

IL CARCINOMA MAMMARIO BRCA CORRELATO

TERAPIA CHIRURGICA

BCT o MM

OS = non carriers

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ORIGINAL REPORT

Breast Cancer Prognosis in *BRCA1* and *BRCA2* Mutation Carriers: An International Prospective Breast Cancer Family Registry Population-Based Cohort Study

Pamela J. Goodwin, Kelly-Anne Phillips, Dee W. West, Marguerite Ennis, John L. Hopper, Esther M. John, Frances P. O'Malley, Roger L. Milne, Irene L. Andrulis, Michael L. Friedlander, Melissa C. Southey, Carmel Apicella, Graham G. Giles, and Teri A. Longacre

Pamela J. Goodwin, Princess Margaret Hospital, Pamela J. Goodwin and Isma L.

The NEW ENGLAND
JOURNAL of MEDICINE

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Clinical Outcomes of Breast Cancer in Carriers of *BRCA1* and *BRCA2* Mutations

Gad Rennert, M.D., Ph.D., Shantih Bisland-Naggan, M.P.H., Ofra Barnett-Griness, Ph.D., Naomi Bar-Joseph, M.A., Shiyu Zhang, M.D., Hedy S. Rennert, M.P.H., and Steven A. Narod, M.D.

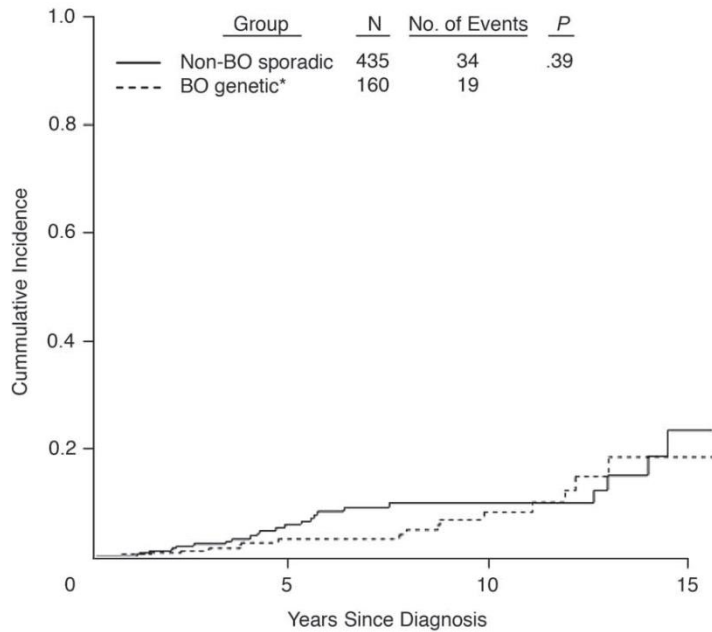
Mastectomy o BCT? OS = non carriers

Breast Cancer Res Treat. 2010 June ; 121(2): 389–398. doi:10.1007/s10549-010-0894-z.

Local Therapy in BRCA1 and BRCA2 Mutation Carriers with Operable Breast Cancer: Comparison of Breast Conservation and Mastectomy

Lori J. Pierce¹, Kelly-Anne Phillips², Kent A. Griffith³, Sandra Buys⁴, David K. Gaffney⁵, Meena S. Moran⁶, Bruce G. Haffty⁷, Merav Ben-David⁸, Bella Kaufman⁸, Judy E. Garber⁹, Sofia D. Merajver¹⁰, Judith Balmaña¹¹, Amichay Meirovitz¹², and Susan M. Domchek¹³

BCT



- **Non incremento** recidiva dopo BCT
- **Incremento** secondi tumori

QUINDI...

“ Non vi sono evidenze conclusive che vi sia necessità di mastectomia ipsilaterale nelle portatrici di mutazione BRCA”

Pierce LJ , J Clin Oncol 2006, Garcia-Etienne CA, Ann Surg Oncol 2009

“...therefore, breast conservation remains a suitable option after a through discussion with a patient motivated to retain her breast ”

CRRM

CBC x 3,5 non carriers

(Lostumbo L., Cochr. Syst Rev 2010)

