8th Aarhus Workshop in:
Breast Surgery

DCIS
SURGICAL TREATMENT
(INCLUDING INDICATIONS FOR ONCOPLASTIC SURGERY AND SKIN-SPARING AND NIPPLE SPARING MASTECTOMY)
IMAGE GUIDED SURGERY
TREATMENT OF RECURRENT DCIS

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DCIS SURGICAL TREATMENT: OVERVIEW

NOWADAYS
DCIS SURGICAL TREATMENT
RANGES FROM LOCAL EXCISION
(BCS WITH POSSIBLE ONCOPLASTIC APPROACH)
TO MASTECTOMY (STANDARD, SKIN-SPARING OR NAC-SPARING)
IDEALLY WITH IMMEDIATE RECONSTRUCTION

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AND THERAPEUTIC ADVANCEMENTS

BEFORE THE 1990s MODIFIED RADICAL MASTECTOMY WAS CONSIDERED THE GOLD STANDARD FOR THE TREATMENT OF DCIS

FOLLOWING MASTECTOMY THE THEORETICAL RISK OF LOCAL RECURRENCE OF A PURELY IN SITU LESION SHOULD BE ESSENTIALLY ZERO

HOWEVER A LOW RATE OF LOCAL RECURRENCE HAS BEEN DOCUMENTED
10-YEAR LOCAL RECURRENCE RATE OF 2.6% (95% CI 0.8-4.5%)

CrossMark

Long-term outcomes of ductal carcinoma in situ of the breast: a systematic review, meta-analysis and meta-regression analysis

Kirsty E. Stuart[1,2,3*], Nehmat Houssami[4], Richard Taylor[1,5], Andrew Hayen[5] and John Boyages[1,6]

Stuart *et al. BMC Cancer* (2015) 15:890

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MASTECTOMY WAS THOUGHT TO BE OVER TREATMENT FOR THE MAJORITY OF PATIENTS WITH DCIS AS IT CONFERRED NO BREAST CANCER-SPECIFIC NOR OVERALL SURVIVAL ADVANTAGE COMPARED WITH BREAST CONSERVING SURGERY

Ten-year Results Comparing Mastectomy to Excision and Radiation Therapy for Ductal Carcinoma *In Situ* of the Breast

M.J. Silverstein, A. Barth, D.N. Poller, E.D. Gierson, W.J. Colburn, J.R. Waisman and P. Gamagami

European Journal of Cancer Vol. 31A, No. 9, pp. 1425–1427, 1995

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AFTER RCTs PROVED THAT BCS WAS EQUIVALENT TO MASTECTOMY IN WOMEN WITH INVASIVE BREAST CANCER, BCS BECAME AN ACCEPTABLE OPTION FOR EARLY STAGE DISEASE

ALTHOUGH THERE WERE NO RCT COMPARING RECURRENCE AND OVERALL SURVIVAL BETWEEN MASTECTOMY AND BCS IN DCIS, IN THE LATE 1980s CLINICIANS EXTRAPOLATED FROM THE FINDINGS FOR INVASIVE CANCER AND BEGAN ADOPTING BCS FOR DCIS

Duct Carcinoma *in situ*: 227 Cases Without Microinvasion

Melvin J. Silverstein, Bernard F. Cohlan, Eugene D. Gierson, Martin Furmanski, Parvis Gamagami, William J. Colburn, Bernard S. Lewinsky and James R. Waisman

Eur J Cancer, Vol. 28, No. 2/3, pp. 630–634, 1992.

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DATA FROM RCTs COMPARING ADJUVANT RT OR NOT FOLLOWING BCS FOR THE TREATMENT OF DCIS
(NSABP B-17, EORTC 10853, SweDCIS AND UK/ANZ DCIS) SHOWED THAT RADIOTHERAPY REDUCED THE ABSOLUTE 10-YEAR RISK OF ANY IPSILATERAL EVENT (EITHER RECURRENT DCIS OR IBC) BY 15.2% (12.9% VS. 28.1%, p < 0.00001)

THIS WAS EFFECTIVE REGARDLESS THE AGE AT DIAGNOSIS, EXTENT OF BCS, USE OF TAMOXIFEN, METHOD OF DCIS DETECTION, MARGIN STATUS, FOCALITY, GRADE OR TUMOR SIZE

HOWEVER AFTER 10 YEARS OF FOLLOW-UP THERE WAS NO SIGNIFICANT EFFECT ON BREAST CANCER MORTALITY, MORTALITY FROM CAUSES OTHER THAN BREAST CANCER OR ALL-CAUSE MORTALITY

Overview of the Randomized Trials of Radiotherapy in Ductal Carcinoma In Situ of the Breast

Early Breast Cancer Trialists' Collaborative Group (EBCTCG)

J Natl Cancer Inst Monogr 2010;41:162–177

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AT 15 YEARS
RT POST BCS REDUCED INVASIVE IBTR BY 52%
RT + TAM POST BCS REDUCED I-IBTR BY 32%

THE 15-YEAR CUMULATIVE INCIDENCE OF I-IBTR WAS 19.4% FOR BCS, 8.9% FOR BCS+RT (B-17), 10% FOR BCS + RT (B-24) AND 8.5% FOR BCS+RT+TAM

53.7% IPSILATERAL BREAST TUMOR RECURRENCES WERE INVASIVE

I-IBTR WAS ASSOCIATED WITH INCREASED MORTALITY RISK WHEREAS RECURRENCE OF DCIS WAS NOT

Long-Term Outcomes of Invasive Ipsilateral Breast Tumor Recurrences After Lumpectomy in NSABP B-17 and B-24 Randomized Clinical Trials for DCIS

Irene L. Wapnir, James J. Dignam, Bernard Fisher, Eleftherios P. Mamounas, Stewart J. Anderson, Thomas B. Julian, Stephanie R. Land, Richard G. Margolese, Sandra M. Swain, Joseph P. Costantino, Norman Wolmark

J Natl Cancer Inst 2011;103:478–488

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DCIS IS A HETEROGENOUS GROUP OF LESIONS MAKING IT OBVIOUS THAT NO SINGLE APPROACH COULD BE APPROPRIATE FOR ALL FORMS OF DISEASE OR FOR ALL PATIENTS

RISK STRATIFICATION (CLINICAL AND PATHOLOGICAL CHARACTERISTICS (USC/VNPI, MSKCC NOMOGRAM) AND MOLECULAR PROFILING (DCIS SCORE)) REMAINS ESSENTIAL FOR MAKING ACCURATE DECISION-MAKING BOTH FOR THE TREATMENT OF PRIMARY (EXTENT OF SURGERY AND ADJUVANT (RT AND HT) TREATMENTS) AND FOR RECURRENT DCIS

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INDICATIONS FOR MASTECTOMY

LARGE AREA OF DCIS (>4 CM)

DIFFUSE DISEASE (I.E. PRESENCE OF DIFFUSE MICROCALCIFICATIONS)

MULTICENTRIC DCIS

Are We Overtreating Ductal Carcinoma in Situ (DCIS)?

Sadia Khan, DO[1,2], Melinda Epstein, PhD[3], Michael D. Lagios, MD[4], and Melvin J. Silverstein, MD[1,2]

[1]Hoag Breast Care Program, Hoag Memorial Hospital Presbyterian, Newport Beach; [2]Department of Surgical Oncology, Keck School of Medicine, University of Southern California, Los Angeles; [3]Department of Clinical Research, Hoag Breast Care Program, Hoag Memorial Hospital Presbyterian, Newport Beach; [4]The Breast Cancer Consultation Service, Tiburon, CA

Ann Surg Oncol 2017; 24 (1): 59-63

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INDICATIONS FOR MASTECTOMY

CONTRAINDICATION FOR POST-OPERATIVE RADIATION THERAPY
(IF NEEDED ACCORDING TO PRE-OPERATIVE RISK STRATIFICATION)
(HISTORY OF COLLAGEN VASCULAR DISEASE (SCLERODERMA, LUPUS ERYTHEMATOSUS),
PREVIOUS IRRADIATION TO THE BREAST OR CHEST)

EXPECTED POOR COSMETIC RESULT FOLLOWING BCS

PERSISTENT POSITIVE MARGINS AFTER REPEATED
(MORE THAN 2) LOCAL EXCISIONS (RELATIVE CONTRAINDICATION)
USUALLY ADDITIONAL LOCAL RESECTIONS COULD RESULT IN SIGNIFICANT BREAST DEFORMITY

PATIENT PREFERENCE

BRCA MUTATIONS

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DCIS SURGICAL TREATMENT: THE ROLE OF CONSERVATIVE MASTECTOMIES

STANDARD OR “CONSERVATIVE” MASTECTOMY?

