

Declaro não haver nenhum
conflito de interesse.



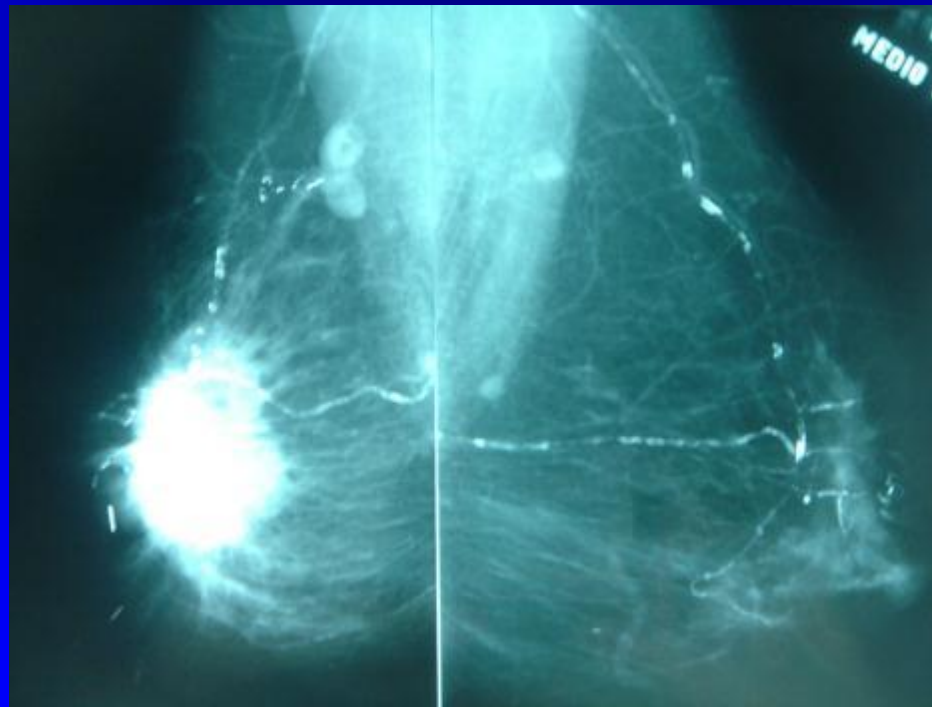
Faculdade de Medicina do ABC
Disciplina de Ginecologia
Serviço do Prof. Dr. César Eduardo Fernandes

Setor de Mastologia
IVO CARELLI FILHO

Maior dilema da mastologia moderna ?

Abordagem cirúrgica da
mama e axila
após QT NEO

Axila positiva com confirmação citológica
Por quê após a quimioterapia neo-adjuvante
devemos realizar LINFONODECTOMIA ?

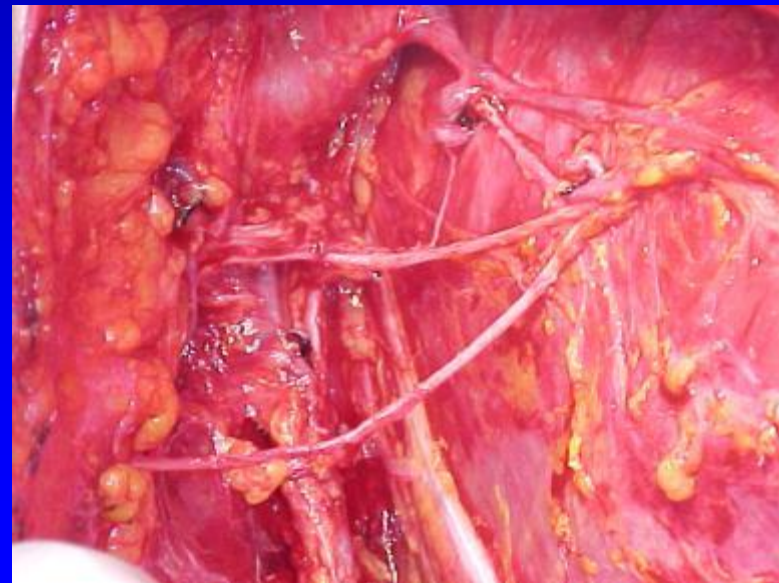


Objetivos

- **Por quê fazemos linfonodectomia axilar ?**
- **Indicações atuais da biópsia do LS**
- **Ação da QT NEO nos linfonodos axilares**
- **Estudos da validade do LS após QT neo**
- **Conclusões**