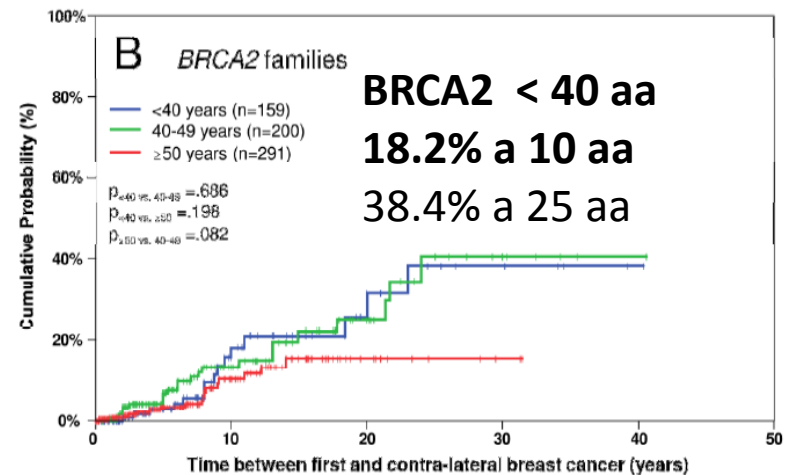
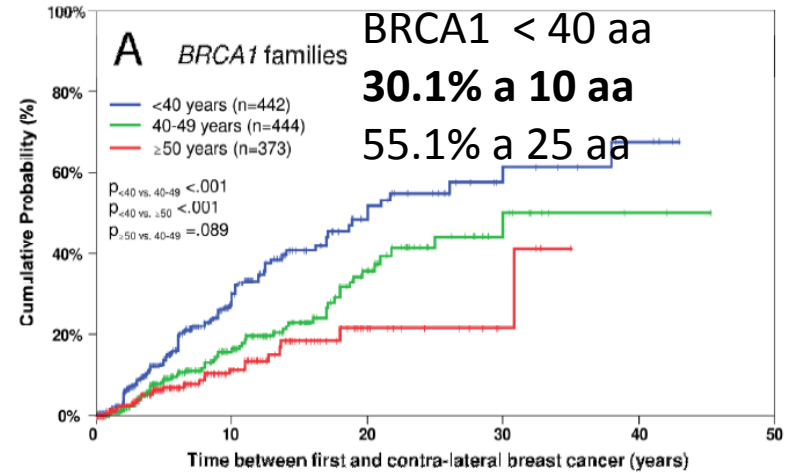
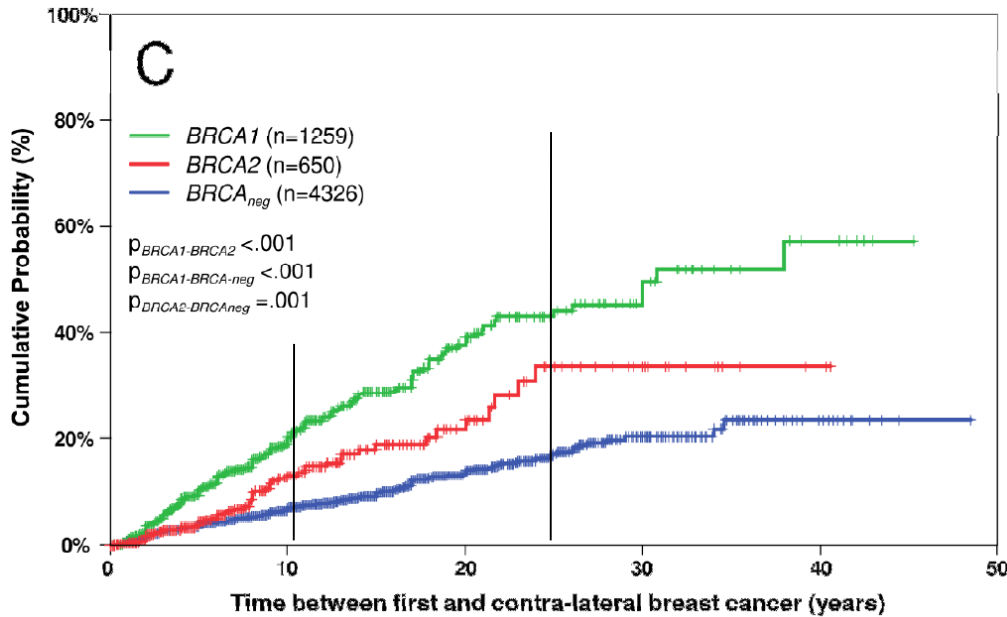
	10 aa	25 aa
BRCA1	20.4 %	44.1%
BRCA2	13.2 %	33.5%
BRCA neg	7.1%	17.2%