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AVAILABLE EVIDENCE ON CONSERVATIVE MASTECTOMIES' ONCOLOGICAL SAFETY FOR DCIS TREATMENT ONLY DERIVE FROM OBSERVATIONAL STUDIES OR CASE SERIES (AS FOR INVASIVE DUCTAL CARCINOMA)

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EVEN THOUGH THE LEVEL OF THE EVIDENCE SUPPORTING CMs ONCOLOGICAL AND SURGICAL SAFETY IS LOW, THERE IS A WIDE DIFFUSION AND USE OF CMs AMONG SURGEONS ALL AROUND THE WORLD FOR THE TREATMENT OF DCIS

Oncological Outcomes of Nipple-Sparing Mastectomy: A Single-Center Experience of 1989 Patients

Viviana Galimberti, MD[1], Consuelo Morigi, MD[1], Vincenzo Bagnardi, PhD[2], Giovanni Corso, MD[1], Elisa Vicini, MD[1], Sabrina Kahler Ribeiro Fontana, MD[1,6], Paola Naninato, MD[1], Silvia Ratini, MD[1], Francesca Magnoni, MD[1], Antonio Toesca, MD[1], Andriana Kouloura, MD[1], Mario Rietjens, MD[4], Francesca De Lorenzi, MD[4], Andrea Vingiani, MD[5], and Paolo Veronesi, MD[1,3]

[1]Division of Senology, IRCCS European Institute of Oncology, Milan, Italy; [2]Department of Statistics and Quantitative Methods, University of Milan-Bicocca, Milan, Italy; [3]University of Milan School of Medicine, Milan, Italy; [4]Division of Plastic and Reconstructive Surgery, IRCCS European Institute of Oncology, Milan, Italy; [5]Department of Pathology, IRCCS European Institute of Oncology, Milan, Italy; [6]Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Brazil

Nipple-Sparing Mastectomy for Breast Cancer and Risk-Reducing Surgery: The Memorial Sloan-Kettering Cancer Center Experience

Paulo de Alcantara Filho, MD[1], Deborah Capko, MD[1], John Mitchel Barry, MD[1], Monica Morrow, MD[1], Andrea Pusic, MD[2], and Virgilio S. Sacchini, MD[1]

[1]Breast Service, Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY; [2]Plastic and Reconstruction Service, Memorial Sloan-Kettering Cancer Center, New York, NY

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DCIS SURGICAL TREATMENT: THE ROLE OF CONSERVATIVE MASTECTOMIES

IS IT SAFE TO USE CONSERVATIVE MASTECTOMIES FOR DCIS TREATMENT?

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DCIS SURGICAL TREATMENT: THE ROLE OF CONSERVATIVE MASTECTOMIES

A single-center study on total mastectomy versus skin-sparing mastectomy in case of pure ductal carcinoma in situ of the breast

Margaux Lhenaff [a], Christine Tunon de Lara [b, *], Marion Fournier [b], Hélène Charitansky [b], Véronique Brouste [c], Simone Mathoulin-Pelissier [a, c], Vincent Pinsolles [a], Aurelien Rousvoal [b], Emmanuel Bussieres [a, b], Florence Chassaigne [d], Sabrina Croce [d], Houda Ben Rejeb [d], Gaétan MacGrogan [d]

[a] *Université de Bordeaux, 351 Cours de la Liberation, 33400, Talence, France*
[b] *Institut Bergonié, 229 cours de l'Argonne, 33076, Bordeaux, Department of Surgery, France*

European Journal of Surgical Oncology **2019 JAN**

RETROSPECTIVE STUDY ON 399 WOMEN WHO UNDERWENT MASTECTOMY (SM OR SSM) WITH OR WITHOUT IMMEDIATE BREAST RECONSTRUCTION FOR PURE DCIS OF THE BREAST

207 IN THE SM AND 192 IN THE SSM
10 YEAR FOLLOW-UP LR RATE WAS 0.97% IN THE SM AND 1.04% IN THE SSM GROUP (NS)
OS 92.8% FOR THE SM GROUP AND 96.8% FOR THE SSM GROUP (NS)

Local Recurrence of Ductal Carcinoma in Situ after Skin-Sparing Mastectomy

Grant W Carlson, MD, FACS, Andrew Page, MD, Earl Johnson, BS, Kimberly Nicholson, BS, Toncred M Styblo, MD, FACS, William C Wood, MD, FACS

From the Department of Surgery, Emory University School of Medicine, Atlanta GA.

Vol. 204, No. 5, May 2007 *J Am Coll Surg*

RETROSPECTIVE REVIEW OF 223 PATIENTS WITH DCIS TREATED BY SSM AND IMMEDIATE RECONSTRUCTION

MEAN FOLLOW-UP 82.3 MONTHS
LOCAL RECURRENCES IN 7 PATIENTS (3.3%)

THE INCIDENCE OF LOCAL RECURRENCE OF DCIS AFTER SSM IS SIMILAR TO STANDARD MASTECTOMY

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RETROSPECTIVE REVIEW OF ALL PATIENTS WHO UNDERWENT MASTECTOMY FOR PURE DCIS AT UNIVERSITY HOSPITAL OF SOUTH MANCHESTER BETWEEN 2000 AND 2010

199 PATIENTS

8 LOCAL RECURRENCES, ALL OF WHICH WERE IDC

ALL RECURRENCES OCCURRED AFTER SSM, WHICH WAS ASSOCIATED WITH A HIGHER 5-YEAR LRR OF 5.9% COMPARED TO 0% IN THE STANDARD MASTECTOMY GROUP (p= 0.012)

TWO FACTORS PREDICTED THE RISK OF RECURRENCE:
YOUNG AGE AT MASTECTOMY AND CLOSE OR INVOLVED MARGINS

Comparison of Local Recurrence After Simple and Skin-Sparing Mastectomy Performed in Patients with Ductal Carcinoma In Situ

Simon Timbrell, Sarah Al-Himdani, Oliver Shaw, Kian Tan, Julie Morris, and Nigel Bundred

Academic Surgery, University Hospital of South Manchester, Manchester, UK

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

2017

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CASE SERIES
69 DCIS PATIENTS TREATED WITH NSM
UNFAVOURABLE CORRELATION BETWEEN TUMOR SIZE AND BREAST SIZE
MULTIFOCAL/MULTICENTRIC TUMORS
BREAST CANCER RECURRENCE AFTER BCS

IMMEDIATE ONE-STAGE OR TWO-STAGE RECONSTRUCTION
NO FROZEN SUBAREAOLAR BIOPSIES

10 YEAR FOLLOW-UP
11.6% LOCAL RELAPSES
ONE PATIENT WITHIN THE NAC
DFS 88.4%
OS 98.6%

IN PATIENTS WITH DCIS THAT ARE NOT CANDIDATES TO BREAST-CONSERVING THERAPY, NSM IS A REALISTIC OPTION OF TREATMENT

ORIGINAL ARTICLE

WILEY The Breast Journal

Nipple-sparing mastectomy as treatment for patients with ductal carcinoma in situ: A 10-year follow-up study

Víctor Lago MD[1] | Vincenzo Maisto MD[2] | Julia Gimenez-Climent MD[3] | Jose Vila MD[4] | Carlos Vazquez MD[5] | Rafael Estevan MD[3]

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VALENCIA INSTITUTE OF ONCOLOGY, SPAIN 2017

DCIS SURGICAL TREATMENT: THE ROLE OF CONSERVATIVE MASTECTOMIES

Nipple-Sparing Mastectomy and Immediate Reconstruction in Ductal Carcinoma In Situ: A Critical Assessment With 41 Patients

Aesth Plast Surg 2014; 38 (2): 338-43

Franck Marie Leclère · Juliette Panet-Spallina · Frédéric Kolb · Jean-Rémi Garbay · Chafika Mazouni · Alexandre Leduey · Nicolas Leymarie · Françoise Rimareix

Department of Plastic and Reconstructive Surgery, Gustave Roussy Cancer Campus Grand Paris, 114 rue Edouard Vaillant,

41 NSMs IN DCIS PATIENTS (7 TO TREAT TUMOR RECURRENCES)

TUMOR MORE THAN 2 CM FROM THE NAC AT PRE-OPERATIVE IMAGING

AT A FOLLOW-UP OF 7.1 YEARS (2-13 YEARS) 1 LOCAL RECURRENCE (5.3%)

DESPITE THE LOW LOCOREGIONAL RECURRENCE RATED FOR DCIS, NSM REMAINS CONTROVERSIAL

Oncological Outcomes of Nipple-Sparing Mastectomy: A Single-Center Experience of 1989 Patients

