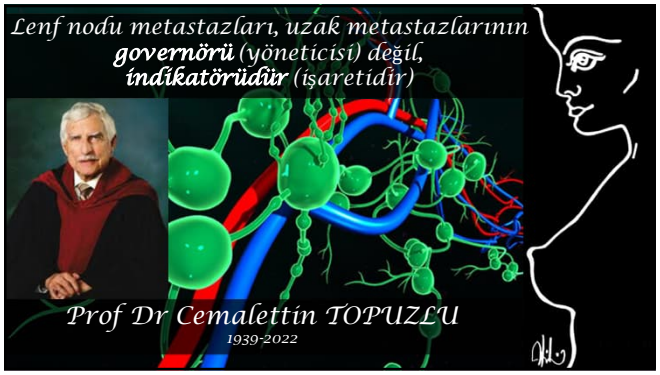
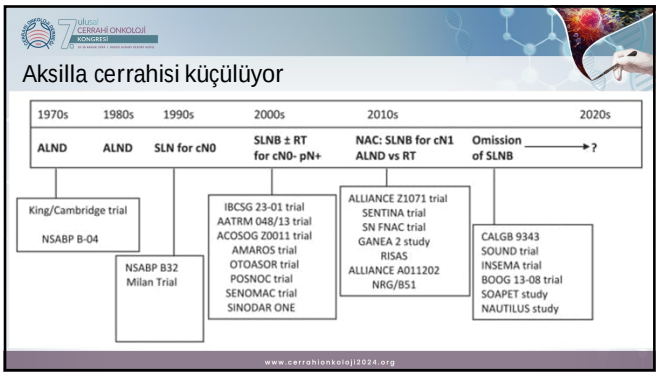
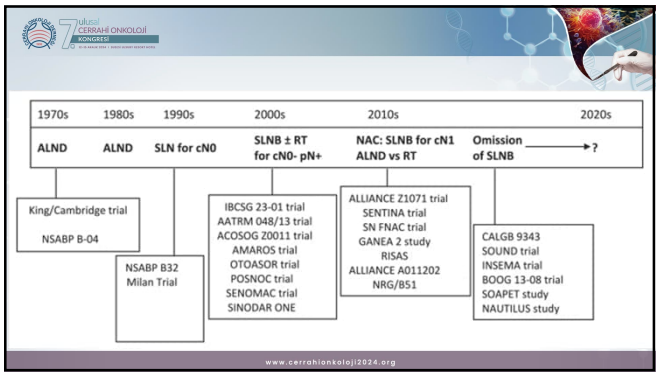

İnisiyal cerrahi ve neoadjuvant tedavi sonrası aksilla yönetiminde yenilikler
7. ulusal CERRAHİ ONKOLOJİ KONGRESİ
Prof Dr Özgür AYTAÇ, FEBS
Başkent Üniversitesi Tıp Fakültesi
Genel Cerrahi Anabilim Dalı


Lenf nodu metastazları, uzak metastazlarının governörü (yöneticisi) değil, indikatörüdür (işaretidir)
Prof Dr Cemalettin TOPUZLU
1939-2022


Aksilla cerrahisi küçülüyor
1970s 1980s 1990s 2000s 2010s 2020s
ALND ALND SLN for cN0 SLNB ± RT for cN0- pN+ NAC: SLNB for cN1 ALND vs RT Omission of SLNB ?
King/Cambridge trial
NSABP B-04
NSABP B32
Milan Trial
IBCSG 23-01 trial
AATRM 048/13 trial
ACOSOG Z0011 trial
AMAROS trial
OTOASOR trial
POSNOC trial
SENOMAC trial
SINODAR ONE
ALLIANCE Z1071 trial
SENTINA trial
SN FNAC trial
GANEA 2 study
RISAS
ALLIANCE A011202
NRG/B51
CALGB 9343
SOUND trial
INSEMA trial
BOOG 13-08 trial
SOAPET study
NAUTILUS study
www.cerrahionkoloji2024.org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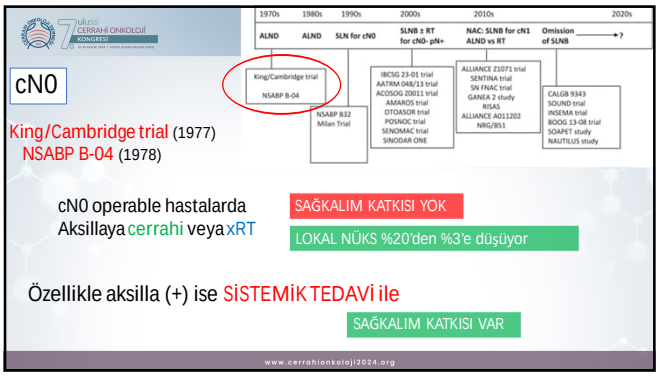
cN0
King/Cambridge trial (1977)
NSABP B-04 (1978)
cN0 operable hastalarda
Aksillaya cerrahi veya xRT
SAĞKALIM KATKISI YOK
LOKAL NÜKS %20'den %3'e düşüyor
Özellikle aksilla (+) ise SİSTEMİK TEDAVİ ile
SAĞKALIM KATKISI VAR
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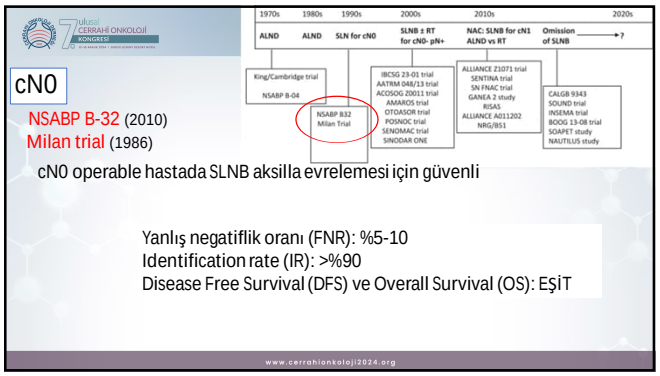
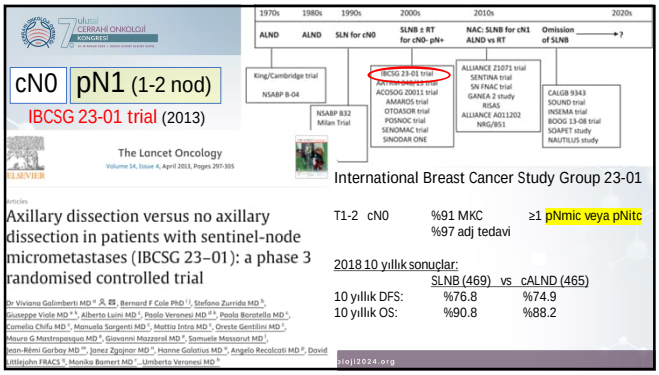