Rhiem K, JCO 2011

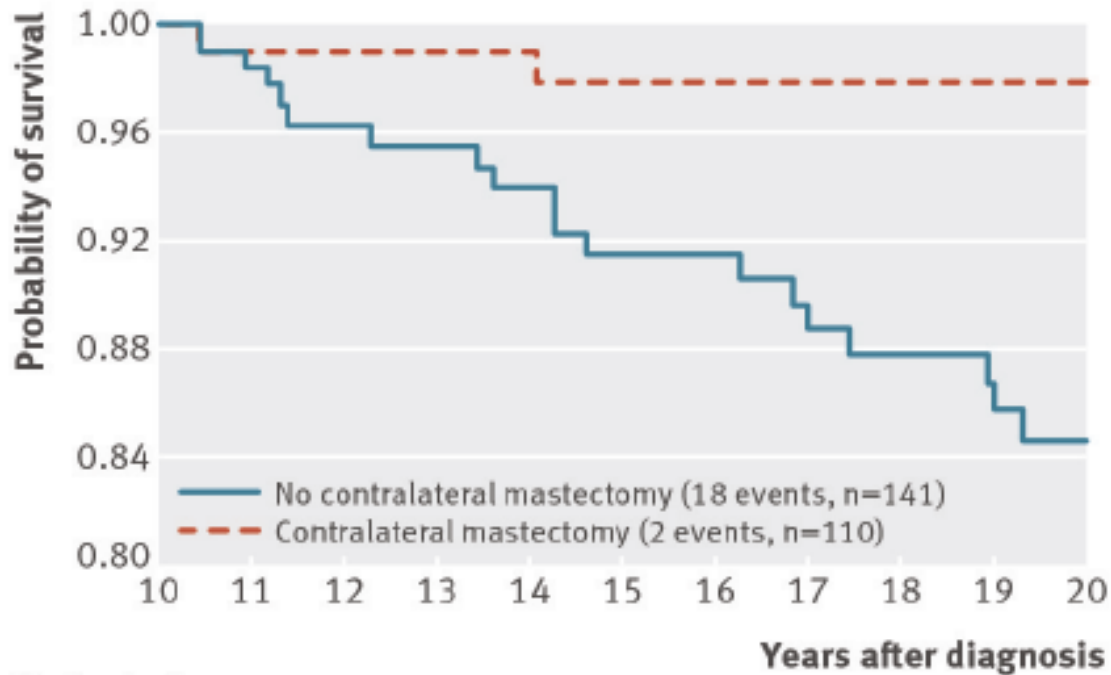
CRRM

BRCA1 e BRCA2 < 40 aa

RISCHIO NEOPLASIA CONTROLATERALE



CRRM



- La mastectomia controlaterale è associata ad una **riduzione del rischio di decesso per carcinoma mammario del 48%**

