bjclub breast Journal club

L'IMPORTANZA DELLA RICERCA IN ONCOLOGIA

NICOLA ROCCO, MD, PhD

CHIRURGO SENOLOGO
BREAST UNIT, UNIVERSITA' FEDERICO II, NAPOLI
RICERCATORE IN CHIRURGIA GENERALE,
UNIVERSITA' FEDERICO II, NAPOLI
MEMBRO DEL CONSIGLIO DIRETTIVO ANISC
MEMBRO DELL'EDUCATION AND TEACHING COMMITTEE BREAST WORKING GROUP
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FONDAZIONE ETS

eBC E MANAGEMENT MULTIDISCIPLINARE DELL'ASCELLA

Disclosure

Nessun conflitto di interessi

De-escalation of Axillary Surgery After Neoadjuvant Therapy

Casey Connors, Zahraa Al-Hilli

De-escalating axillary management after neoadjuvant chemotherapy in breast cancer: The ratio of positive sentinel lymph nodes matters

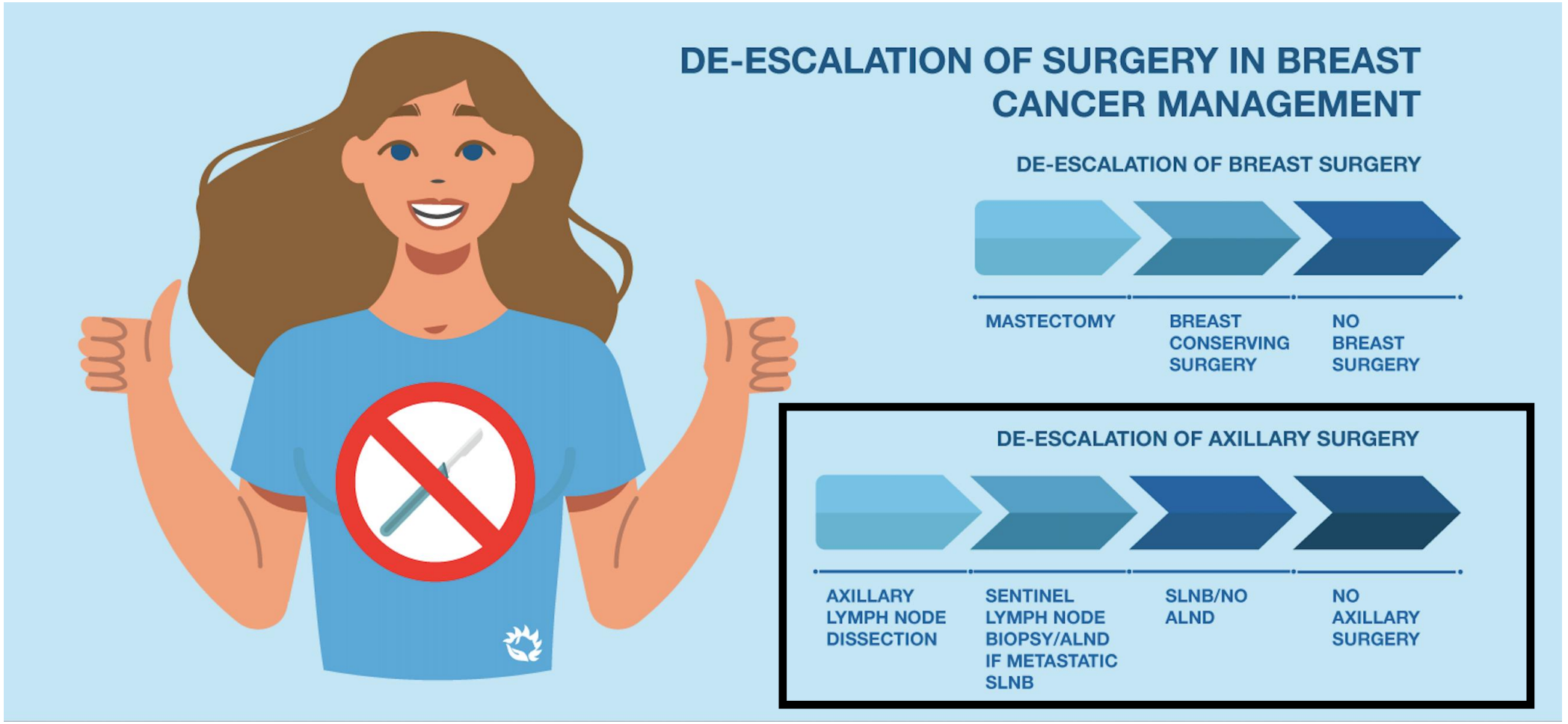
S. Aragón-Sánchez [a,b], R. Sánchez-Bayona [b,c,*], L. López-Marín [a], E. Ciruelos-Gil [b,c], L. Parrilla-Rubio [b,d], Pablo Zaragoza-Ballester [e], A. Galindo-Izquierdo [f,g,h], B. García-Chapinal [a], L. Álvaro-Valiente [a], M.R. Oliver-Pérez [a,b]

De-escalation of axillary treatment in the event of a positive sentinel lymph node biopsy in cT1–2 N0 breast cancer treated with mastectomy: nationwide registry study (BOOG 2013-07)

Sabine R. de Wild[1,*], Lori M. van Roozendaal[2], Johannes H. W. de Wilt[3], Thijs van Dalen[4], Jos A. van der Hage[5], Frederieke H. van Duijnhoven[6], Janine M. Simons[1,7], Robert-Jan Schipper[8], Linda de Munck[9], Sander M. J. van Kuijk[10], Liesbeth J. Boersma[11], Sabine C. Linn[12], Marc B. I. Lobbes[13], Philip M. P. Poortmans[14,15], Vivianne C. G. Tjan-Heijnen[16], Koen K. B. T. van de Vijver[17,18], Jolanda de Vries[19], A. Helen Westenberg[20], Luc J. A. Strobbe[21] and Marjolein L. Smidt[1]

Opportunities for De-Escalation of Axillary Surgery in Patients with Ductal Carcinoma in Situ with Microinvasion

Eliza H. Hersh, MD[1], Christina A. Minami, MD, MS, FACS[2,3], Anna Weiss, MD[2,3], and Tari A. King, MD, FACS, FSSO[2,3]


DE-ESCALATION OF SURGERY IN BREAST CANCER MANAGEMENT
DE-ESCALATION OF BREAST SURGERY
MASTECTOMY
BREAST CONSERVING SURGERY
NO BREAST SURGERY
DE-ESCALATION OF AXILLARY SURGERY
AXILLARY LYMPH NODE DISSECTION
SENTINEL LYMPH NODE BIOPSY/ALND IF METASTATIC SLNB
SLNB/NO ALND
NO AXILLARY SURGERY

DE-ESCALATION DELLA CHIRURGIA ASCELLARE IN CHIRURGIA UPFRONT

Research

JAMA | Original Investigation

Effect of Axillary Dissection vs No Axillary Dissection on 10-Year Overall Survival Among Women With Invasive Breast Cancer and Sentinel Node Metastasis The ACOSOG Z0011 (Alliance) Randomized Clinical Trial

Armando E. Giuliano, MD; Karla V. Ballman, PhD; Linda McCall, MS; Peter D. Beitsch, MD; Meghan B. Brennan, RN, ONP, PhD; Pond R. Kelemen, MD; David W. Ollila, MD; Nora M. Hansen, MD; Pat W. Whitworth, MD; Peter W. Blumencranz, MD; A. Marilyn Leitch, MD; Sukamal Saha, MD;

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Ann Surg Oncol (2022) 29:5732–5744
https://doi.org/10.1245/s10434-022-11866-w

Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BREAST ONCOLOGY

Preservation of Axillary Lymph Nodes Compared with Complete Dissection in T1–2 Breast Cancer Patients Presenting One or Two Metastatic Sentinel Lymph Nodes: The SINODAR-ONE Multicenter Randomized Clinical Trial

Corrado Tinterri, MD[1,2], Damiano Gentile, MD[1], Wolfgang Gatzemeier, MD[1], Andrea Sagona, MD[1], Erika Barbieri, MD[1], Alberto Testori, MD[1], Valentina Errico, MD[1], Alberto Bottini, MD[1], Emilia Marrazzo, MD[3], Carla Dani, MD[4], Beatrice Dozin, MD[4], Luca Boni, MD[4], Paolo Bruzzi, MD, MPH, PhD[4], Bethania Fernandes, MD[5], Davide Franceschini, MD[6], Ruggero Spoto, MD[6], Rosalba Torrisi, MD[7], Marta Scorsetti, MD, PhD[2,6], Armando Santoro, MD[2,7], Giuseppe Canavese, MD[1] the SINODAR-ONE Collaborative Group

Open access Protocol

BMJ Open

POSNOC—POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy: a randomised controlled trial of axillary treatment in women with early-stage breast cancer who have metastases in one or two sentinel nodes