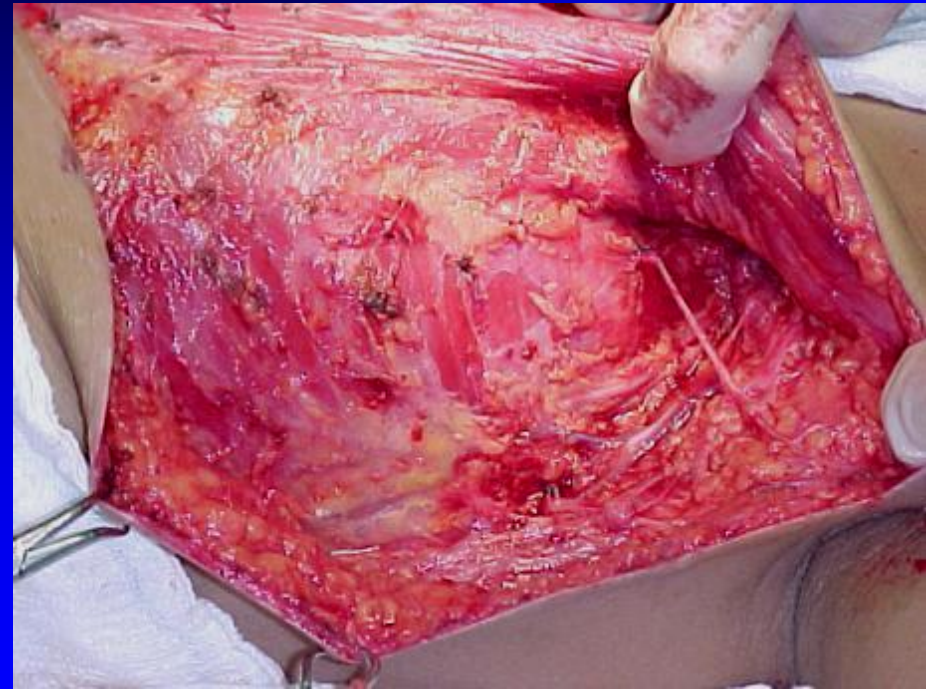
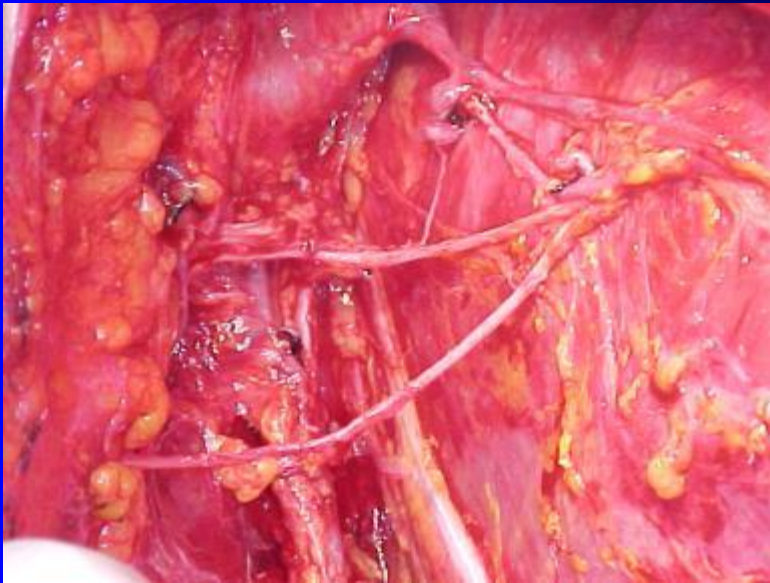
Por quê fazemos linfonodectomia ?

