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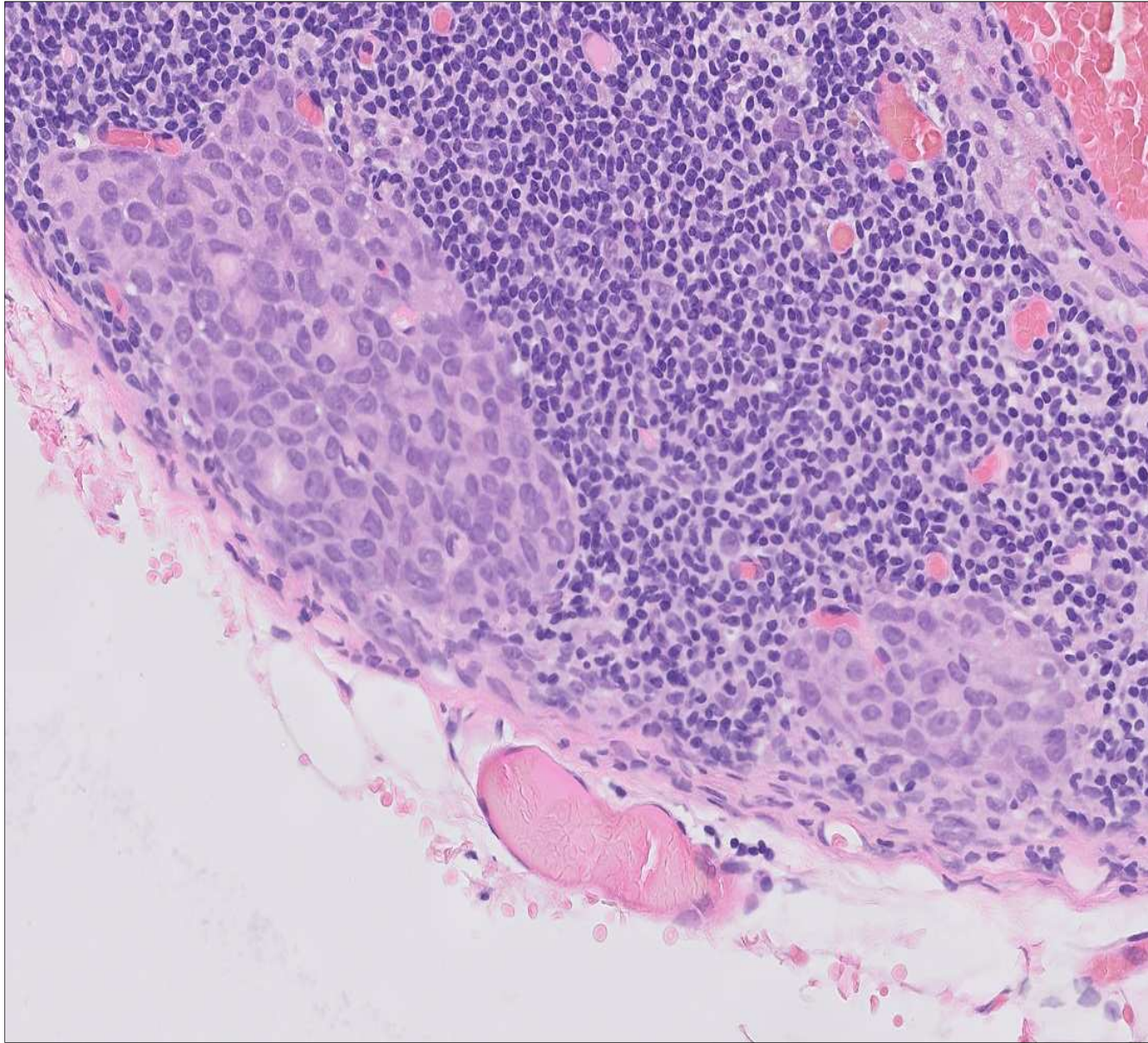
IV KONFERENCJA RAK PIERSI - ONKOLOGIA I PLASTYKA