Amit Goyal [1], G Bruce Mann[2,3], Lesley Fallowfield[4], Lelia Duley[5], Malcolm Reed[6], David Dodwell[7], Robert E Coleman[8], Apostolos Fakis[9], Robert Newcombe[10], Valerie Jenkins[4], Diane Whitham[5], Margaret Childs[5], David Whynes[11], Vaughan Keeley[12], Ian Ellis[13], Patricia Fairbrother[14], Shabina Sadiq[5], Kathryn Monson[4], Alan Montgomery[5], Wei Tan[5], Luke Vale[15], Tara Homer[15], Heath Badger[3], Rachel Helen Haines [5], Mickey Lewis[5], Daniel Megias[16], Zohal Nabi[16], Preetinder Singh[16], Andrei Caraman[16], Elizabeth Miles[16], on behalf of the POSNOC Trialists

Goyal A, *et al. BMJ Open* 2021;**11**:e054365. doi:10.1136/bmjopen-2021-054365

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ESTABLISHED IN 1812 APRIL 4, 2024 VOL. 390 NO. 13

Omitting Axillary Dissection in Breast Cancer with Sentinel-Node Metastases

J. de Boniface, T. Filtenborg Tvedskov, L. Rydén, R. Szulkin, T. Reimer, T. Kühn, M. Kontos, O.D. Gentilini, R. Olofsson Bagge, M. Sund, D. Lundstedt, M. Appelgren, J. Ahlgren, S. Norenstedt, F. Celebioglu, H. Sackey, I. Scheel Andersen, U. Hoyer, P.F. Nyman, E. Vikhe Patil, E. Wieslander, H. Dahl Nissen, S. Alkner, Y. Andersson, B.V. Offersen, L. Bergkvist, J. Frisell, and P. Christiansen, for the SENOMAC Trialists' Group*

SENOMAC

van Roozendaal *et al. BMC Cancer* (2015) 15:610
DOI 10.1186/s12885-015-1613-2

BMC Cancer

STUDY PROTOCOL Open Access

The value of completion axillary treatment in sentinel node positive breast cancer patients undergoing a mastectomy: a Dutch randomized controlled multicentre trial (BOOG 2013-07)

L. M. van Roozendaal[1,15,16*], J. HW de Wilt[2], T. van Dalen[3], J. A. van der Hage[4], L. JA Strobbe[5], L. J. Boersma[6,15], S. C. Linn[7], M. BI Lobbes[8,15], P. MP Poortmans[9], V. CG Tjan-Heijnen[10,15], K. KBT Van de Vijver[11], J. de Vries[12], A. H. Westenberg[13], A. GH Kessels[14] and M. L. Smidt[1,15]

DE-ESCALATION DELLA CHIRURGIA ASCELLARE IN CHIRURGIA UPFRONT

OMISSIONE DELL'ALND IN PRESENZA DI FINO A DUE LINFONODI SENTINELLA POSITIVI PER MACROMETASTASI, IN CASO DI CHIRURGIA CONSERVATIVA, RISERVANDO L'IRRADIAZIONE LINFONODALE ASCELLARE SOLO AI CASI AD ALTO RISCHIO

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHIRURGIA UPFRONT

RECENTI EVIDENZE SUPPORTANO ANCHE L'OMISSIONE DELLA BIOPSIA DEL LINFONODO SENTINELLA IN CASI SELEZIONATI

708 BLS VS 697 NON CHIRURGIA ASCELLARE
DIMENSIONE MEDIANA DI 1.1 CM, 87.8% LUMINALI
FOLLOW-UP MEDIANO DI 5.7 ANNI
DDFS A 5 ANNI 97.7% PER IL GRUPPO BLS VS. 98% NON CHIRURGIA (P=0.665)
1.7% RECIDIVE LOCO-REGIONALI GRUPPO BLS VS. 1.6% NON CHIRURGIA

Key Points

Question Is it safe to omit sentinel lymph node biopsy in patients with small breast cancer (BC) and a negative preoperative axillary ultrasonography result?

Findings In this randomized clinical trial that included 1463 women with small node-negative BC, patients who did not undergo axillary surgery had noninferior 5-year distant disease-free survival compared with those who underwent sentinel lymph node biopsy.

Meaning These findings suggest that patients with BC of a diameter equal to or smaller than 2 cm and a negative result on preoperative axillary lymph node ultrasonography can be safely spared any axillary surgery whenever the lack of pathological information does not affect the postoperative treatment plan.

JAMA Oncology | Original Investigation

Sentinel Lymph Node Biopsy vs No Axillary Surgery in Patients With Small Breast Cancer and Negative Results on Ultrasonography of Axillary Lymph Nodes
The SOUND Randomized Clinical Trial

Oreste Davide Gentilini, MD; Edoardo Botteri, PhD; Claudia Sangalli, BSc; Viviana Galimberti, MD; Mauro Porpiglia, MD; Roberto Agresti, MD; Alberto Luini, MD; Giuseppe Viale, MD; Enrico Cassano, MD; Nickolas Peradze, MD; Antonio Toesca, MD; Giulia Massari, MD; Virgilio Sacchini, MD; Elisabetta Munzone, MD; Maria Cristina Leonardi, MD; Francesca Cattadori, MD; Rosa Di Micco, PhD; Emanuela Esposito, PhD; Adele Sgarella, MD; Silvia Cattaneo, MD; Massimo Busani, MD; Massimo Dessena, MD; Anna Bianchi, MD; Elisabetta Cretella, MD; Francisco Ripoll Orts, MD; Michael Mueller, MD; Corrado Tinterri, MD; Badir Jorge Chahuan Manzur, MD; Chiara Benedetto, PhD; Paolo Veronesi, MD; for the SOUND Trial Group

JAMA Oncology November 2023 Volume 9, Number 11

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHIRURGIA UPFRONT

3896 BLS VS 962 OMISSIONE CHIRURGIA ASCELLARE
FOLLOW-UP MEDIANO 73.6 MESI
DFS A 5 ANNI 91.9% PER IL GRUPPO NON CHIRURGIA VS 91.7% GRUPPO BLS (HR 0.91, 95% CI 0.73-1.14)
1% RECIDIVE PER IL GRUPPO OMISSIONE CHIRURGIA VS. 0.3% GRUPPO BLS

IN PAZIENTI cT1-T2/N0 L'OMISSIONE DELLA CHIRURGIA DI STADIAZIONE ASCELLARE E' RISULTATA NON INFERIORE ALLA BIOPSIA DEL LINFONODO SENTINELLA AD UN FOLLOW-UP MEDIANO DI 6 ANNI

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Axillary Surgery in Breast Cancer — Primary Results of the INSEMA Trial

T. Reimer, A. Stachs, K. Veselinovic, T. Kühn, J. Heil, S. Polata, F. Marmé, T. Müller, G. Hildebrandt, D. Krug, B. Ataseven, R. Reitsamer, S. Ruth, C. Denkert, I. Bekes, D.-M. Zahm, M. Thill, M. Golatta, J. Holtschmidt, M. Knauer, V. Nekljudova, S. Loibl, and B. Gerber

This article was published on December 12, 2024, at NEJM.org.

VANTAGGI DELLA DE-ESCALATION DELLA CHIRURGIA ASCELLARE

L'ESTENSIONE DELLA CHIRURGIA ASCELLARE HA UN EFFETTO DIRETTO SULLA POSSIBILITA' DI SVILUPPARE LINFEDEMA DELL'ARTO SUPERIORE

LA LINFOADENECTOMIA ASCELLARE CAUSA UN AUMENTO DI 4 VOLTE DEL LINFEDEMA RISPETTO ALLA BIOPSIA DEL LINFONODO SENTINELLA

LA RIMOZIONE DI PIU' DI 5 LINFONODI E' ASSOCIATA AD UN RISCHIO DI LINFEDEMA DEL 18.2% RISPETTO AL 3.3% PER MENO DI 5 LINFONODI

LA LINFOADENECTOMIA ASCELLARE E' ANCHE ASSOCIATA A TASSI MAGGIORI DI DOLORE DEL BRACCIO, SIEROMI ED INFEZIONI POST-OPERATORI

Incidence of unilateral arm lymphoedema after breast cancer: a systematic review and meta-analysis

Tracey DiSipio, Sheree Rye, Beth Newman, Sandi Hayes

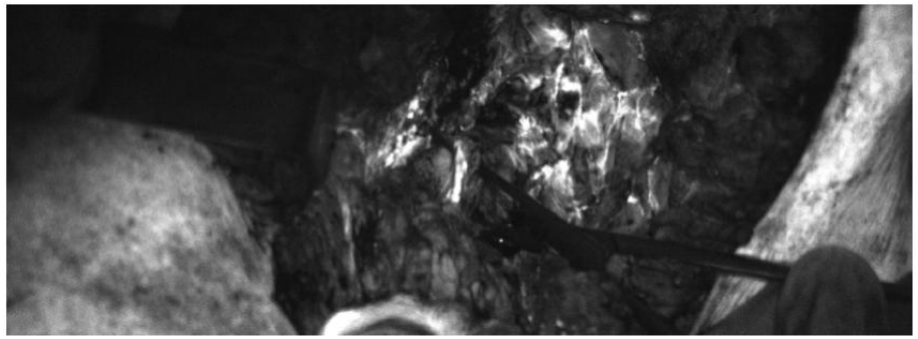
Lancet Oncol 2013; 14: 500–15

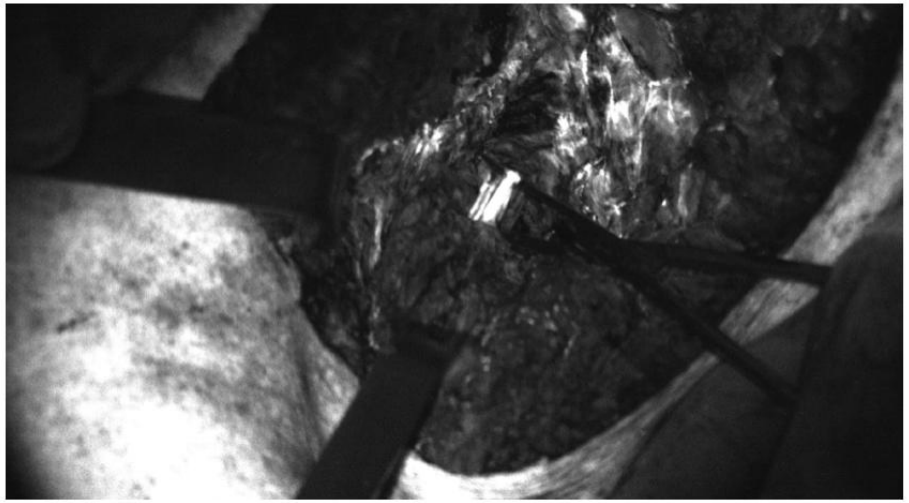
Risk factors for lymphoedema in women with breast cancer: A large prospective cohort☆