No in study

Contralateral mastectomy

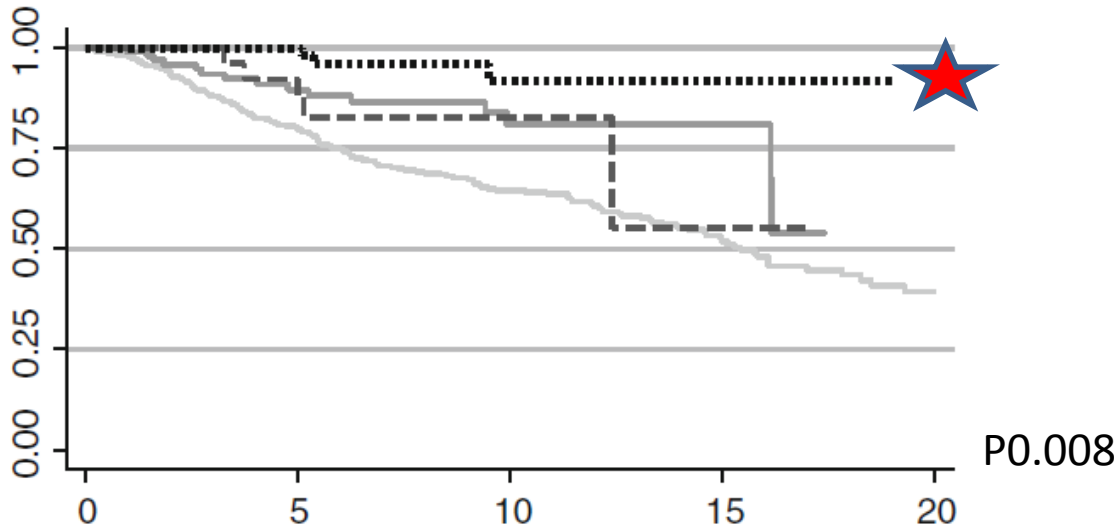
110 104 95 92 83 71 61 58 45 42 39

No contralateral mastectomy

141 134 127 122 116 108 101 94 87 83 72

Metcalfe K, BMJ 2014

CRRM + RRO



Time from surgery or breast cancer to death (years)

Number at risk	0	5	10	15	20
No Surgery	473	267	154	73	22
RRO only	120	62	28	8	0
CRRM only	43	20	6	1	0
CRRM and RRO	62	50	22	7	2



QUINDI...

- L'indicazione alla **mastectomia profilattica ed all'ovariectomia** (“**risk reducing surgery**”) deve essere discussa se possibile come parte del **trattamento iniziale**.
- **test rapido!**

Quale mastectomia?

- Le mastectomie “conservative” sono l’opzione ottimale sia dal punto di vista oncologico che **cosmetico**.

Chung AP, Surg Oncol 2008

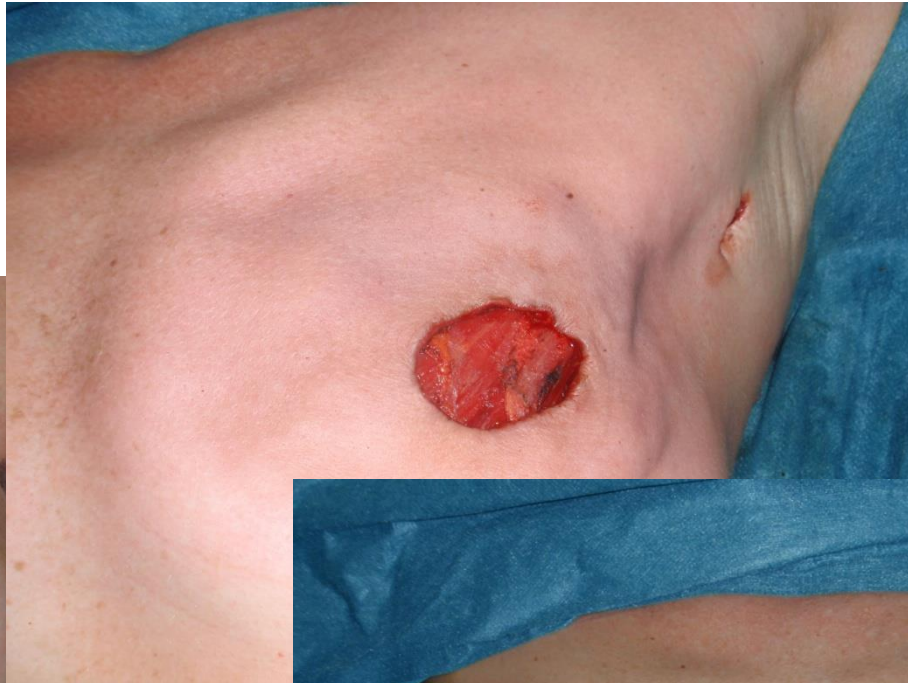
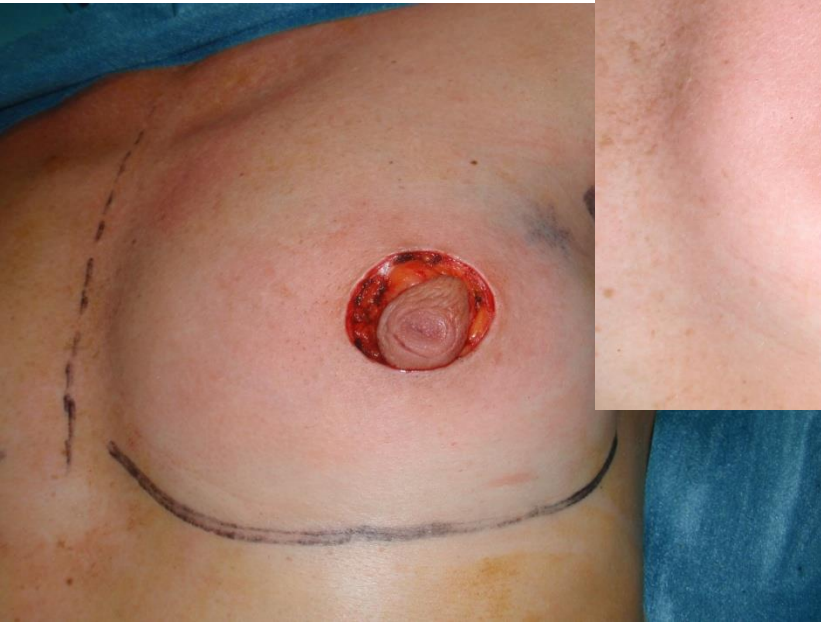
“skin sparing mastectomy”