Ann Surg Oncol 2018; 25 (13): 3849-57

Viviana Galimberti, MD[1], Consuelo Morigi, MD[1], Vincenzo Bagnardi, PhD[2], Giovanni Corso, MD[1], Elisa Vicini, MD[1], Sabrina Kahler Ribeiro Fontana, MD[1,6], Paola Naninato, MD[1], Silvia Ratini, MD[1], Francesca Magnoni, MD[1], Antonio Toesca, MD[1], Andriana Kouloura, MD[1], Mario Rietjens, MD[4], Francesca De Lorenzi, MD[4], Andrea Vingiani, MD[5], and Paolo Veronesi, MD[1,3]

[1]Division of Senology, IRCCS European Institute of Oncology, Milan, Italy; [2]Department of Statistics and Quantitative Methods, University of Milan-Bicocca, Milan, Italy; [3]University of Milan School of Medicine, Milan, Italy; [4]Division of Plastic and Reconstructive Surgery, IRCCS European Institute of Oncology, Milan, Italy; [5]Department of Pathology, IRCCS European Institute of Oncology, Milan, Italy; [6]Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Brazil

1989 WOMEN WHO HAD A NSM IN 2003-2011 FOR INVASIVE (1711 PATIENTS) OR DCIS (278 PATIENTS)

1342 PATIENTS WITH IBC AND 197 WITH DCIS RECEIVED IORT TO THE NAC (16 Gy) INTRAOPERATIVE RETROAREOLAR FROZEN SECTION IN ALL CASES

AT A MEDIAN FOLLOW-UP OF 94 MONTHS
91/1711 (5.3%) PATIENTS WITH INVASIVE CANCER HAD A LOCAL RECURRENCE AND 11/278 (4.0%) DCIS PATIENTS HAD A LOCAL RECURRENCE
(1.8% INVASIVE DISEASE, 2.2% IN SITU DISEASE)

36 (1.8%) HAD NAC RECURRENCES (9 WITH DCIS (4 INVASIVE AND 5 IN SITU RECURRENCES)) AND 27 WITH INVASIVE DISEASE

OS AT 5 YEARS WAS 96.1% IN WOMEN WITH INVASIVE CANCER AND 99.2% IN WOMEN WITH DCIS

NSM IS ONCOLOGICALLY SAFE FOR SELECTED PATIENTS

DCIS SURGICAL TREATMENT: THE ROLE OF CONSERVATIVE MASTECTOMIES

Oncoplastic Breast Consortium consensus conference on nipple-sparing mastectomy

Walter P. Weber[1,2] · Martin Haug[1,2] · Christian Kurzeder[1,2] · Vesna Bjelic-Radisic[3,44] · Rupert Koller[4] · Roland Reitsamer[5] · Florian Fitzal[6] · Jorge Biazus[7] · Fabricio Brenelli[8] · Cicero Urban[9] · Régis Resende Paulinelli[10] · Jens-Uwe Blohmer[11] · Jörg Heil[12] · Jürgen Hoffmann[13] · Zoltan Matrai[14] · Giuseppe Catanuto[15] · Viviana Galimberti[16] · Oreste Gentilini[17] · Mitchel Barry[18] · Tal Hadar[19] · Tanir M. Allweis[20] · Oded Olsha[19] · Maria João Cardoso[21] · Pedro F. Gouveia[21] · Isabel T. Rubio[22] · Jana de Boniface[23,24] · Tor Svensjö[25] · Susanne Bucher[26] · Peter Dubsky[6,27] · Jian Farhadi[28] · Mathias K. Fehr[29] · Ilario Fulco[1,2,33] · Ursula Ganz-Blättler[30] · Andreas Günthert[31] · Yves Harder[32] · Nik Hauser[33] · Elisabeth A. Kappos[1,2] · Michael Knauer[34] · Julia Landin[1,2] · Robert Mechera[1,2] · Francesco Meani[35] · Giacomo Montagna[1,2] · Mathilde Ritter[1,2] · Ramon Saccilotto[2,36] · Fabienne D. Schwab[1,2] · Daniel Steffens[1,2] · Christoph Tausch[28] · Jasmin Zeindler[1,2] · Savas D. Soysal[1,2] · Visnu Lohsiriwat[37] · Tibor Kovacs[38] · Anne Tansley[39] · Lynda Wyld[40] · Laszlo Romics[41] · Mahmoud El-Tamer[42] · Andrea L. Pusic[43] · Virgilio Sacchini[42] · Michael Gnant[6]

Breast Cancer Research and Treatment

2018; 172 (3): 523-537

THE PANEL RECOMMENDED NSM FOR EARLY BREAST CANCER AND DCIS TREATMENT (IF THE TUMOUR DOES NOT INVOLVE THE SKIN OR NAC)

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EVIDENCE ONLY DERIVES FROM CASE SERIES ON NSM/SSM AND FEW RETROSPECTIVE STUDIES DIRECTLY COMPARING NSM/SSM AND SM FOR DCIS TREATMENT

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COULD WE RELY ON THE EVIDENCE WE HAVE?

COULD WE SAFELY USE IN OUR DAILY PRACTICE CONSERVATIVE MASTECTOMIES FOR THE TREATMENT OF DCIS?

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I PERSONALLY THINK WE WILL CONTINUE TO EXPAND THE INDICATIONS OF CMs EVEN THOUGH OUR SURGICAL PRACTICE WILL BE NEVER CONFIRMED BY LEVEL I STUDIES AND ONLY LONG-TERM OUTCOMES OF PROSPECTIVE SINGLE ARMS COHORTS WILL OFFER US A (LOW-EVIDENCED) ANSWER

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PRIMARY ROLE OF ACCURATE SURGICAL TECHNIQUE

RISK FACTORS FOR COMPLICATIONS

(CO-MORBIDITIES, SMOKING, BMI)

DECISIONAL DRIVERS

TUMOR LOCATION
BREAST VOLUME
BREAST PTOSIS
PATIENT WISHES
RISK OF POSITIVE MARGINS

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Direct to Implant Reconstruction in Nipple Sparing Mastectomy: Patient Selection by Preoperative Digital Mammogram

Alberto O. Rancati, MD, PhD*
Claudio H. Angrigiani, MD†
Dennis C. Hammond, MD‡
Maurizio B. Nava, MD§
Eduardo G. Gonzalez, MD¶
Julio C. Dorr, MD*
Gustavo F. Gercovich, MD, PhD*
Nicola Rocco, MD‖
Roman L. Rostagno, MD**

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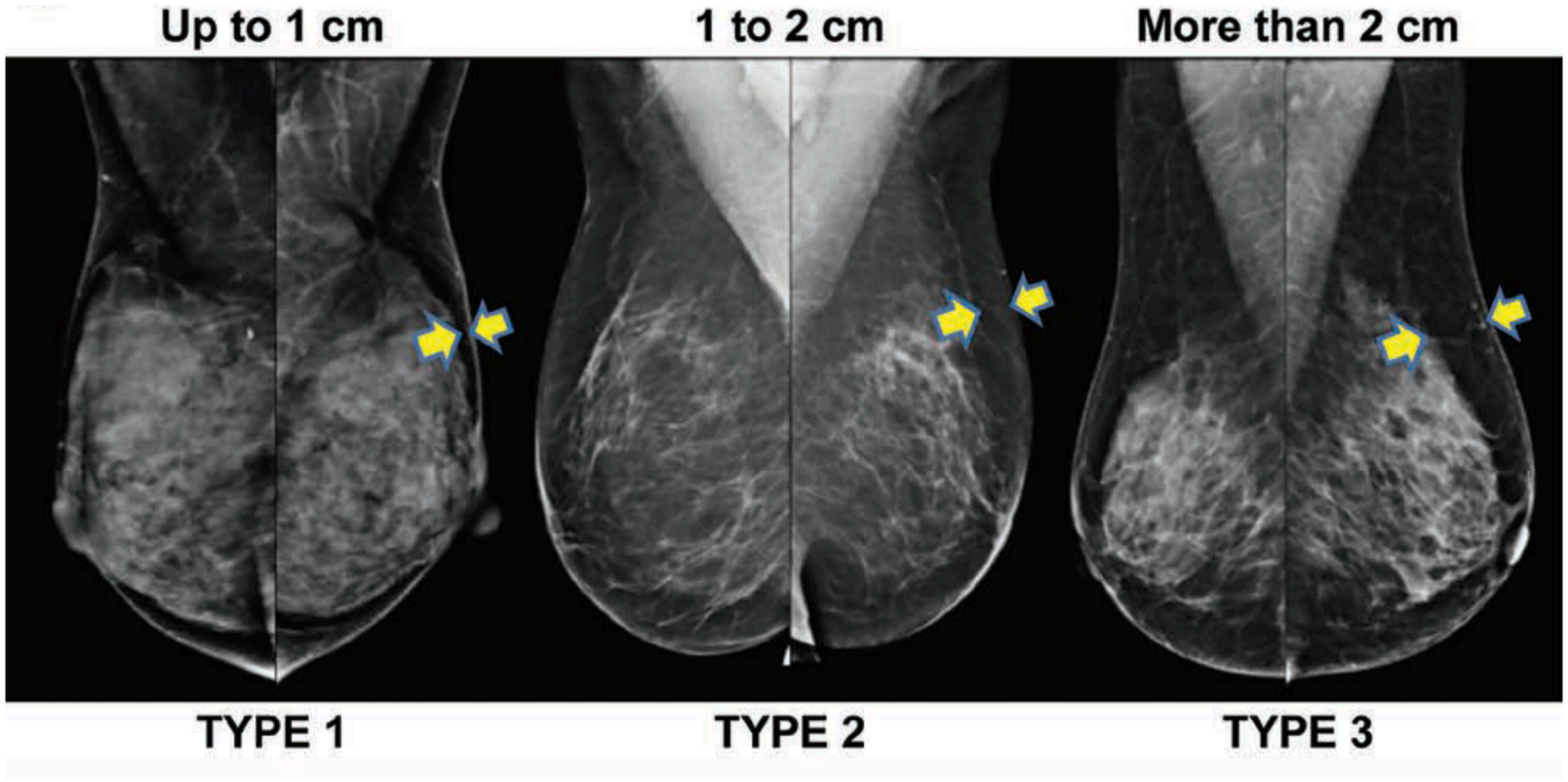

