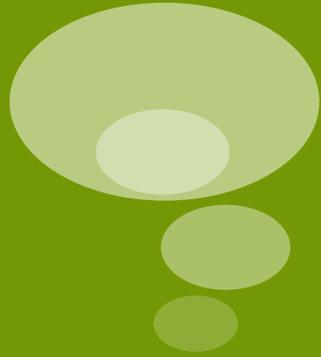




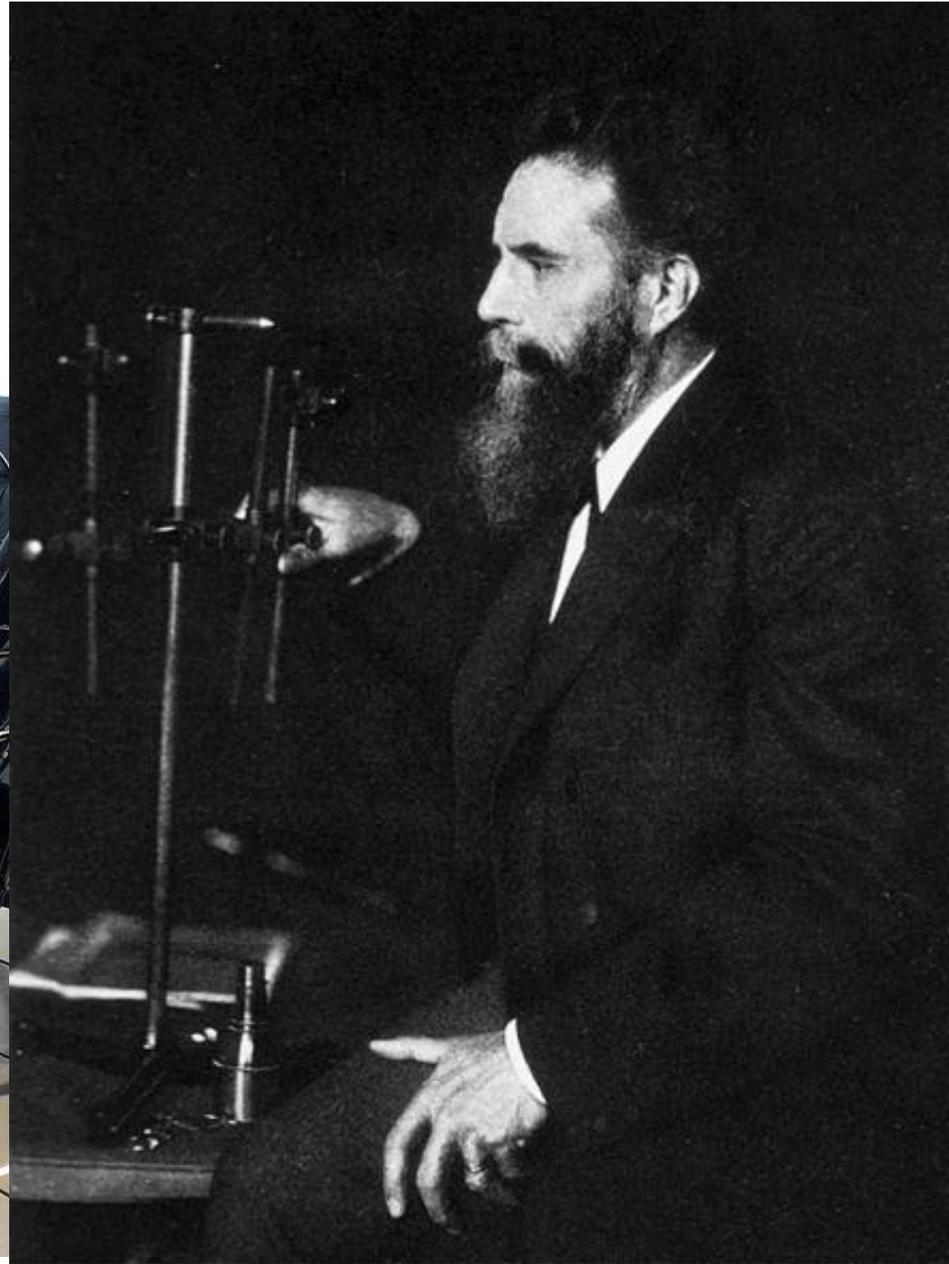
TRATAMENTO
LOCORREGIONAL NO
CÂNCER DE MAMA

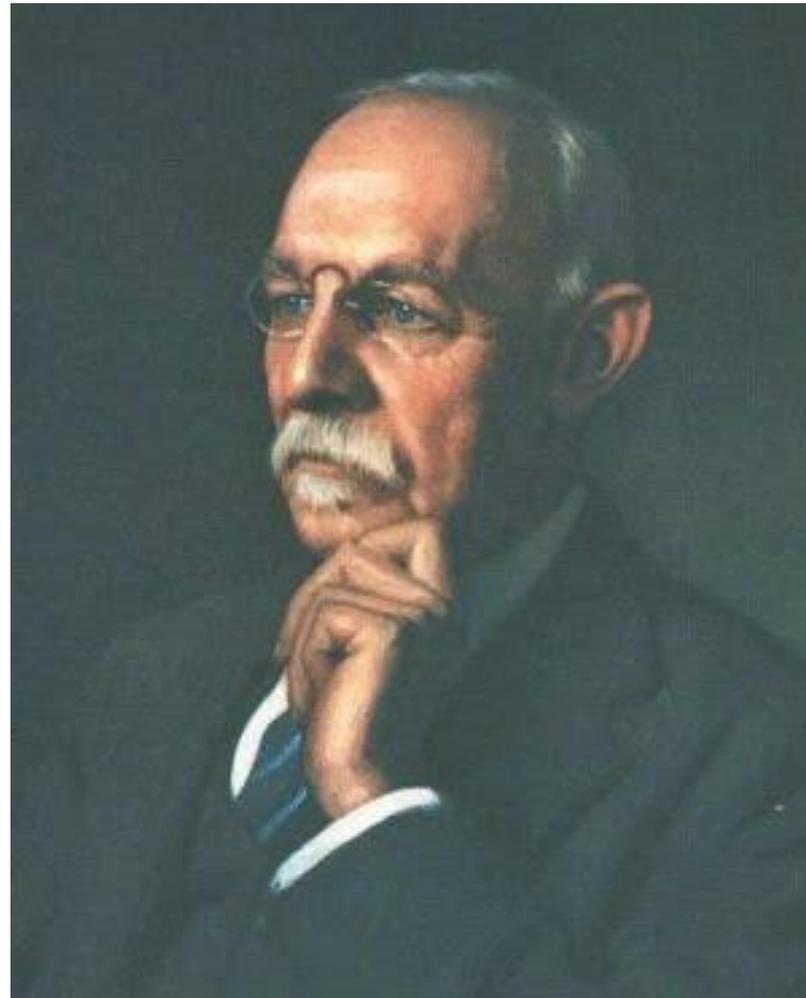