S.L. Kilbreath [a, *], K.M. Refshauge [a], J.M. Beith [b], L.C. Ward [a, c], O.A. Ung [d], E.S. Dylke [a], J.R. French [e], J. Yee [a], L. Koelmeyer [e, 1], K. Gaitatzis [a, 1]

The Breast 28 (2016) 29–36

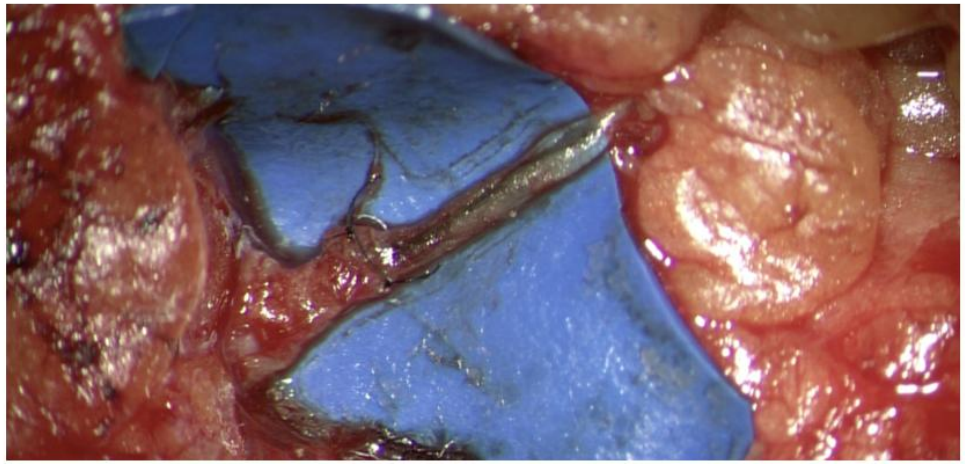
NERVE-SPARING SURGERY

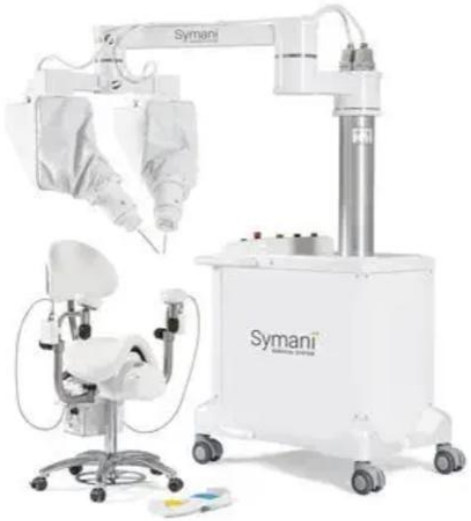




CHIRURGIA LINFATICA PROFILATTICA

SUPER MICRO-CHIRURGIA





Current Breast Cancer Reports (2024) 16:185–192
https://doi.org/10.1007/s12609-024-00543-4

REVIEW

Surgical Management of Lymphedema: Prophylactic and Therapeutic Operations

Shahnur Ahmed[1] · Folasade O. Imeokparia[2] · Aladdin H. Hassanein[1]

PROTOCOLLO

STUDIO OSSERVAZIONALE

Titolo dello Studio:	Validazione prospettica dello Score di identificazione della popolazione a rischio del Linfedema Correlato al Tumore della Mammella e prevenzione.
Codice del Protocollo:	**LINFEDEMA**
Versione del Protocollo:	**1.1**
Data:	**01.10.2024**

QUALI RIMANGONO LE INDICAZIONI ALLA DISSEZIONE LINFONODALE ASCELLARE?

Indications for axillary lymph node dissection in breast cancer treatment.

Indications for ALND in BC treatment
Clinically node-positive axilla, confirmed by fine needle aspiration or core biopsy in a patient for whom neoadjuvant chemotherapy is not planned
SLN positive patients who fall outside the Z0011/SINODAR ONE selection criteria (i.e. >2 macrometastatic SLN, matted nodes, gross extra nodal extension, mastectomy or breast conservation without whole-breast RT)
Inflammatory Breast Cancer (cT4d)
Sentinel or axillary nodes which remain positive after neoadjuvant chemotherapy outside clinical trials
Positive SLN after a previous SLN biopsy in breast recurrence
Axillary recurrence after SLN biopsy

European Journal of Surgical Oncology 50 (2024) 107954

Contents lists available at ScienceDirect

European Journal of Surgical Oncology

journal homepage: www.ejso.com

Review Article

Is routine axillary lymph node dissection needed to tailor systemic treatments for breast cancer patients in the era of molecular oncology? A position paper of the Italian National Association of Breast Surgeons (ANISC)

Nicola Rocco [a,*], Matteo Ghilli [b], Annalisa Curcio [c], Marina Bortul [d], Stefano Burlizzi [e], Carlo Cabula [f], Roberta Cabula [g], Alberta Ferrari [h], Secondo Folli [i], Lucio Fortunato [j], Patrizia Frittelli [k], Oreste Gentilini [l], Sara Grendele [m], Massimo Maria Grassi [n], Simona Grossi [o], Francesca Magnoni [p], Roberto Murgo [q], Dante Palli [r], Francesca Rovera [s,t], Alessandro Sanguinetti [u], Mario Taffurelli [v], Giovanni Tazzioli [w], Daniela Andreina Terribile [x], Francesco Caruso [y,z,1], Viviana Galimberti [ja,1]

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Associazione Nazionale Italiana Senologi Chirurghi

QUALI RIMANGONO LE INDICAZIONI ALLA DISSEZIONE LINFONODALE ASCELLARE?

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ULTERIORE DE-ESCALATION DELLA CHIRURGIA ASCELLARE

LE PAZIENTI SOTTOPOSTE A MASTECTOMIA POSSONO EVITARE ALND DOPO LINFONODO SENTINELLA POSITIVO?

SINODAR-ONE - PAZIENTI T1-T2 E 1-2 LINFONODI MACROMETASTATICI SOTTOPOSTE A MASTECTOMIA (24.8% DELLE PAZIENTI ARRUOLATE) E SOLO SENTINELLA : OS RFS NON INFERIORI RISPETTO ALLE PAZIENTI TRATTATE CON ALND

PER RINFORZARE LE CONCLUSIONI DI QUESTO TRIAL, L'ARRUOLAMENTO DELLE PAZIENTI TRATTATE CON MASTECTOMIA E' STATO RIAPERTO COME STUDIO SPERIMENTALE SINGLE-ARM

OXFORD Collaborative Research

BJS, 2023, 110, 1143–1152
https://doi.org/10.1093/bjs/znad215
Advance Access Publication Date: 20 July 2023
Randomized Clinical Trial

Sentinel lymph node biopsy *versus* axillary lymph node dissection in breast cancer patients undergoing mastectomy with one to two metastatic sentinel lymph nodes: sub-analysis of the SINODAR-ONE multicentre randomized clinical trial and reopening of enrolment

Corrado Tinterri[1,2], Giuseppe Canavese[1], Wolfgang Gatzemeier[1], Erika Barbieri[1], Alberto Bottini[1], Andrea Sagona[1], Giulia Caraceni[1], Alberto Testori[1], Simone Di Maria Grimaldi[1], Carla Dani[3], Luca Boni[3], Paolo Bruzzi[3], Bethania Fernandes[4], Marta Scorsetti[2,5], Alberto Zambelli[2,6] and Damiano Gentile[12,*]; the SINODAR-ONE Collaborative Group

The NEW ENGLAND JOURNAL of MEDICINE

RESEARCH SUMMARY

Omitting Axillary Dissection in Breast Cancer with Sentinel-Node Metastases

de Boniface J et al. DOI: 10.1056/NEJMoa2313487

CLINICAL PROBLEM

Among patients with clinically node-negative breast cancer and one or two sentinel-node metastases who had undergone breast-conserving surgery and whole-breast radiotherapy, trials have shown that omission of axillary-lymph-node dissection does not affect overall survival. However, trial limitations such as limited statistical power, uncertain nodal radiotherapy target volumes, and a scarcity of data on important patient subgroups have slowed adoption of this practice.