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WHEN CONSIDERING A RE-EXCISION FOR POSITIVE MARGINS IN DCIS TREATMENT FOLLOWING A CONSERVATIVE MASTECTOMY?

ACCORDING TO THE EXTENSION OF DCIS IN THE MARGIN?
PRESENCE OF GLANDULAR TISSUE IN THE MARGIN AROUND THE DCIS?

HOW TO EXACTLY LOCALIZE THE AREA TO RE-EXCISE?

HOW TO EVALUATE RESIDUAL BREAST TISSUE FOLLOWING MASTECTOMY?

IS THERE A ROLE FOR RT FOLLOWING A CONSERVATIVE MASTECTOMY WITH INVOLVED MARGINS?

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Incidence and Consequence of Close Margins in Patients with Ductal Carcinoma-In Situ Treated with Mastectomy: Is Further Therapy Warranted?

Elizabeth FitzSullivan, MD[1], Sara A. Lari, BS[1], Benjamin Smith, MD[2], Abigail S. Caudle, MD[1], Savitri Krishnamurthy, MD[3], Anthony Lucci, MD[1], Elizabeth A. Mittendorf, MD, PhD[1], Gildy V. Babiera, MD[1], Dalliah M. Black, MD[1], Jamie L. Wagner, DO[1], Isabelle Bedrosian, MD[1], Wendy Woodward, MD[2], Sarah M. Gainer, MD[1], Rosa Hwang, MD[1], Funda Meric-Bernstam, MD[1], Kelly K. Hunt, MD[1], and Henry M. Kuerer, MD, PhD[1]

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Ann Surg Oncol 2013; 20 (13): 4103-12

THE IMPACT OF CLOSE MARGINS IN PATIENTS WITH DUCTAL CARCINOMA IN SITU (DCIS) TREATED WITH MASTECTOMY (BOTH SM AND SSM) IS UNCLEAR

THIS FINDING MAY LEAD TO A RECOMMENDATION FOR PMRT

94 PATIENTS (11.7%) HAD CLOSE MARGINS (LESS THAN 3 MM)

CLOSE MARGINS OCCUR IN A MINORITY OF PATIENTS UNDERGOING MASTECTOMY FOR DCIS ANS IT IS THE ONLY INDEPENDENT RISK FACTOR FOR LRR

PMRT IS NOT WARRANTED EXCEPT FOR PATIENTS WITH MULTIPLE CLOSE/POSITIVE MARGINS THAT CANNOT BE SURGICALLY EXCISED

NO HIGH LEVEL EVIDENCE EXISTS ABOUT THE EQUIVALENCE
IN TERMS OF
SAFETY, LOCAL AND SYSTEMIC CONTROL,
IMPACT ON TIMING TO ADJUVANT TREATMENTS AND COST-EFFECTIVENESS
AMONG STANDARD BREAST CONSERVING SURGERY AND OPBCS FOR DCIS TREATMENT (AS FOR IDC)
BUT THERE IS A WIDE DIFFUSION OF
ONCOPLASTIC BREAST CONSERVING APPROACH WORLDWIDE

Outcomes After Oncoplastic Breast-Conserving Surgery in Breast Cancer Patients: A Systematic Literature Review

Lucy De La Cruz, MD[1,4], Stephanie A. Blankenship, MD, MPH, MS[2], Abhishek Chatterjee, MD[3], Rula Geha, MD[1], Nadia Nocera, MD[1], Brian J. Czerniecki, MD, PhD[1], Julia Tchou, MD, PhD[1], and Carla S. Fisher, MD[1]

Ann Surg Oncol (2016) 23:3247–3258

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ONCOPLASTIC BREAST CONSERVING SURGERY COULD ALLOW WIDER RESECTIONS, MAKING IT POSSIBLE TO CONSERVATIVELY TREAT PATIENTS TRADITIONALLY CANDIDATE TO MASTECTOMY

DECISIONAL DRIVERS

TUMOR LOCATION
BREAST VOLUME
BREAST PTOSIS
PATIENT WISHES
RISK OF POSITIVE MARGINS

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DCIS SURGICAL TREATMENT: THE ROLE OF ONCOPLASTIC BREAST CONSERVING SURGERY

68 DCIS PATIENTS TREATED WITH
ONCOPLASTIC LEVEL 2 MAMMOPLASTIES + RT

FOLLOW-UP 76 MONTHS (0-166)

MEAN PATHOLOGICAL TUMOR SIZE OF 34 MM
(RANGE 2-106 MM)

INVOLVED MARGINS IN 10 CASES (14.7%):
1 (1.9%) WITH TUMOR SIZE < 50 MM
AND 9 (64%) WITH TUMOR SIZE > 50 MM
p< 0.001

7 MASTECTOMIES TO TREAT POSITIVE MARGINS

3 LOCAL RECURRENCES
5-YEAR CUMULATIVE INCIDENCE FOR LR WAS 5.5%

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Van la Parra RFD, Clough KB, Lejalle-Alaeddine C, Poulet B, Sarfati I, Nos C
Oncoplastic Level 2 Mammoplasty for large DCIS: 5-year results
Annals of Surgical Oncology May 2019

DCIS SURGICAL TREATMENT: THE ROLE OF ONCOPLASTIC BREAST CONSERVING SURGERY

OPS IS A SAFE SOLUTION
FOR LARGE DCIS UP TO 50 MM
AND CAN THUS REDUCE
MASTECTOMY
RATE IN THIS GROUP

Van la Parra RFD, Clough KB, Lejalle-Alaeddine C, Poulet B, Sarfati I, Nos C
Oncoplastic Level 2 Mammoplasty for large DCIS: 5-year results
Annals of Surgical Oncology 13 May 2019

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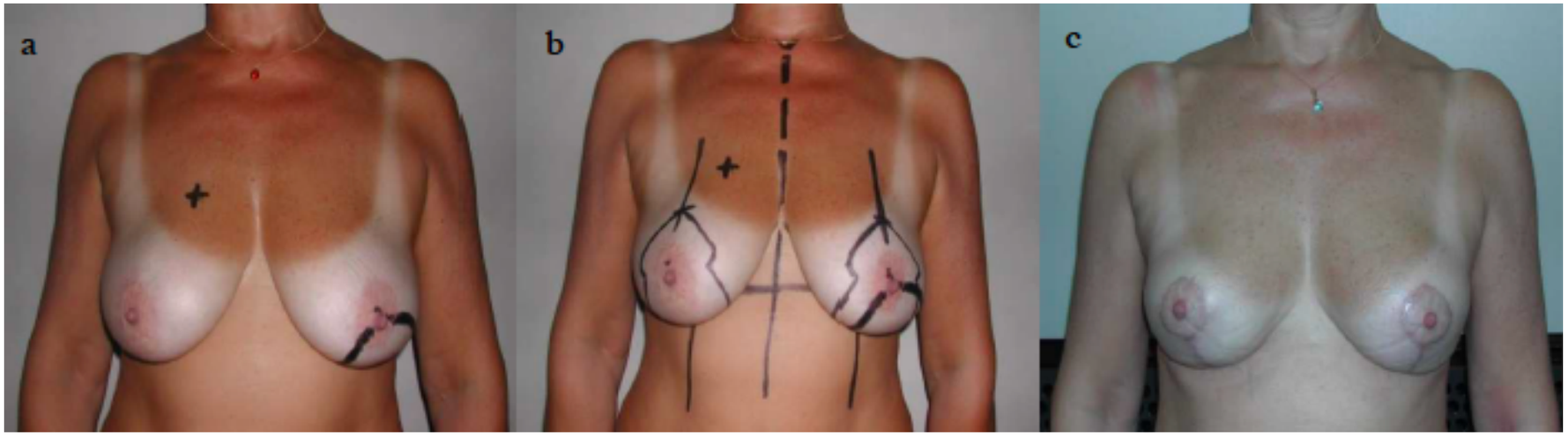
44 PATIENTS UNDERGOING OPBCS AND RT FOR DCIS COMPARED WITH 375 PATIENTS WHO RECEIVED STANDARD BCS + RT FOR DCIS IN THE SAME PERIOD