“skin reducing mastectomy”

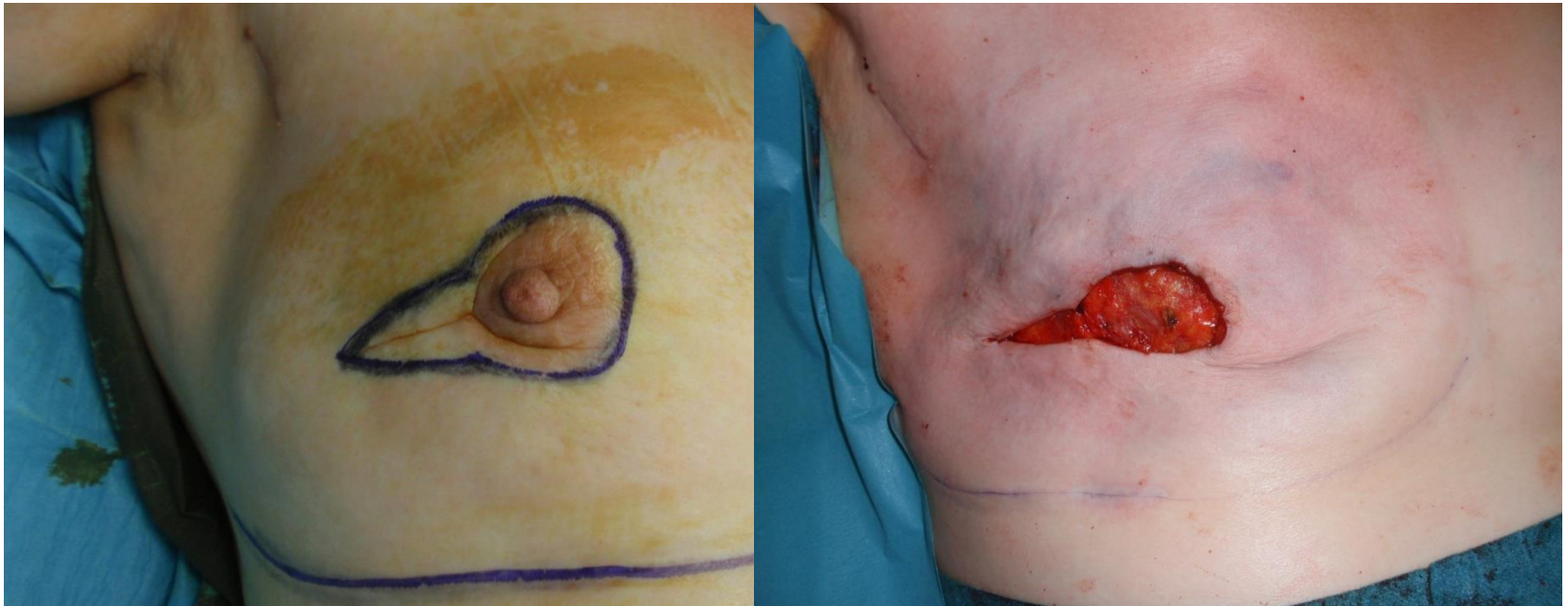
“nipple sparing mastectomy”:

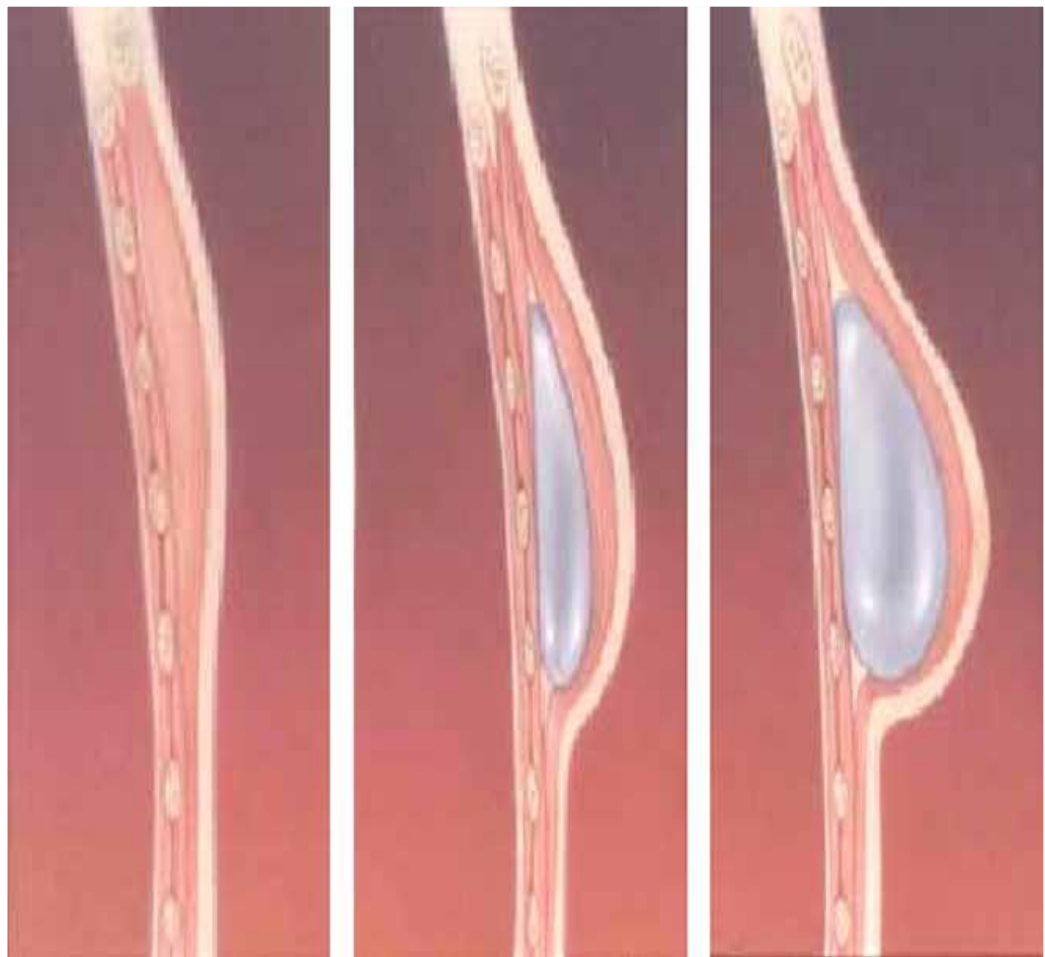
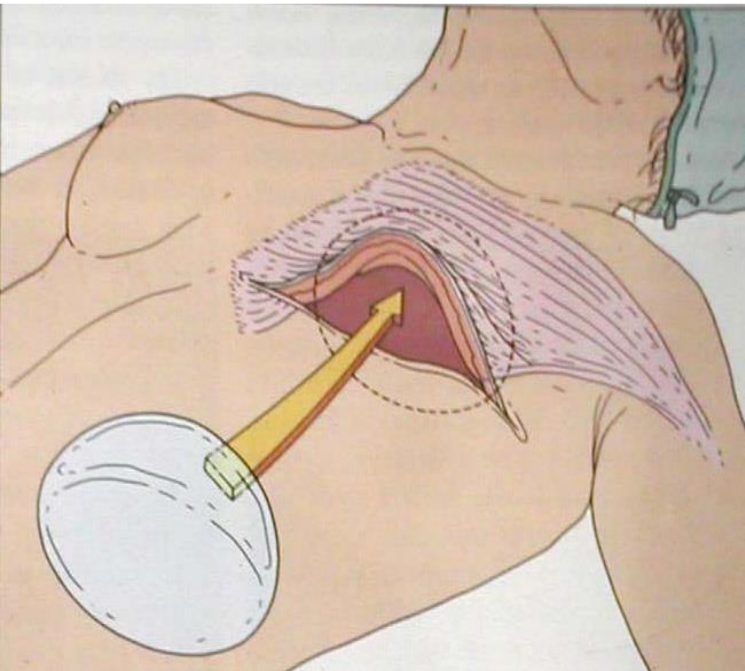