POZNAŃ
20.09.2019 - 21.09.2019

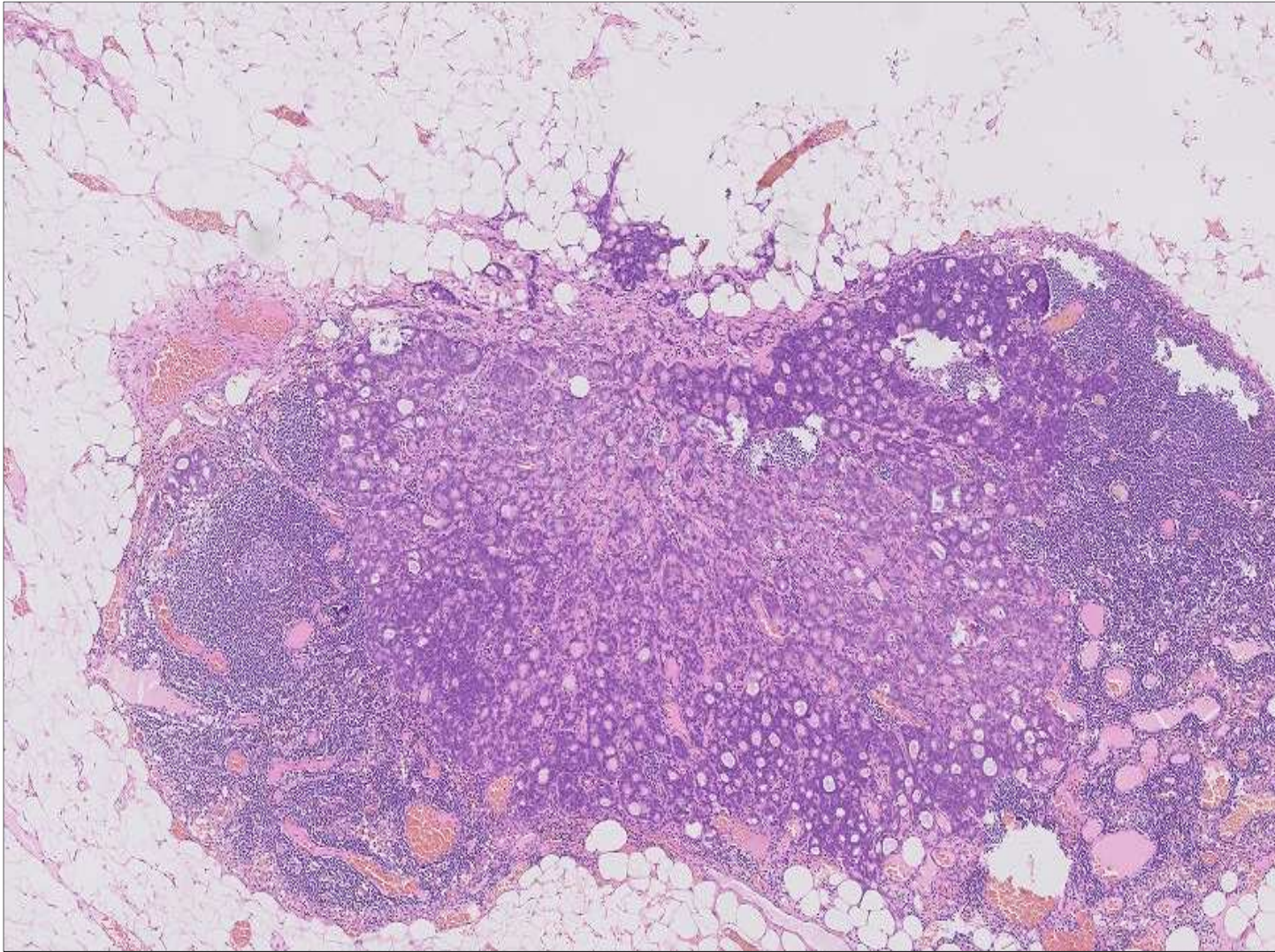
*Agnieszka Kołacińska-Voytkuv, Robert
Kubiak*