cN0
NSABP B-32 (2010)
Milan trial (1986)
cN0 operable hastada SLNB aksilla evrelemesi için güvenli
Yanlış negatiflik oranı (FNR): %5-10
Identification rate (IR): >%90
Disease Free Survival (DFS) ve Overall Survival (OS): EŞİT
www.cerrahionkoloji2024.org

cN0 pN1 (1-2 nod)

IBCSG 23-01 trial (2013)



The Lancet Oncology

Axillary dissection versus no axillary dissection in patients with sentinel-node micrometastases (IBCSG 23–01): a phase 3 randomised controlled trial

International Breast Cancer Study Group 23-01

T1-2 cN0 %91 MKC %97 adj tedavi ≥1 pNmic veya pNitc

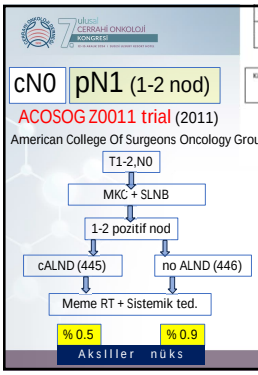
2018 10 yıllık sonuçlar:

	SLNB (469)	vs	cALND (465)
10 yıllık DFS:	%76.8		%74.9
10 yıllık OS:	%90.8		%88.2

cN0 pN1 (1-2 nod)

ACOSOG Z0011 trial (2011)

American College Of Surgeons Oncology Group



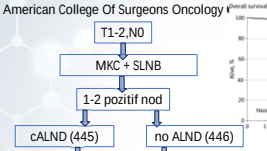
Effect of Axillary Dissection vs No Axillary Dissection on 10-Year Overall Survival Among Women With Invasive Breast Cancer and Sentinel Node Metastasis The ACOSOG Z0011 (Alliance) Randomized Clinical Trial

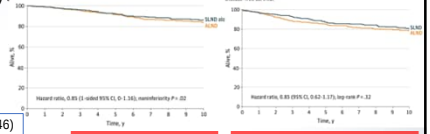
Eleştiri: Çoğu ER(+) %35'i micromet

cN0 pN1 (1-2 nod)

ACOSOG Z0011 trial (2011)

American College Of Surgeons Oncology





SAĞKALIM FARK YOK

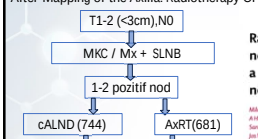
LOKAL NÜKS FARK YOK

Eleştiri: Çoğu ER(+) %35'i micromet

cN0 pN1 (1-2 nod)

AMAROS trial (2014)

After Mapping of the Axilla: Radiothery Or Surgery

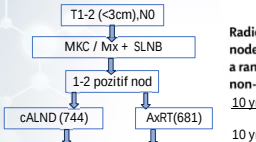


Radiotherapy or surgery of the axilla after a positive sentinel node in breast cancer (EORTC 10981-22023 AMAROS): a randomised, multicentre, open-label, phase 3 non-inferiority trial

cN0 pN1 (1-2 nod)

AMAROS trial (2014)

After Mapping of the Axilla: Radiotherapy Or Surgery



Radiotherapy or surgery of the axilla after a positive sentinel node in breast cancer (EORTC 10981-22023 AMAROS): a randomised, multicentre, open-label, phase 3 non-inferiority trial

10 yıllık sonuçlar:

	cALND	vs	AxRT
10 yıllık DFS:	%86.9		%82.7
10 yıllık OS:	%93.3		%92.5
LENFÖDEM	%23		%11

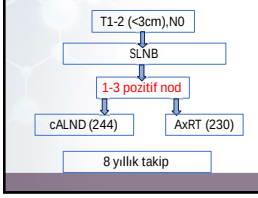
SAĞKALIM FARK YOK

LOKAL NÜKS FARK YOK

cN0 pN1 (1-3 nod)

OTOASOR trial (2017)

Optimal Treatment Of the Axilla Of Surgery Or Radiotherapy after positive sentinel lymph node biopsy (Hungarian National Institute of Oncology)



	cALND	vs	AxRT	
Aksiller nüks	%2		%1.7	
DFS	%72.1		%77.4	
OS	%77.9		%84.8	(p=0.06)
LN sayısı	14.3		1.95	

LOKAL NÜKS FARK YOK

SAĞKALIM FARK YOK

cN0 pN1 (1-2 nod)

SENOMAC trial (2024)

2540 hasta

cT1-3 cN0, pN1 (1-2 makromet) SLN

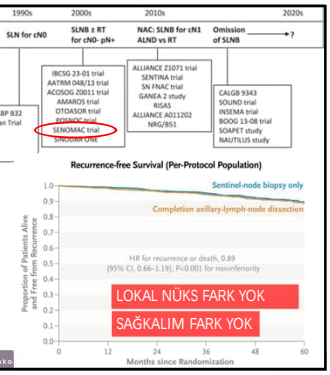
MKC (%63,8) Mastektomi (%35,2)

SLNB (1335) cALND (1205)

median izlem 48 ay

Aksillaya cerrahi veya xRT

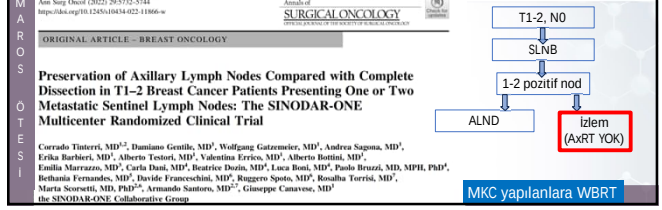
AMAROS PLUS



cN0 pN1 (1-2 nod)

SINODAR-ONE trial (2022)

