

Azalan Aksiller Cerrahide RT'nin Yeri

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Neden aksiller cerrahi?

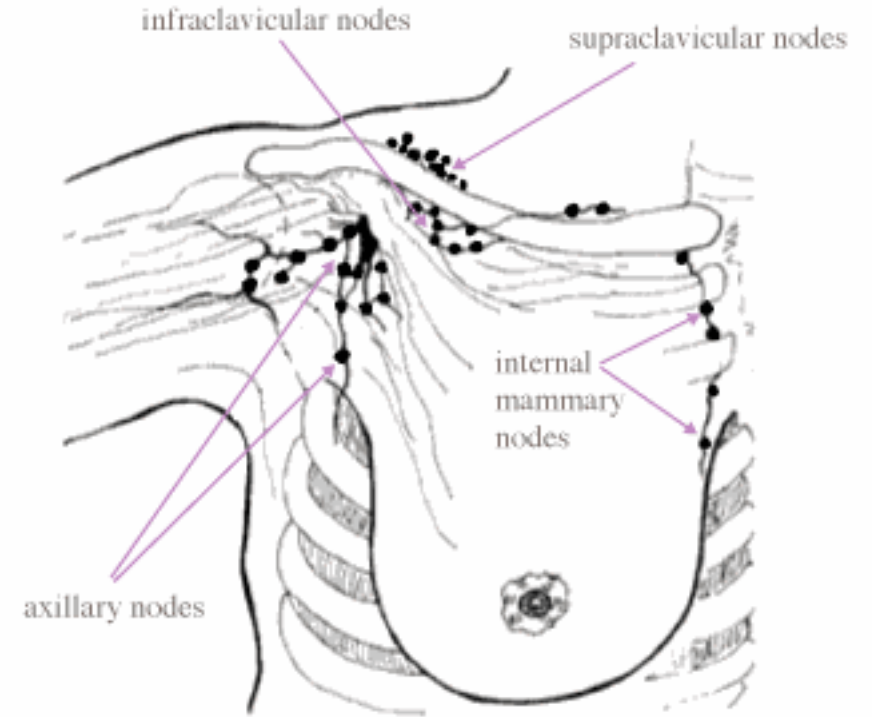
- Aksillanın evrelendirilmesi
 - Adjuvan sistemik tedaviye yön verme
 - RT'ye yön verme
- Hastalığın tamamen temizlenmesi
- Bölgesel hastalık kontrolü
- Sağkalım ?

ALND vs SLNBx?

- 1-25 vs 1-3 LN
- Lenfödem %25vs%6-8
- Onkolojik Sonuçlar Benzer

Figure 4.4

Axillary Lymph Nodes



TNM

- İzole tm hücreleri: < 0.2 mm / 200 hücre H&E ya da IHC. pN0(i+).
- Micrometastasis: Metastatic deposit >0.2 mm but <2.0 mm. pN1_{mic}
- Macrometastasis: >2.0 mm. Klasik node-pozitif

NCCN 2018

Aksiller Evrelemede Standart?

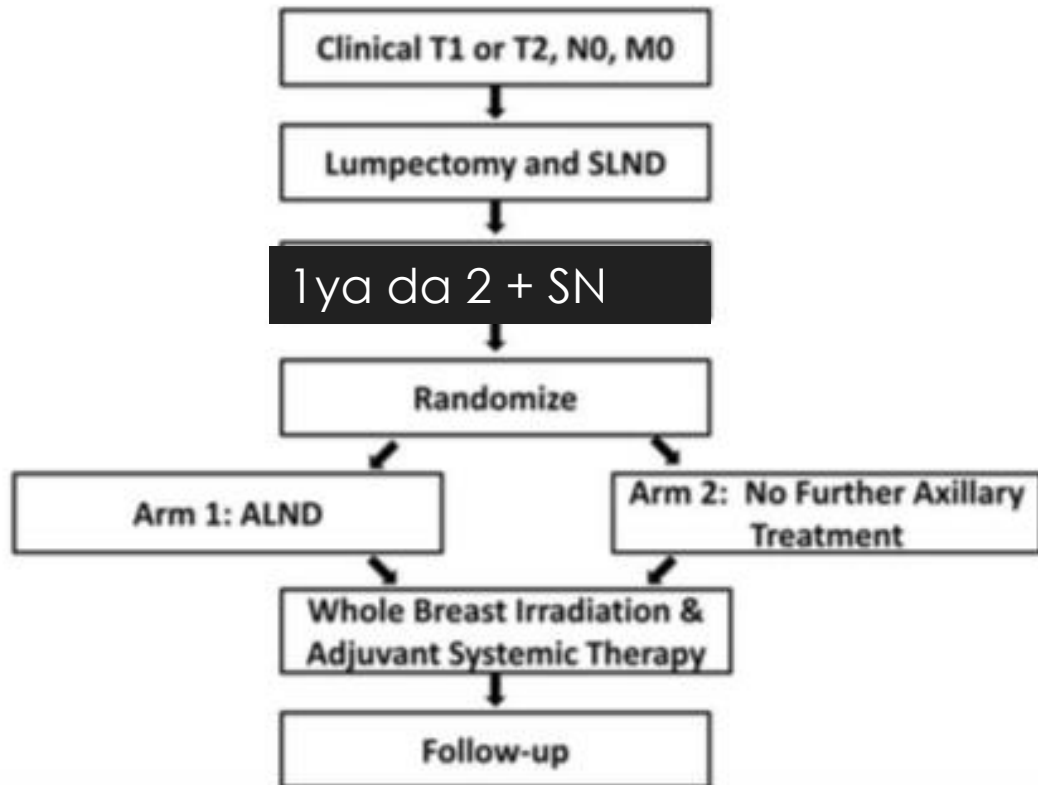
- Cerrahi dışı evreleme- (düşük nodal risk, evreleme tedaviyi değiştirmiyor)
- Klinik N+, T3&T4, 3 veya daha fazla + SLN, 1-2 +SLN ve No WBRT → ALND
- Klinik nod negatif, T1 & T2 - SLNB
- NAC sonrası- genellikle ALND (SLNBx seçilmiş hastalara)



