

The role of local therapy in the management of de novo stage IV breast cancer has been of great interest since 2002 when Dr Seema Khan published a report from the National Cancer Database (NCDB) demonstrating an association between surgery for the primary tumor and improved overall survival (OS).¹ As this was in stark contrast to the traditional thinking that surgical therapy should be reserved for palliation, it spawned a new era of investigation and the hypothesis that with advances in systemic therapy and overall improvements in patient outcomes, leaving the primary tumor intact may serve as a source of continued 'seeding' and as such local therapy may impact survival. Following the publication of numerous retrospective studies largely supporting a positive association between local therapy and survival, the international breast cancer community rallied around this question with the development and initiation of six prospective randomized trials. The details and nuances of these trials will be outlined in the debate to follow, yet despite the fact that all but one of these studies failed to show an improvement in survival with local therapy, the debate continues.