AMAROS OTESI

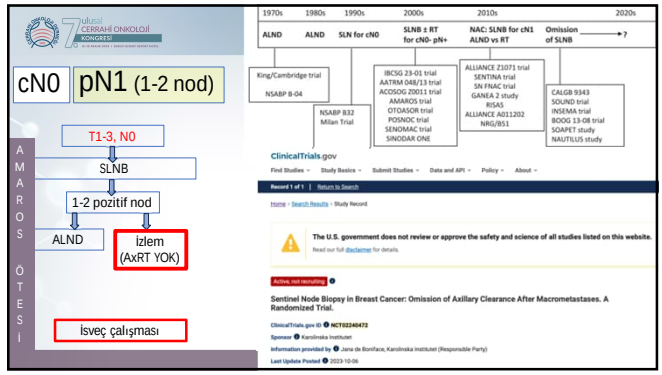


cN0 pN1 (1-2 nod)

SINODAR-ONE trial (2022)

	cALND	vs	İzlem	
Aksiller nüks	%6.9		%3.3	LOKAL NÜKS FARK YOK
DFS	%98.9		%98.8	
OS	%77.9		%84.8	(p=0.06) SAĞKALIM FARK YOK

AMAROS OTESI



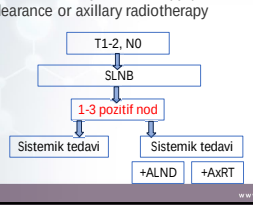
cN0 pN1 (1-2 nod)

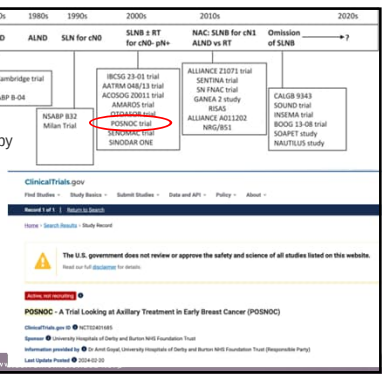
AMAROS OTESI

cN0 pN1 (1-3 nod)

POSNOC trial

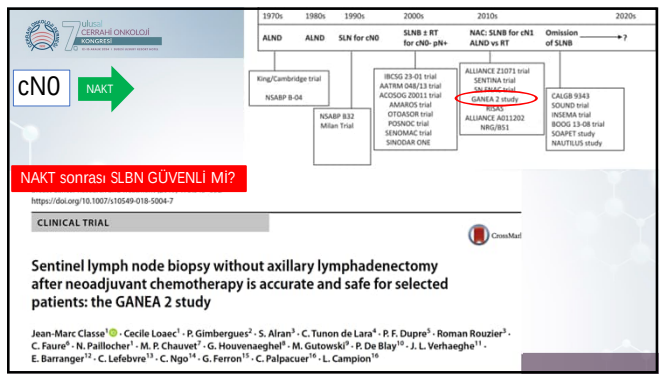
POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy





cN0 NAKT

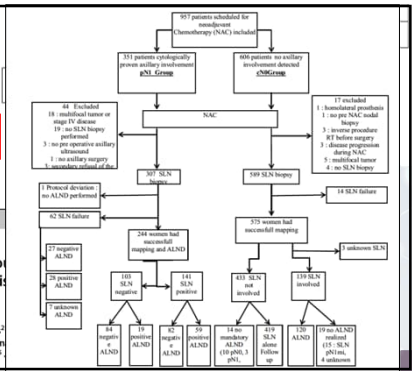
NAKT sonrası SLBN GÜVENLİ Mİ?



cN0 → NAKT

NAKT sonrası SLBN FNR %11.9
nN0 → NAKT → ypN1 oranı %3.7

NAKT sonrası SLBN GÜVENLİ

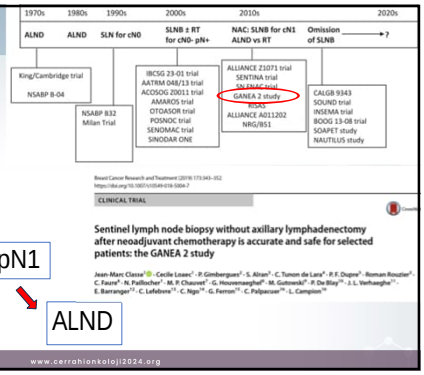


CLINICAL TRIAL

Sentinel lymph node biopsy witho
after neoadjuvant chemotherapy i
patients: the GANEA 2 study

Jean-Marc Classe[1] · Cecile Loaec[1] · P. Gimbergues[2] · C. Faure[8] · N. Paillocher[1] · M. P. Chauvet[7] · G. Houven · E. Barranger[12] · C. Lefebvre[13] · C. Ngo[14] · G. Ferron[15]

cN0 → NAKT → ycN0 → SLNB → ypN0 / ypN1 → ALND



Sentinel lymph node biopsy without axillary lymphadenectomy after neoadjuvant chemotherapy is accurate and safe for selected patients: the GANEA 2 study

Jean-Marc Classe[1] · Cecile Loaec[1] · P. Gimbergues[2] · S. Alran[3] · C. Tunon de Lara[4] · P.F. Dupre[5] · Roman Rouzier[6] · C. Faure[8] · N. Paillocher[1] · M. P. Chauvet[7] · G. Houvenaeghel[9] · M. Gutowski[9] · P. De Blay[10] · J. L. Verhaeghe[11] · E. Barranger[12] · C. Lefebvre[13] · C. Ngo[14] · G. Ferron[15] · C. Palpacuer[16] · L. Campion[16]

NEOADJUVANT KEMOTERAPİ

Memede rCR var mı?

Memede rCR ile aksilla pCR ilişkisi

Memede pCR ile aksilla yanıtı ilişkisi

NEOADJUVANT KEMOTERAPİ

JAMA Surgery | Original Investigation

Identification of Patients With Documented Pathologic Complete Response in the Breast After Neoadjuvant Chemotherapy for Omission of Axillary Surgery

Audree B. Tadros, MD; Wei T. Yang, MD; Savitri
Benjamin D. Smith, MD; Vicente Valero, MD; D
Sarah M. DeSnyder, MD; Mediget Teshome, M
Beatriz E. Adrada, MD; Tanya Moseley, MD; Ro

IMPORTANCE A pathologic complete r
40% to 50% of patients with *HER2*-p
The need for surgery if percutaneous
(NCT) indicates pCR in the breast (her
questioned, and appropriate management of the axilla in such patients is unknown.