ACASOG-Z0011

ALND

SLNBx



pts	420	436
Yaş > 50	%67	%62
T, ortanca	1.7	1.6
ER/PR +	%82	%82
Grad 3	%29	%28
LVI +	%40	%35
T1	%70	%70

Jama 2011
Annals of Surgery 2016

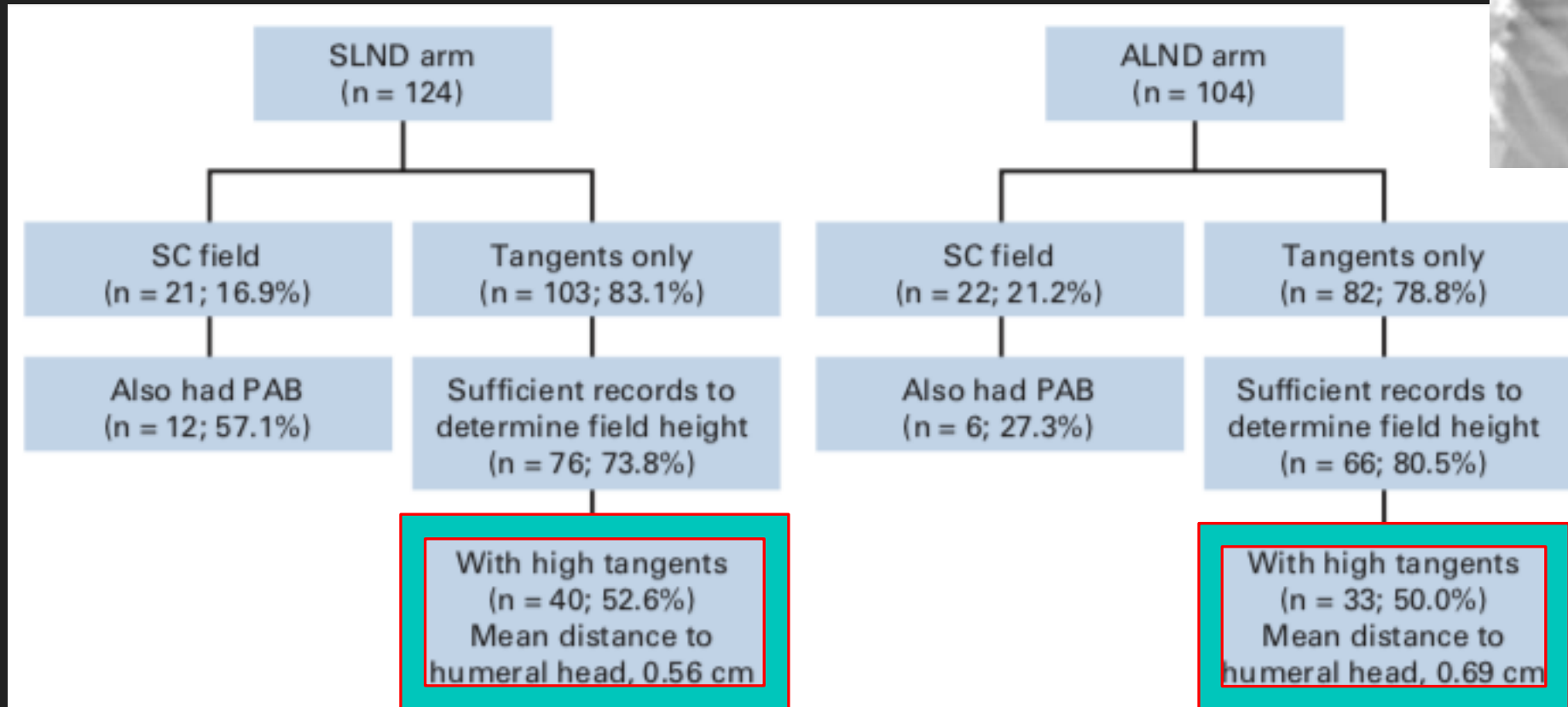
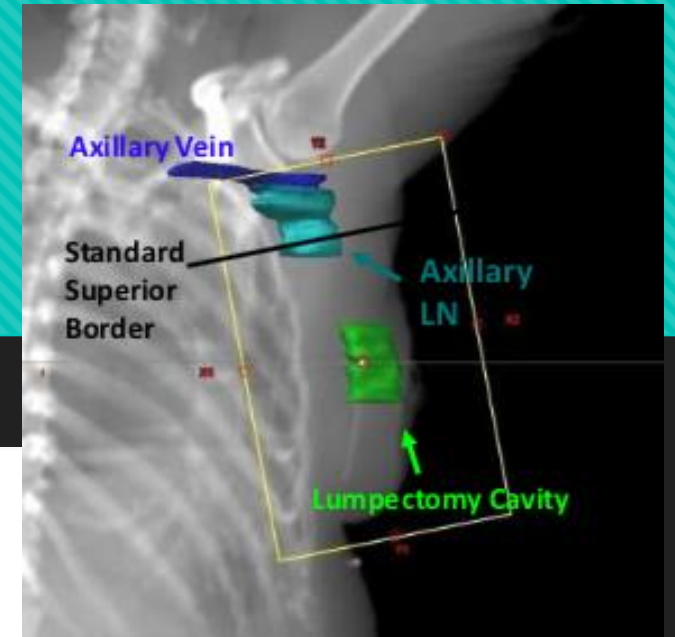
ACASOG-Z0011 @ 9.25 yıl