Naciek pozatorebkowy w przerzucie raka piersi

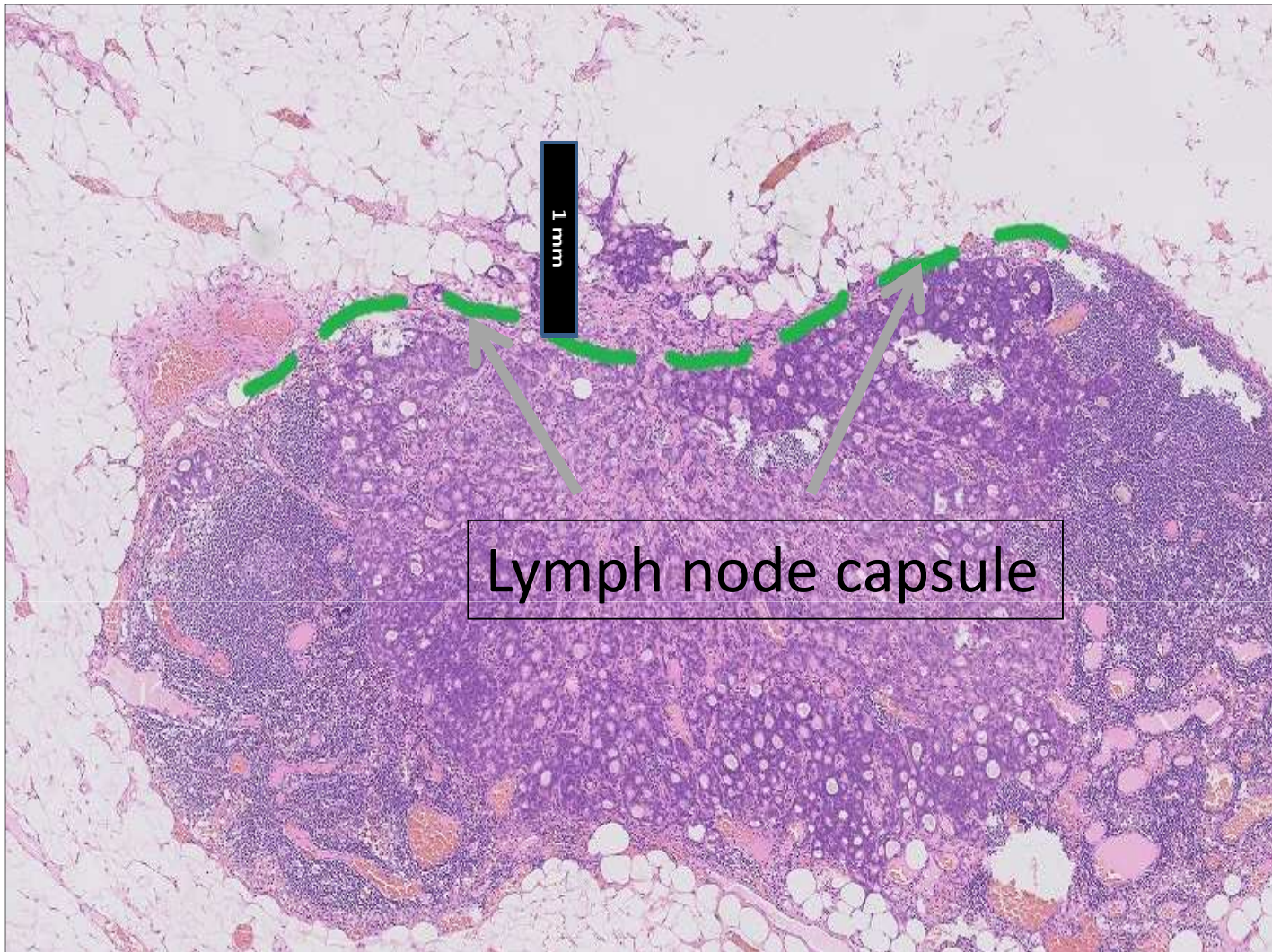




Lymph node metastasis