CLINICAL TRIAL

Design: An ongoing, phase 3, international, randomized, noninferiority trial compared the omission of completion axillary-lymph-node dissection with its use in patients with clinically node-negative primary breast cancer with a tumor stage of T1, T2, or T3 and one or two sentinel-node macrometastases.

Intervention: 2540 patients were assigned to sentinel-node biopsy only or completion axillary-lymph-node dissection and followed for a median of 46.8 months. Patients underwent either breast-conserving surgery plus whole-breast radiotherapy or mastectomy. Most patients received nodal radiation therapy. The primary end point was overall survival; this per-protocol analysis focused on recurrence-free survival, a prespecified secondary end point.

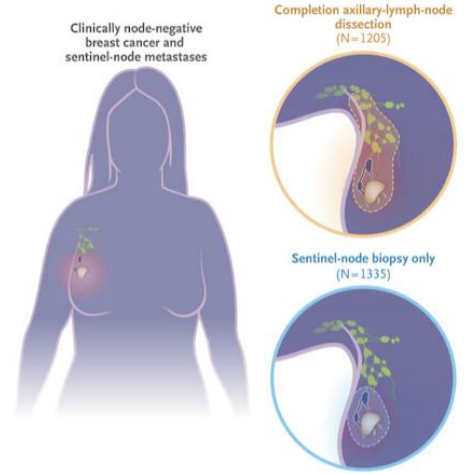
RESULTS

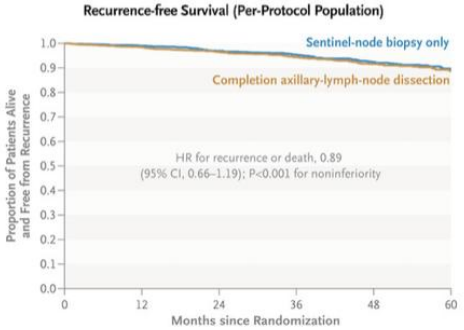
The estimated 5-year recurrence-free survival was similar in the two groups. The upper boundary of the confidence interval for the hazard ratio for recurrence or death was significantly below the prespecified noninferiority margin of 1.44.

LIMITATIONS AND REMAINING QUESTIONS

- The use of radiation therapy followed local guidelines; the results should not be compared with those of trials that followed other radiation-therapy guidelines.
- Too few male patients were enrolled to provide information about this subgroup.
- Most patients had breast cancer of the luminal subtype, which has a high rate of late recurrence; the follow-up time in this trial was relatively short.

Links: Full Article | NEJM Quick Take | Editorial





CONCLUSIONS

Omission of completion axillary-lymph-node dissection was noninferior to use of dissection in terms of recurrence-free survival among patients with clinically node-negative breast cancer and sentinel-node macrometastases.

DE-ESCALATION DELLA CHIRURGIA ASCELLARE IN CHIRURGIA UPFRONT (DOPO CHIRURGIA CONSERVATIVA E MASTECTOMIA)

Table 1 Inclusion and exclusion criteria according to the SENOMAC study protocol

Inclusion criteria	Primary invasive breast cancer T1-T3[a]
	Preoperative ultrasound of the axilla performed
	Macrometastasis in not more than two lymph nodes at sentinel node biopsy
	Written informed consent
	Age 18 years or older
Exclusion criteria	Palpable regional lymph node metastasis prior to surgery
	Regional or distant metastases outside of the ipsilateral axilla
	Pregnancy
	Bilateral invasive breast cancer, if one side meets any exclusion criteria
	Medical contraindication for radiotherapy or systemic treatment
	Inability to absorb or understand the meaning of the study information; for example, through disability, inadequate language skills or dementia
	Prior history of invasive breast cancer

[a]According to the TNM classification system

1335 BLS E 1205 ALND

36% IN ENTRAMBI I GRUPPI SOTTOPOSTE A MASTECTOMIA

FOLLOW-UP MEDIANO DI 46.8 MESI

RFS A 5 ANNI 89.7% VS 88.7% (P<0.001)

RT NELL'89.9% DELLE PAZIENTI DEL GRUPPO BLS E 88.4% DEL GRUPPO ALND

DE-ESCALATION DELLA CHIRURGIA ASCELLARE IN CHIRURGIA UPFRONT (DOPO CHIRURGIA CONSERVATIVA E MASTECTOMIA)

Strengths and limitations of this study

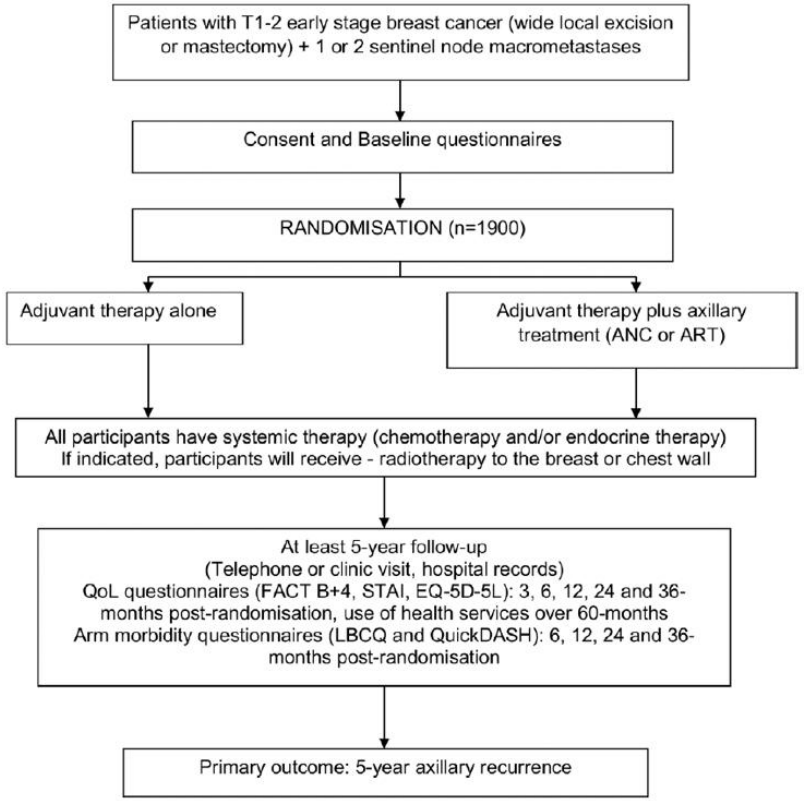
- POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy (POSNOC) includes women undergoing mastectomy and those with extranodal invasion
- Only women with 1 or 2 macrometastases are eligible for randomisation.
- POSNOC has an in-built radiotherapy quality assurance programme co-ordinated by the UK Radiotherapy Trials Quality Assurance Group.
- POSNOC is an international trial—UK, Australia and New Zealand.

Open access Protocol

BMJ Open

POSNOC—POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy: a randomised controlled trial of axillary treatment in women with early-stage breast cancer who have metastases in one or two sentinel nodes

Amit Goyal ,[1] G Bruce Mann,[2,3] Lesley Fallowfield,[4] Lelia Duley,[5] Malcolm Reed,[6] David Dodwell,[7] Robert E Coleman,[8] Apostolos Fakis,[9] Robert Newcombe,[10] Valerie Jenkins,[4] Diane Whitham,[5] Margaret Childs,[5] David Whynes,[11] Vaughan Keeley,[12] Ian Ellis,[13] Patricia Fairbrother,[14] Shabina Sadiq,[5] Kathryn Monson,[4] Alan Montgomery,[5] Wei Tan,[5] Luke Vale,[15] Tara Homer,[15] Heath Badger,[3] Rachel Helen Haines ,[5] Mickey Lewis,[5] Daniel Megias,[16] Zohal Nabi,[16] Preetinder Singh,[16] Andrei Caraman,[16] Elizabeth Miles,[16] on behalf of the POSNOC Trialists



DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO MASTECTOMIA

LE PAZIENTI SOTTOPOSTE A MASTECTOMIA POSSONO EVITARE ALND DOPO LINFONODO SENTINELLA POSITIVO?