RODRIGO GREGÓRIO BRANDÃO
2014



HISTÓRICO







Willian Stewart Halsted



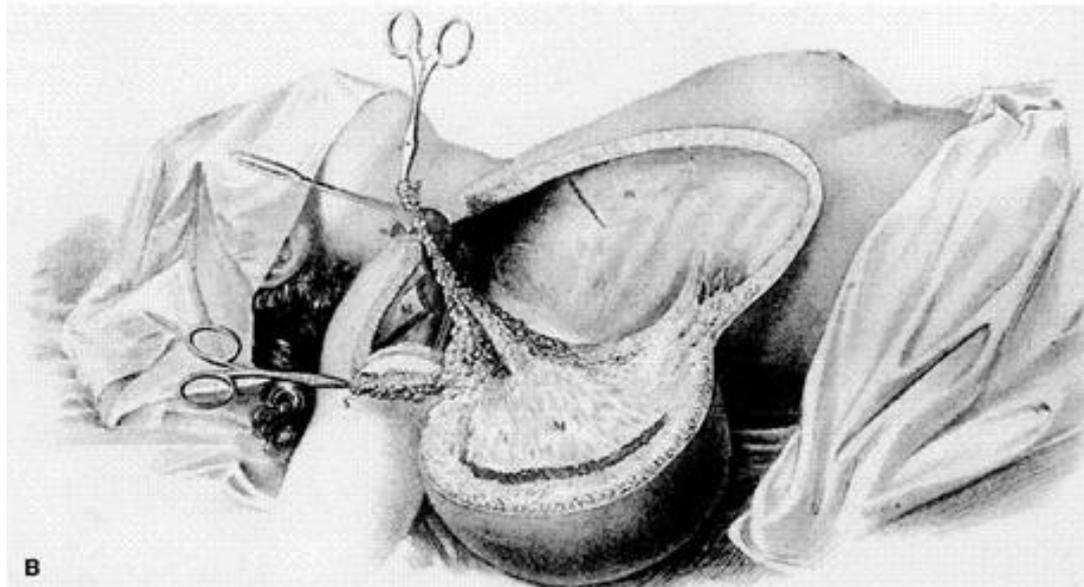
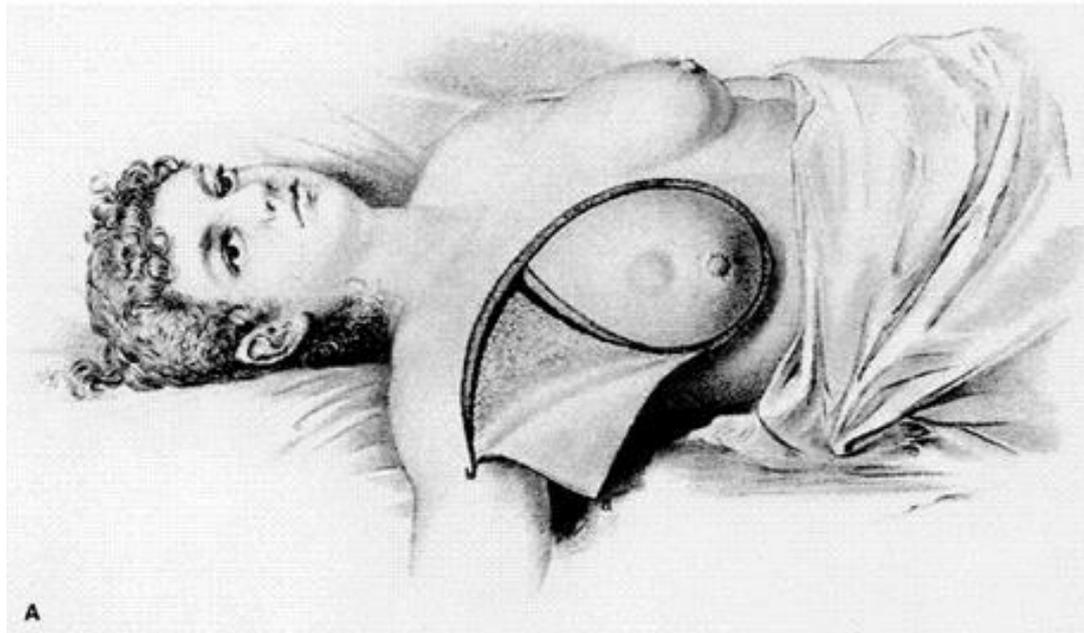