limited to the node



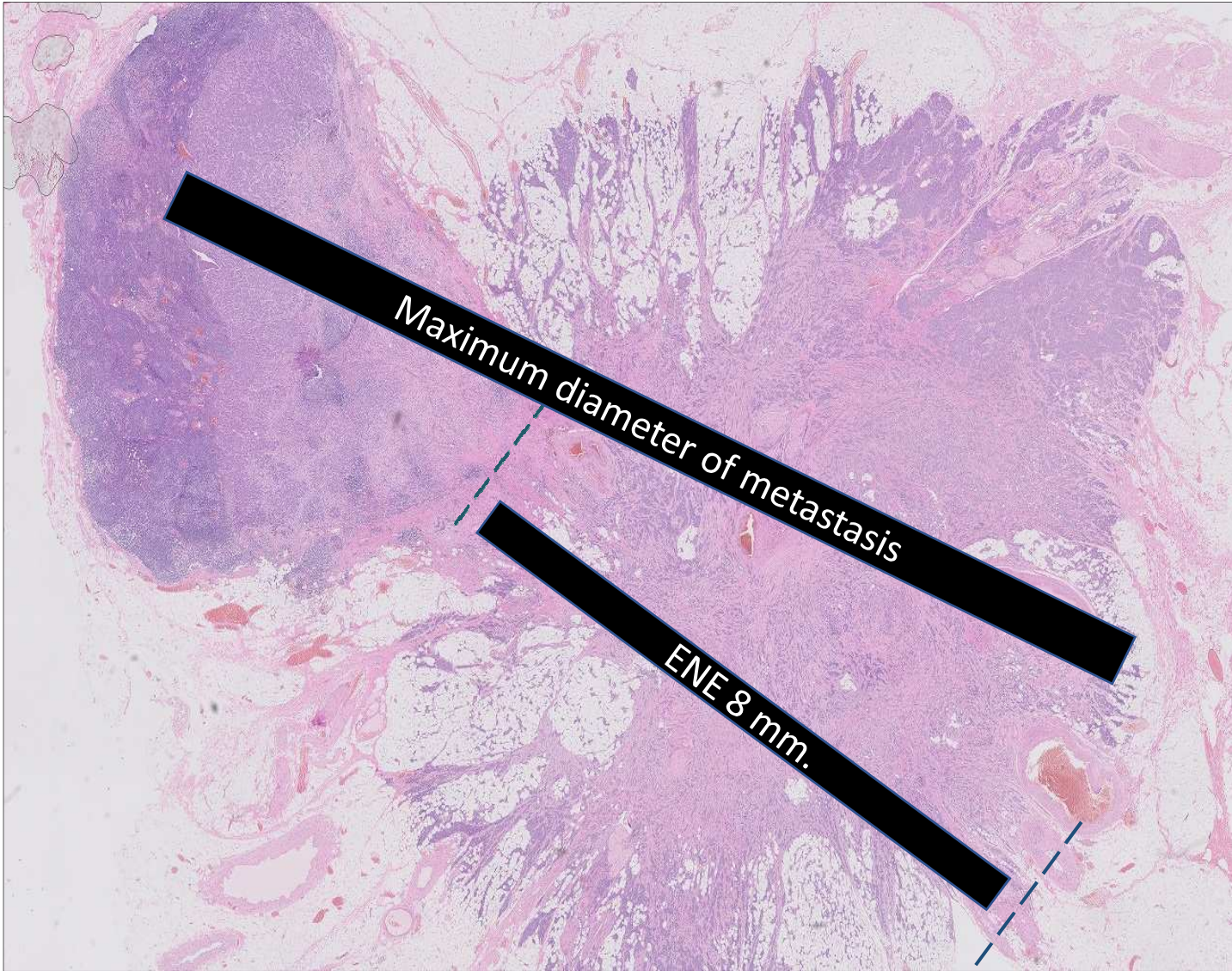
Extranodal extension (ENE) of breast cancer metastasis



