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Is breast-conserving surgery for patients with locally advanced breast cancer who have undergone neoadjuvant therapy associated with a better survival rate?

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Objective: It is known that breast-conserving surgery (BCS) is oncologically safe for breast cancer after neoadjuvant treatment (NAT). Besides that, recent data imply better overall survival in early breast cancer, but it remains uncertain in locally advanced breast cancer (LABC). The aim of this study was to compare the superiority of the BCS on LABC after NAT when compared with mastectomy (MS). **Methodology:** It is a single-center retrospective cohort study on 530 patients with LABC who received NAT and underwent surgery, BCS or MS, between 2010 and 2015. Outcomes: Overall survival (OS), disease-free survival (DFS), and local disease-free survival (LDFS). **Results:** We included 530 patients with a median follow-up of 79 months. From these, 24.6% underwent BCS and 75.4% MS. BCS has a higher pathological complete response rate than MS, 22.3% vs. 10%, $p < 0.001$, respectively. About distant recurrence rates, BCS was 15.4% and MS 36.8% with OR 0.298; 95%CI 0.177–0.504. The local recurrence rates were 9.2% and 9.5% with OR 0.693; 95%CI 0.347–1.383 for BCS and MS, respectively. The 6-year OS rates for BCS and MS were 81.5% and 62%, respectively ($p = 0.000$). In OS multivariate analysis, MS had a worse predictive value (OR 1.678; 95%CI 1.069–2.635; $p = 0.024$) when compared with BCS. **Conclusion:** We concluded that BCS presents a better OS than mastectomy on LABC after NAT, improving OS by 32%.

Keywords: breast neoplasms; neoadjuvant therapy; local disease; mastectomy; survival rate.