THE RESULTS OF OPERATIONS FOR THE CURE OF
CANCER OF THE BREAST PERFORMED AT
THE JOHNS HOPKINS HOSPITAL
FROM JUNE, 1889, TO JANU-
ARY, 1894.

By WILLIAM¹ S. HALSTED, M.D.,

OF BALTIMORE,

PROFESSOR OF SURGERY IN JOHNS HOPKINS UNIVERSITY.

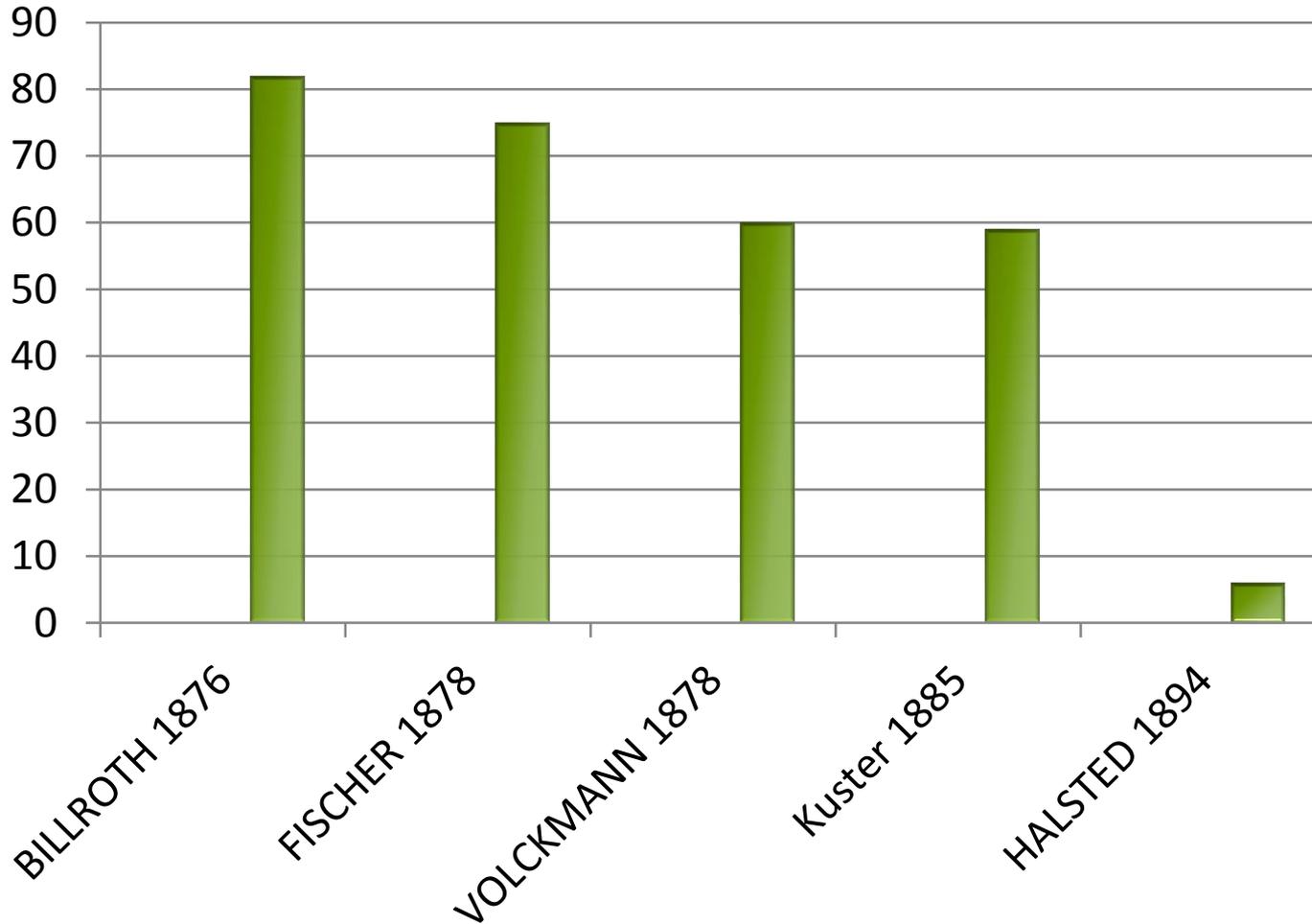


Halsted, WS. Ann Surg. 1894 Nov;20(5):497-555.

HISTÓRICO



Comparação entre as Taxas de Recidiva Local



HISTÓRICO



David Patey

HISTÓRICO



Conservative Radical Mastectomy (Patey's Operation)

R. S. HANDLEY, F.R.C.S. (England), A. C. THACKRAY, M.D.

From the Department of Surgery, The Middlesex Hospital, London, England

HISTÓRICO



5- and 10-Year Crude Survival Rates—143 Patients

Columbia Clinical Classification	No. of Patients	% Survived 5 Years	% Survived 10 Years
A	77	75	61
B	58	57	25