ALDN ile %27 ekstra pozitif nod
%46 Mikromet

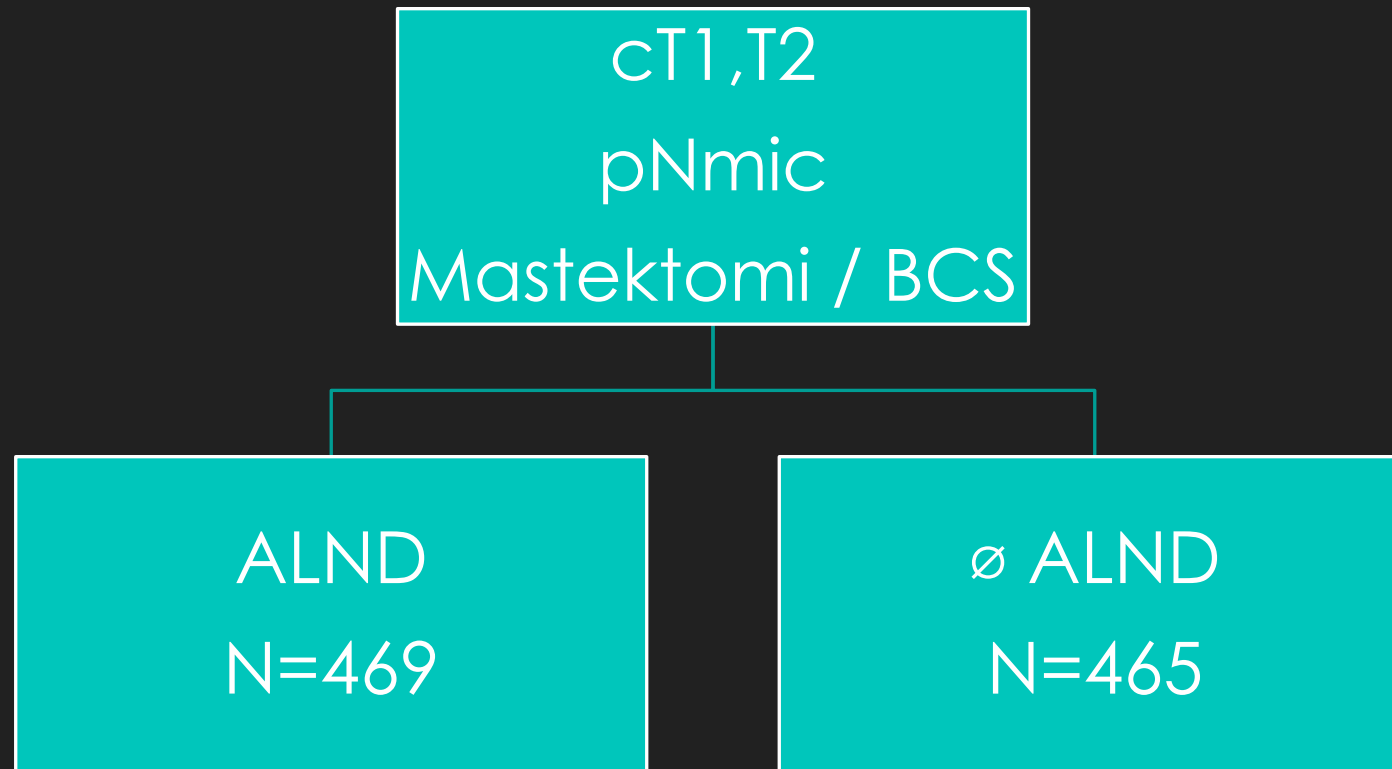
	ALND	SLNBx	p
LRR	%6.2	%5.3	0.36
Lokal	%5.6 (n=19)	%3.8 (n=12)	
Rejyonel	%0.5 (n=2)	%1.5 (n=5)	
DFS@ 10	%80.3	%78.3	0.30
OS@ 10	% 86.3	%83.6	0.40

ACASOG-Z0011 / RT

%89 RT +
1/3 RT alan bilgisi



IBCSG 23-01



IBCSG 23-01

	ALND (n=464)	NO ALND (n=467)
Yaş	53	54
postmenepozal	%56	%56
T < 3 cm	%91	%93
ER +	%88	%91
Nod < 1mm	%70	%69
Grad 3	%28	%29
BCS RT EBRT (%70) Intraop (%19)	%91	%91
Sis ted	%95	%97