THE AVERAGE ANNUAL RATE OF INVASIVE IBTR WAS 1.6% AND 1.0% RESPECTIVELY

SAFETY OF OPCS + RT FOR THE MANAGEMENT OF DCIS



52 YEAR-OLD PATIENT WITH EXTENSIVE DCIS (5 CM) AT THE INFERIOR QUADRANTS OF THE LEFT BREAST

De Lorenzi F, Di Bella J, Maisonneuve P, Rotmensz N, Corso G, Orecchia R, Colleoni M, Mazzarol G, Rietjens M, Loschi P, Marcelli S, Veronesi P, Galimberti V

Oncoplastic breast surgery for the management of ductal carcinoma in situ (DCIS): is it oncologically safe? A retrospective cohort analysis.

Eur J Surg Oncol 2018; 44(7):957-962.

Surgical treatment of multiple ipsilateral breast cancers

Z. E. Winters[1] and J. R. Benson[2,3], on behalf of the MIAMI (Multiple Ipsilateral breast conserving surgery *versus* mastectomy) Trial Management Group

[1]Surgical and Interventional Trials Unit, Division of Surgery and Interventional Science, Faculty of Medical Sciences, University College London, 1 Euston Square, 40 Melton Street, London NW1 2FD, [2]Cambridge Breast Unit, Addenbrooke's Hospital, Cambridge, and [3]School of Medicine, Anglia Ruskin University, Cambridge and Chelmsford, UK (e-mail: drzoewinters@gmail.com; @UCLDivSurg,@CHU_NHS)

LESION LOCALIZATION

IDENTIFICATION OF TUMOR BED

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DCIS AND SURGICAL MARGINS

THE ASSOCIATION BETWEEN HIGHER RATES OF LOCAL RECURRENCE AND MARGIN POSITIVITY AFTER BCS FOR DCIS HAS BEEN CONFIRMED BY MULTIPLE LARGE STUDIES

HOWEVER THE QUESTION OF WHAT CONSTITUTES AN ADEQUATE SURGICAL MARGIN OF CLEARANCE FOR DCIS REMAINS CONTROVERSIAL

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IN 2014, THE SOCIETY OF SURGICAL ONCOLOGY AND AMERICAN SOCIETY FOR RADIATION ONCOLOGY (SSO-ASTRO) PUBLISHED THEIR CONSENSUS GUIDELINE FOR DEFINING AN ADEQUATE MARGIN OF CLEARANCE IN INVASIVE BREAST CANCER OR INVASIVE CANCER ADMIXED WITH DCIS TO BE “NO INK ON TUMOR”

IN THE UK, THE ASSOCIATION OF BREAST SURGERY (ABS) CONSENSUS STATEMENT ON MARGINS IN BCT FOR INVASIVE BREAST CANCER WAS MORE CONSERVATIVE WITH A MINIMUM OF 1-MM CLEARANCE

HOWEVER MARGIN POLICIES FOR IBC ARE NOT DIRECTLY APPLICABLE TO DCIS GIVEN THE BIOLOGICAL DIFFERENCES AND USE OF ADJUVANT LOCAL AND SYSTEMIC THERAPIES IN IBC

Society of Surgical Oncology–American Society for Radiation Oncology Consensus Guideline on Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Stages I and II Invasive Breast Cancer

Meena S. Moran, Stuart J. Schnitt, Armando E. Giuliano, Jay R. Harris, Seema A. Khan, Janet Horton, Suzanne Klimberg, Mariana Chavez-MacGregor, Gary Freedman, Nehmat Houssami, Peggy L. Johnson, and Monica Morrow

VOLUME 32 · NUMBER 14 · MAY 10 2014

JOURNAL OF CLINICAL ONCOLOGY

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DCIS AND SURGICAL MARGINS

STUDIES OF THE GROWTH PATTERN OF DCIS HAVE FOUND THAT MULTIFOCAL LESIONS WITH INTERVENING NORMAL DUCTAL SEGMENTS ARE RELATIVELY COMMON AND UP TO 40% OF DCIS LESIONS ARE ESTIMATED TO GROW DISCONTINUOUSLY WHERE SKIP LESIONS CAN BE SEPARATED BY A DISTANCE EXCEEDING A DESIGNATED NEGATIVE MARGIN

AS A RESULT, WIDER THRESHOLDS OF MARGIN CLEARANCE HAVE BEEN ADOPTED FOR DCIS COMPARED TO IBC

Faverly DR, Burgers L, Bult P, Holland R.

Three dimensional imaging of mammary ductal carcinoma in situ: clinical implications.

Semin Diagn Pathol 1994; 11(3):193-8.

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A RECENT META-ANALYSIS BASED ON 20 STUDIES OF 7883 PATIENTS REPORTED THAT MINIMUM MARGINS DISTANCES ABOVE 2 MM IN DCIS WERE NOT SIGNIFICANTLY ASSOCIATED WITH FURTHER REDUCED ODDS OF LOCAL RECURRENCE IN WOMEN RECEIVING ADJUVANT RADIOTHERAPY

The Association of Surgical Margins and Local Recurrence in Women with Ductal Carcinoma In Situ Treated with Breast-Conserving Therapy: A Meta-Analysis

M. Luke Marinovich, MPH, PhD[1], Lamiae Azizi, PhD[1], Petra Macaskill, PhD[1], Les Irwig, MBBCh, PhD[1], Monica Morrow, MD[2], Lawrence J. Solin, MD, FACR, FASTRO[3], and Nehmat Houssami, MBBS, FAFPHM, PhD[1]

Ann Surg Oncol (2016) 23:3811–3821

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Society of Surgical Oncology–American Society for Radiation Oncology–American Society of Clinical Oncology Consensus Guideline on Margins for Breast-Conserving Surgery with Whole-Breast Irradiation in Ductal Carcinoma In Situ

Monica Morrow, MD[1], Kimberly J. Van Zee, MD[1], Lawrence J. Solin, MD[2], Nehmat Houssami, MBBS, PhD[3], Mariana Chavez-MacGregor, MD[4], Jay R. Harris, MD[5], Janet Horton, MD[6], Shelley Hwang, MD[7], Peggy L. Johnson, MD[8], M. Luke Marinovich, PhD[3], Stuart J. Schnitt, MD[9], Irene Wapnir, MD[10], and Meena S. Moran, MD[11]

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

IN 2016 THE SOCIETY OF SURGICAL ONCOLOGY (SSO), AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO) AND AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) PUBLISHED CONSENSUS GUIDELINES ON MARGINS FOR BCS IN DCIS TO BE 2 MM

IN THE UK, THE NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE) ADVOCATES THE SAME PRACTICE AS DO THE EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY (ESMO)

Primary breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

E. Senkus[1], S. Kyriakides[2], S. Ohno[3], F. Penault-Llorca[4,5], P. Poortmans[6], E. Rutgers[7], S. Zackrisson[8] & F. Cardoso[9], on behalf of the ESMO Guidelines Committee*

Annals of Oncology 26 (Supplement 5): v8–v30, 2015
doi:10.1093/annonc/mdv298

THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

BREAST CONSERVING SURGERY COULD BE A CHALLENGING TASK WHEN TREATING A DCIS, SINCE MOST LESIONS ARE NON-PALPABLE, WHICH COULD RESULTS IN HIGH RATES OF POSITIVE RESECTION MARGINS

IN ORDER TO IMPROVE THE SURGICAL OUTCOME, SEVERAL PRE-OPERATIVE TUMOR LOCALIZATION TECHNIQUES HAVE BEEN DEVELOPED

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THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

Cochrane Library

Cochrane Database of Systematic Reviews

Localization techniques for guided surgical excision of non-palpable breast lesions (Review)

Chan BKY, Wiseberg-Firtell JA, Jois RHS, Jensen K, Audisio RA

Chan BKY, Wiseberg-Firtell JA, Jois RHS, Jensen K, Audisio RA.
Localization techniques for guided surgical excision of non-palpable breast lesions.
Cochrane Database of Systematic Reviews 2015, Issue 12. Art. No.: CD009206.
DOI: 10.1002/14651858.CD009206.pub2.