C	8	25	14
Total	143		

HISTÓRICO



John L. Madden

HISTÓRICO



Modified Radical Mastectomy

JOHN L. MADDEN, M.D., SOUHEIL KANDALAFT,[°] M.D.,
ROCHE-ANDRE BOURQUE,[°] † M.D.

*From the Department of Surgery, St. Clare's Hospital and Health Center,
New York City*

HISTÓRICO

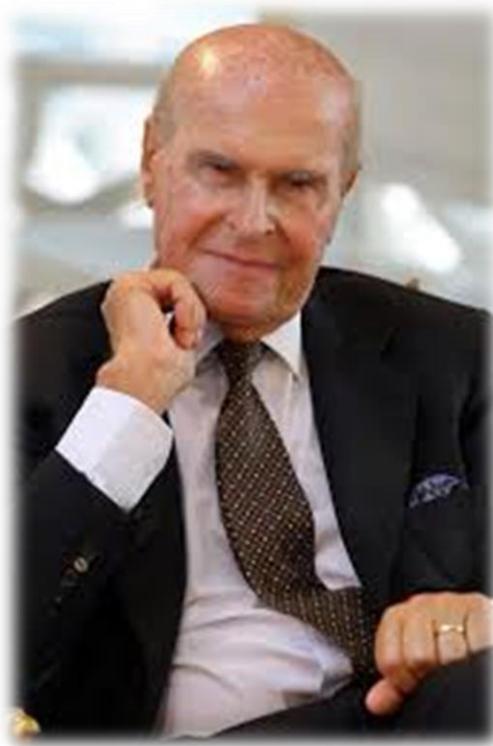


TABLE 9. *Comparative Study—Modified and Standard Radical Mastectomy—Survival Rates and Local Recurrences*

Operation	% 5-Yr. Surv.		% 10-Yr. Surv.		Local Recurrence (% in 10 Yr.)
	Nodes —	Nodes +	Nodes —	Nodes +	
Modified radical					
Handley, Thackray (Patey's oper.)	75	57	61	25	20
Author's series	82	32	63	17	10
Standard radical					
Haagensen, Cooley	85	59	70	40	10
Butcher	76	48	56	30	—
Cáceres	74	47	65	31	10

Madden, JL. Ann Surg. May 1972; 175(5): 624–634.

