REPLY

The need for post-mastectomy radiotherapy in patients with IBC

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We have read with interest the comment from Gustavo Ruis Ares *et al.* (*The need for post-mastectomy radiotherapy in patients with IBC. Nat. Rev. Clin. Oncol.* doi:10.1038/nrclinonc.2015.13-c1; 2015)¹ on our recent Review (*Management of locally advanced breast cancer—perspectives and future directions. Nat. Rev. Clin. Oncol.* **12**, 147–162, 2015)² describing the current multidisciplinary management of locally advanced inoperable breast cancer (LABC). We agree with the authors that post-mastectomy radiotherapy is mandatory for inflammatory breast cancer (IBC). This is indeed the recommendation from the ABC 2 guidelines on which this article was based, even though the level of evidence existing is not very high, particularly concerning data exclusively for IBC.³ In our article, we strongly support the multidisciplinary approach and the trimodality treatment of LABC, including IBC.² The existing data are detailed in the section of our Review describing the advances in radiation therapy for the management of LABC and IBC. According to the data presented in the retrospective

analysis of Huang *et al.*,⁴ including patients with stage IIIB breast cancer, radiation therapy proved to be beneficial regardless of the response to initial chemotherapy.⁴ We acknowledge that the algorithm in Figure 1 of our article² can be misinterpreted and have therefore clarified it, adding adjuvant radiotherapy after mastectomy without reconstruction together with adjuvant endocrine and/or anti-HER2 therapy per indication. It was an oversight in the figure for which we apologize and thank Ruiz Ares *et al.* for noticing it. Nonetheless, the data are discussed in the text and it is stated that our recommendation is the same as the one from the ABC 2 Guidelines.^{2,3}

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Competing interests

E.S. is an advisory board member for Roche, has received travel support from Novartis and belongs to the speakers' bureau for AstraZeneca, GSK and Roche. F.C. has received Consultant/honouraria and is an advisory board member for Astellas, Astra-Zeneca, Celgene, Daiichi-Sankyo, Eisai, Genentech/Roche, GE Oncology, GlaxoSmithKline, Merck-Sharp, Merus, Novartis, Pfizer, and Sanofi. K.T. and M.J.C. declare no competing interests.

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4. Huang, E. H. *et al.* Postmastectomy radiation improves local-regional control and survival for selected patients with locally advanced breast cancer treated with neoadjuvant chemotherapy and mastectomy. *J. Clin. Oncol.* **22**, 4691–4699 (2004).