- Estadiamento
- Melhor controle local
- Benefício em sobrevida

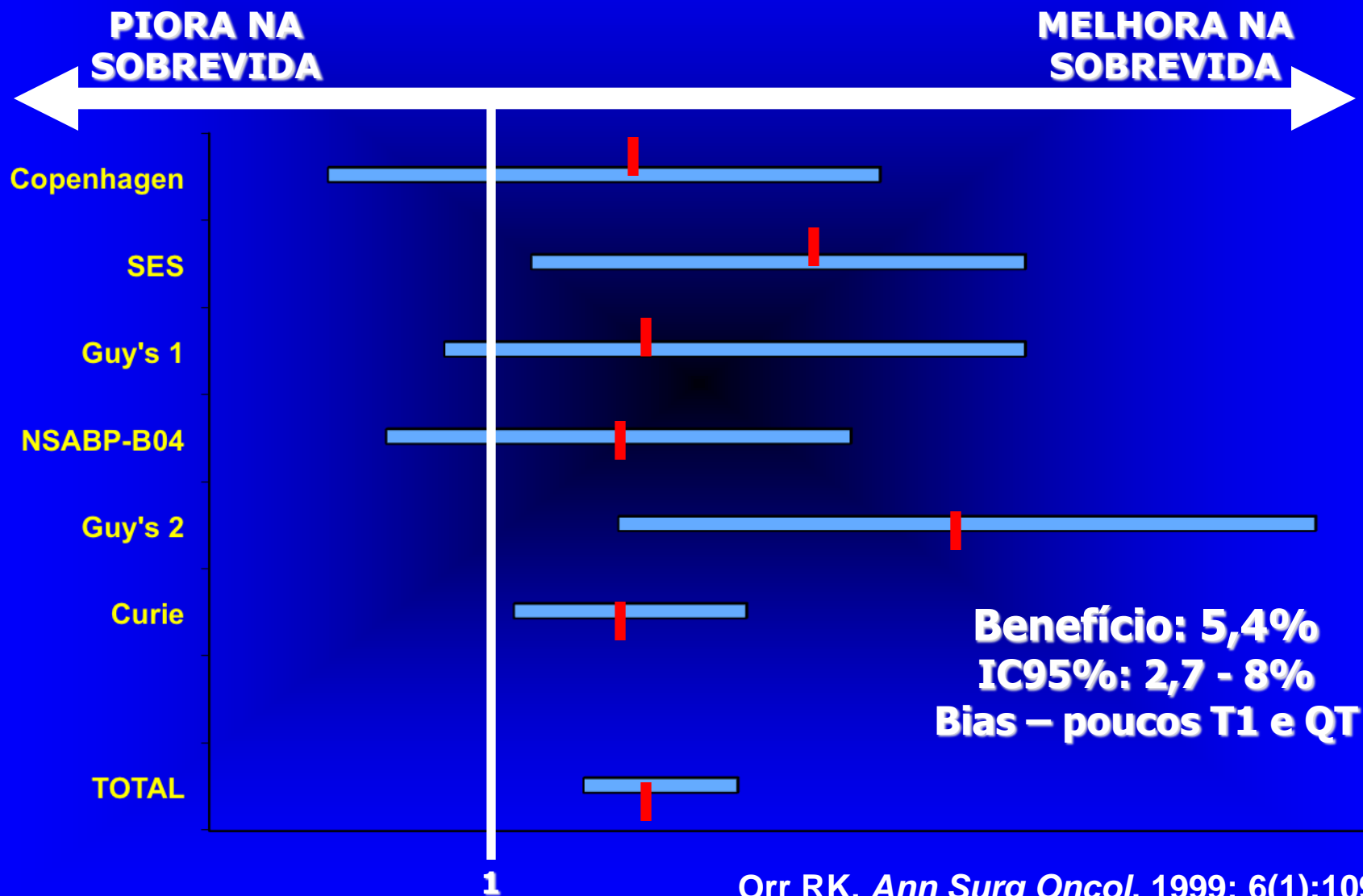


Linfonodectomia axilar

Impacto na sobrevida ?



The impact of prophylactic axillary node dissection on breast cancer survival —a Bayesian meta-analysis.



King's/Cambridge trial

N= 2.243



+ RT axila

Sobrevida semelhante

Mastectomia
Simples



RT na axila
na recidiva

Cancer Research Campaign Working Party (1986) Cancer research campaign (King's/Cambridge) trial for early breast cancer. A detailed update at the tenth year. *Lancet* 2(8185):55-60

**Twenty-five-year follow-up of a randomized trial
comparing radical mastectomy, total mastectomy,
and total mastectomy followed by irradiation
NSABP B-04**