Mastectomy “round block”



Mastectomy “skin sparing”







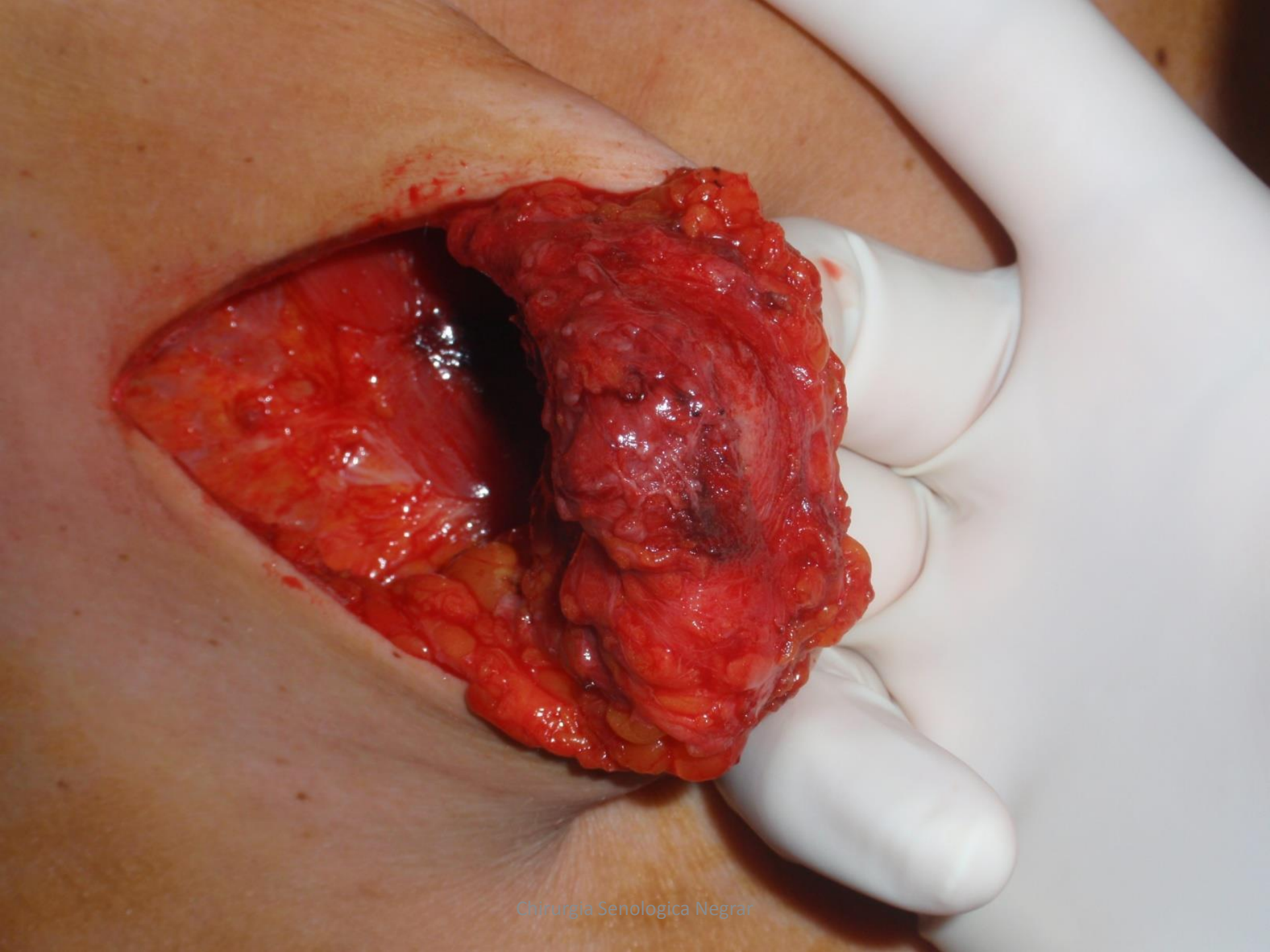
Cortesia Chir Plast Negrar

Chirurgia Senologica Negrar



Mastectomy “nipple-areola sparing”





