

ασθενείς με διηθημένο φρουρό λεμφαδένα:
ακτινοβολία μασχαλιαίων λεμφαδένων ή
εγχείρηση λεμφαδενικού καθαρισμού;

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δήλωση συμφερόντων

- δηλώνω ότι δεν έχω (προσωπικά ή ως μέλος εργασιακής/ερευνητικής ομάδας) ή μέλος της οικογένειάς μου οποιοδήποτε οικονομικό ή άλλου είδους όφελος από τις εταιρείες/επιχειρήσεις που διοργανώνουν/χρηματοδοτούν την άνω εκδήλωση κατά τη διάρκεια των τελευταίων 4 ετών

regional nodal irradiation (RNI)

- regional nodal management, an integral part of the care plan for BCa
- “eradication of residual microscopic disease in the lymphatics may improve BCa survival”

Halsted theory

- “more minimal approach to nodal management in a disease that exhibits distant micrometastasis at an early stage”

Fisher’s hypothesis

- debate on the need and/or extent of regional lymphatic treatment; a debate centered mainly on the extent of subclinical residual disease in the lymphatic region and on the subsequent regional recurrence risk weighted against the treatment toxicity
- “the truth likely lies somewhere in between”

Hellman

anatomy

axillary LNs divided into three levels by relation to pectoralis minor muscle:

- level I (low axillary): inferior/lateral to pectoralis minor
- level II (midaxillary): directly beneath pectoralis minor
Rotter's nodes (interpectoral): considered level II, between pectoralis major and minor
- level III (apical or infraclavicular): superior/medial to pectoralis minor muscle
- internal mammary LNs (IMLN): 1st to 5th intercostal spaces, 3-3.5 cm from midline
- supraclavicular LNS

current guidelines

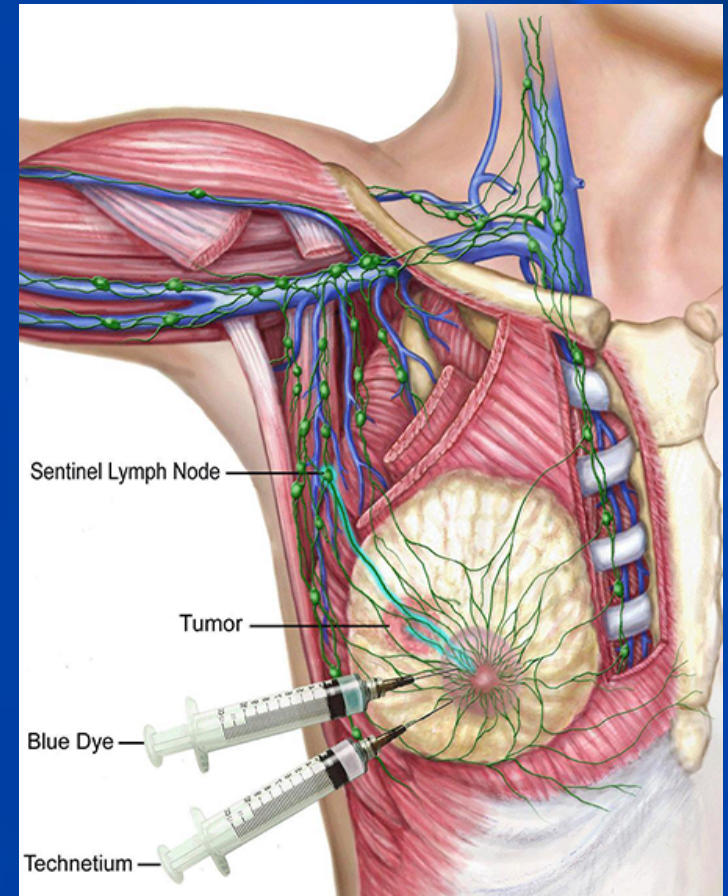
- RNI indicated for ≥ 4 positive nodes (estimated LRR $>20\%$)
- consider in women with 1-3 positive nodes (LRR $<15\%$) especially if high risk features present:
 - ✓ ECE
 - ✓ LVSI
 - ✓ less than 10 LNs removed in ALND
 - ✓ $\geq 20\%$ of dissected LNs (+)

sentinel lymph node biopsy (SLNB)

- evaluation of nodes became “easier”, less morbidity and less extensive surgery
- false negative rate similar to ALND (2-12%), likely not increased with neoadjuvant ChT

Buchholz et al. 2008

- very low rate of subsequent axillary recurrence (<5%)
- completion of ALND indicated in the case of involved SLNB (controversial in case of pN1mi+ or low risk disease, nomograms can be used to assess risk for nonsentinel node positivity and ALND may be omitted if <10% risk)



question I:

is there a benefit of adjuvant RNI in early stage BCa?

Adjuvant radiotherapy of regional lymph nodes in breast cancer - a meta-analysis of randomized trials

Wilfried Budach^{1*}, Kai Kammers², Edwin Boelke¹ and Christiane Matuschek¹

Budach *et al. Radiation Oncology* 2013, **8**:267

meta-analysis of randomized trials

- meta-analysis of three large randomized trials (n=7170)
 - MA.20 (n=1832)
 - EORTC 22922-10925 (n=4004)
 - French trial (n=1334)
- main eligibility criteria:
 - positive axillary LN (all trials)
 - LN negative disease with high risk for recurrence (MA.20)
 - medial/central tumor location (French, EORTC)
- primary endpoint :
 - OS
- secondary endpoints:
 - disease-free survival (DFS)
 - distant metastasis free survival (DMFS)

Canadian MA.20 trial