- N=1079 axila clinicamente negativa
N=586 axila clinicamente positiva

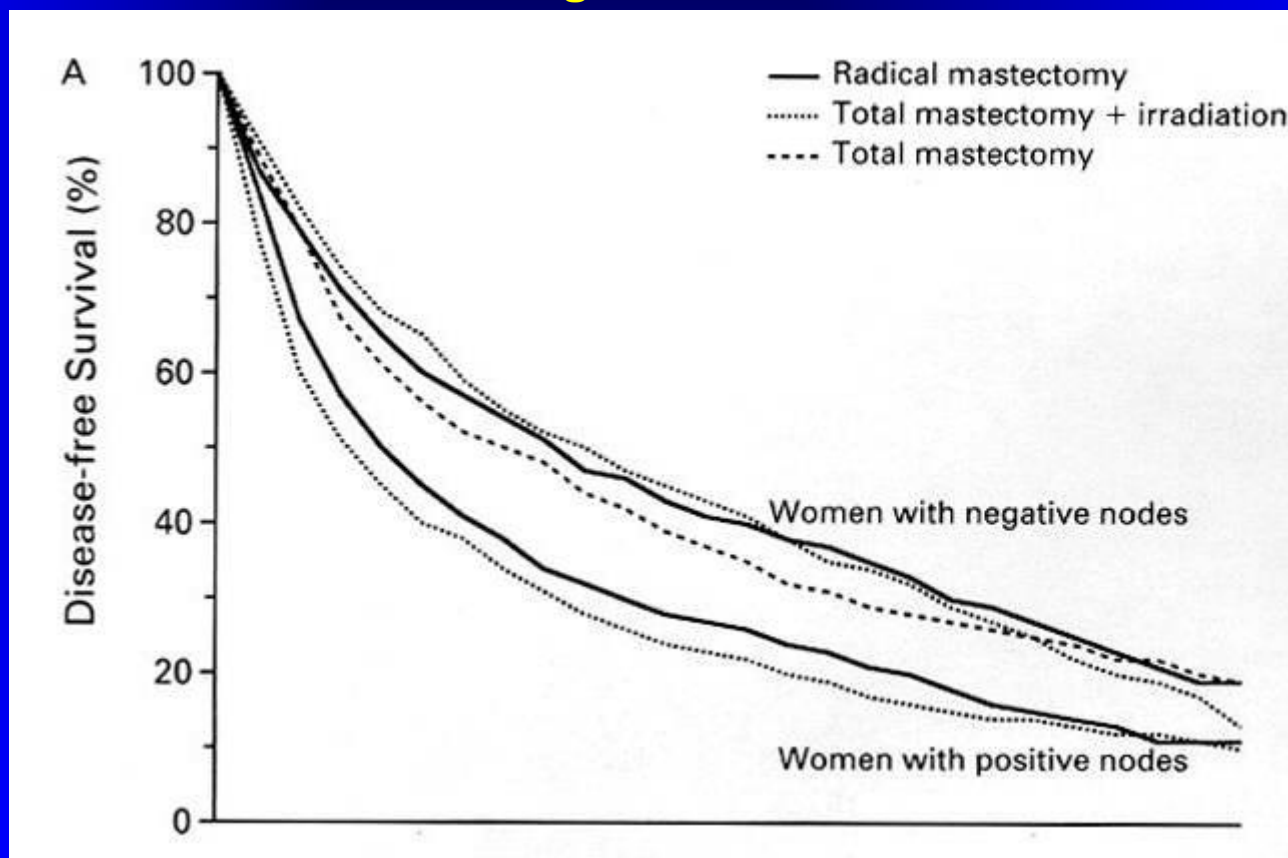
Linfonodectomia ou RT axilar

SEM MELHORA DE SOBREVIDA

[Fisher B et al. N Engl J Med. 2002 Aug 22;347\(8\):567-75](#)

SOBREVIDA LIVRE DE DOENÇA NSABP B-04

n=1765 ; seguimento= 25 anos



Fisher B et al., *New Engl J Med*, 2002; 347(8): 567-75

Controle Local

Falso negativo de LS

Recidiva locoregional
0,4%



Weaver DL, Ashhagani L, Krag DM, Skelly JM, Anderson SJ, Harlow SP, et al. Effect of occult metastases on survival in node-negative breast cancer. *New Engl J Med* 2011 February 3;364(5):412-21

Conhecimento do status
axilar

Indicação de
tratamento
adjuvante?

Indicação de Tratamento Adjuvante

AMAROS EORTC trial

Tumor

x

LS



Linfonodectomia axilar 2012

- Pequeno ou nulo impacto

Sobrevida

Recidiva locoregional

Indicação de terapêutica sistêmica

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Linfonodo Sentinela

Indicação Atual

- Tamanho do tumor T1 → T2 (2 a 5cm)
- Linfonodos clinicamente
Não palpáveis → **suspeitos**
- Estádio I e IIa

Sentinel node mapping for breast cancer: progress to date and prospects for the future.

Mabry H; Giuliano AE . Surg Oncol Clin N Am. 2007 Jan;16(1):55-70.

NCCN Guidelines Version 3.2013

SURGICAL AXILLARY STAGING - STAGE I, IIA, IIB and IIIA T3, N1, M0

Clinically node positive
at time of diagnosis¹



PAAF
CORE +



ALND I e II

Clinically node negative
at time of diagnosis



LS +



ALND ou ACOSOG 0011

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Ação da QT NEO nos linfonodos axilares

**Fibrose dos linfáticos
Fragmentação tumoral**



**Alteração da drenagem
Menor acurácia na biópsia do LS**



Falso negativo de 0 a 33%

Ação da QT NEO nos linfonodos axilares

LS sem fibrose no exame histológico



Alteração da drenagem



Maior risco de FN

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Sentinel Node Surgery Works in Node-Positive Breast Cancer ACOSOG 10 71

- N = 689, (T0-4, N1-2)

QT NEO



LS



ALND

abstracts , SABC, 2012, Judy C. Boughey, MD, of the Mayo Clinic in Rochester

Sentinel Node Surgery Works in Node-Positive Breast Cancer

- ACOSOG 1071 2 OU + LS
FN 12,6%
FN 2 métodos 10,8%
FN 1 LS 31,5% 4 LS 6,7%
Remissão patológica completa 40%

abstracts , SABC, 2012, Judy C. Boughey, MD, of the Mayo Clinic in Rochester

Judy C. Boughey, Acosog 1071

- Ls

FN de 31% com 1 LS ?

Fazer amostragem linfonodal aleatória ?

Judy C. Boughey, Acosog 1071

- Placement of a clip by the positive node at diagnosis (7.4% versus 13.6% without any clips)
- Greater fibrosis or other histologic changes in the sentinel nodes (10.8% versus 13.5% without)

Judy C. Boughey, Acosog 1071

- We already are and we will more so be treating patients based on how they responded to their chemotherapy.”