HISTÓRICO



Umberto Veronesi

HISTÓRICO



The New England Journal of Medicine

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VOLUME 347

OCTOBER 17, 2002

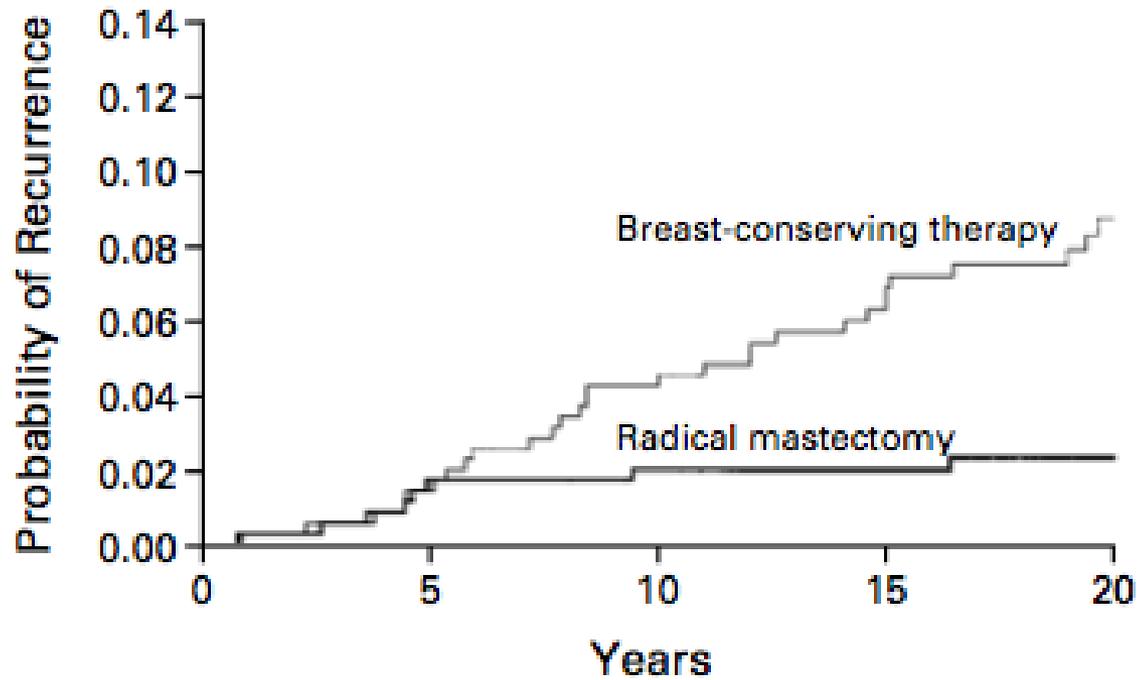
NUMBER 16



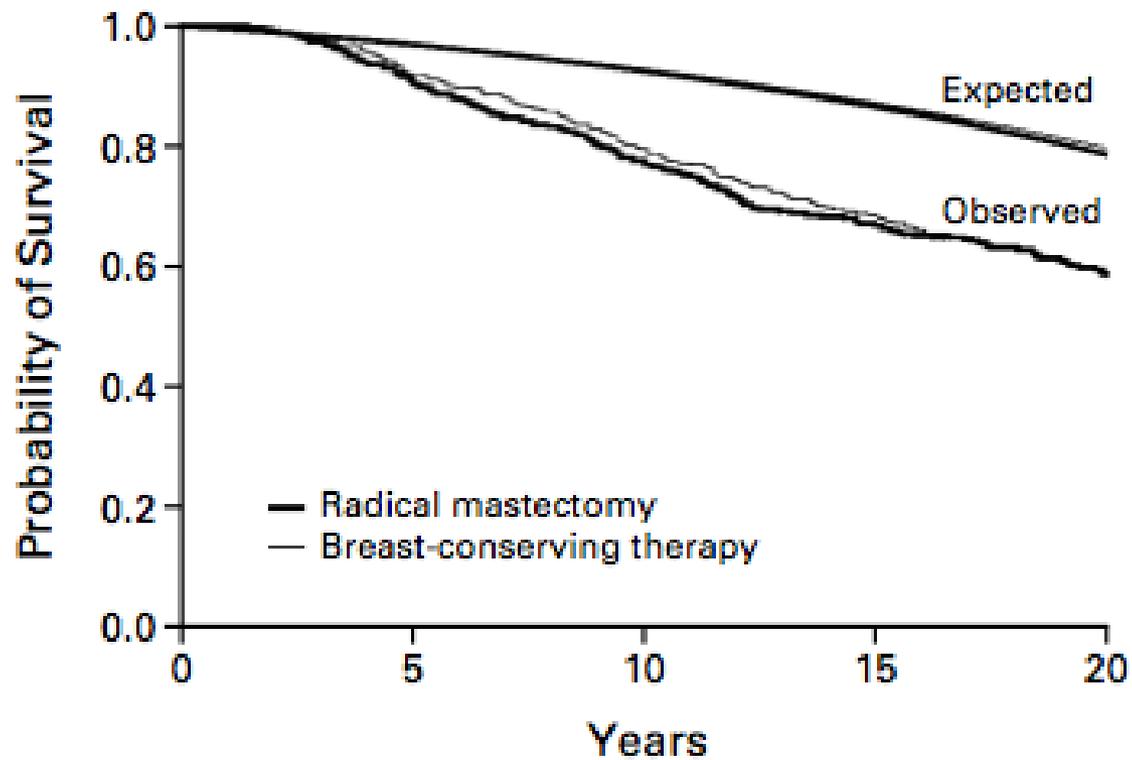
**TWENTY-YEAR FOLLOW-UP OF A RANDOMIZED STUDY COMPARING
BREAST-CONSERVING SURGERY WITH RADICAL MASTECTOMY
FOR EARLY BREAST CANCER**