HER2(+) ve TN
T1-2 N0 M0 meme pCR → ypNo ≈ %100
T1-2 N1 M0 meme pCR → ypN0 = %90

Memede pCR ile aksilla yanıtı ilişkisi

NEOADJUVANT KEMOTERAPİ

BJS, 2021, 108, 667–674
DOI: 10.1002/bjs.12026
Advance Access Publication Date: 8 October 2020
Original Article

Toward omitting sentinel lymph node biopsy after neoadjuvant chemotherapy in patients with clinically node-negative breast cancer

M. E. M. van der Noordaa[1], F. H. van Duijnhoven[1], F. N. E. Cuijpers[1], E. van Werkhoven[2], T. G. Wiersma[3], P. H. M. Elkhuizen[3], G. Winter-Warnars[4], V. Dezentje[5], G. S. Sonke[1], E. J. Groen[6], M. Stokkel[7], and M. T. F. D. Vrancken Peeters[1,*]

	rCR			Non-rCR				
	n	ypN0	ypN0 rate (%)	*n*	ypN0	ypN0 rate (%)	Total	P*
HR+/HER2–	27	22	82 (62, 94)	103	73	71 (61, 79)	130	0·340
(HR+/–)/ HER2+	65	65	100 (93, 100)	22	19	86 (64, 97)	87	0·015
TNBC	42	41	98 (87, 100)	24	24	100 (86, 100)	66	1·000
Total	134	128	95·5 (90·5, 98·3)	149	116	77·9 (70·3, 84·2)	283	

Memede pCR ile aksilla yanıtı ilişkisi

NEOADJUVANT KEMOTERAPİ

BJS, 2024, znad401
https://doi.org/10.1093/bjs/znad401
Original Article

Nodal positivity in patients with clinically and radiologically node-negative breast cancer treated with neoadjuvant chemotherapy: multicentre collaborative study

Alexandra M. Zaborowski[1,*], Katie Doogan[1], Siobhan Clifford[2], Gavin Dowling[2], Farah Kazi[4], Karina Delaney[4], Himanshu Yadav[5], Aaron Brady[6], James Geraghty[1], Denis Evoy[1], Jane Rothwell[1], Damian McCartan[1], Anna Heeney[2], Mitchel Barry[2], Siun M. Walsh[2], Maurice Stokes[2], Malcolm R. Kell[2], Michael Allen[1], Colm Power[1], Arnold D. K. Hill[1], Elizabeth Connolly[4], Dhafir Alazawi[4].

Molecular subtype	ypT0	ypN0	NAKT protokol
HR+/HER2–	10 (13.2)	54 (71.0)	AC+T
HR+/HER2+	20 (23.0)	75 (86.2)	AC+T+ T (± P)
HR–/HER2+	24 (44.4)	51 (94.4)	AC+T+T (± P)
TNBC	57 (37.0)	144 (93.5)	AC+T (± Platin)

Memede pCR ile aksilla yanıtı ilişkisi; Aksilla cerrahisinin de-eskalasyonu

NEOADJUVANT KEMOTERAPİ

Perspective

Avoiding Axillary Sentinel Lymph Node Biopsy after Neoadjuvant Systemic Therapy in Breast Cancer: Rationale for the Prospective, Multicentric EUBREAST-01 Trial

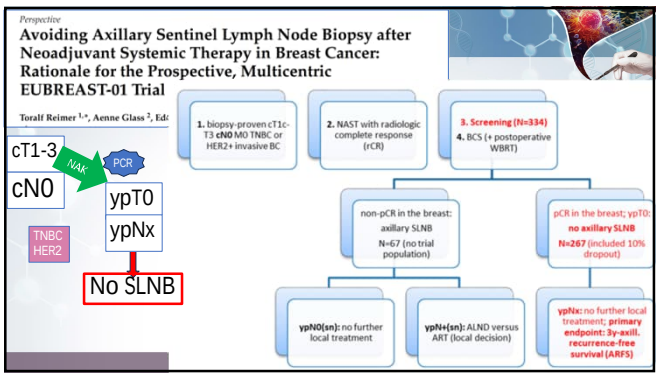
Toralf Reimer [1,*], Aenne Glass [2], Edoardo Botteri [3], Sibylle Loibl [4] and Oreste D. Gentilini [5]

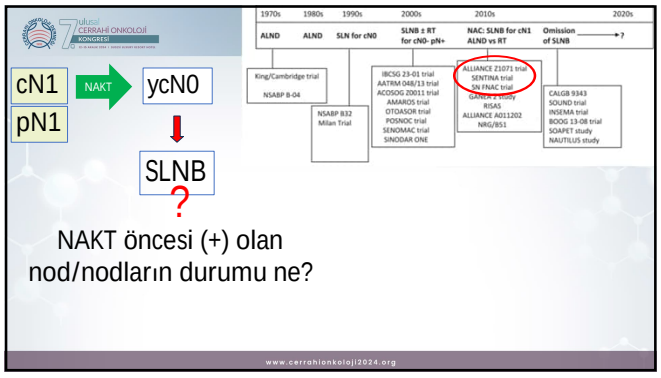
1 Department of Obstetrics and Gynecology, University of Rostock, 18055 Rostock, Germany
2 Institute of Biostatistics, University of Rostock, 18055 Rostock, Germany; aenne.glass@uni-rostock.de
3 Department of Research, Cancer Registry of Norway, 0304 Oslo, Norway; edoardo.botteri@kreftregisteret.no
4 German Breast Group, 63236 Neu-Isenburg, Germany; sibylle.loibl@gbg.de
5 Breast Surgery Unit, San Raffaele University and Research Hospital, 20132 Milan, Italy; gentilini.oreste@hsr.it
* Correspondence: toralf.reimer@med.uni-rostock.de; Tel.: +49-381-4401-4520