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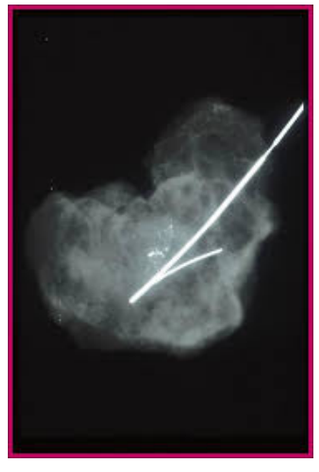
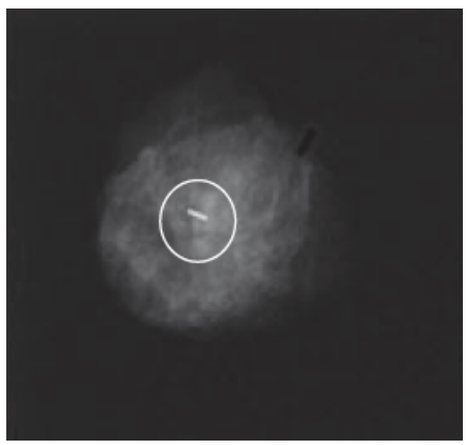
THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

WIRE-GUIDED LOCALIZATION (WGL)



RADIOGUIDED OCCULT LESION LOCALIZATION (ROLL)
LIQUID RADIOACTIVE TRACER (99mTc)



RADIOACTIVE IODINE (I125) SEED LOCALIZATION (RSL)

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11 RANDOMIZED CONTROLLED TRIALS

6 RCTs COMPARED ROLL VS. WGL
2 RCTs RSL VS. WGL
1 CAL VS. WGL
1 IOUS VS. WGL
1 RCML VS. WGL

THE PARTICIPANT POPULATION VARIED CONSIDERABLY BETWEEN INCLUDED TRIALS, CONSIDERING PARTICIPANTS WITH BOTH NON-PALPABLE BENIGN AND MALIGNANT LESIONS AND VARIED IN DEFINING CLEAR MARGINS

CRYO-ASSISTED TECHNIQUES (CAL)
INTRAOPERATIVE ULTRASOUND GUIDED RESECTION (IOUS)
MODIFIED ROLL TECHNIQUE IN COMBINATION WITH METHYLENE DYE (RCML)

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THERE IS NO CLEAR EVIDENCE TO SUPPORT ONE GUIDED TECHNIQUE FOR SURGICALLY EXCISING A NON-PALPABLE BREAST LESION OVER ANOTHER

THE COCHRANE REVIEW SUPPORTS THE CONTINUED USE OF WGL AS A SAFE AND TESTED TECHNIQUE THAT ALLOWS FOR FLEXIBILITY IN SELECTED CASES WHEN FACING WITH EXTENSIVE MICROCALCIFICATIONS

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ROLL AND RSL COULD BE OFFERED TO PATIENTS AS A COMPARABLE REPLACEMENT FOR WGL AS THEY ARE EQUALLY RELIABLE

OTHER TECHNIQUES (IOUS, RCML, CAL) ARE OF ACADEMIC INTEREST, BUT RECOMMENDATION FOR ROUTINE USE IN THE CLINICAL ENVIRONMENT AND ONCOLOGICAL OUTCOMES REQUIRE FURTHER VALIDATION

MORE FULLY POWERED RCTs TO EVALUATE THE BEST TECHNIQUE WITH A MORE CONSISTENT AND STANDARDIZED APPROACH IN OUTCOME REPORTING ARE NEEDED

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NO INFORMATION ABOUT PATIENT-REPORTED OUTCOMES

ROLL SUPPORTERS CLAIM A MUCH HIGHER FLEXIBILITY OF THIS TECHNIQUE, WHICH ALLOWS APPROACHING ALL BREAST QUADRANTS THROUGH COSMETIC INCISIONS

THIS DIFFERS FROM WGL WHICH INEVITABLY HAS TO RELY ON THE TRACK OF THE WIRE INSERTED BY THE RADIOLOGIST

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THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

Available online at www.sciencedirect.com
ScienceDirect
EJSO 37 (2011) 388–397
EJSO the Journal of Cancer Surgery
www.ejso.com

Review

Systematic review of radioguided surgery for non-palpable breast cancer☆

P.J. Lovrics [a,*], S.D. Cornacchi [a], R. Vora [a], C.H. Goldsmith [a,b,c], K. Kahnamoui [a]

[a] Department of Surgery, McMaster University, Hamilton Health Sciences and St. Joseph's Healthcare Hamilton, Hamilton, ON, Canada
[b] Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON, Canada
[c] Biostatistics Unit, St. Joseph's Healthcare Hamilton, Hamilton, ON, Canada

5 RCTs INVOLVING ROLL AND RSL TOGETHER VS. WGL , WITH ADDITIONAL ANALYSES INVOLVING 7 NON-RANDOMIZED COHORT STUDIES

THE COMBINED ROLL AND RSL GROUP WAS SUPERIOR TO WGL FOR SURGICAL MARGINS (OR 0.389, 95% CI 0.197-0.768) AND RE-OPERATION RATES (OR 0.347, 95% CI 0.126-0.954) WHEN ANALYSING RCTs ALONE

WHEN INCLUDING NON-RANDOMISED COHORTS, THE SUPERIORITY OF ROLL AND RSL OVER WGL IN SURGICAL MARGINS AND RE-OPERATION RATES WAS MORE SIGNIFICANT

THERE WAS NO DIFFERENCE IN OPERATIVE TIMES

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THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

Journal of Surgical Oncology

REVIEW

Comparison of Radioguided Occult Lesion Localization (ROLL) and Wire Localization for Non-Palpable Breast Cancers: A Meta-Analysis

MUHAMMAD S. SAJID, MBSS, MBA, MSc, FRCS,* UMESH PARAMPALLI, MRCS,
ZISHAN HAIDER, FRCR, AND RICARDO BONOMI, FRCS
Department of Breast and Oncoplastic Surgery, Worthing Hospital, Worthing, West Sussex BN11 2DH, UK

J SURG ONCOL 2012; 105 (8): 852-8

4 RCTs COMPARING ROLL VS. WGL

STATISTICAL DIFFERENCE IN FAVOUR OF ROLL OVER WGL IN POSITIVE MARGINS, LOCALIZATION DURATION, SURGERY DURATION, WHILE NO DIFFERENCE WAS DEMONSTRATED WHEN COMPARING LOCALIZATION RATE, COMPLICATION RATE, RE-OPERATION RATE AND WEIGHT AND VOLUME OF EXCISED BREAST TISSUE

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WGL RETAINS ITS ROLE IN CLINICAL PRACTICE AS A SAFE AND TESTED TECHNIQUE, WITH THE FLEXIBILITY OF BEING ABLE TO PLACE SEVERAL WIRES WHEN FACING WITH EXTENSIVE MICROCALCIFICATION

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IMPLANTATION OF MULTIPLE IODINE SEEDS AT THE DCIS EDGES (MULTIPLE SEED RSL) COULD BE AN ALTERNATIVE LOCALIZATION TECHNIQUE TO BRACKET LARGE AREAS OF DCIS

Janssen NNY, van la Parra RFD, Loo CE, Groen EJ, van den Berg MJ, Oldenburg HSA, Nijkamp J, Vrancken Peeters MTFD

Breast Conserving surgery for extensive DCIS using multiple radioactive seeds

Eur J Surg Oncol. 2018; 44(1):67-73

Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands

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THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

NEW IMAGING GUIDED SURGERY TECHNIQUES

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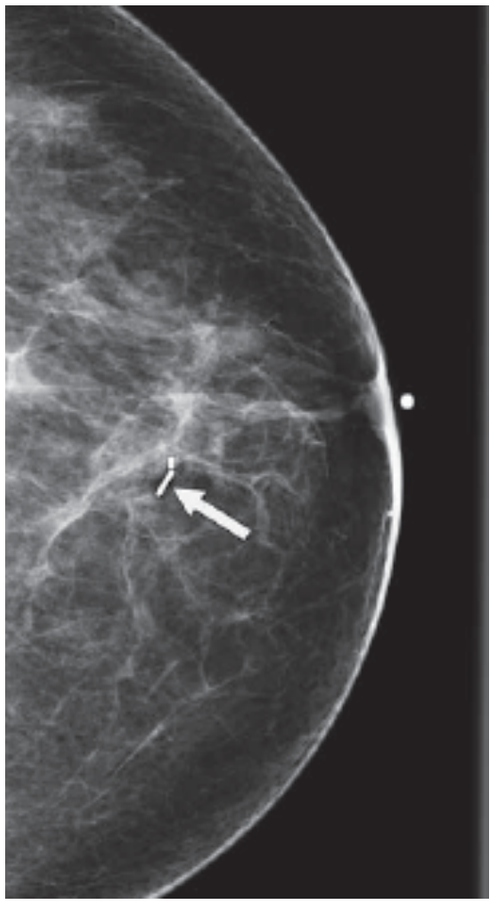
MAGSEED