Extranodal extension (ENE) smaller than 2 mm

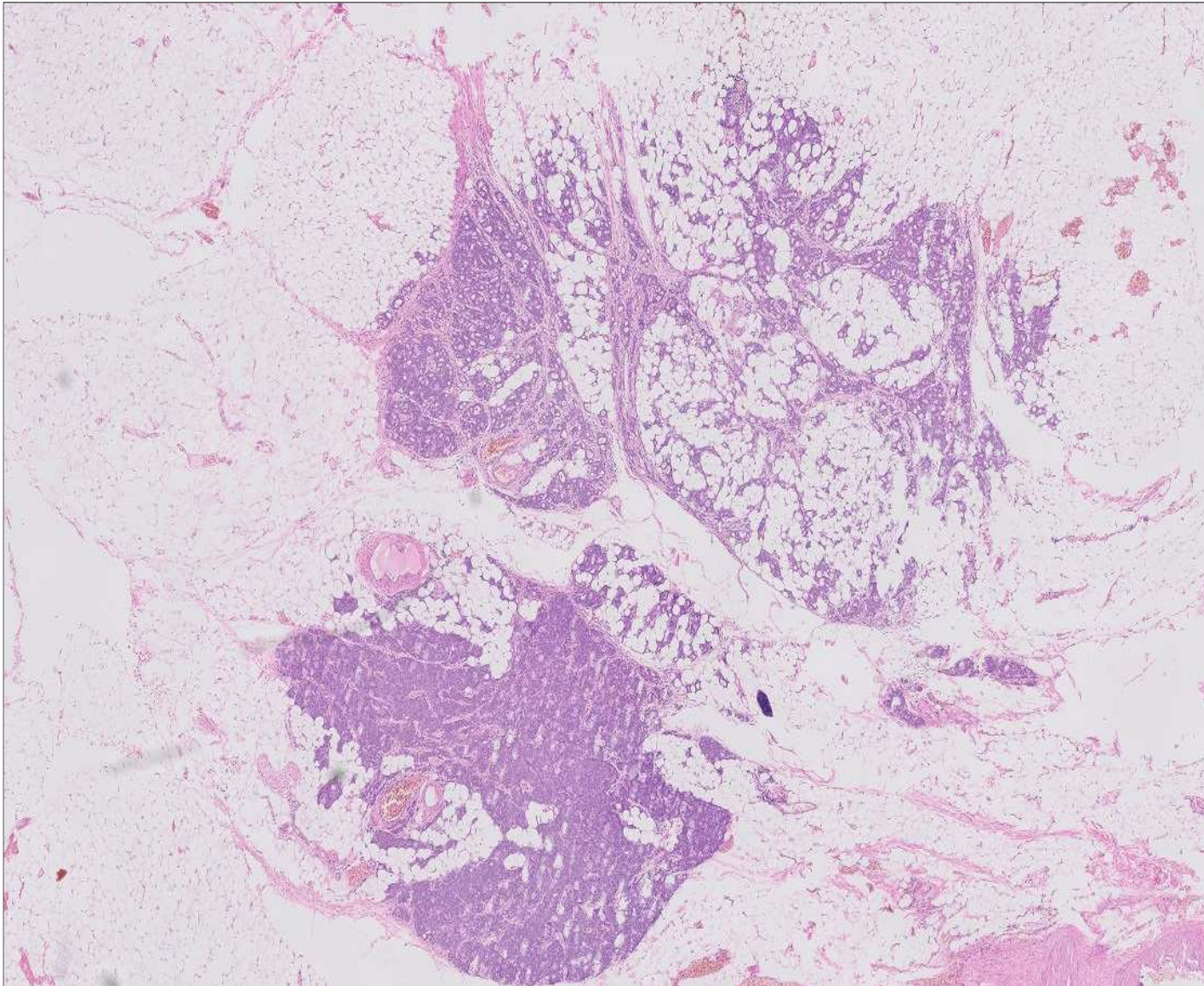


Multifocal extranodal extension (ENE) larger than 2 mm



Maximum diameter of metastasis

ENE 8 mm.



Cancerous nodules in axillary adipose tissue

Metastatic cancer can completely replace a lymph node (can be counted as positive lymph nodes)



ORIGINAL ARTICLE – BREAST ONCOLOGY

Clinical Significance of Extracapsular Invasion at Sentinel Lymph Nodes in Breast Cancer Patients with Sentinel Lymph Node Involvement

Hideo Shigematsu, MD, PhD¹, Kenichi Taguchi, MD, PhD², Hiroko Kouji, MD³, and Shinji Ohno, MD, PhD³

ECI (extracapsular invasion)

131 pts: non-SLN metastasis 61% ECI vs 28% ECI- negative
p<0.001

HR 3.2

5-y RFS 71.3% ECI vs 89.9% ECI neg p=0.001

HR 4.5

ECI at SLN is an independent predictor of both non-SLN metastasis and poor prognosis for BC patients with involved SLN



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ORIGINAL ARTICLE

Prediction of nonsentinel lymph node metastasis in breast cancer patients with one or two positive sentinel lymph nodes



Bahadır Öz ^{a,*}, Alper Akcan ^a, Serap Doğan ^b,
Ümmühan Abdulrezzak ^c, Dicle Aslan ^d, Erdoğan Sözüer ^a,
Ertan Emek ^a, Muhammet Akyüz ^a, Ferhan Elmalı ^e, Engin Ok ^a

Predicting factors of non-SLN metastasis: LVI, ECI, Ki-67, HER2+



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The Extent of Extracapsular Extension May Influence the Need for Axillary Lymph Node Dissection in Patients with T1-T2 Breast Cancer

Jessica Gooch, MD¹, Tari A. King, MD¹, Anne Eaton, MS², Lynn Dengel, MD¹, Michelle Stempel, MPH¹, Adriana D. Corben, MD³, and Monica Morrow, MD¹