Neoadjuvant Chemo Renders SLN Biopsy Less Reliable

*Dr. Thorsten Kuehn, San Antonio Breast
Cancer Symposium, 2012*



Sentinel Lymph Node Biopsy Before or After Neoadjuvant Chemotherapy Final Results from the Prospective, German Multiinstitutional SENTINA Trial

T.Kuehn, I.Bauerfeind, T.Fehm, B.Fleige, G.Helms, A.Lebeau,
C.Liedtke, M.Mai, V.Nekljudova, P.Schrenk, A.Staebler, M.Untch

GBG

GERMAN
BREAST
GROUP



AGO-B
BREAST STUDY GROUP



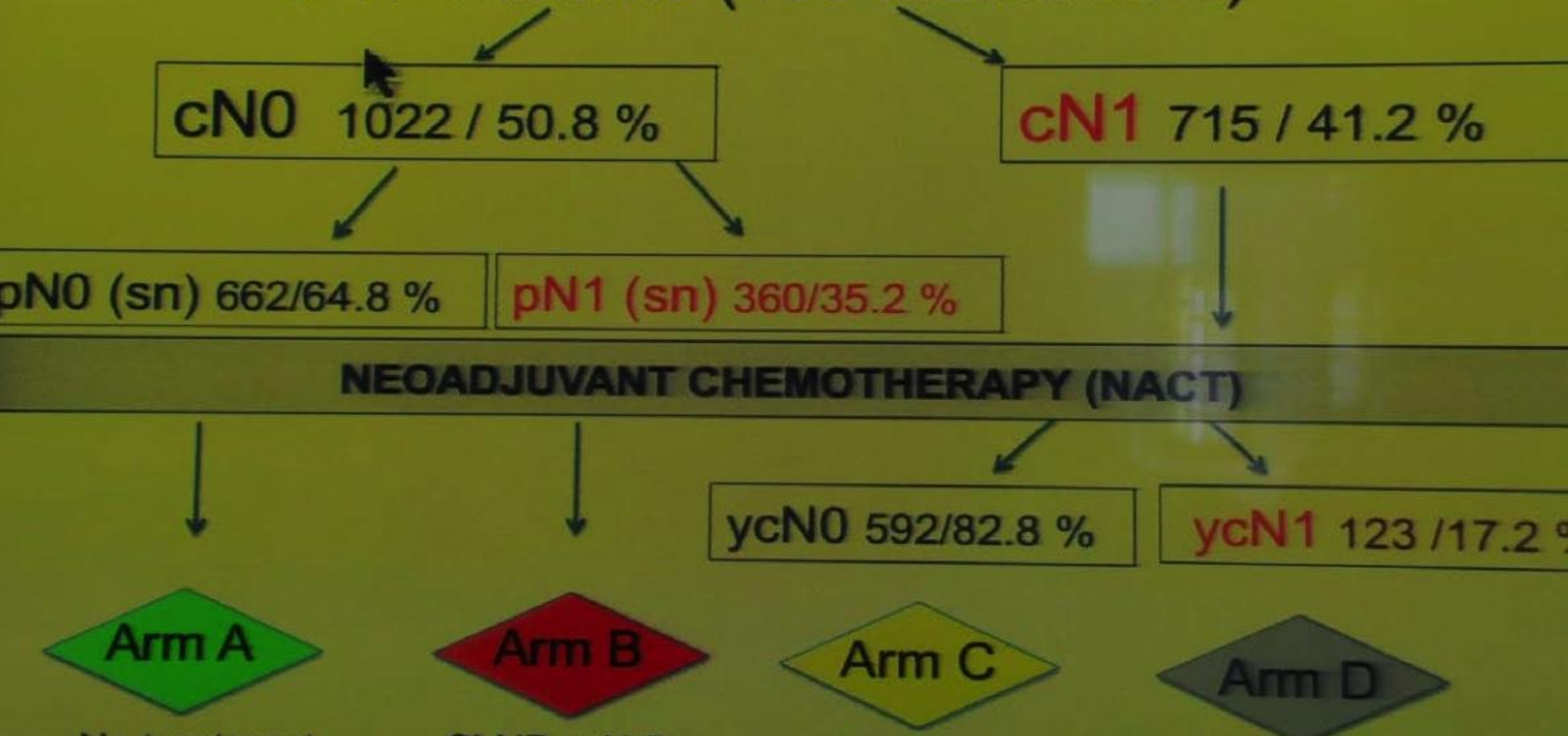
Brustkrebs
Deutschland e.V.
Prognose Leben