MAGNETIC SEEDS ARE A FEASIBLE AND SAFE METHOD OF BREAST LESION LOCALIZATION
THEY CAN BE ACCURATELY PLACED, DEMONSTRATED NO MIGRATION

FURTHER CLINICAL STUDIES ARE REQUIRED TO EVALUATE THE SEEDS EFFECTIVENESS IN LOCAL EXCISION OF NON PALPABLE BREAST LESIONS



MAGSEED (ENDOMAG) CONSISTS OF A 5 X 1 MM PARAMAGNETIC STEEL BAR-SHAPED CLIP

Breast Cancer Research and Treatment
https://doi.org/10.1007/s10549-018-4709-y

CLINICAL TRIAL

Safety and feasibility of breast lesion localization using magnetic seeds (Magseed): a multi-centre, open-label cohort study

James R. Harvey[1] · Yit Lim[1] · John Murphy[1] · Miles Howe[1] · Julie Morris[1] · Amit Goyal[2] · Anthony J. Maxwell[1,3]

2018; 169 (3): 531-536

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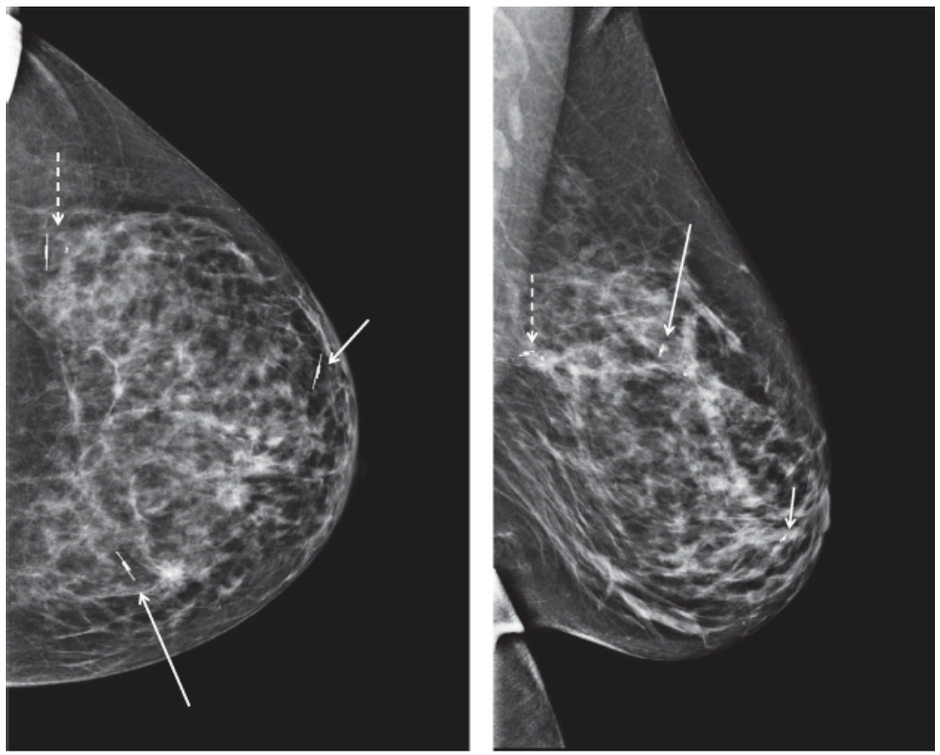
SAVI SCOUT

THE SAVI SCOUT SURGICAL GUIDANCE SYSTEM IS AN ACCURATE AND RELIABLE METHOD FOR LOCALIZATION OF NON-PALPABLE BREAST LESIONS, BRACKETING AND AXILLARY LYMPH NODES

A NON RADIOACTIVE INFRARED-ACTIVATED ELECTROMAGNETIC WAVE REFLECTOR IMPLANTED UNDER IMAGING GUIDANCE



Clinical Imaging 52 (2018) 280–286

Contents lists available at ScienceDirect

Clinical Imaging

journal homepage: www.elsevier.com/locate/clinimag

Breast Imaging

SAVI SCOUT® localization of breast lesions as a practical alternative to wires: Outcomes and suggestions for trouble-shooting☆

Shannon Falcon*, R. Jared Weinfurtner, Blaise Mooney, Bethany L. Niell

H. Lee Moffitt Cancer Center, 12902 Magnolia Drive, Tampa, FL 33612, USA

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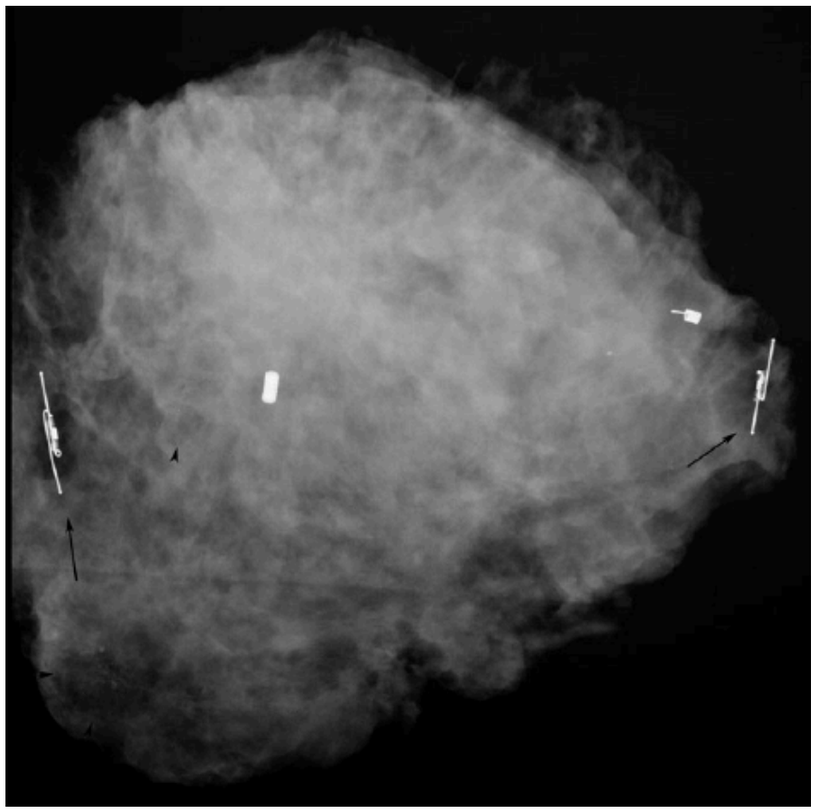
THE ROLE OF IMAGE GUIDED SURGERY IN DCIS SURGICAL TREATMENT

Utilization of multiple SAVI SCOUT surgical guidance system reflectors in the same breast: A single-institution feasibility study

Priya H. Jadeja MD[1] | Victoria Mango MD[2] | Sejal Patel MD[3] | Lauren Friedlander MD[3] | Elise Desperito MD[3] | Everick Ayala-Bustamante MD[3] | Ralph Wynn MD[3] | Margaret Chen-Seetoo MD[1] | Bret Taback MD[1] | Sheldon Feldman MD[4] | Richard Ha MD[3]

The Breast Journal
2018; 24 (4): 531-534



TWO SAVI REFLECTORS BRACKETING TWO BIOPSY CLIPS WHICH YELDED IDC/DCIS AND RESIDUAL CALCIFICATIONS (ARROW HEAD)

THE USE OF MULTIPLE SAVI SCOUT REFLECTORS FOR LOCALIZING MULTIPLE LESIONS IN THE SAME BREAST OR BRACKETING LARGE LESIONS IS FEASIBLE AND SAFE

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RADIOFREQUENCY IDENTIFICATION LOCALIZATION SYSTEM
RFLS

RESEARCHERS FROM THE UCLA EVALUATED A
RADIOFREQUENCY IDENTIFICATION (RFID) LOCALIZATION SYSTEM (RFLS)
AS A WIRE-FREE, NON-RADIOACTIVE ALTERNATIVE FOR TARGETING NON-PALPABLE BREAST LESIONS FOR SURGERY