REGISTRY STUDY BOOG 2013-07

1090 PAZIENTI cT1-T2 CON FINO A TRE LS METASTATICI IDENTIFICATI DAL NETHERLANDS CANCER REGISTRY

20.1% NO ALND

40.1% ALND

30.0% RT

9.8% ALND E RT

CARATTERISTICHE BIOLOGICHE PIU' FAVOREVOLI ED ETA' PIU' AVANZATA NEL GRUPPO "NO ALND"

TASSO DI RECIDIVE LOCO-REGIONALI A 5 ANNI 1.3% SENZA DIFFERENZE SIGNIFICATIVE TRA I GRUPPI

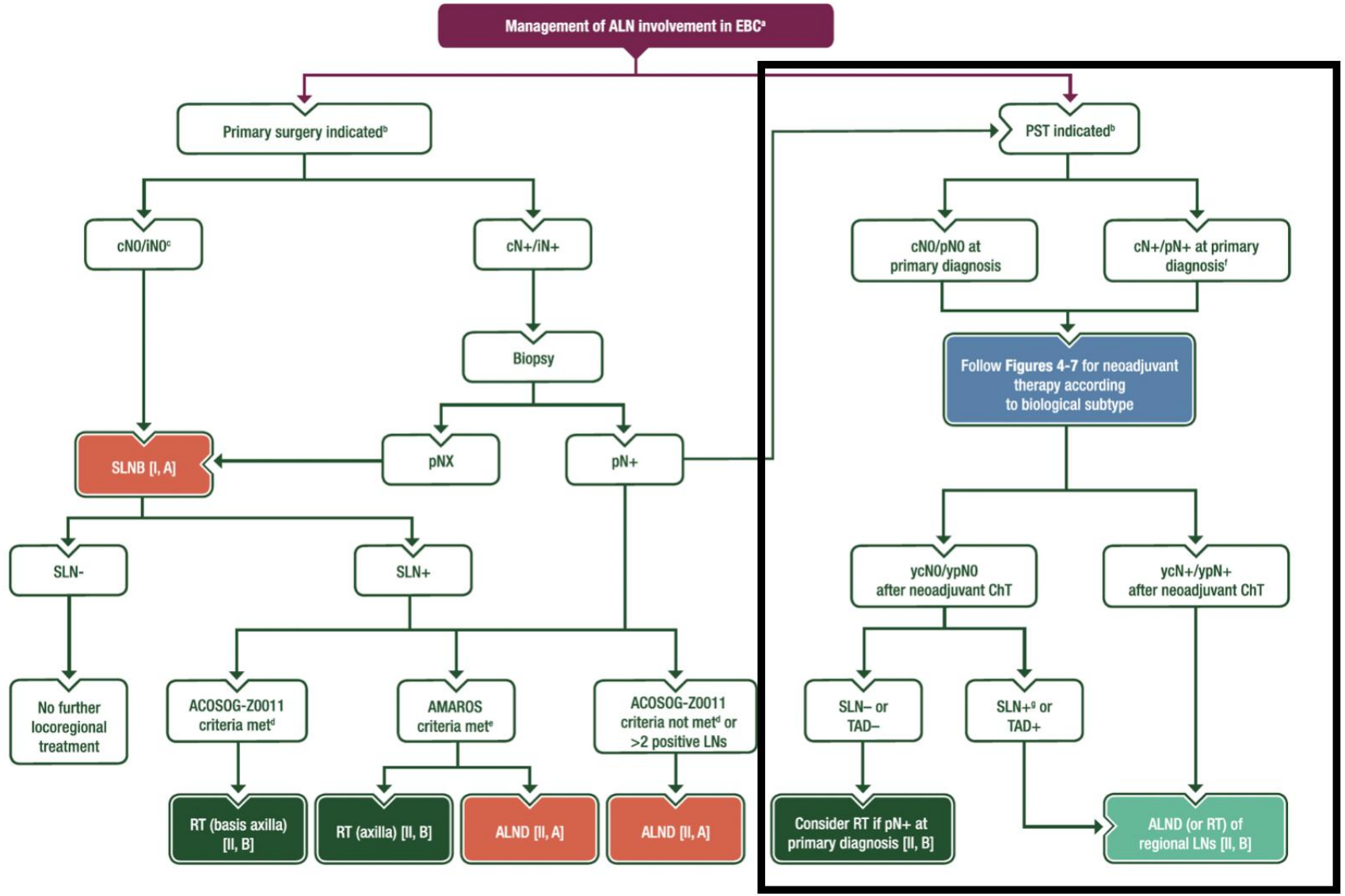
IL GRUPPO "NO ALND" HA PRESENTATO UNA RIDOTTA OS A 5 ANNI PER MORTI NON CORRELATE AL CANCRO

De-escalation of axillary treatment in the event of a positive sentinel lymph node biopsy in cT1–2 N0 breast cancer treated with mastectomy: nationwide registry study (BOOG 2013-07)

Sabine R. de Wild[1,*], Lori M. van Roozendaal[2], Johannes H. W. de Wilt[3], Thijs van Dalen[4], Jos A. van der Hage[5], Frederieke H. van Duijnhoven[6], Janine M. Simons[1,7], Robert-Jan Schipper[8], Linda de Munck[9], Sander M. J. van Kuijk[10], Liesbeth J. Boersma[11], Sabine C. Linn[12], Marc B. I. Lobbes[13], Philip M. P. Poortmans[14,15], Vivianne C. G. Tjan-Heijnen[16], Koen K. B. T. van de Vijver[17,18], Jolanda de Vries[19], A. Helen Westenberg[20], Luc J. A. Strobbe[21] and Marjolein L. Smidt[1]

BJS, 2024, znae077
https://doi.org/10.1093/bjs/znae077
Original Article

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE



DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

cN+ —-> ycN0

BIOPSIA DEL LINFONODO SENTINELLA (SLNB)?

BIOSPIA DEL LINFONODO MARCATO
(TARGETED LYMPH NODE BIOPSY -TLNB)?

DISSEZIONE ASCELLARE MIRATA
(TARGETED AXILLARY DISSECTION -TAD)?

CHIRURGIA ASCELLARE CUCITA SU MISURA
(TAILORED AXILLARY SURGERY -TAS)?

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

BIOPSIA DEL LINFONODO SENTINELLA

	All	1 SLN	2 SLN	3 SLN	> 3 SLN
NSABP B 32	9,8%	17,7 %	10,0 %	6,9 %	6,5 %
SENTINA	14,2 %	24,3 %	18,5 %	4,9 %	
ACOSOG 1071	14,7 %	31,5 %	21,1 %	9,0 %	9,09 %

DOPPIO TRACCIANTE PER EVIDENZIARE ED ASPORTARE ALMENO TRE LINFONODI SENTINELLA

JAMA October 9, 2013 Volume 310, Number 14

Sentinel Lymph Node Surgery After Neoadjuvant Chemotherapy in Patients With Node-Positive Breast Cancer
The ACOSOG Z1071 (Alliance) Clinical Trial

Judy C. Boughey, MD; Vera J. Suman, PhD; Elizabeth A. Mittendorf, MD, PhD; Gretchen M. Ahrendt, MD; Lee G. Wilke, MD; Bret Taback, MD; A. Marilyn Leitch, MD; Henry M. Kuerer, MD, PhD; Monet Bowling, MD; Teresa S. Flippo-Morton, MD; David R. Byrd, MD; David W. Ollila, MD; Thomas B. Julian, MD; Sarah A. McLaughlin, MD; Linda McCall, MS; W. Fraser Symmans, MD; Huong T. Le-Petross, MD; Bruce G. Haffty, MD; Thomas A. Buchholz, MD; Heidi Nelson, MD; Kelly K. Hunt, MD; for the Alliance for Clinical Trials in Oncology

Lancet Oncol 2013; 14: 609–18

Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective, multicentre cohort study

Thorsten Kuehn, Ingo Bauerfeind, Tanja Fehm, Barbara Fleige, Maik Hausschild, Gisela Helms, Annette Lebeau, Cornelia Liedtke, Gunter von Minckwitz, Valentina Nekljudova, Sabine Schmatloch, Peter Schrenk, Annette Staebler, Michael Untch

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

BIOPSIA DEL LINFONODO SENTINELLA

BIOPSIA DEL LINFONODO SENTINELLA STANDARD
FOLLOW-UP A 10 ANNI
RECIDIVE ASCELLARI 2%

The Breast 67 (2023) 21–25

Contents lists available at ScienceDirect

The Breast

journal homepage: www.journals.elsevier.com/the-breast

"This house believes that: Sentinel node biopsy alone is better than TAD after NACT for cN+ patients"

Viviana Galimberti [a,*], Sabrina Kahler Ribeiro Fontana [a], Elisa Vicini [a], Consuelo Morigi [a], Manuela Sargenti [a], Giovanni Corso [a,b], Francesca Magnoni [a], Mattia Intra [a], Paolo Veronesi [a,b]

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

TARGETED AXILLARY DISSECTION

IL LINFONODO POSITIVO VIENE MARCATO CON UNA CLIP PRIMA DEL PST E RIMOSSO, AL TERMINE DELLA TERAPIA, INSIEME CON I LINFONODI SENTINELLA IDENTIFICATI CON DOPPIO TRACCIANTE SE (ycN0)

TASSO DI FALSI NEGATIVI 1.4%

VOLUME 34 · NUMBER 10 · APRIL 1, 2016

JOURNAL OF CLINICAL ONCOLOGY | ORIGINAL REPORT

Improved Axillary Evaluation Following Neoadjuvant Therapy for Patients With Node-Positive Breast Cancer Using Selective Evaluation of Clipped Nodes: Implementation of Targeted Axillary Dissection

Abigail S. Caudle, Wei T. Yang, Savitri Krishnamurthy, Elizabeth A. Mittendorf, Dalliah M. Black, Michael Z. Gilcrease, Isabelle Bedrosian, Brian P. Hobbs, Sarah M. DeSnyder, Rosa F. Hwang, Beatriz E. Adrada, Simona F. Shaitelman, Mariana Chavez-MacGregor, Benjamin D. Smith, Rosalind P. Candelaria, Gildy V. Babiera, Basak E. Dogan, Lumarie Santiago, Kelly K. Hunt, and Henry M. Kuerer

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

OBJECTIVE To investigate oncological outcomes after sentinel lymph node biopsy (SLNB) with dual-tracer mapping or targeted axillary dissection (TAD), which combines SLNB with localization and retrieval of the clipped lymph node.