Deutsche Gesellschaft
für Senologie

Distribution of patients

1737 Patients (103 Institutions)



No treatment

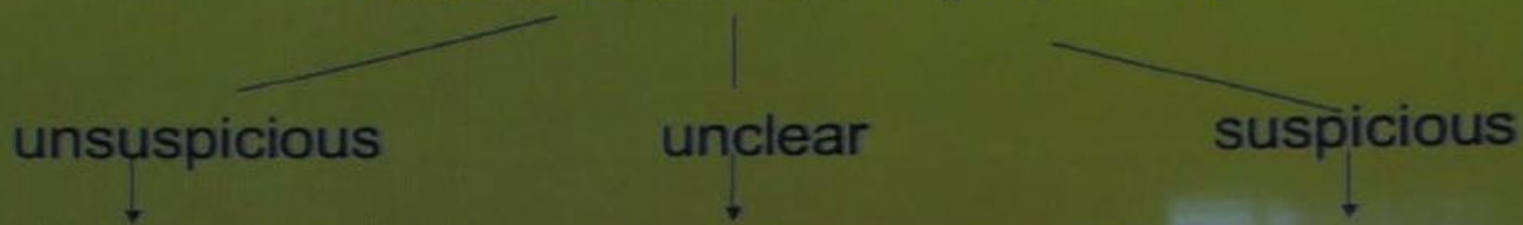
SLN + ALND

SLN + ALND

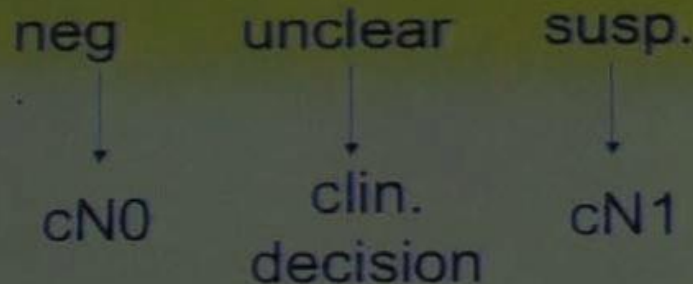
ALND

Definition of cN-Status

clinical examination (palpation)



axillary ultrasound



Definition of susp. Nodes:
- **Cortex asymmetry**
- **Loss/displacement of hilum**

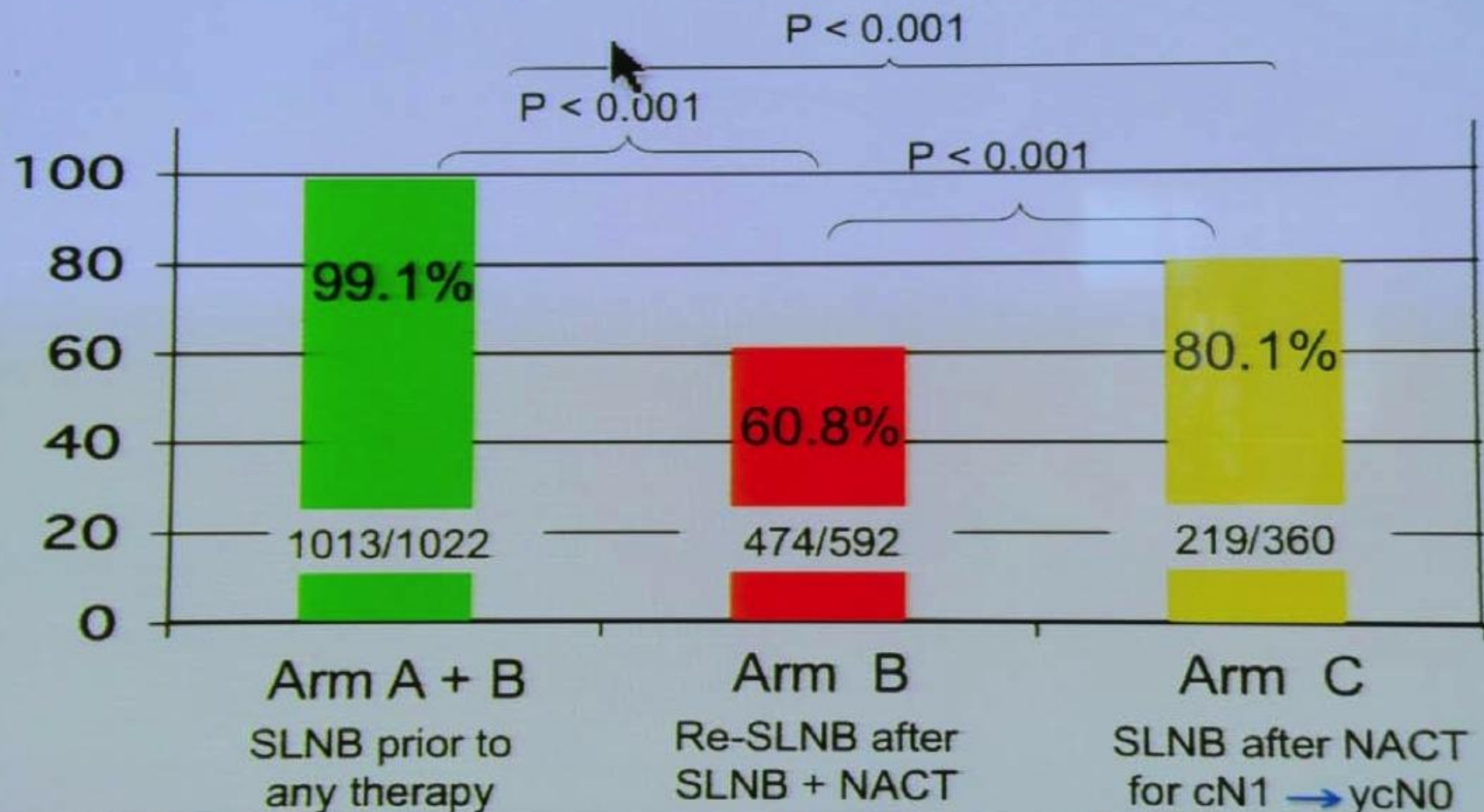
For patients with an unclear or suspicious ultrasound finding FNA or CNB was recommended but not mandatory.

