancer Patients: Initial and Long-Term Impact on Contralateral Breast Cancer Diagnosis



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# INTRODUCTION

- MRI surveillance of contralateral breast
  - ACRIN: 3.1% (30/969) detection rate\*
- Controversy over clinical efficacy of MRI
  - No difference in local failure (3% vs. 4%), overall survival (86% vs. 87%), and contralateral breast cancer (6% vs. 6%)\*\*

\* Lehman CD. NEJM 2007; 356: 1295 \*\* Solin LJ et al. JCO 2008;26: 386

# PURPOSE

 To assess whether MRI surveillance of the contralateral breast has a clinical impact in reducing contralateral recurrence at long term follow-up

# **Study Population**



### **Breast MRI Protocol**



**T2 fs FSE** TR/TE, 5500/85.2; 256×160 matrix; 200x200 FOV; 1.5-mm slice thickness; no gap Gadovist (gadobutrol 0.1 mmol/kg), IV injection **T1 3D fs SPGR** TR/TE ; 6.5/2.5; 320×160 matrix; 200 ×200 mm FOV; 1.5-mm thickness; no gap

1.5-T Signa (GE), Dedicated breast coil

## **Patient's Characteristics**

	Contralateral Breast Surveillance					
- Characteristics	Without Bre	east MRI	With Breast MRI		n	
	No.	%	No.	%	٣	
Patient age at diagnosis, years					0.17	
Mean $\pm$ SD	46.8±9.0		48.2±9.7			
Range	18-81		22-85			
Type of cancer (index cancer)					0.38	
Invasive	1136	85.9	1501	84.8		
DCIS	187	14.1	270	15.2		
Stage, at diagnosis					0.85	
Stage 0	187	14.1	270	15.2		
Stage 1	482	36.4	638	36.0		
Stage 2	504	38.1	370	37.8		
Stage 3	150	11.3	193	10.9		
Prior surgery type					0.03	
Mastectomy	473	35.8	569	32.1		
Breast-conserving surgery	850	64.2	1202	67.9		

#### **Management of Breast Cancer**

#### No difference in postoperative radiation therapy, chemotherapy or hormonal therapy between the two groups



# **Data and Statistical Analysis**

To compare the contralateral cancer detection rate between two groups,

- Synchronous contralateral cancer
  - MG/US vs. MG/US + MR
  - Fisher's exact test
- Metachronous contralateral cancer
  - Cumulative incidence difference by log-rank test at 45 months
  - Factors a/w metachronous contralateral cancer using univariate and multivariate analysis with Cox proportional hazard model

RESULTS

#### **Synchronous Contralateral Cancer**

	Contrala	teral Bre	ast Surve	eillance		
Synchronous	Without MRI (n = 1323)		With MRI (n = 1771)		p	
Contralateral Cancer	No.	%	No.	%		
<b>MG/US</b> detected	18	1.4	21	1.2	0.62	
MRI detected	0	0	25	1.4	<0.001	

#### Detection of Metachronous Contralateral Breast Cancer



#### Cumulative Incidence of Contralateral Breast Cancer



#### Univariate Analysis of Factors Related to Contralateral Cancers

	Wit	thout MR	RI	W	With MRI		With MRI				
Characteristic	No. of	Events		No. of	Events		Hazard	94% CI	Р		
	Pts	No	%	Pts	No	%	Ratio				
Method of MRI									.025		
Unilateral							1				
Bilateral							0.399	0.179-			
								0.888			
Age									.954		
< 40 years	225	4	1.78	337	1	0.29	1				
≥ 40 years	1098	14	1.28	1434	8	0.56	1.029	0.390-			
								2.717			
Tumor Size									.164		
< 4cm	1026	10	0.98	1344	7	0.52	1				
≥ 4cm	110	4	3.64	157	0	0	2.169	0.730-			
								6.445			
Lymph Node									.133		
Negative	727	5	0.69	953	6	0.63	1				
Positive	409	9	2.20	548	1	0.18	1.801	0.836-			
								3.881			
Histologic Grade									.641		
1/11	578	4	0.69	663	3	0.45	1				
III	488	5	1.03	660	4	0.61	1.254	0.484-			
								3.251			
Type of Cancer									.290		
Invasive	1136	14	1.23	1501	7	0.47	1				
DCIS	187	4	2.14	270	2	0.74	1.632	0.659-			
								4.043			
Type of Surgery									.418		
Mastectomy	473	6	1.27	569	1	0.18	1				
BCS	850	12	1.41	1202	8	0.67	1.428	0.601-			
								3.376			

#### Multivariate Analysis of Risk Factors Related to Contralateral Recurrence

Variable	Hazard Ratio	95% CI	Р
Tumor Size			
< 4cm	1		
≥ 4cm	1.94	0.63-5.99	.25
Lymph Node			
Negative	1		
Positive	1.50	0.62-3.65	.37
Method of MRI			
<b>Unilateral Scan</b>	1		
<b>Bilateral Scan</b>	0.45	0.16-0.99	.05

# CONCLUSION

 Introduction of bilateral MRI to preoperative evaluation in breast cancer patients increases contralateral cancer detection, potentially leading to the reduction of contralateral cancer recurrence at long-term follow-up **Thank You!**