IBCSG 23-01 @ 9.7 y

	No axillary dissection (n=467)	Axillary dissection (n=464)
Disease-free survival events*	101 (22%)	117 (25%)
Breast cancer events	74 (16%)	75 (16%)
Local recurrences	14 (3%)	13 (3%)
Regional events	9 (2%)	3 (1%)
Ipsilateral axillary failures	8 (2%)	2 (<1%)
Distant	41 (9%)	47 (10%)
Contralateral breast	10 (2%)	12 (3%)

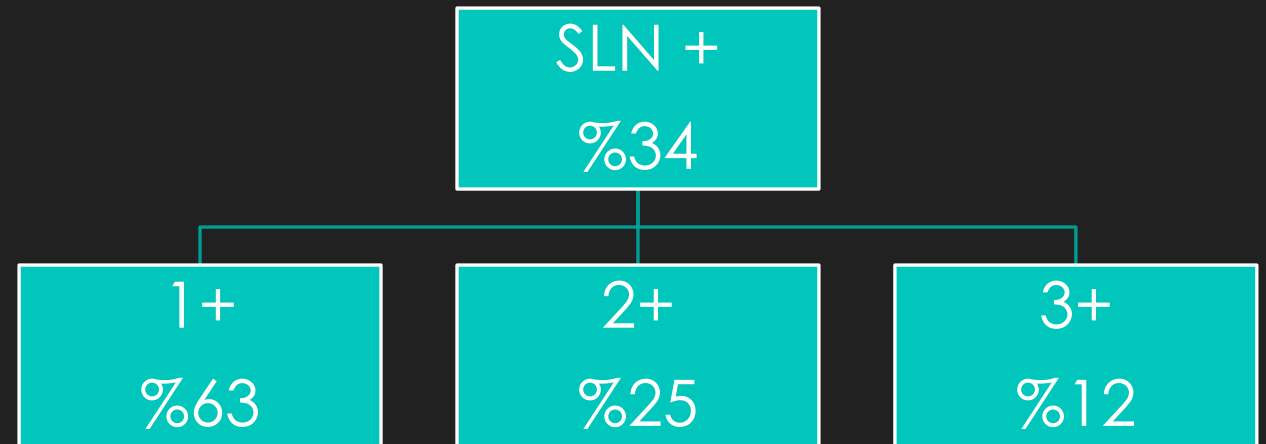
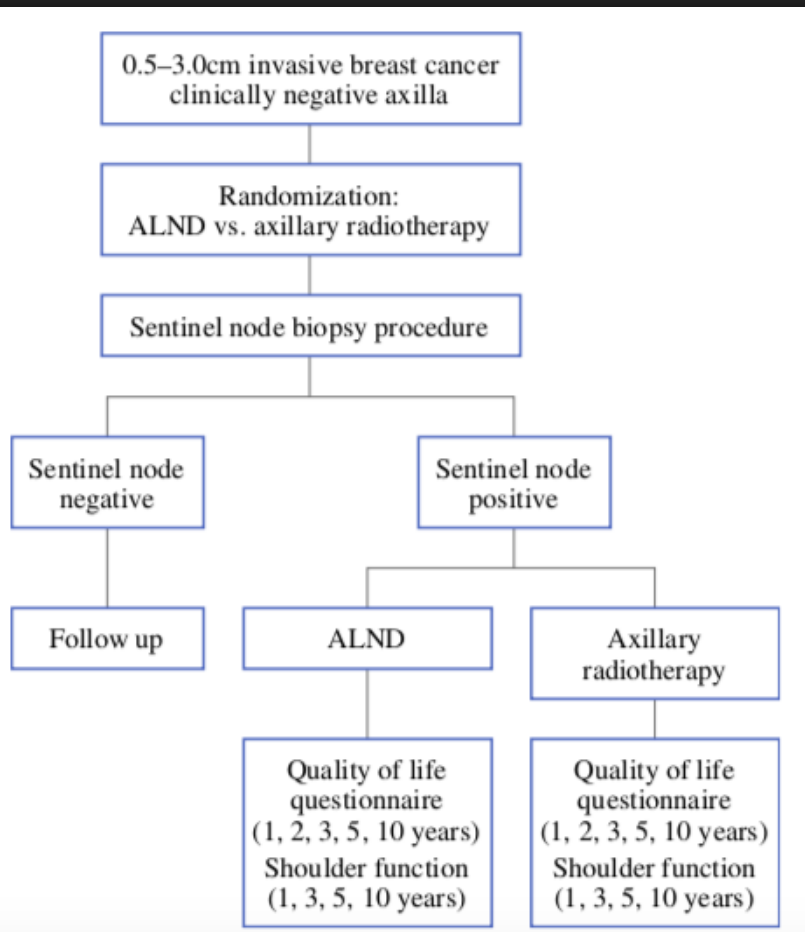
7 aksiller nüks
5 parsiyel RT

DFS @ 10 y = %76.8 vs %74.9

GSK @ 10 y = %90.8 vs %88.2

	No axillary dissection (n=453)	Axillary dissection (n=447)	p value*
Sensory neuropathy	57 (13%)	85 (19%)	0.010
Grade 1-2	48 (11%)	78 (17%)	..
Grade 3	0	1 (<1%)	..
Grade 4	0	0	..
Unknown grade	9 (2%)	6 (1%)	..
Lymphoedema	16 (4%)	60 (13%)	<0.0001
Grade 1-2	14 (3%)	56 (13%)	..
Grade 3	0	2 (<1%)	..
Grade 4	0	1 (<1%)	..
Unknown grade	2 (<1%)	1 (<1%)	..
Motor neuropathy	14 (3%)	40 (9%)	0.0002
Grade 1-2	13 (3%)	37 (8%)	..
Grade 3	1 (<1%)	3 (<1%)	..
Grade 4	0	0	..
Unknown grade	0	0	..