Standardization of the SLNB Procedure

According to Interdisciplinary Consensus (Cancer 2005)

- **Tracer**
 - Radiocolloid mandatory
 - Blue dye optional
- **Lymphoscintigraphy**
- **Injection Site**
 - free (peritumoral, subcutaneous, periareolar)
- **Histologic Assessment**
 - Entire lymph node paraffin-embedded
 - Step sections at least 500 μm
 - No IHC

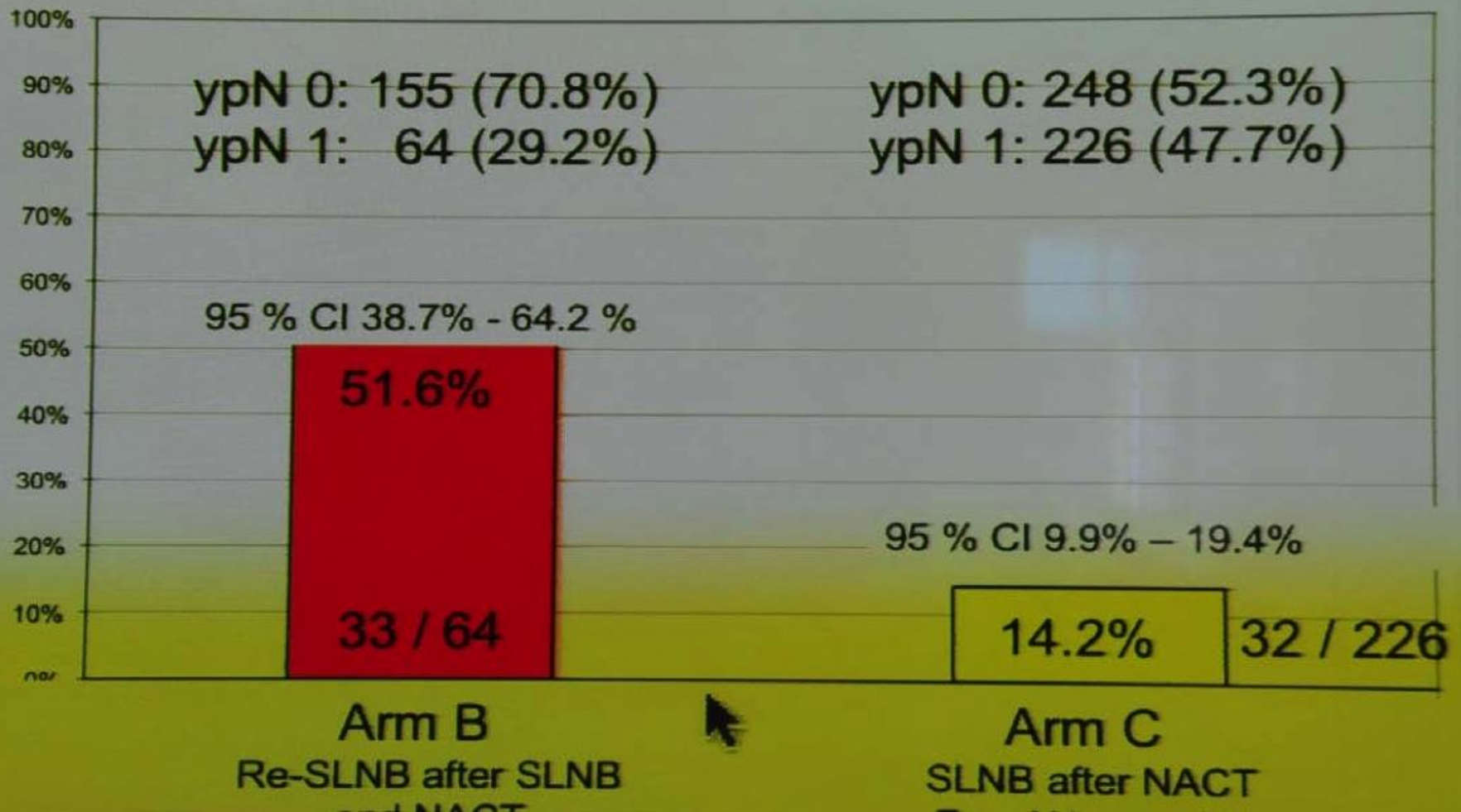
SLNs detected and removed



Summary I (Feasibility / Detection)

- The Detection Rate (DR) for the SLN is excellent for patients who receive SLNB prior to systemic treatment
- Repeated SLNB is associated with an unacceptable DR
- Patients who convert under NACT from cN1 to ycN0 have a DR of only 80.1 %
- Previous local and systemic treatment significantly impairs the tracer uptake and the DR

