Response: Approaching the cutaneous breasts in breast cancer survivors

To the Editor: We thank Drs Eid and Abbas for their commentary on our studies.[1,2] Increasing awareness about radiation-induced morphea (RIM) is necessary because dermatologists can improve patient morbidity through early recognition and management. A recent case series published in the *Journal of the American Academy of Dermatology* highlights many of the excellent points made by the commentary, including that histopathologic examination is necessary to diagnose RIM, that diagnosis is frequently not made until after the disease has burnt out, and that early intervention improves RIM-related prognosis.[3] In our opinion, RIM highlights the following key features of evaluating cutaneous disease of the breast and nipple in breast cancer survivors:

1. The breasts of all women with a history of breast cancer should be examined when these patients are seen for full-body skin examinations. This includes examination of inframammary surgical scars.
2. Women with a history of breast cancer should be asked about whether they have noticed changes in their breast skin and should be asked about any breast irregularities noted on examination. Dermatologists, especially those unfamiliar with postmastectomy breast anatomy, are frequently reluctant to ask patients whether the current appearance of their breasts is normal for them. Similarly, women who underwent surgery for breast cancer may be embarrassed to raise concerns about changes to their breasts because many survivors are self-conscious about the effect that surgery had on the appearance of their breasts.[4] Patients may also assume that if a dermatologist examines their breasts and does not ask questions about them that they are normal appearing. Asking about changes in breast skin in women with a history of breast cancer should occur at every visit to facilitate early diagnosis of breast cancer recurrence or conditions like RIM.
3. Prompt biopsy of changes in the cutaneous breast of women with a history of breast cancer is necessary. As highlighted in our continuing medical education, neither expectant management nor a trial of treatment with topical corticosteroids should be used for management of new breast conditions in this population unless a clear clinical diagnosis can be made.[1,2]
4. Creating easy ways for oncologists and surgical oncologists to refer patients to dermatology improves the quality of patient care. These providers examine the breasts of women with a history of breast cancer at every visit and may identify subtle changes in the cutaneous breast. In our experience, oncologists and surgical oncologists are most likely to refer patients early if referring is easy.

Again, we thank Drs Eid and Abbas for their excellent commentary.

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