DESIGN, SETTING, AND PARTICIPANTS In this multicenter retrospective cohort study that was conducted at 25 centers in 11 countries, 1144 patients with consecutive stage II to III biopsy-proven node-positive breast cancer were included between April 2013 and December 2020. The cumulative incidence rates of axillary, locoregional, and any invasive (locoregional or distant) recurrence were determined by competing risk analysis.

CONCLUSIONS AND RELEVANCE The results of this cohort study showed that axillary recurrence was rare in this setting and was not significantly lower after TAD vs SLNB. These results support omission of ALND in this population.

JAMA Oncol. 2024;10(6):793-798.

Omission of Axillary Dissection Following Nodal Downstaging With Neoadjuvant Chemotherapy

Giacomo Montagna, MD, MPH; Mary M. Mrdutt, MD, MS; Susie X. Sun, MD; Callie Hlavin, MD, MPH; Emilia J. Diego, MD; Stephanie M. Wong, MD, MPH; Andrea V. Barrio, MD; Astrid Botty van den Bruele, MD; Neslihan Cabioglu, MD, PhD; Varadan Sevilimedu, MBBS, DrPH; Laura H. Rosenberger, MD, MS; E. Shelley Hwang, MD, MPH; Abigail Ingham, MBchB; Bärbel Papassotiropoulos, MD; Bich Doan Nguyen-Sträuli, MD; Christian Kurzeder, MD; Danilo Díaz Aybar, MD; Denise Vorburger, MD; Dieter Michael Matlac, MD; Edvin Ostapenko, MD; Fabian Riedel, MD; Florian Fitzal, MD; Francesco Meani, MD; Franziska Fick, MD; Jacqueline Sagasser, MD; Jörg Heil, MD, PhD; Hasan Karanlık, MD; Konstantin J. Dedes, MD; Laszlo Romics, MD, PhD; Maggie Banys-Paluchowski, MD, PhD; Mahmut Muslumanoglu, MD; Maria Del Rosario Cueva Perez, MD; Marcelo Chávez Díaz, MD; Martin Heidinger, MD; Mathias K. Fehr, MD; Mattea Reinisch, MD; Mustafa Tukenmez, MD; Nadia Maggi, MD; Nicola Rocco, MD, PhD; Nina Ditsch, MD, PhD; Oreste Davide Gentilini, MD; Regis R. Paulinelli, MD, PhD; Sebastián Solé Zarhi, MD; Sherko Kuemmel, MD, PhD; Simona Bruzas, MD; Simona di Lascio, MD; Tamara K. Parissenti, MD; Tanya L. Hoskin, MS; Uwe Güth, MD; Valentina Ovalle, MD; Christoph Tausch, MD; Henry M. Kuerer, MD, PhD; Abigail S. Caudle, MD; Jean-Francois Boileau, MD, MSc; Judy C. Boughey, MD; Thorsten Kühn, MD, PhD; Monica Morrow, MD; Walter P. Weber, MD

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

TARGETED LYMPH NODE BIOPSY

The Breast 72 (2023) 103592

Contents lists available at ScienceDirect

The Breast

journal homepage: www.journals.elsevier.com/the-breast

Our house believes that: The clipped lymph node is the true sentinel node after neoadjuvant chemotherapy in N+ patients☆

Benigno Acea-Nebril [a], Alejandra García-Novoa [a,*], Alberto Bouzón Alejandro [a], Carlota Díaz Carballada [b], Carmen Conde Iglesias [b]

cancers

MDPI

Systematic Review

The Evolving Role of Marked Lymph Node Biopsy (MLNB) and Targeted Axillary Dissection (TAD) after Neoadjuvant Chemotherapy (NACT) for Node-Positive Breast Cancer: Systematic Review and Pooled Analysis

Parinita K. Swarnkar *, Salim Tayeh, Michael J. Michell and Kefah Mokbel *

ORIGINAL ARTICLES

Marking Axillary Lymph Nodes With Radioactive Iodine Seeds for Axillary Staging After Neoadjuvant Systemic Treatment in Breast Cancer Patients

The MARI Procedure

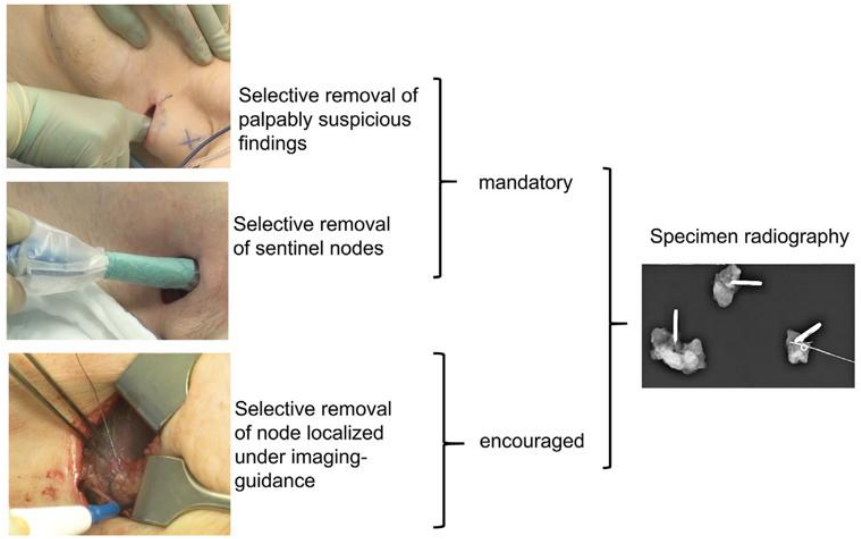
Donker, Mila MD*; Straver, Marieke E. MD, PhD*; Wesseling, Jelle MD, PhD†; Loo, Claudette E. MD‡; Schot, Margaret§; Drukker, Caroline A. MD*; van Tinteren, Harm PhD¶; Sonke, Gabe S. MD, PhD§; Rutgers, Emiel J. Th. MD, PhD*; Vrancken Peeters, Marie-Jeanne T. F. D. MD, PhD*

Author Information

Annals of Surgery 261(2):p 378-382, February 2015. | *DOI:* 10.1097/SLA.0000000000000558

DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE

TAILORED AXILLARY SURGERY



Henke *et al. Trials* (2018) 19:667
https://doi.org/10.1186/s13063-018-3021-9

Trials

STUDY PROTOCOL Open Access

Tailored axillary surgery with or without axillary lymph node dissection followed by radiotherapy in patients with clinically node-positive breast cancer (TAXIS): study protocol for a multicenter, randomized phase-III trial

Guido Henke[1†], Michael Knauer[2†], Karin Ribi[6,13], Stefanie Hayoz[6], Marie-Aline Gérard[6], Thomas Ruhstaller[3], Daniel R. Zwahlen[3], Simone Muenst[4,11], Markus Ackerknecht[5,11], Hanne Hawle[6], Florian Fitzal[7,12], Michael Gnant[7,12], Zoltan Mátrai[8], Bettina Ballardini[9], Andreas Gyr[10,11], Christian Kurzeder[10,11] and Walter P. Weber[10,11*]

The Breast 69 (2023) 281–289

Contents lists available at ScienceDirect

The Breast

journal homepage: www.journals.elsevier.com/the-breast

Tailored axillary surgery – A novel concept for clinically node positive breast cancer

Martin Heidinger[a,b,1], Michael Knauer[c,1], Christoph Tausch[d], Walter P. Weber[a,b,*]