AMAROS



AMAROS

	ALND (n=744)	ART (n=681)
Yaş	56	55
Postmenepozal	%60	%56
T < 2cm	%82	%78
Grad 3	%26	%29
BCS	%82	%82
Adj RT		
BCS	%80	%80
Mastektomi	%5	%7
Sis ted	%90	%90
Pozitif SLND		
+1	%78	%75
+2	%17	%20
+3	%4	%4

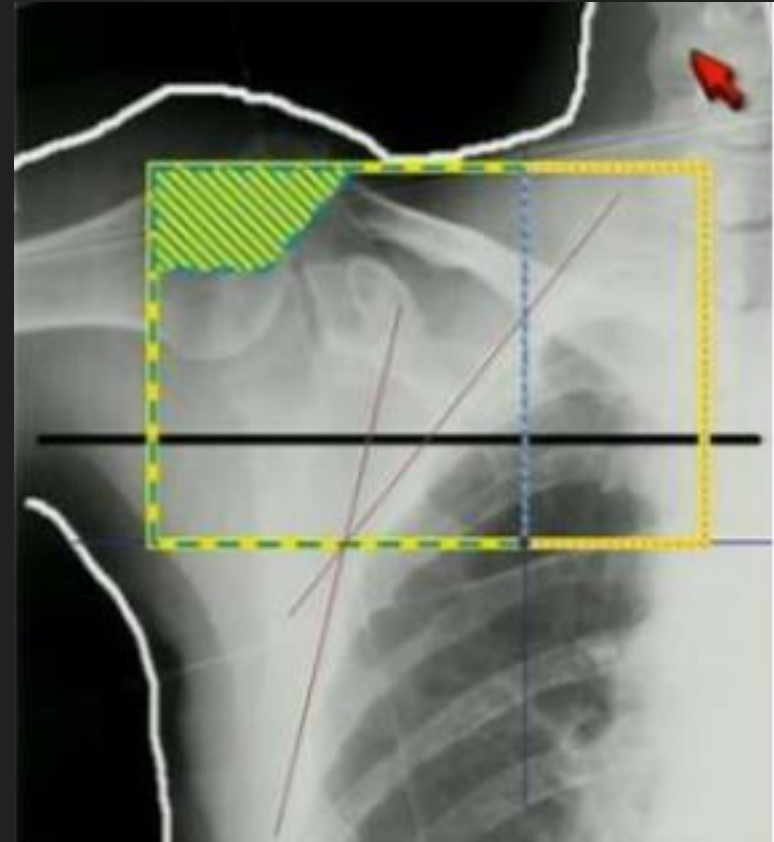
AMAROS @ 10 y

	ALND (n=744)	ART (n=681)	p
AxR	%0.93 (7)	%1.82(11)	0.37
LRR	%3.59	%4	0.69
OS	%84.6	%81.4	0.26
2. Malignite	11/57 (%7.6)	21/75 (%11)	0.03
Lenfödem @ 5 v	%23	%11	<.0001

AMAROS-RT

- ART 12 hf içinde
- 2*25 =50 Gy ya da eşdeğer
- Level 1,2,3 ve medial SKF
- ALND koluna ; RT eğer \boxtimes 4+ LN

Level 1,2 yeterli olabilirdi!



ALND yerine RT?

- Tüm bu çalışmalar RT'nin ALND yerine geçebileceğini gösteriyor.
- Nasıl RT?
 - Sadece Tanjansiyel?
 - Yüksek Tanjansiyel?
 - Supra?
 - IMN?