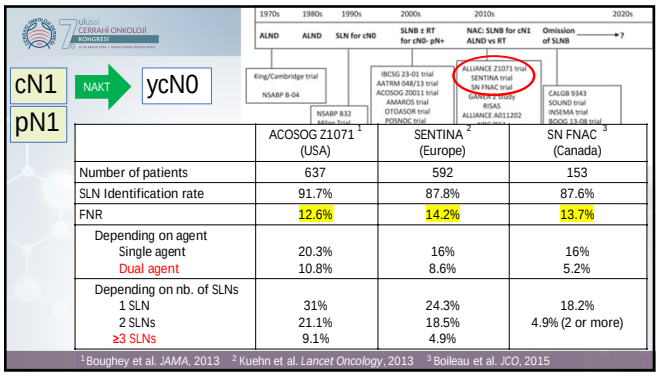
ClinicalTrials.gov

Avoiding Sentinel Lymph Node Biopsy in Breast Cancer Patients After Neoadjuvant Chemotherapy (ASICS)

ClinicalTrials.gov ID NCT04225858
Sponsor The Netherlands Cancer Institute
Information provided by The Netherlands Cancer Institute (Responsible Party)
Last Update Posted 2020-01-13

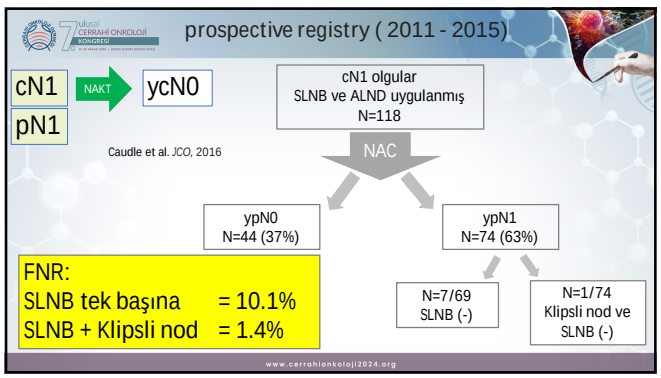


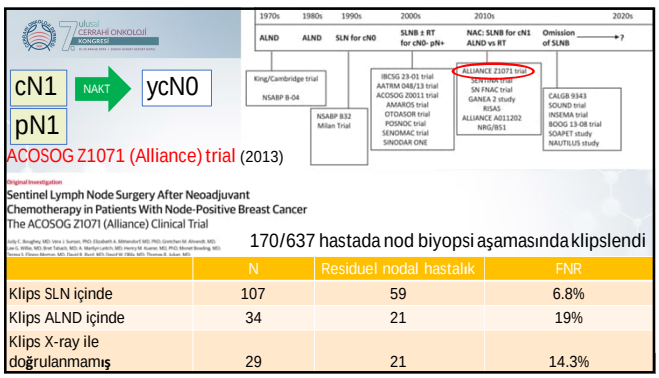




	ACOSOG Z1071 [1] (USA)	SENTINA [2] (Europe)	SN FNAC [3] (Canada)
Number of patients	637	592	153
SLN Identification rate	91.7%	87.8%	87.6%
FNR	12.6%	14.2%	13.7%
Depending on agent			
Single agent	20.3%	16%	16%
Dual agent	10.8%	8.6%	5.2%
Depending on nb. of SLNs			
1 SLN	31%	24.3%	18.2%
2 SLNs	21.1%	18.5%	4.9% (2 or more)
≥3 SLNs	9.1%	4.9%	

[1] Boughey et al. *JAMA*, 2013 [2] Kuehn et al. *Lancet Oncology*, 2013 [3] Boileau et al. *JCO*, 2015





170/637 hastada nod biyopsi aşamasında klipslendi

	N	Residuel nodal hastalık	FNR
Klips SLN içinde	107	59	6.8%
Klips ALND içinde	34	21	19%
Klips X-ray ile doğrulanmamış	29	21	14.3%

cN1 pN1 → NAKT → ycN0

klipsli nod / SLN ilişkisi

ACOSOG Z1071[1]:	klipsli nod bir SLN	63%	(107/170)
	klipsli nod ALND içinde	20%	(34/170)
	bilinmiyor	17%	(29/170)
MD Anderson[2]:	klipsli nod bir SLN değil	23%	(31/134)
Pittsburg[3]:	klipsli nod bir SLN değil	27%	(8/30)
Türkiye[4]:	klipsli nod bir SLN değil	19%	(16/86)
İspanya[5]:	klipsli nod bir SLN değil	23%	(6/35)

[1]Boughey et al. *Ann Surg*, 2015 [2]Caudle et al. *JCO*, 2016 [3]Diego et al. *Ann Surg Onc*, 2016 [4]Cabıoglu et al. *Ann Surg*, 2018 [5]Siso et al. *Ann Surg Onc*, 2018

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cN1 pN1 → NAKT → ycN0

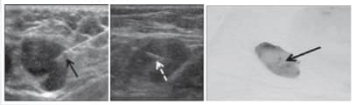
MARI Prosedürü (2015)

Annals of Surgery • Volume 261, Number 2, February 2015

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

The MARI Procedure

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



FNR= %7

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cN1 pN1 → NAKT → ycN0

RISAS Prosedürü (2022)

Radioactive Iodine Seed Placement in the Axilla with Sentinel Lymph Node Biopsy

JAMA Surgery | Original Investigation November 2022

Diagnostic Accuracy of Radioactive Iodine Seed Placement in the Axilla With Sentinel Lymph Node Biopsy After Neoadjuvant Chemotherapy in Node-Positive Breast Cancer

RISAS: MARI + SLNB

FNR= %3,5

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cN1 NAKT sonrası SLN (-) hastada ALND de-eskalasyonu

Study	n	Follow-up (years)	Axillary surgery	Nodal irradiation	Axillary recurrence
Milan (2016)[1]	70	5.1	SLNB Single tracer	0%	0%
MSKCC (2021)[2]	234	3.3	SLNB Dual tracer	70%	0.4%
NEOSENTI-TURK (2021)[3]	211	3.0	SLNB 65% Single tracer	100%	0%
MARI (2022)[4]	99	3.0	MARI	43%	1.0%
Asan Center (2023)[5]	314	5.4	SLNB Single tracer	87%	3.2%
Fudan University (2023)[6]	75	3.1	TAD	65%	0%

[1]Galimberti (2016) EJSO // [2]Barrio (2021) JAMA Oncol // [3]Cabioglu (2021) EJSO // [4]Van Loevezijn (2022) BCRT // [5]Lim (2023) BCRT // [6]Wu (2023) IJS

OPBC-04/EUBREAST-06/OMA study

cN1 pN1 → NAKT → SLNB vs TAD Onkolojik güvenlik?