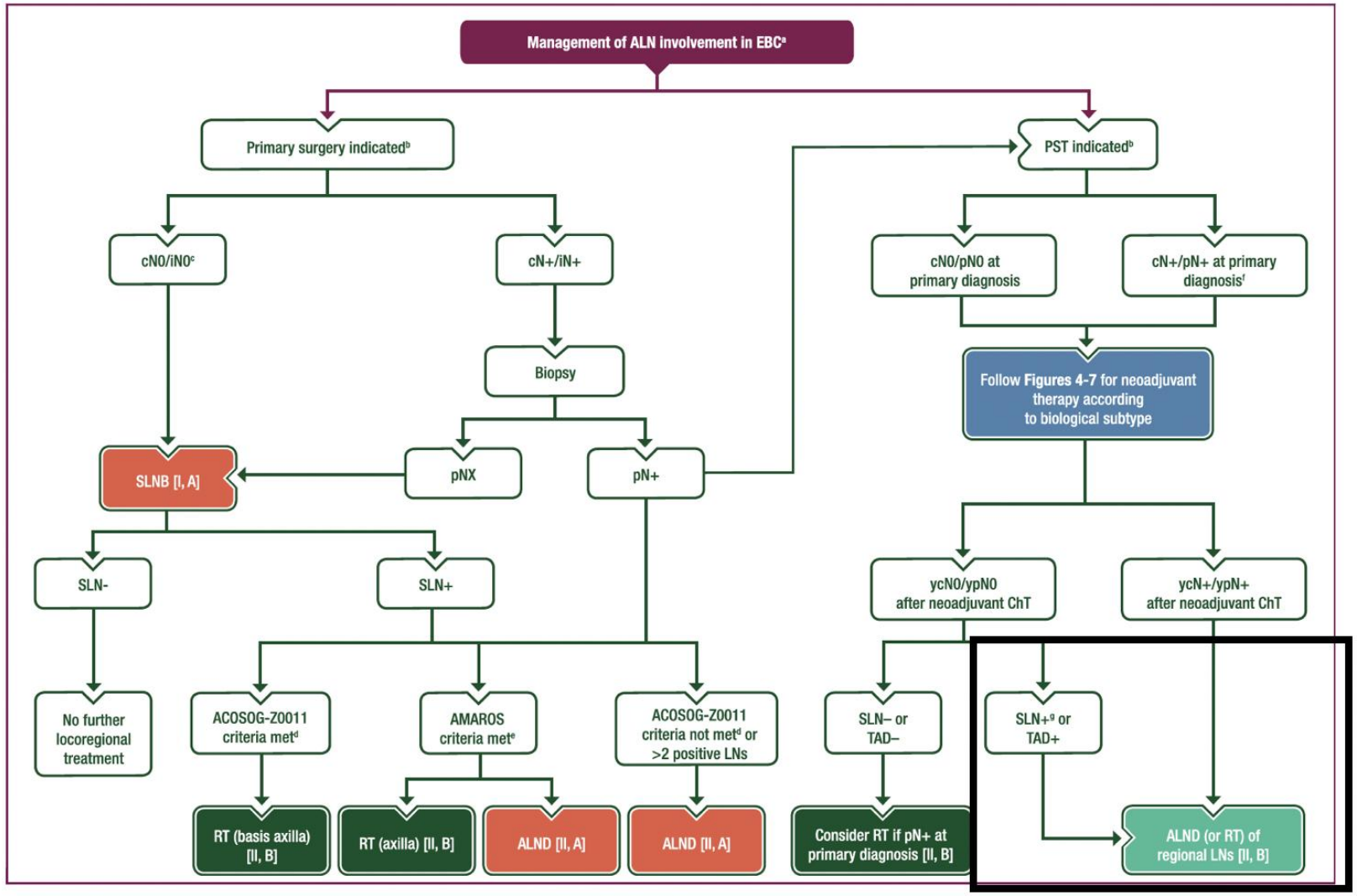
Obiettivi primari dello studio:

- Valutazione della sopravvivenza libera da malattia invasiva a 5 anni (iDFS) nelle pazienti cN+ -> ycN0 trattate con diverse tecniche di staging ascellare (ALND, TAD, SLNB, TLNB)
- Valutazione del tasso di recidiva ascellare a 3 anni nelle pazienti cN+ -> ycN0 trattate con diverse tecniche di staging ascellare (ALND, TAD, SLNB, TLNB)
- Valutazione della qualità di vita e della morbilità del braccio nelle pazienti trattate con diverse tecniche di staging ascellare.

AXSANA

AXillary Surgery After NeoAdjuvant Treatment

A prospective multicenter cohort study to evaluate different surgical methods of axillary staging (sentinel lymph node biopsy, targeted axillary dissection, axillary dissection) in clinically node-positive breast cancer patients treated with neoadjuvant chemotherapy


Management of ALN involvement in EBC[a]
Primary surgery indicated[b]
PST indicated[b]
cN0/iN0[c]
cN+/iN+
cN0/pN0 at primary diagnosis
cN+/pN+ at primary diagnosis[f]
Biopsy
Follow Figures 4-7 for neoadjuvant therapy according to biological subtype
SLNB [I, A]
pNX
pN+
SLN-
SLN+
ycN0/ypN0 after neoadjuvant ChT
ycN+/ypN+ after neoadjuvant ChT
No further locoregional treatment
ACOSOG-Z0011 criteria met[d]
AMAROS criteria met[e]
ACOSOG-Z0011 criteria not met[d] or >2 positive LNs
SLN– or TAD–
SLN+[g] or TAD+
RT (basis axilla) [II, B]
RT (axilla) [II, B]
ALND [II, A]
ALND [II, A]
Consider RT if pN+ at primary diagnosis [II, B]
ALND (or RT) of regional LNs [II, B]

QUALI RIMANGONO LE INDICAZIONI ALLA DISSEZIONE LINFONODALE ASCELLARE?

Indications for axillary lymph node dissection in breast cancer treatment.

Indications for ALND in BC treatment
Clinically node-positive axilla, confirmed by fine needle aspiration or core biopsy in a patient for whom neoadjuvant chemotherapy is not planned
SLN positive patients who fall outside the Z0011/SINODAR ONE selection criteria (i.e. >2 macrometastatic SLN, matted nodes, gross extra nodal extension, mastectomy or breast conservation without whole-breast RT)
Inflammatory Breast Cancer (cT4d)
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Positive SLN after a previous SLN biopsy in breast recurrence
Axillary recurrence after SLN biopsy

European Journal of Surgical Oncology 50 (2024) 107954

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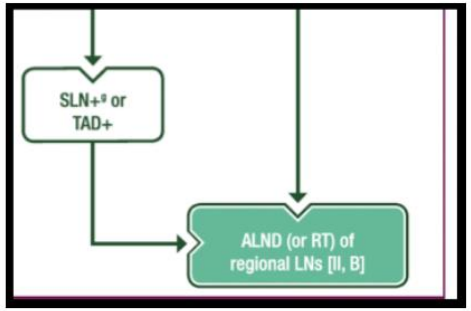
Review Article

Is routine axillary lymph node dissection needed to tailor systemic treatments for breast cancer patients in the era of molecular oncology? A position paper of the Italian National Association of Breast Surgeons (ANISC)

Nicola Rocco[a,*], Matteo Ghilli[b], Annalisa Curcio[c], Marina Bortul[d], Stefano Burlizzi[e], Carlo Cabula[f], Roberta Cabula[g], Alberta Ferrari[h], Secondo Folli[i], Lucio Fortunato[j], Patrizia Frittelli[k], Oreste Gentilini[l], Sara Grendele[m], Massimo Maria Grassi[n], Simona Grossi[o], Francesca Magnoni[p], Roberto Murgo[q], Dante Palli[r], Francesca Rovera[s,t], Alessandro Sanguinetti[u], Mario Taffurelli[v], Giovanni Tazzioli[w], Daniela Andreina Terribile[x], Francesco Caruso[y,z,1], Viviana Galimberti[ɑ,1]

A.N.I.S.C.
Associazione Nazionale Italiana Senologi Chirurghi

ULTERIORE DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE



Original Reports | Breast Cancer

Check for updates

Nodal Burden and Oncologic Outcomes in Patients With Residual Isolated Tumor Cells After Neoadjuvant Chemotherapy (ypN0i+): The OPBC-05/ICARO Study

Giacomo Montagna, MD, MPH[1]; Alison Laws, MD, MPH[2]; Massimo Ferrucci, MD, PhD[3]; Mary M. Mrdutt, MD, MS[4]; Susie X. Sun, MD[5]; Suleyman Bademler, MD[6]; Hakan Balbaloglu, MD[7]; Nora Balint-Lahat, MD[8,9]; Maggie Banys-Paluchowski, MD, PhD[10]; Andrea V. Barrio, MD[1]; John Benson, MD[11]; Nuran Bese, MD[12]; Judy C. Boughey, MD[4]; Marissa K. Boyle, MD[13]; Emilia J. Diego, MD[14]; Claire Eden, MD[15]; Ruth Eller, MD[16,17]; Maite Goldschmidt, MSc[16,17]; Callie Hlavin, MD, MPH[14]; Martin Heidinger, MD[16,17]; Justyna Jelinska, MD, PhD[18]; Güldeniz Karadeniz Cakmak, MD, FEBS[7]; Susan B. Kesmodel, MD[19]; Tari A. King, MD[2]; Henry M. Kuerer, MD, PhD[5]; Julie Loesch, MD[16,17]; Francesco Milardi, MD[3]; Dawid Murawa, MD, PhD[18]; Tracy-Ann Moo, MD[1]; Tehillah S. Menes, MD, MSc[8,9]; Daniele Passeri, MD[3]; Jessica M. Pastoriza, MD[20]; Andraz Perhavec, MD, PhD[21]; Nina Pislar, MD[21]; Natália Polidorio, MD, PhD[1]; Avina Rami, BA[2]; Jai Min Ryu, MD, PhD[22]; Alexandra Schulz, MSc[16,23]; Varadan Sevilimedu, MBBS, DrPH[24]; M. Umit Ugurlu, MD[25]; Cihan Uras, MD[12]; Annemiek van Hemert, MSc[26]; Stephanie M. Wong, MD, MPH[27]; Tae-Kyung Robyn Yoo, MD[28]; Jennifer Q. Zhang, MD[29]; Hasan Karanlik, MD[6]; Neslihan Cabioğlu, MD[30]; Marie-Jeanne Vrancken Peeters, MD, PhD[31]; Monica Morrow, MD[1]; and Walter P. Weber, MD[16,17]; on behalf of the ICARO Study Group

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Published November 7, 2024

J Clin Oncol 00:1-11

583 PAZIENTI CON CANCRO DELLA MAMMELLA STADIO I-III CON ITCs A LIVELLO DEI LINFONODI SENTINELLA DOPO PST IN 62 CENTRI IN 18 PAESI DEL MONDO
31% HANNO RICEVUTO LINFOADENECTOMIA DI COMPLETAMENTO, 69% NESSUN ULTERIORE TRATTAMENTO CHIRURGICO

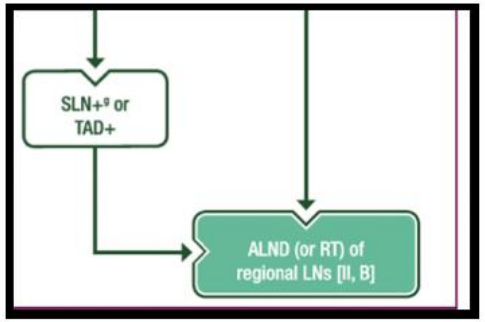
CONCLUSION The nodal burden in patients with ypN0(i+) was low, and axillary recurrence after ALND omission was rare in patients selected for this approach. These results do not support routine ALND in all patients with ypN0(i+).