PILOT STUDY ON 50 PATIENTS SUGGESTED THAT RFLS IS AN EFFECTIVE LOCALIZATION SYSTEM FOR NON-PALPABLE BREAST LESIONS INTENDED FOR SURGICAL REMOVAL

Microchipping the breast: an effective new technology for localizing non-palpable breast lesions for surgery

Maggie L. DiNome[1] · Amy M. Kusske[1] · Deanna J. Attai[1] · Cheryce P. Fischer[2] · Anne C. Hoyt[2]

Breast Cancer Research and Treatment 2019 JAN

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RADIOFREQUENCY IDENTIFICATION LOCALIZATION SYSTEM
RFLS

PLACEMENT OF THE RADIOFREQUENCY TAG BY BREAST RADIOLOGIST, EITHER BY MAMMOGRAPHIC OR SONOGRAPHIC GUIDANCE WITHIN 30 DAYS OF SURGERY

UNLIKE THAT WITH THE MAGSEED AND SAVI SCOUT SYSTEMS, THE RFID SURGICAL PROBE IS THE SIZE OF A PENCIL AND THE READER IS PORTABLE, HANDHELD AND USED IN STERILE FASHION ON THE OPERATING FIELD

MOREOVER THE LOCALIZER PROBE DETECTS DISTANCE FROM THE TAG
THIS FEATURE MAY HAVE CONTRIBUTED TO THE LOW POSITIVE MARGIN RATE (3%)

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THE TREATMENT OF A LOCAL RECURRENT DCIS WILL BE IN THE HALF OF CASES THE TREATMENT OF AN IBC

Long-Term Outcomes of Invasive Ipsilateral Breast Tumor Recurrences After Lumpectomy in NSABP B-17 and B-24 Randomized Clinical Trials for DCIS

Irene L. Wapnir, James J. Dignam, Bernard Fisher, Eleftherios P. Mamounas, Stewart J. Anderson, Thomas B. Julian, Stephanie R. Land, Richard G. Margolese, Sandra M. Swain, Joseph P. Costantino, Norman Wolmark

J Natl Cancer Inst 2011;103:478–488

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SALVAGE MASTECTOMY IS CONSIDERED AS THE GOLD-STANDARD TECHNIQUE FOR INVASIVE LOCAL RECURRENCES
(IF BCT HAS BEEN ALREADY PERFORMED FOR THE TREATMENT OF PRIMARY DCIS)

Salvadori B, Marubini E, Miceli R, et al.
Reoperation for locally recurrent breast cancer in patients previously treated with conservative surgery.
Br J Surg 1999;86:84e87.

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THE RATE OF SECOND LOCAL RECURRENCE IS CLOSE TO 10% AFTER SALVAGE MASTECTOMY (3-22%) AND 26% (RANGE 4-50%) AFTER REPEATED BCS WITHOUT RT

RE-IRRADIATION AFTER SECOND BCS MAY DECREASE THE CHANCE OF 2ND LR BUT THE RE-IRRADIATION OF THE WHOLE BREAST WITH THE SUFFICIENT DOSE IS CONSIDERED INAPPROPRIATE DUE TO THE HIGH RISK OF SERIOUS LATE SIDE EFFECTS

IN SELECTED CASES, MULTICATHETER INTERSTITIAL BRACHYTHERAPY (iBT) HAS BEEN SUCCESSFULLY USED AS PARTIAL BREAST IRRADIATION AFTER BCS

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Brachytherapy ■ (2019) ■

BRACHYTHERAPY

Second breast-conserving surgery and interstitial brachytherapy vs. salvage mastectomy for the treatment of local recurrences: 5-year results

Viktor Smanykó[1,*], Norbert Mészáros[1,2], Mihály Újhelyi[3], Georgina Fröhlich[1], Gábor Stelczer[1], Tibor Major[1,2], Zoltán Mátrai[3], Csaba Polgár[1,2]

[1]*Centre of Radiotherapy, National Institute of Oncology, Budapest, Hungary*
[2]*Department of Oncology, Semmelweis University, Faculty of Medicine, Budapest, Hungary*
[3]*Department of Breast and Sarcoma Surgery, National Institute of Oncology, Budapest, Hungary*

THE GERMAN SOCIETY OF RADIATION ONCOLOGY EXPERT PANEL GUIDELINES (2016) HAVE SUGGESTED SELECTION CRITERIA FOR A SECOND BREAST CONSERVING APPROACH

AN ISOLATED, UNIFOCAL, <3 CM RECURRENCE IN A PATIENT AGED > 50 YEARS, A LONG INTERVAL BETWEEN THE PRIMARY TREATMENT AND RECURRENCE (> 48 MONTHS) AND THE PATIENT'S PREFERENCE OF A SECOND BCT

WITH THESE CONDITIONS, MULTICATHETER iBT IS THE RECOMMENDED METHOD, WHEREAS REPEATED EXTERNAL-BEAM PBI OR INTRAOPERATIVE RT IS ACCEPTABLE ONLY IN A CLINICAL TRIAL

Strahlenther Onkol (2016) 192:199–208
DOI 10.1007/s00066-015-0939-7

REVIEW ARTICLE

DEGRO practical guidelines for radiotherapy of breast cancer VI: therapy of locoregional breast cancer recurrences

Wolfgang Harms[1] · W. Budach[2] · J. Dunst[3] · P. Feyer[4] · R. Fietkau[5] · W. Haase[6] · D. Krug[7] · M. D. Piroth[8] · M.-L. Sautter-Bihl[9] · F. Sedlmayer[10] · R. Souchon[11] · F. Wenz[12] · R. Sauer[5] · Breast Cancer Expert Panel of the German Society of Radiation Oncology (DEGRO)

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BCS (IF BCT HAS BEEN ALREADY PERFORMED FOR THE TREATMENT OF PRIMARY DCIS) COULD BE CONSIDERED FOR THE TREATMENT OF IN SITU RECURRENCES IF LOW RISK WITHOUT THE NEED OF RE-IRRADIATION FOR PREVIOUSLY IRRADIATED PATIENTS (AND IF FEASIBLE IN TERMS OF COSMETIC OUTCOMES)

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Brachytherapy ■ (2019) ■

BRACHYTHERAPY

Second breast-conserving surgery and interstitial brachytherapy vs. salvage mastectomy for the treatment of local recurrences: 5-year results

Viktor Smanykó[1,*], Norbert Mészáros[1,2], Mihály Újhelyi[3], Georgina Fröhlich[1], Gábor Stelczer[1], Tibor Major[1,2], Zoltán Mátrai[3], Csaba Polgár[1,2]

[1]*Centre of Radiotherapy, National Institute of Oncology, Budapest, Hungary*
[2]*Department of Oncology, Semmelweis University, Faculty of Medicine, Budapest, Hungary*
[3]*Department of Breast and Sarcoma Surgery, National Institute of Oncology, Budapest, Hungary*

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RECURRENT DCIS SURGICAL TREATMENT

WIDE EXCISION (WITH OR WITHOUT RT) COULD BE CONSIDERED AS A TREATMENT OPTION FOR IN SITU OR INVASIVE RECURRENCES FOLLOWING A MASTECTOMY PERFORMED TO TREAT A PRIMARY DCIS

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Brachytherapy ■ (2019) ■

BRACHYTHERAPY

Second breast-conserving surgery and interstitial brachytherapy vs. salvage mastectomy for the treatment of local recurrences: 5-year results

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NSM (WITH IMMEDIATE BREAST RECONSTRUCTION) MAY BE PERFORMED IN CAREFULLY SELECTED PATIENTS WITH RECURRENT BREAST CANCER, DESPITE PRIOR IPSILATERAL SURGERY AND RADIATION WITH SUCCESSFUL PRESERVATION OF THE NAC AND AN ACCEPTABLY LOW COMPLICATION RATE

NO SHORT-TERM ADVERSE EFFECT OF NSM ON ONCOLOGIC OUTCOMES

Nipple-sparing Mastectomy for the Management of Recurrent Breast Cancer

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Clinical Breast Cancer July 2017 *Clinical Breast Cancer,* Vol. 17, No. 4, e209-13

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RISK STRATIFICATION AND MOLECULAR PROFILING REMAINS ESSENTIAL FOR MAKING ACCURATE DECISION-MAKING BOTH FOR THE TREATMENT OF PRIMARY (EXTENT OF SURGERY AND ADJUVANT (RT AND HT) TREATMENTS) AND FOR RECURRENT DCIS

A FINE-TUNED RISK STRATIFICATION COULD ALSO MAKE ACTIVE SURVEILLANCE A REASONABLE OPTION FOR LOW GRADE DCIS

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