Targeted axillary dissection (TAD) versus sentinel lymph node biopsy (SLNB) to determine nodal pCR

- OPBC-04 OMA: Retrospective real-world study[1,2]
- 2013-2020: 478 TAD versus 666 SLNB

Abstract GS4-02: Oncological Outcomes Following Omission of Axillary Lymph Node Dissection in Node Positive Patients Downstaging To Node Negative with Neoadjuvant Chemotherapy: the OPBC-04/EUBREAST-06/OMA study

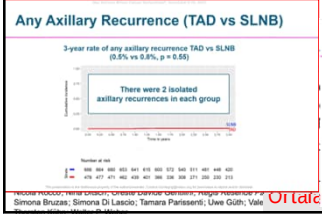
	SLNB	TAD
Hasta sayısı	666	478
Ortalama nod sayısı	4	3

OPBC-04/EUBREAST-06/OMA study

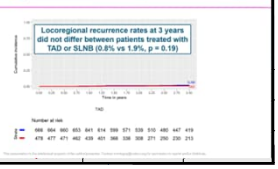
cN1 pN1 → NAKT → SLNB vs TAD Onkolojik güvenlik?

Targeted axillary dissection (TAD) versus sentinel lymph node biopsy (SLNB) to determine nodal pCR

Any Axillary Recurrence (TAD vs SLNB)



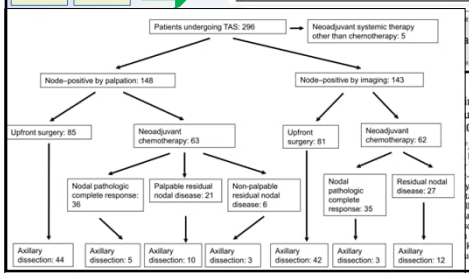
Locoregional Recurrence (TAD vs SLNB)



TAXIS

cN1 pN1 NAKT SI

	Overall	Upfront Surgery	Neoadjuvant chemotherapy
Clip removal rate	94.3%	96.4%	91.2%
FNR	1.8%	2.4%	0%
NPV	95.5%	92.3%	100%
DA	98.3%	97.6%	100%



NRG Oncology/NSABP B-51/RTOG 1304

pN1 NAKT ypN0 AxRT De-eskale

Abstract GS02-07: Loco-Regional Irradiation in Patients with Biopsy-proven Axillary Node Involvement at Presentation Who Become Pathologically Node-negative After Neoadjuvant Chemotherapy: Primary Outcomes of NRG Oncology/NSABP B-51/RTOG 1304

T1-3, N1, M0
1556 hasta 1:1 randomize, 59,5 ay izlem
NAKT sonrası ≥2 nod → ypN0
SLNB/ALND vs AxRT

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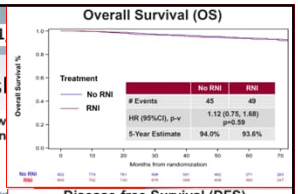
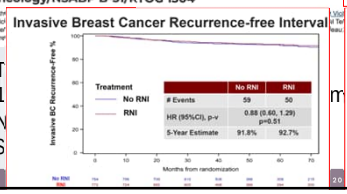
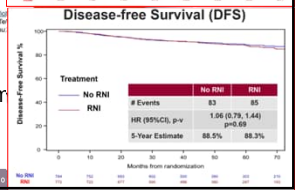
NRG Oncology/NSABP B-51

pN1 NAKT ypN0 AxRT De-esk

Abstract GS02-07: Loco-Regional Irradiation in Patients w Biopsy-proven Axillary Node Involvement at Presentation Who Become Pathologically Node-negative After Neoadjuvant Chemotherapy: Primary Outcomes of NRG Oncology/NSABP B-51/RTOG 1304







OPBC05/EUBREAST-14R/ICARO study

pN1 NAKT ypNitc ALND De-eskale

SABCS SAN ANTONIO BREAST CANCER SYMPOSIUM
DECEMBER 5-9, 2023 | @SABCSSanAntonio

The OPBC05/EUBREAST-14R/ICARO study
Are nodal isolated tumor cells (ITCs) after neoadjuvant chemotherapy an indication for axillary dissection?

ONCOPLASTIC BREAST CONSORTIUM

cALND

183 cALND vs 401 no cALND
cALND'nda %30 ek (+) nod mevcut
5 yıl aksiller nüks = %1,7 vs % 1,1 (p=0,7)

?

pN1 NAKT ypNmic ALND De-eskale

Prospektif veritabanının retrospektif analizi

Histolojik alt tipten bağımsız
702 hasta SLN (+) → ALND
SLN ypNmic olanların %59'unda ek (+) nod
SLN ypN(+) olanların %63'ünde en (+) nod

Rezidüel hastalık için ALND hala standart tedavi

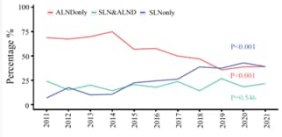
TA Moo, KR Pawloski, J Flynn, M Edelweiss, T Le, A Tadros, AV Barrio, **M Morrow**
Is residual nodal disease at axillary dissection associated with tumor subtype in patients with low volume sentinel node metastasis after neoadjuvant chemotherapy?, Annals of surgical oncology, 2021

www.cerrahionkoloji2024.org

I-SPY2 trial

pN1 NAKT ypNmic ypN1 Cerrah eğilimi

- Prospective I-SPY2 trial[1]
  - 525 hastada NAKT sonrası rezidü hastalık
  - 2011-2021: SLNB kullanımı %7'den %39'a çıktı (p<0.0001)



[1]Boughey JC, et al. Ann Surg Oncol. 2023 Oct;30(11):6401-6410.

pN1 → NAKT → ypNitc | ypNmic | ypN1 → ALND De-eskale ?