UMBERTO VERONESI, M.D., NATALE CASCINELLI, M.D., LUIGI MARIANI, M.D., MARCO GRECO, M.D.,
ROBERTO SACCOZZI, M.D., ALBERTO LUINI, M.D., MARISEL AGUILAR, M.D., AND ETTORE MARUBINI, PH.D.

HISTÓRICO



HISTÓRICO



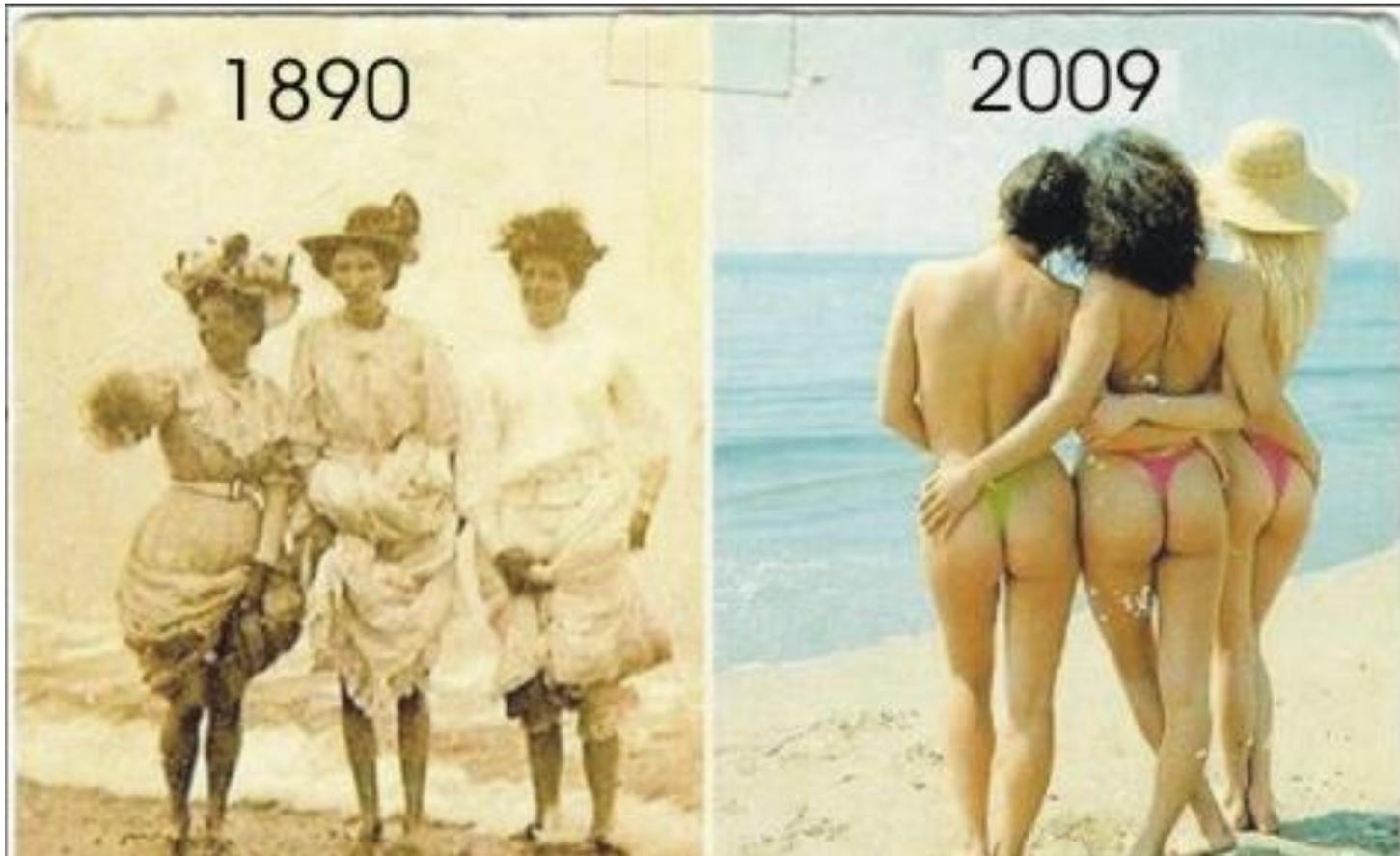
HISTÓRICO



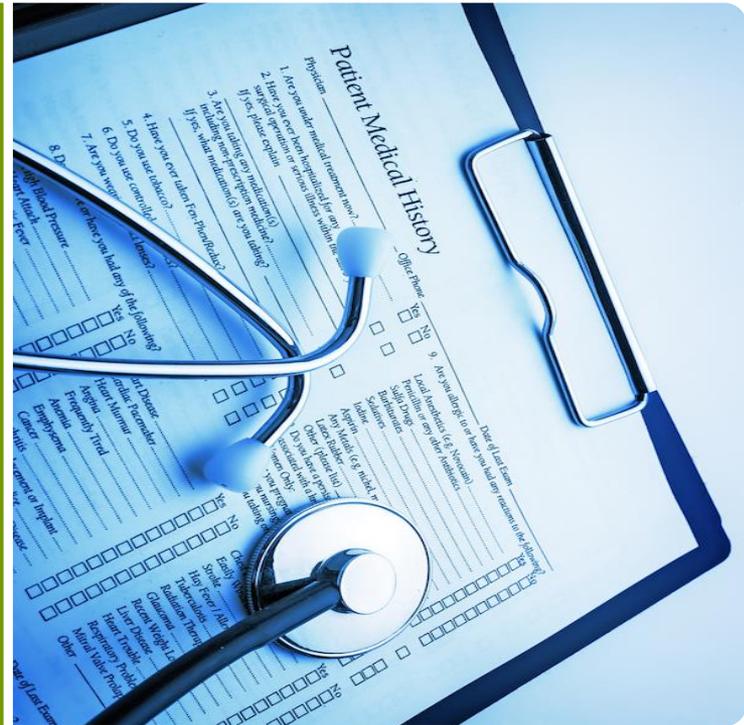
HISTÓRICO



HISTÓRICO



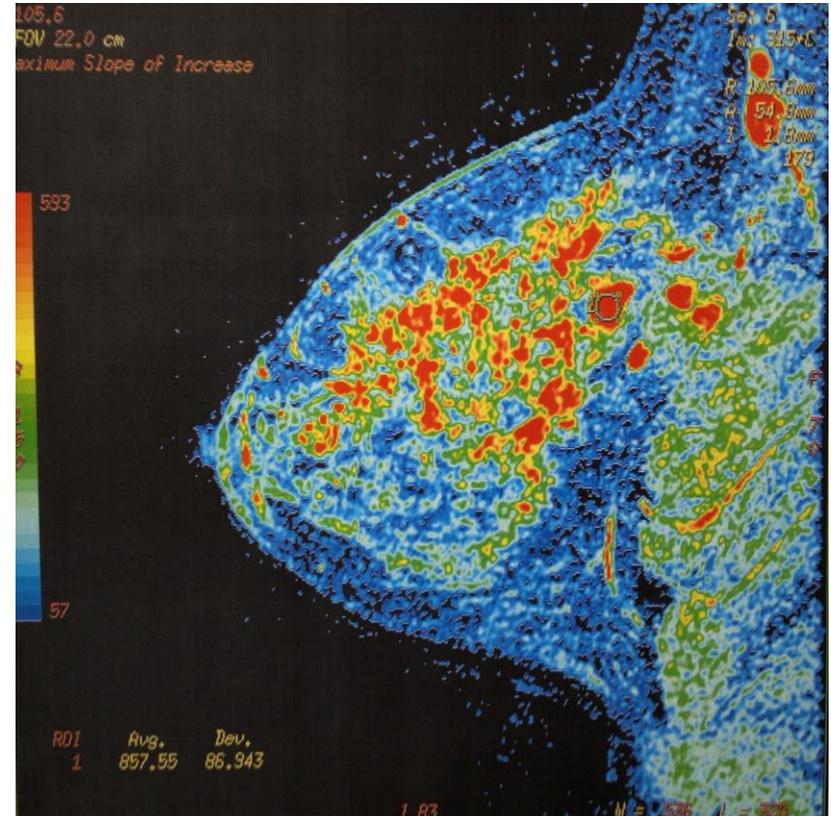
AVALIAÇÃO PRÉ-OPERATÓRIA

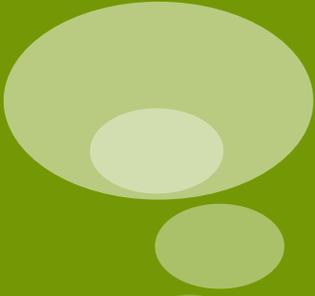


AVALIAÇÃO PRÉ-OPERATÓRIA



- Anamnese e exame físico detalhados
- Painel imuno-histoquímico
(RE ; RP ; HER2 ; KI67)
- Aconselhamento genético
(se alto risco)
- Jovem – discutir preservação da fertilidade
- Mamografia diagnóstica bilateral
- Us (quando necessário)
- Exames de estadiamento - IIIA em diante