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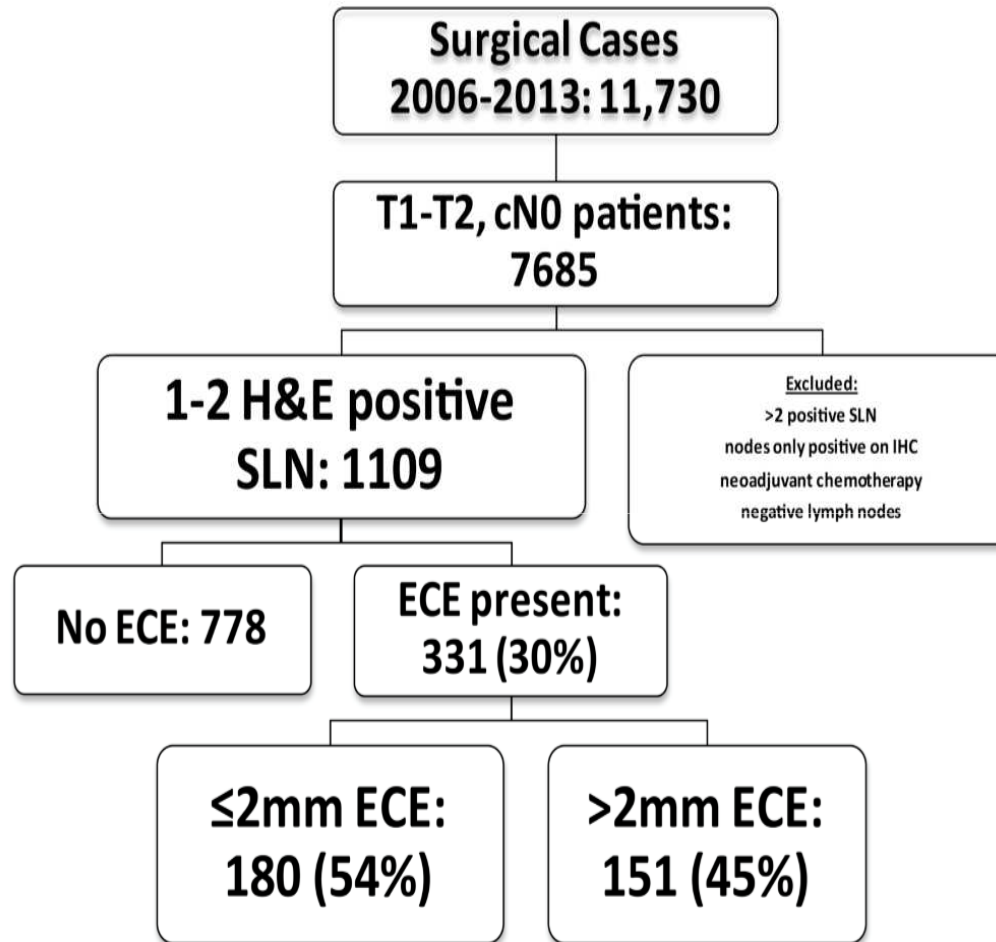


Figure 1. Patient Selection

Pts with ECE:

- ✓ Older 57 vs 54yrs $p=0.001$
- ✓ Larger tumors 2.0 vs 1.7cm $p<0.0001$
- ✓ Multifocal $p=0.006$
- ✓ HR positive $p=0.0164$
- ✓ LVI $p<0.0001$

	≥4 additional positive nodes at cALND
with ECE	20%
without ECE	3%

	≥4 additional positive nodes at cALND
>2mm ECE	33%
<2mm ECE	9%

p<0.0001

Gooch et al.

Synopsis

ECE in 1-2 sentinel nodes is predictive of additional nodal metastases and a greater likelihood of disease in 4 or more nodes, even in patients with T1-2, cN0 cancers. One third of patients with >2mm of ECE have ≥ 4 involved nodes.

Conclusions—Presence and extent of ECE were significantly correlated with nodal tumor burden at cALND, suggesting that >2mm of ECE may be an indication for ALND or RT when applying Z0011 criteria to patients with metastases in <3 SLNs. ECE reporting should be standardized to facilitate future studies.

extracapsular extension in SN



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Śr 18.09.2019 13:23

Do: Agnieszka Kołacińska-Voytkuv;

We do not routinely dissect these. Presence and extent of mECE is one of the things we consider in giving nodal RT (as in the AMAROS trial). We presented an abstract of outcomes with mECE at San antonio last year---did not see an increase in LRR.