False-Negative Rate



FNR in primary surgery compared to FNR in Arm C

FNR in primary surgery
- Literature review -

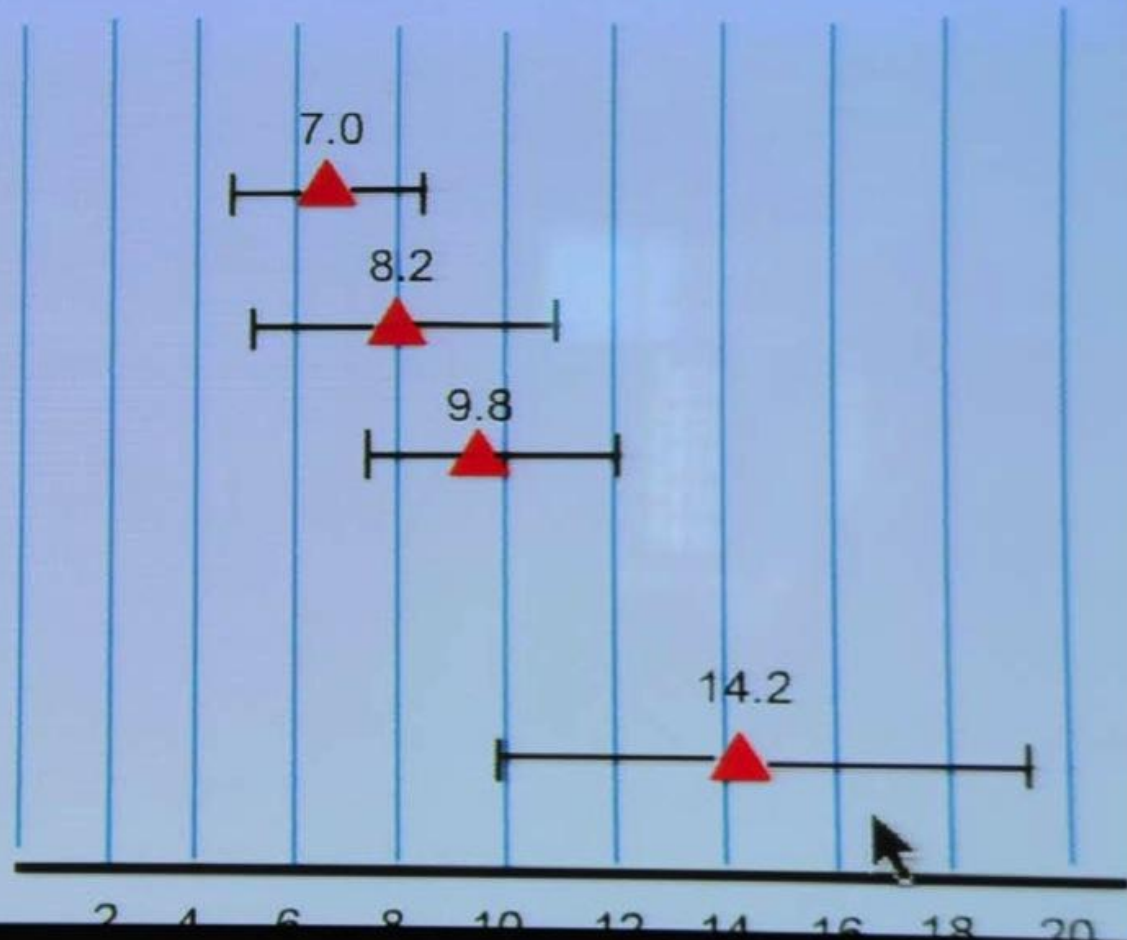
Kim et al. 2006 (n=3132)

Kuehn et al. 2004 (n=353)

Krag et al. 2007 (n=766)

FNR after NACT
(cN1 – ycN0)

SENTINA Arm C (n=226)



Summary II

Reliability / FN Rate

- The FNR for a repeated SLNB after NACT is unacceptable
- The FNR for patients, who are downstaged through NACT from a positive to a negative axillary status appears less favourable compared to the FNR in patients who undergo primary surgery

Conclusion

SLNB as a diagnostic procedure is not a reliable tool in patients who convert under NACT vom cN1 to cN0 compared to SLNB in primary surgery

ACOSOG 1071

SENTINA TRIAL

Dois estudos

Informações distintas

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NCCN

- NCCN Breast Cancer Guidelines
Have 'Major' Changes 2012

T1 or T2 tumor

1 or 2 positive nodes on biopsy

breast-conserving surgery

whole-breast radiation therapy

if they have not received neoadjuvant
chemotherapy.

NCCN Guidelines Version 1.2013

- Tratamento cirúrgico após QT NEO em câncer localmente avançado

**Mastectomia ou Cirurgia conservadora
com axila nível I e II**

DIFICULDADES

- Localização do LS – dois métodos
Maior número de linfonodos retirados >2
- Em geral axila com certo grau de fibrose
- Casos muito avançados
- Receio de deixar doença residual

MOMENTO AINDA É DE INDEFINIÇÃO