Study	n	Follow up (years)	Axillary surgery	Size of nodal metastasis	Nodal RT	Axillary rec
Mayo (2020)[1]	29	2.8	SLNB	ITC (n=9)	NR	0%
				Micro/Macro (n=20)	100%	0%
Neosentitürk (2021)[2]	92	3.0	SLNB	ITC/Micro (n=52)	100%	0%
				Macro (n=40)	100%	0%
McGill (2021)[3]	44	3.0	SLNB	ITC (n=9)	67%	0%
				Micro (n=10)	100%	10%
				Macro (n=35)	100%	8%
MARI (2022)[4]	118	3.0	MARI	NR	100%	3.4%
Johns Hopkins (2023)[5]	35	2.8	TAD	72% Macro	74%	0%

[1]Piltin (2020) ASO; [2]Cabioglu (2021) EJSO; [3]Wong (2021) ASO; [4]van Loevenzijn (2022) BCRT; [5]Dux (2023) ASO

When Can We Omit Axillary Dissection?
Residual nodal disease after neoadjuvant therapy?

pN1 → NAKT → ypN1 → ?

18TH ST.GALLEN INTERNATIONAL BREAST CANCER CONFERENCE 2023
15 - 18 March 2023, Vienna/Austria

A patient has undergone neoadjuvant treatment with AC/T chemotherapy, with a significant clinical response. At surgery, there is **1 residual macrometastasis** in the axilla (3 sentinels removed). The tumor is triple- negative. Would you recommend completion axillary dissection or axillary radiation?

1. Treatment Choice: AxLND — 46.94%
2. Treatment Choice: AxRT — 20.41%
3. Both — 28.57%
4. Neither — 2.04%
5. Abstain — 2.04%

Curigliano G, Burstein HJ, et al. Ann Oncol. 2023 Nov;34(11):970-986.

When Can We Omit Axillary Dissection?
Residual nodal disease after neoadjuvant therapy?

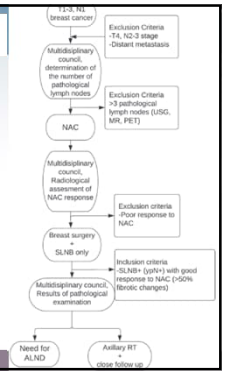
pN1 → NAKT → ypN1 → ALND vs AxRT ?

World Journal of Surgical Oncology

RESEARCH — Open Access

Axillary lymph node dissection is not required for breast cancer patients with minimal axillary residual disease after neoadjuvant chemotherapy

Mahmut Muslumanoglu[1], Baran Mollavelioglu[1*], Neslihan Cabioglu[1], Selman Emiroglu[1], Mustafa Tukenmez[1], Hasan Karanlik[2], Tolga Ozmen[3], Ravza Yilmaz[4], Rana Gunoz Comert[4], Semen Onder[3], Aysel Bayram[3], Duygu Has Simsek[4], Melis Oflas[4], Kamuran Ibis[1], Adnan Aydiner[4], Vahit Ozmen[1] and Abdullah Igci[1]



44 aylık izlemde aksiller nüks yok

When Can We Omit Axillary Dissection?
Residual nodal disease after neoadjuvant therapy?

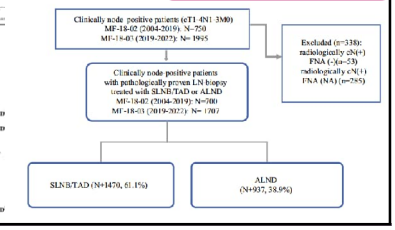
pN1 → NAKT → ypN1 → ALND vs AxRT ?

NAKT yanıtı iyi olan ypN1 hastalarda ALND de-eskale edilebilir

Annals of SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BREAST ONCOLOGY

Breast Cancer Recurrence in Initially Clinically Node-Positive Patients Undergoing Sentinel Lymph Node Biopsy After Neoadjuvant Chemotherapy in the NEOSENTITURK-Trials MF18-02/18-03



When Can We Omit Axillary Dissection?
Residual nodal disease after neoadjuvant therapy?

pN1 → NAKT → ypN1 → ALND vs AxRT ?

Trials	Inclusion	Design	Accrual	Results expected
Alliance[1] A011202 USA	cT1-3 N1 NACT → Pos (S)LN	ALND vs ART, extended regional irradiation	Completed n = 2010	**2029**
TAXIS[2] Global	cT1-4 N1-3 +/- NACT → Pos (S)LN	ALND vs ART, extended regional irradiation	1160/1500	**2030**

[1]Boughey J, et al. https://clinicaltrials.gov/ct2/show/NCT01901094 // [2]Weber WP, et al. Ann Surg Oncol. 2024 Jan;31(1):344-355.

pN1 → NAKT → SLNB'nde klip çıkmadı → ALND ?

Ann Surg Oncol (2022) 29:6133–6139
https://doi.org/10.1245/s10434-022-12240-6

Annals of SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BREAST ONCOLOGY

Is Nodal Clipping Beneficial for Node-Positive Breast Cancer Patients Receiving Neoadjuvant Chemotherapy?

Giacomo Montagna, MD, MPH[1], Minna K. Lee, MD[1], Varadan Sevilimedu, MBBS, DrPH[2], Andrea V. Barrio, MD[1], and Monica Morrow, MD[1]

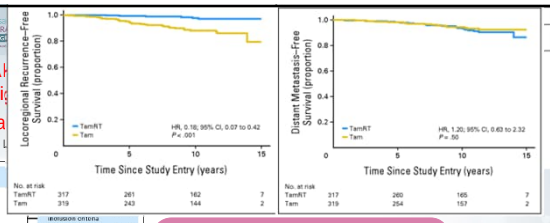
ALND

269 hasta, 251 (%93) ≥3 SLN, Ortalama SLN 4
%88 hastada klipli nod SLN
Klipli nod SLNB'de çıkmayan 31 hastadan 13'ünde SNLB (+) → klips ALND'nda çıkmış
18'inde SLNB (-) → no ALND
55 aylık izlemde nüks farkı yok

cN0 Ak… hiç…

CALGB tria…

the Cancer and L…



Olguların %60'ında aksiller evreleme yapılmadığı anlaşıldı

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cN0 Ak… hiç…

SOUND trial…

JAMA Oncology | Origina…

Sentinel Lymph… in Patients With… on Ultrasonogra…

The SOUND Ran…

Treatment	Patients, No. (%) SLNB (n = 708)	No axillary surgery (n = 697)	P value
Surgery			
Breast-conserving	12 (1.7)	675 (96.8)	
Breast-conserving and SLNB	646 (91.2)	13 (1.9)	NA
Breast-conserving, SLNB, and AD	45 (6.4)	5 (0.7)	
Mastectomy and SLNB	5 (0.7)	4 (0.6)	
Neither hormone therapy nor chemotherapy	17 (2.4)	11 (1.6)	
Hormone therapy without chemotherapy	549 (77.5)	564 (80.9)	.35
Chemotherapy without hormone therapy	49 (6.9)	38 (5.5)	
Both hormone therapy and chemotherapy	93 (13.1)	84 (12.1)	