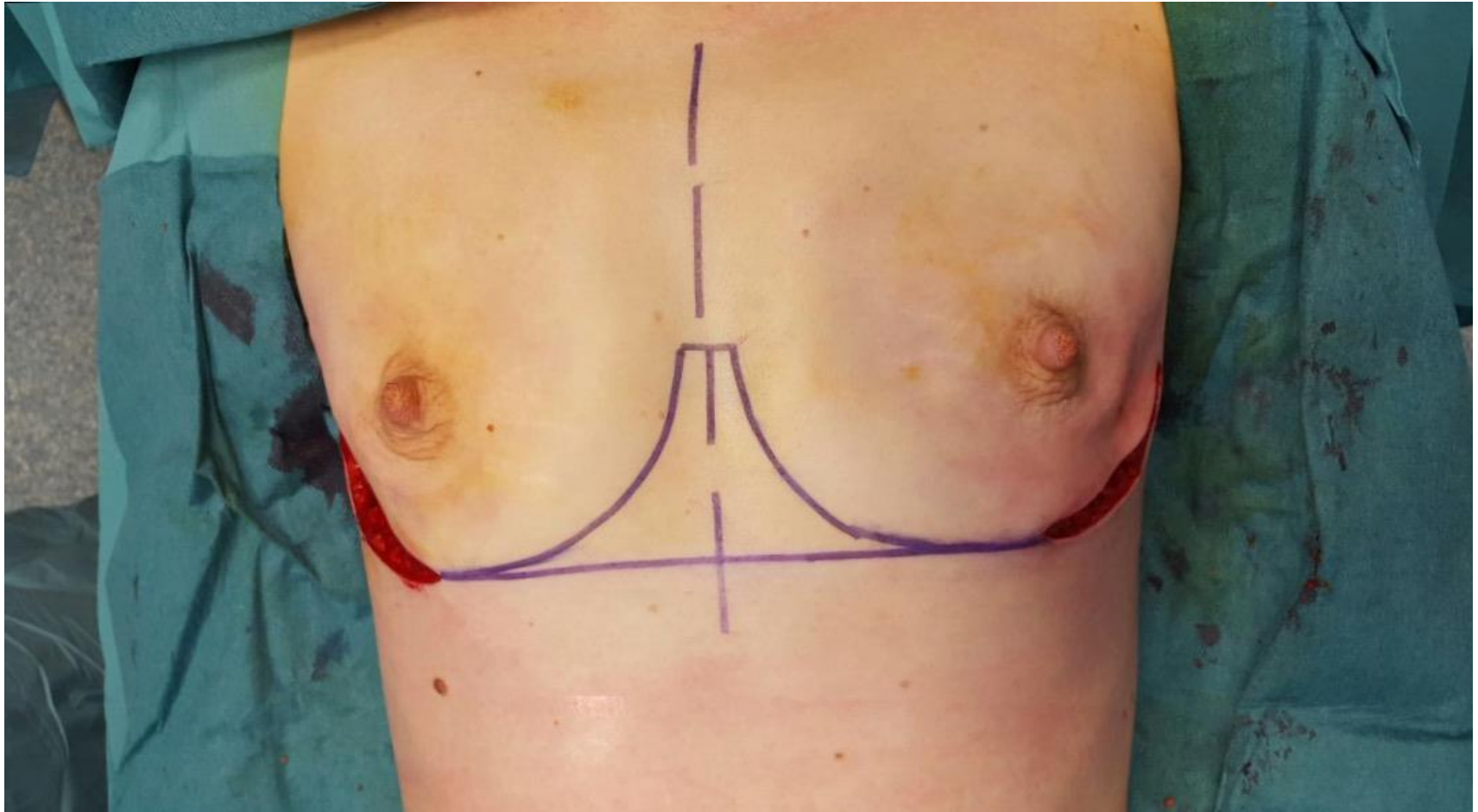
RICOSTRUZIONE IMMEDIATA CON PROTESI DEFINITIVA **ADM**



Mastectomia nipple sparing con ADM e protesi immediata



Mastectomia nipple-areola sparing incisione al solco sottomammario



Mastectomia nipple areola sparing



Mastectomy nipple areola sparing



Mastectomy nipple areola sparing