Monica Morrow, MD

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Chirurgiczne leczenie zmian nowotworowych piersi

II Konsensus Polskiego Towarzystwa Chirurgii Onkologicznej

Patronat merytoryczny Konsultanta Krajowego w dziedzinie chirurgii onkologicznej

Redaktorzy wydania:

Zbigniew I. Nowecki, Arkadiusz Jeziorski

Wskazania do wykonania ALND po SLNB w przypadku wykonywania BCS	
Brak identyfikacji SLN podczas SLNB (usuwa się I piętro węzłów chłonnych pachowych)	1+
SLN+ z naciekiem mikroskopowym raka poza torebkę węzła chłonного	0
SLN (i+)	2-
SLN (mic+)	2-
SLN+ (spełnione są warunki badania Z0011)	1-
Wskazania do wykonania ALND po SLNB w przypadku wykonywania mastektomii	
Brak identyfikacji SLN podczas SLNB (usuwa się I piętro węzłów chłonnych pachowych)	1+


cd. →

31

Poziom rekomendacji	Kryteria rekomendacyjne*	Poziom zgodności autorów Konsensusu
2+	Badanie lub interwencja terapeutyczna są wysoce korzystne dla pacjentów, mogą być polecane bez ograniczeń, należy je stosować	81–100%
1+	Badanie lub interwencja terapeutyczna mają ograniczoną wartość dla pacjentów, zaleca się ich stosowanie	61–80%
0	Nie ma dowodów, że badanie lub interwencja terapeutyczna są korzystne dla pacjentów, są dopuszczalne jedynie w zindywidualizowanych przypadkach	41–60%
1-	Badanie lub interwencja terapeutyczna mogą być niekorzystne dla pacjentów, nie są zalecane do stosowania	21–40%
2-	Badanie lub interwencja terapeutyczna są szkodliwe dla pacjentów, należy ich unikać	0–20%