Oreste Davide Gentilini, MD; Edoardo Botteri, PhD; Claudio Sangalli, BSc; Viviana Galimberti, MD; Mauro Porpiglia, MD; Roberto Agresti, MD; Alberto Luini, MD; Giuseppe Viale, MD; Enrico Cassano, MD; Nicholas 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

Çoğu ≤T1c
Çoğu MKC

SLNB 646
No SLNB 675

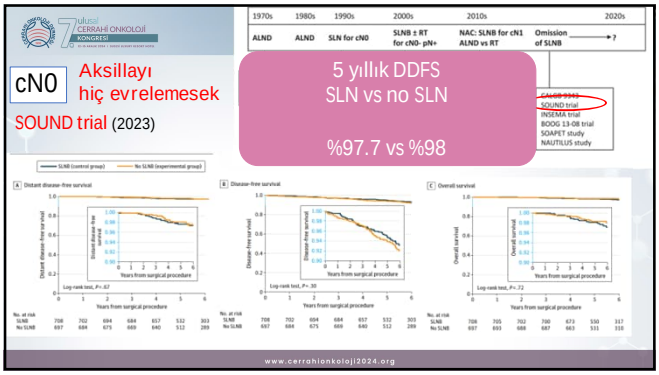
Z0011'in aksiliadan habersiz hali

cN0 Aksillayı hiç evrelemesek

SOUND trial (2023)

5 yıllık DDFS
SLN vs no SLN

%97.7 vs %98



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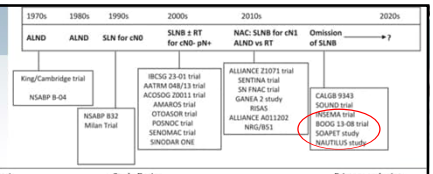
cN0 Aksillayı hiç evrelemesek

SÜREN ÇALIŞMALAR…



Trial	Planned Enrollment (N)	Inclusion Criteria	Study Design	Primary endpoint
INSEMA trial (Germany, NCT02466737)	5940	T < 5 cm, BCS + whole breast radiation	SLNB v. observation in patients with positive SLNB, second randomization to ALND v. no ALND	DFS at 5 years
BOOG 13–08 (Dutch, NCT02271828)	1644	T < 5 cm, planned BCS + whole breast radiation	SLNB v. observation	Regional recurrence at up to 10 years
SOAPET (China, NCT04072653)	1528	T < 5 cm, planned BCS + whole breast radiation	Stage 1: NPV of lymph PET Stage 2: no SLNB in patients with negative preoperative axillary assessment	Stage 1: NPV at 6 months Stage 2: DFS and LRFS at 5 years
NAUTILUS (Korea, NCT04303715)	1734	T < 5 cm, BCS + whole breast radiation + adequate systemic therapy	SLNB v. observation	Invasive DFS at 5 years

MKC + meme RT yapacaksak, aksillayı hiç evrelemesek

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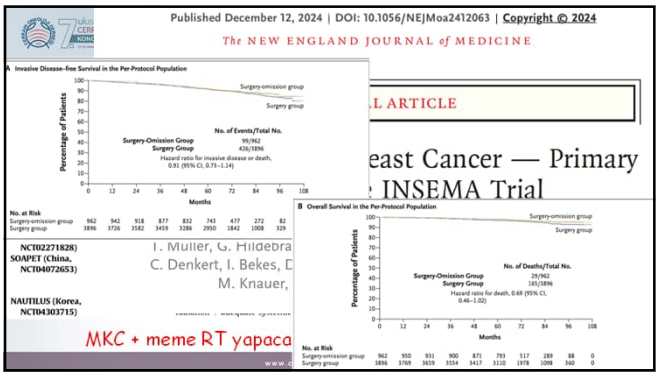

L ARTICLE

…east Cancer — Primary … INSEMA Trial

I. Muller, G. Hildebra…
C. Denkert, I. Bekes, D…
M. Knauer, …

NCT02271828)
SOAPET (China, NCT04072653)
NAUTILUS (Korea, NCT04303715)

MKC + meme RT yapaca…

ÖZET Aksilla cerrahisi küçülüyor

- Aksilla cerrahisi artık bir tedavi aracı değil. Evreleme, tedavi yanıtı değerlendirme
- SLN 1-2 (+) → ALND YAPMA (Z0011/AMAROS)
- SLN 1-3 (+) → ALND YAPMA (OTOASOR)
- SLN 1-3 (+) → ALND YAPMA, AxRT de VERME ! (POSCOC BEKLENİYOR)
- cN0, aksilla ted. planını değiştirmiyorsa (luminal, postmen.) aksilla evrelemesi de-eskale edilebilir (SOUND)
- cN1 (<3 nod), (pN1 olabilir) Luminal hastalık → DOĞRUDAN CERRAHİ
- TAD, tam yanıt vermesi beklenen hastada şart değil, sağkalım avantajı yok (NEOSENTITURK) (EUBREAST) (TAXIS)
- NAKT sonrası SLN'nda klip yok → DUR
- pN(+) → NAKT → SLNB → ypN0 DUR; ypNitc, ypNmic DUR; ypN(+) (iyi yanıtlı ise) DUR (NEOSENTITURK) (ALIANCE ve TAXIS yolda)
- Yaşlı hastada aksiller evreleme şart değil, SLNB elektif

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7. ulusal
CERRAHİ ONKOLOJİ
KONGRESİ
TEŞEKKÜRLER
Prof Dr H Özgür AYTAÇ, FEBS
Özgür Aytaç
Meme Cerrahisi • Breast Surgery