MA-20

- 5 cm den büyük
- 2 cm büyük, 10 az LN
- Grad 3, LVI +, ER -

BCS+ KT/HT

WBRT

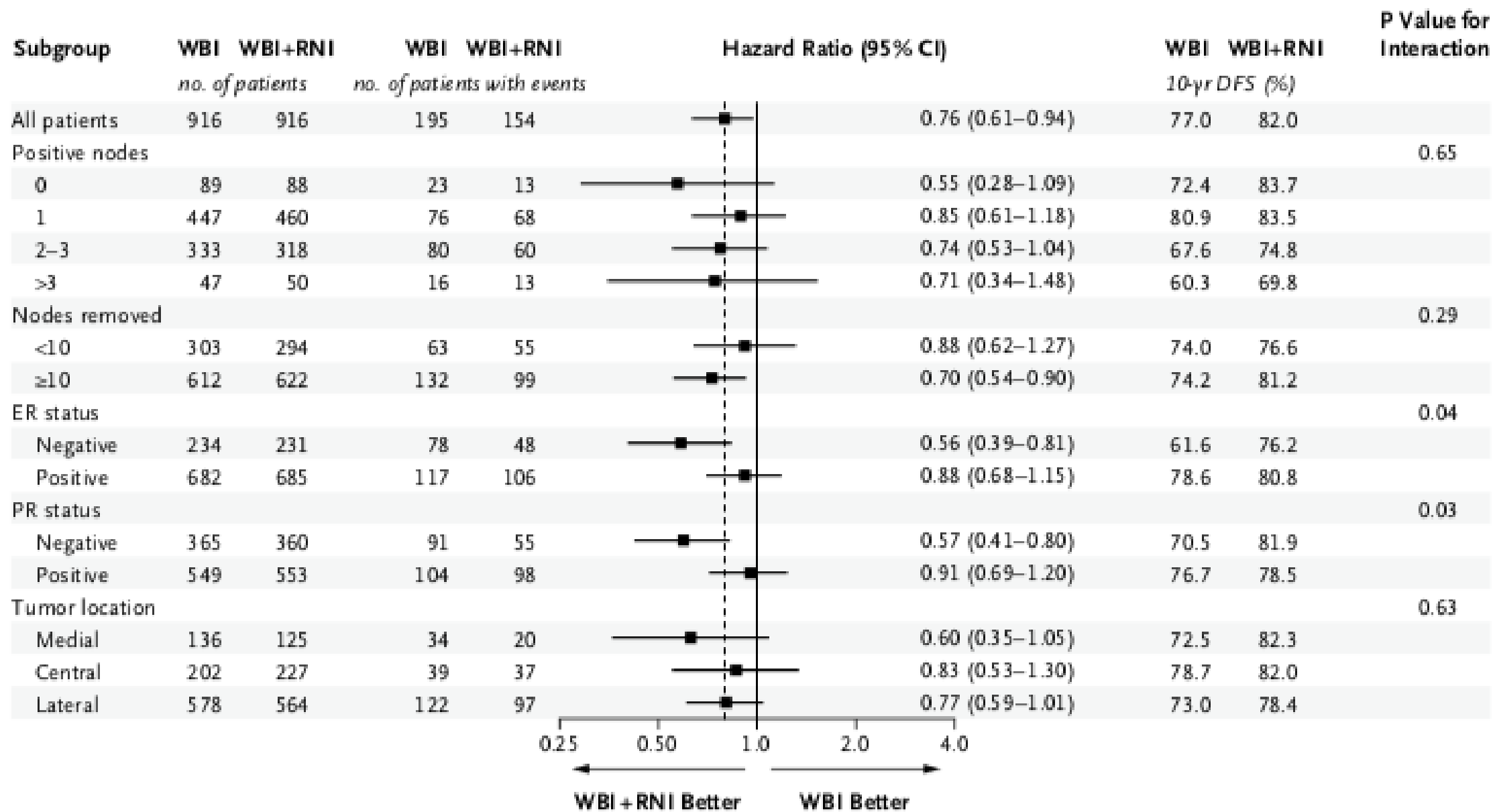
WBRT+RNI

MA-20

		WBI (n=916)	WBI+RNI (n=916)
Yaş		53	54
Pozitif LN	0	%9.7	%9.6
	1	%48.8	%50.2
	2	%25.4	%22.8
	3	%10.9	%11.9
	>3	%5.1	%5.5
Tm	≤ 2cm	%54.7	%50
	2.1-5 cm	%44.7	%48.4
	>5cm	%0.7	%1.4
ER +		%74.5	%74.8

MA-20

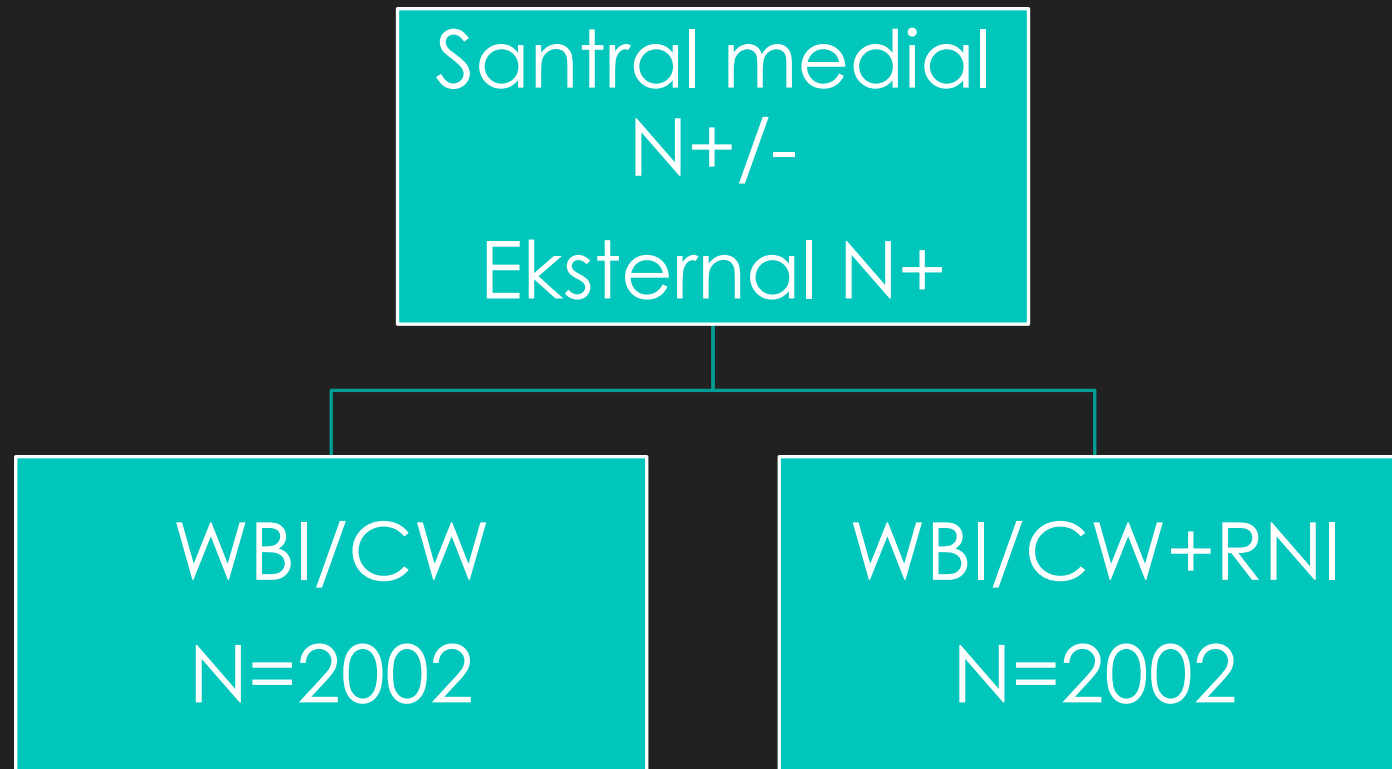
	WBI (n=916)	WBI+RNI (n=916)	p
LRR	%6.8	%4.3	.009
DFS	%77	%82	.01
OS	%81.8	%82.8	NS
A. Pnömoni	%0.2	%1.2	.01
A. Lenfödem	%4.5	%8.4	.001