PS6-06:Upstage of N-Stage by Diagnostic Axillary Lymph Node Dissection in Patients w/ Isolated Tumor Cells or Micrometastases in Sentinel/Target Lymph Node after Neoadjuvant Chemotherapy - Results from the Prospective Multicenter AXSANA / EUBREAST 3 Study

Presenting Author(s): Thorsten Kuehn

Conclusion: An upgrade of nodal stage in ypN0(i+)(sln/tln) patients is a rare event. cALND for diagnostic purposes is not justified in this group and should be discouraged, especially in patients with a breast-pCR.
Also for patients with a ypN1(mi)(sln/tln)-stage, an upgrade to a higher N-stage is also rare if breast-pCR is achieved. In patients with non-pCR in the breast, cALND is associated with a higher risk for an upgrade of the nodal stage, so that diagnostic cALND may be indicated in selected patients with potential therapeutic implications. Provided that further research confirms no therapeutic benefit from cALND, additional axillary surgery for diagnostic purposes can be omitted in most patients with initially positive lymph nodes and a low tumor burden in the SLN or TLN after NACT.

ULTERIORE DE-ESCALATION DELLA CHIRURGIA ASCELLARE DOPO CHEMIOTERAPIA NEOADIUVANTE



Contemporary Clinical Trials Communications 17 (2020) 100496

Contents lists available at ScienceDirect

Contemporary Clinical Trials Communications

journal homepage: http://www.elsevier.com/locate/conctc

Short communication

NEONOD 2: Rationale and design of a multicenter non-inferiority trial to assess the effect of axillary surgery omission on the outcome of breast cancer patients presenting only micrometastasis in the sentinel lymph node after neoadjuvant chemotherapy

Corrado Tinterri [a], Giuseppe Canavese [a], Paolo Bruzzi [b], Beatrice Dozin [b,*]

SSO SOCIETY OF SURGICAL ONCOLOGY
LEADING. TOGETHER.

Micrometastases After Neoadjuvant Chemotherapy: The OPBC-07/microNAC study

QUALI RIMANGONO LE INDICAZIONI ALLA DISSEZIONE LINFONODALE ASCELLARE?

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Nicola Rocco [a,*], Matteo Ghilli [b], Annalisa Curcio [c], Marina Bortul [d], Stefano Burlizzi [e], Carlo Cabula [f], Roberta Cabula [g], Alberta Ferrari [h], Secondo Folli [i], Lucio Fortunato [j], Patrizia Frittelli [k], Oreste Gentilini [l], Sara Grendele [m], Massimo Maria Grassi [n], Simona Grossi [o], Francesca Magnoni [p], Roberto Murgo [q], Dante Palli [r], Francesca Rovera [s,t], Alessandro Sanguinetti [u], Mario Taffurelli [v], Giovanni Tazzioli [w], Daniela Andreina Terribile [x], Francesco Caruso [y,z,1], Viviana Galimberti [ja,1]

A.N.I.S.C.
Associazione Nazionale Italiana Senologi Chirurghi

TADPOLE is an NIHR HTA funded phase III randomised controlled trial that aims to determine whether, in patients with low volume nodal disease (1-2 involved nodes on USS) having primary surgery, compared with axillary node clearance (ANC), targeted axillary dissection (TAD) significantly reduces the rate of lymphoedema at 12 months without leading to unacceptable rates of locoregional recurrence at 5 years and is cost-effective. It aims to test the hypothesis that surgery alone will be sufficient locoregional treatment for patients with low volume nodal disease as axillary radiotherapy will be prohibited in the trial. TADPOLE will open in Spring 2025 at 40 UK sites with plans to open in Australia/New Zealand and Europe later in year.

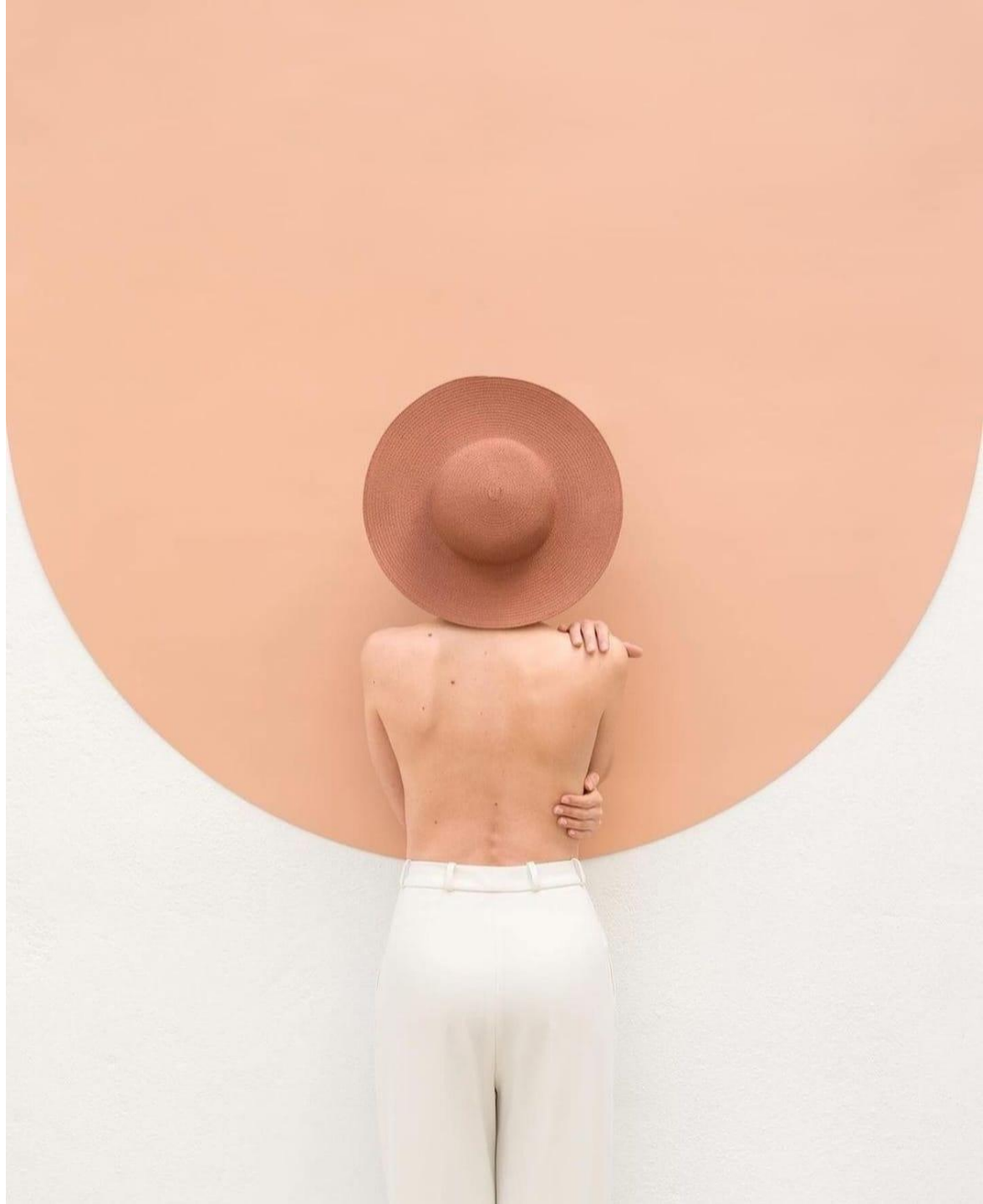
TAKE HOME MESSAGES

RIDURRE LA CHIRURGIA ASCELLARE IN TUTTE LE CONDIZIONI CLINICHE IN CUI LA DE-ESCALATION NON INFLUENZI LA SCELTA DELLE TERAPIE ADIUVANTI

UTILIZZO DI TECNICHE CHIRURGICHE (E MEDICHE) DI PREVENZIONE DELLE COMPLICANZE LEGATE CON LA LINFOADENECTOMIA

COLLABORAZIONE MULTIDISCIPLINARE NEL DISEGNO DEGLI STUDI CLINICI

INFORMAZIONI DIFFERENTI DAL CARICO DI MALATTIA A LIVELLO ASCELLARE A GUIDARE LE SCELTE RELATIVE ALLE TERAPIE ADIUVANTI



What the Hat series

Strongher

Anna Devís and Daniel Rueda
Calle de Sagunto 97, bajo
Valencia, Spain (46009)
+34 607 628 400
info@annandaniel.com