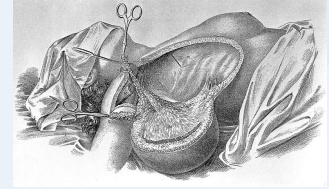


MANAGING THE AXILLA IN 2017

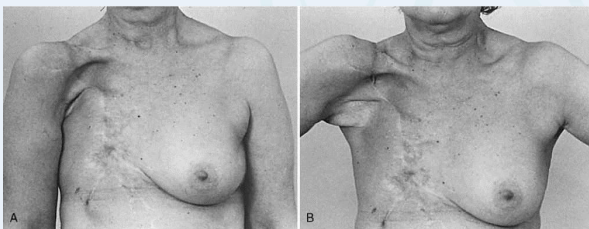
Dr. Erica Whineray Kelly

A Brief History...

- «There is definite more or less uninterrupted or quite uninterrupted connection between the original focus and the outlying deposits of cancer... »

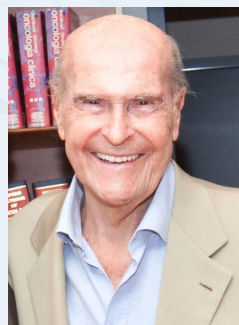
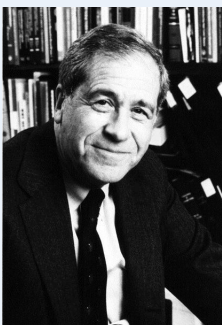


Halsted's Radical Mastectomy



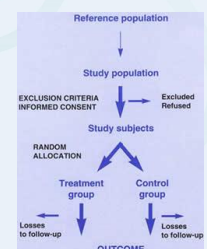
"Many women can stand the operation with the greatest courage and without hardly moaning at all. Others however make such a clamour they may dishearten even the most undaunted surgeon and hinder the operation. To perform the operation, the surgeon should be steadfast and not allow himself to become discomforted by the cries of the patient."

The Revolution- Fisher & Veronesi



New Era

- Randomised Controlled Trials
- Statistical Methodology



Breast cancer: from “maximum tolerable” to “minimum effective” treatment

Umberto Veronesi*, Voia Stafyla, Alberto Luini and Paolo Veronesi

Department of Sanology, European Institute of Oncology, Milan, Italy

Edited by:
Reto P. Sanchi, European Institute
of Oncology, Italy

Reviewed by:
James Urbani, Wake Forest
University Baptist Medical Center,
USA
Giancarlo Corio, University
of Illinois at Chicago, USA

***Correspondence:**
Umberto Veronesi, Scientific
Director, Department of Sanology,
European Institute of Oncology, Via
Risparmio 436, 20141, Milan, Italy.
e-mail: umberto.veronesi@ieo.it

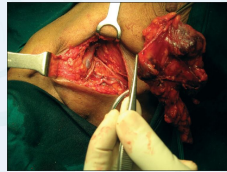
Randomized trials have played a fundamental role in identifying better treatments for most type of diseases, especially in the oncological field. In breast cancer, the shift from “maximum tolerable” to “minimum effective” treatment has been evident since the 1970s and has been based on the results of international randomized trials. The progress of breast surgery represents an excellent model of the evolution of science and the aim of this article is to review the main randomized studies that changed everyday practice in breast surgery.

Keywords: breast cancer, randomized trials, maximum tolerable treatment, minimum effective treatment, conservative treatment

What did we learn?

- Less surgery is ok
- High rates of clinically significant axillary disease if there is no axillary treatment
- Axillary surgery and axillary radiation similar in efficacy

Role of Axillary Clearance



- Improve regional control
- Improve survival
- Obtain information to guide systemic therapy
- Obtain information to guide radiotherapy
- Obtain information about prognosis

Morbidity of AxCI

- Lymphedema
- Limited arm movement / frozen shoulder
- Numbness
- Pain
- Cording



- The survival advantage of axillary dissection, if any, is very small.
- The small single-digit differences in local recurrence observed between the various strategies of axillary management in contemporary practice will not affect survival.

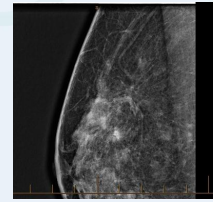
Sentinel Lymph Node Biopsy

- Gold Standard for cN0 patients
- Exceptions: Bx Proven Axillary Disease
Inflammatory Cancer
Neoadjuvant Therapy

Do N+ patients need an AxCI?

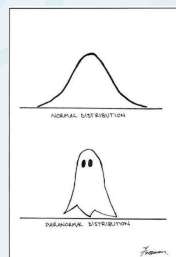
- No....
cN0, SNB +..... Axillary radiotherapy
- Axillary Radiotherapy
Non-inferior LR (1% difference)
No difference to OS, DFS
Reduced arm morbidity

Mrs RT 58 years



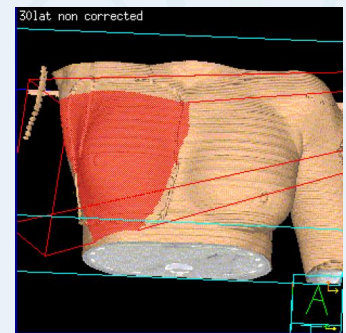
Z 11 Trial

- Perfect guide on how to do a bad non-inferiority trial....
- Failure to accrue
- Data Loss
- Missing patients
- Protocol violation
- Withdraws



Z11 Trial

- Showed that Axillary Radiation works....
- Mx patients excluded



Levels of Evidence

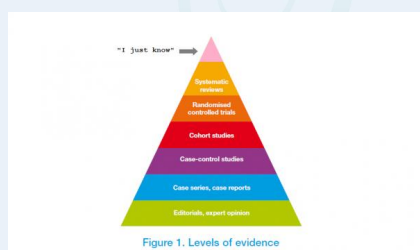
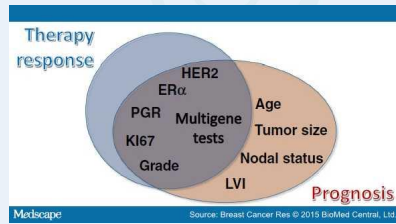


Figure 1. Levels of evidence

The 2017 Axilla

- SNB:
All cN0 axilla
(Excluding inflammatory Cancer)
Pre-Rx Neoadjuvant Chemo
- Axillary Radiotherapy
cN0 SNB pN+ disease
(Less than 2 mm ENS)

Nodal Information is Important



The 2017 Axilla

- Axillary Clearance
All cN+ disease
NACT- pre-rx SNB pN+
- Questions:
Rx of pCR of nodes with NACT
? Surgery ? SNB ? Chemo

The 2017 Axilla

- Axillary Clearance
All cN+ disease
NACT- pre-rx SNB pN+
- Questions:
Rx of pCR of nodes with NACT
? Surgery ? SNB ? Chemo