MA-20 RT

- WBI 50 Gy + Boost (10-16)
- WBI 50 Gy + Boost (10-16) + RNI (Aksilla + SKF +IMN)
- Aksilla 50 Gy
- SKF 45/50 Gy
- IMN 50 Gy

EORTC 22922



EORTC 22922

		NO RNI	RNI (IM+SCF)
Yaş		53	54
Cerrahi	Mastektomi	%23.9	%23.8
pT	≤2cm	%60.1	%60.2
	2-5 cm	%35.7	%35.8
	> 5cm	%3.5	%3.5
pN	N0	%44.5	%44.8
	N1	%43.3	%42.9
	N2	%10	59.7
	N3	%2.2	%2.9
Adj Tx almayanlar		%15	%16.2

EORTC 22922 @ 15.7 y

	NODAL RT	CONTROL	p
OS	%73.2	%70.2	0.3
IM-MS nüksü	%1.8	%3.1	belirtilmemiş
DFS	%70.1	%68.1	0.1
Meme Ca mortalite	%15.8	%19.7	.005
Meme Ca nüksü	%24.5	%27.1	.02

	Hasta	Kollar	RT	Sonuç	LRR	Mastektomi	N0	N0 ve N1mic	T2	ER-	G3
IBCSG	T1-2, N1mic slnbx	ALND vs No ALND	ns	DFS @ 9.7 %76.8 %74.9 P=.24	LRR@5 %2.4 %2.8	%9	%0	%100	%30	%10	%28
Z-0011	T1-2 N1 slnbx	ALND vs No ALND	Tanjansiyel	DFS @ 10 %80 %78 P=.3	LRR@10 %6.2 %5.3 P=.36	%0	%4	NS	%30	%17	%28
AMAROS	T1-2 N1 slnbx	ALND vs ART	WBI + Aksilla & MSC	OS @ 10 %84.6 %81.4 P= .26	LRR@10 %3.59 %4 P=.69	%18	%0	%40 (%10 i)	%19	NS	%28
MA	T1-3, N0-1 ALND (%4 slnbx)	WBI vs WBI+RNI	WBRT± sc+level 3+IMN	DFS@9.5 %77 %82 P=.01	LRR@10 %6.8 %4.3 P=.009	%0	%10	NS	%47	%25	%43
EORTC	T1-3, N0-3 ALND if nod pozitif	WBI/CW vs WBI/CW + RNI	WBI/CW + SC+Level 3+IMN	DFS@15.7 %68 %70 P=NS	LRR@10 %9.5 %9.3 P=NR	%24	%44	NS	%36	%20	NS

Aksiller Evrelemede Standart?

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- NAC sonrası- ALND (SLNBx seçilmiş hastalara)

NAKT sonrası?

- Pre KT cN0 & cN1 – post NAKT SLNBx
 - ✓ SLNBx de ypN0 ise Aksiller RT yeterli
 - ✓ SLNBx de ypN+ ise ALND (sln ≥ 3) ya da ART (sln=1&2)
- PreKT cN2 &cN3 ise ALND

Devam Eden Faz III Çalışmalar

Alliance A11202 trial

cT1-3 cN1

NAKT sonrası SLNB: ypN+

cALND + BNI (level 3-SKF) vs. **BNI** (tüm aksilla-SKF)

Hedeflenen hasta sayısı 2918

Preoperative systemic therapy planned

Core biopsy of breast with placement of image-detectable marker(s), if not previously performed, must be done to demarcate the tumor bed for surgical management after preoperative systemic therapy

Prior to preoperative systemic therapy perform:

- Axillary imaging with ultrasound or MRI (if not previously done) and
- Biopsy of suspicious and/or clinically positive axillary lymph nodes

If ipsilateral axillary lymph node evaluation is negative

- Sentinel lymph node biopsy (SLNB) is preferably performed after preoperative systemic therapy

If ipsilateral axillary lymph node biopsy is positive, axilla may be restaged after preoperative systemic therapy;^{PP}

- Axillary lymph node dissection (ALND) should be performed if axilla is clinically positive.
- If the axilla is clinically negative after preoperative therapy, SLNB can be performed in selected cases (category 2B)^{QQ}; otherwise ALND should be performed.

