

July 25, 2020

Dear whom it may concern,

Inflammatory breast cancer (IBC) is an aggressive cancer that is often initially misdiagnosed as more benign breast pathology such as mastitis due to its similar presentation, resulting in treatment delays. As a rare form of locally advanced breast cancer that comprises 1-5% of all breast cancers, it causes a disproportionately high rate of breast-cancer related death at a rate of 8-10% (1). IBC is at a minimum stage III at the time of diagnosis (66%) and about one third of cases are stage IV (33%). IBC has a lower median progression-free survival (PFS) and overall survival (OS) than non-IBC (2). With an estimated annual incidence of female breast cancer in 2020 of 275,000 in the United States, an estimated 2,750–13,750 women among them will have IBC, which is an insignificant number given its high mortality (3). The incidence of IBC is on the rise, with most recent data showing an increase from 2.0 to 2.5 per 100,000 woman-years, while the incidence of non-IBC continues to stabilize (2,4).

In recent years, accumulating data showed the benefit of PET/CT scan over CT scan and bone scan as a staging modality. For example, IBC patients who were evaluated with PET/CT scan showed higher detection of lymph node metastasis beyond level 3 LNs. This ‘upstaging’ phenomenon was associated with longer progression free survival, followed by other papers to support similar findings (6-12). Reviewing the PET/CT in IBC at MD Anderson revealed up to 10% of IBC cases will have contralateral lymph nodes as the only site of M1 disease, potentially a locally controllable dissemination. Another utilization of PET/CT in the IBC the ability to monitor treatment response. In a study of 53 patients with IBC, the changes in PET/CT during neoadjuvant therapy predicted long-term outcome of patients (5). This clinical benefit seen in trials is likely due to selection of patients, therefore prospective study is necessary to validate such benefit, and most recent IBC international consensus guideline endorses the use of PET scan due to this reason (13). The initial stage can predict the long-term outcome of patients which gives the best ammunition for physicians to select best induction therapy approach.

Given this accumulating data, we strongly feel that it is detrimental for patients not be able to get PET/CT scan for proper restaging. We urge NCCN committee to consider the use of PET/CT scan by accurate staging and restaging that can significantly contribute to the improved survival of patients with this terrible survival.

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Thank you for your consideration.

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