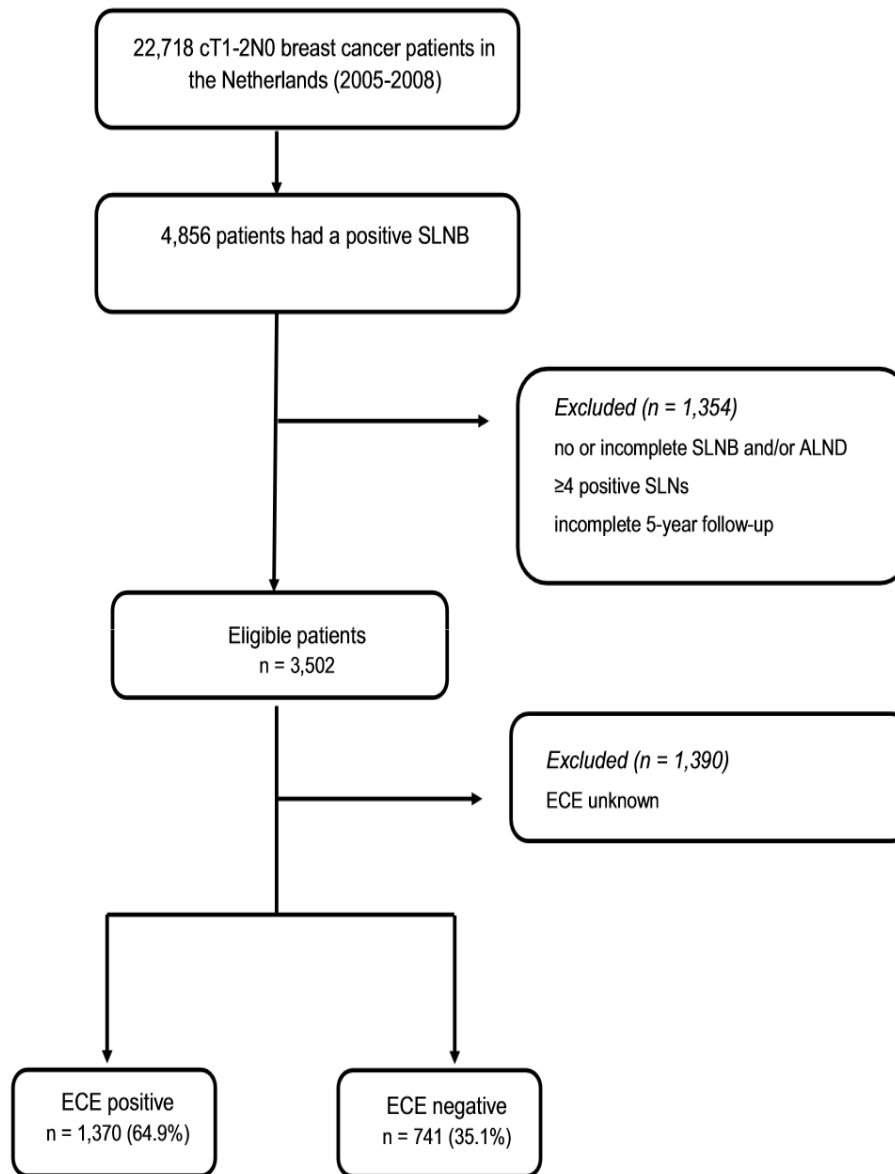


Extracapsular extension in the positive sentinel lymph node: a marker of poor prognosis in cT1-2N0 breast cancer patients?

Marissa L. G. Vane^{1,2}  · Maria A. Willemsen¹ · Lori M. van Roozendaal³ · Sander M. J. van Kuijk⁴ · Loes F. S. Kooreman^{2,5} · Sabine Siesling^{6,7} · Hans H. W. de Wilt⁸ · Marjolein L. Smidt^{1,2}

Objective This study aims to evaluate whether extracapsular extension (ECE) in the sentinel lymph node (SLN) is associated with involvement of ≥ 4 lymph node metastases at completion axillary lymph node dissection (ALND) and the effect on 5-year disease-free survival (DFS) and 10-year overall survival (OS).

Summary background data ECE in a SLN is usually a contraindication for omitting completion ALND in cT1-2N0 breast cancer patients treated with breast-conserving therapy and 1–2 positive SLN(s).





Extracapsular extension in the positive sentinel lymph node: a marker of poor prognosis in cT1-2N0 breast cancer patients?

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	5y LR		5y RR
ECE	1.6%	ECE	0.9%
without ECE	2.6%	without ECE	1.1%

p=0.196

p=0.788

	5yDM
ECE	12.2%
without ECE	7.8%

p=0.008

Table 3 Uni- and multivariable analysis for predictors of five-year DFS

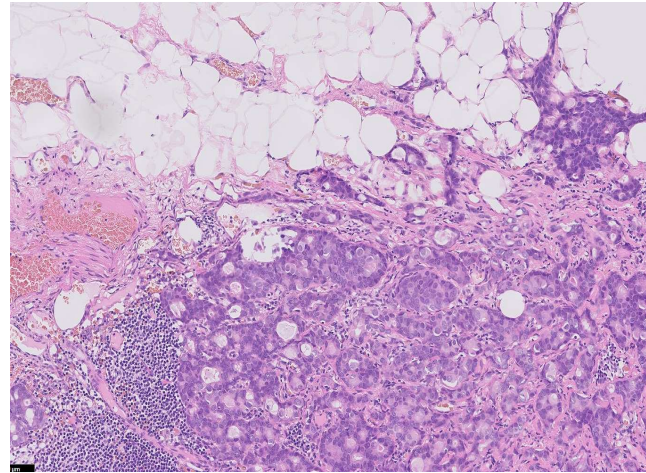
	Univariable analysis		Multivariable analysis	
	HR (95%CI)	<i>P</i> value	HR (95%CI)	<i>P</i> value
ECE vs. no ECE	1.246 (0.970–1.602)	0.086	1.302 (0.930–1.823)	0.125

Table 4 Uni- and multivariable analysis for predictors of ten-year OS

	Univariable analysis		Multivariable analysis	
	HR (95%CI)	<i>P</i> value	HR (95%CI)	<i>P</i> value
ECE vs. no ECE	1.277 (1.0443–1.564)	0.018	1.168 (0.881–1.548)	0.281

Conclusions ECE was significantly associated with involvement of ≥ 4 lymph node metastases in the completion ALND group. ECE was not an independent prognostic factor for both DFS and OS.

Z0011 study did not include microscopic ECE as a stratification factor



- ✓ The extent of ECE might be useful in further stratifying the risk of extensive involvement of non-SLN/ indication for ALND or ART.
- ✓ The adoption of a standard pathologic technique for measuring the extent of ECE is necessary.