4 Şubat Dünya Kanser Günü

BEN BİR
RADYASYON
ONKOLOGUYUM
VE KANSER
TEDAVI
SIRASINDA
BİRLİKTE YOL
ALACAGIZ.

#WorldCancerDay
#IlanArdiWili

Join us on 4 February
worldcancerday.org



World
Cancer Day
4 February

RADYOTERAPİ
EKİBİ OLARAK
KANSERLE
MUCADELENİZDE
YANINIZDAYIZ.

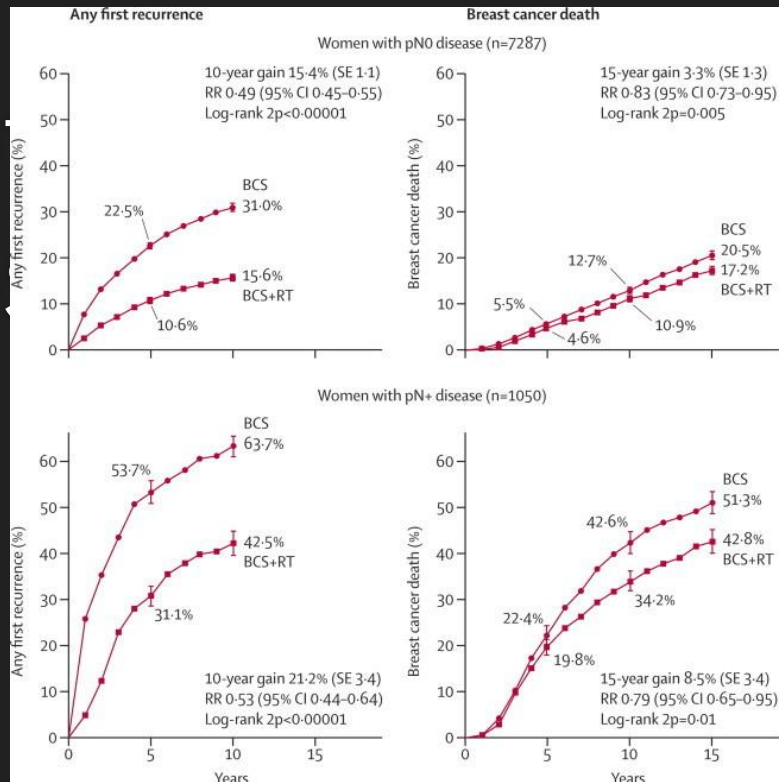
CancerDay
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Join us on 4 February
worldcancerday.org



World
Cancer Day
4 February

NAKT: MKC Sonrası RT Endikasyonları



me RT ± Tm Yatağı Boost''

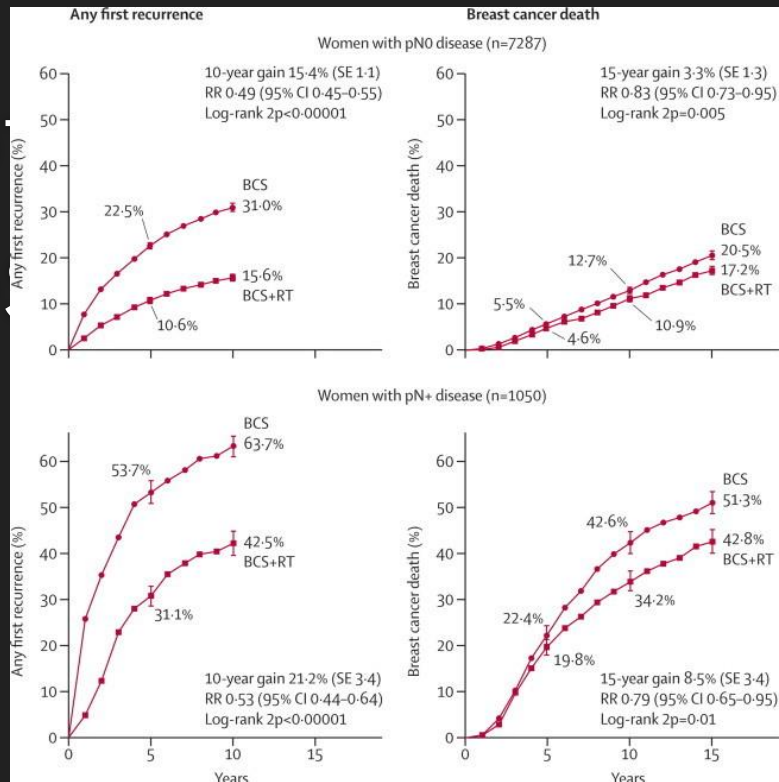
Effect of radiotherapy after breast-conserving surgery on 10-year recurrence and 15-year breast cancer death: meta-analysis of individual patient data for 10 801 women in 17 randomised trials

Early Breast Cancer Trialists' Collaborative Group (EBCTCG)*

Lancet 2011; 378: 1707-16



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