

The Spectrum Theory in Breast Cancer Is Controversial

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Dear Editor,

I have read the article titled “Paradigm Shift from Halstedian Radical Mastectomy to Personalized Medicine” with a great interest (1). Meanwhile, I felt to emphasize that following points should be taken into consideration;

1-As everyone knows, the systemic treatment paradigm of breast cancer pathobiology suggested by Bernard Fisher and his team has been obtained from thorough and cumbersome studies (by both experimental and randomized clinical trials) taking nearly 15 years. The theory of Halsted based on Virchow hypothesis is also represents a long and detailed clinical and laboratory experience. The third theory named “Spectrum Theory” has been completely rejected by Fisher in 2010. Finally, 15 years have passed, and, it has not accepted as a new paradigm for management of breast cancer (2).

Therefore, the sentence in the paper expressing as “Today, we accept that the intermediate paradigm as a combination of Halstedian and Fisherian hypothesis” is controversial.

2-Moving from Fisher paradigm, primary chemotherapy (PCT) has gained a wide application in the treatment of locally advanced breast cancer. A significant disease-free and overall survival advantage has been shown in randomised trial (NSABP B-18 and B-27) in cases with complete pathologic response to PCT) (3).

3-Novel techniques of breast reconstruction like autologue fat grafting and autologue free dermal fat grafting should be considered as new and modern alternatives in tayloring the oncoplastic surgery (4-5).

4-Although its use limited to small and unifocal tumors, intraoperative radiotherapy (IORT) is an inexpensive and reliable alternative in tayloring of radiotherapy (6).

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References

1. Ozmen V. Paradigm Shift From Halstedian Radical Mastectomy to Personalized Medicine. Eur J Breast Health 2017; 13: 50-53. DOI: 10.5152/ejbh.2017.312017 [CrossRef]
2. Fisher B, Anderson SJ. The breast cancer alternative hypothesis;Is there evidence to justify replacing it? J Clin Oncol 2010; 28: 366-374. (PMID: 20008611) [CrossRef]

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3. Rastogi P, Anderson SJ, Bear HD, Geyer CE, Kahlenberg MS, Robidoux A, Margolese RG, Hoehn JL, Vogel VG, Dakhil SR, Tamkus D, King KM, Pajon ER, Wright MJ, Robert J, Paik S, Mamounas EP, Wolmark N. Primary chemotherapy. Updates of NSABP B-18 and B-27. *J Clin Oncol* 2008; 26: 779. (PMID: 18258986)
4. Petit JY, Maisonneuve P2, Rotmensz N2, Bertolini F3, Clough KB4, Sarfati I4, Gale KL5, Macmillan RD6, Rey P7, Benyahi D4, Rietjens M8. Safety of lipofilling in patients with breast cancer. *Clin Plast Surg* 2015; 42: 339-344. (PMID: 26116939) [\[CrossRef\]](#)
5. Kijima Y, Yoshinaka H, Owaki T, Aikou T. Free dermal fat graft after breast conservational surgery. *J Plast Reconstr Aesth Surg* 2007; 60: 495-502. (PMID: 17399658) [\[CrossRef\]](#)
6. Esposito E, Anninga B, Harris S, Capasso I, D'Aiuto M, Rinaldo M, Douek M. Intraoperative radiotherapy in early breast cancer. *Br J Cancer* 2015; 102: 599-610. [\[CrossRef\]](#)