CIRURGIA DA
MAMA



CIRURGIA

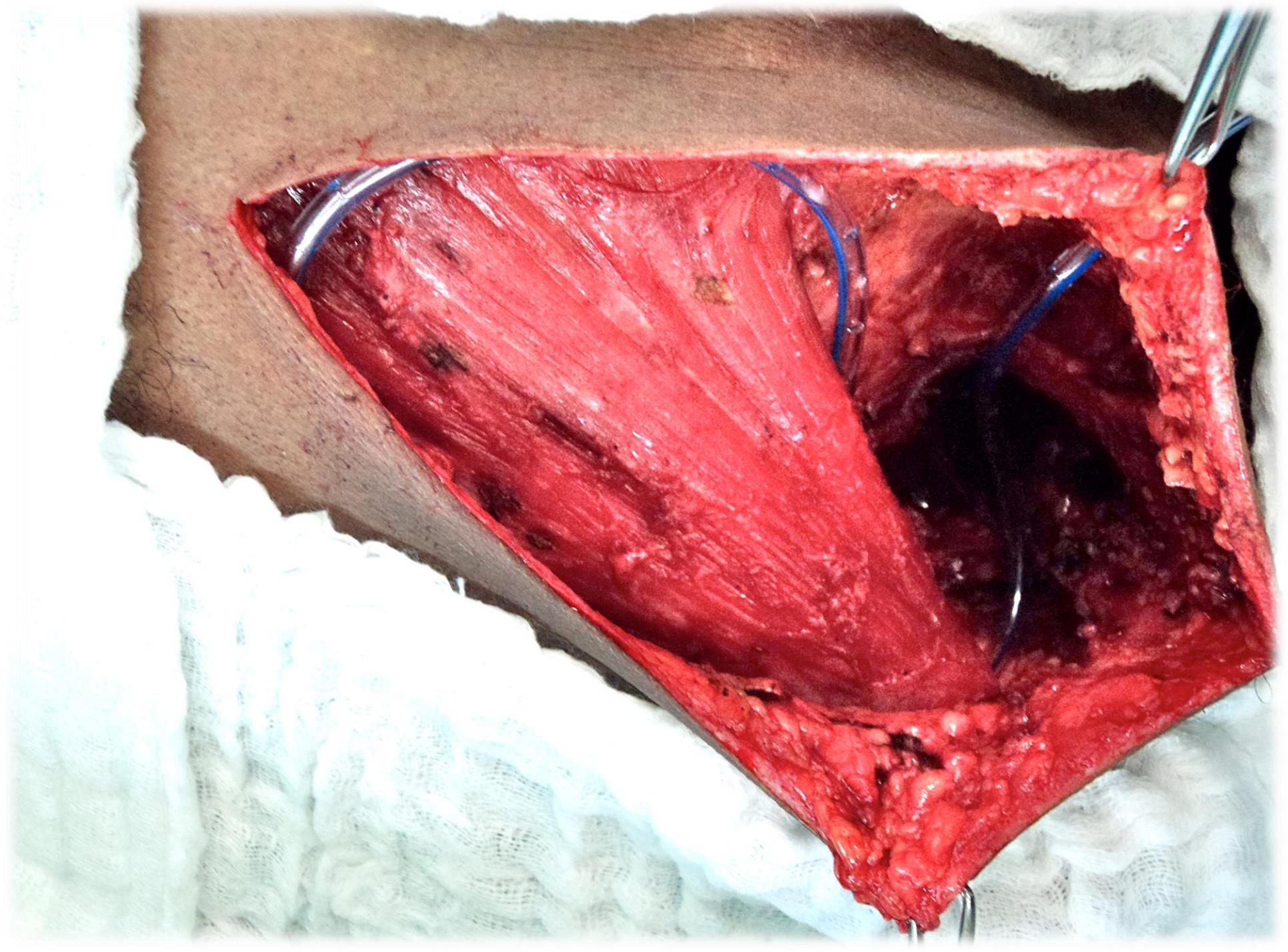


Cirurgia Radical

- Mastectomia Total
- Mastectomia preservadora de pele e mamilo (nipple sparing mastectomy)
- Mastectomia preservadora de pele (skin sparing mastectomy)

Cirurgia Conservadora

- Quadrantectomia
- Segmentectomia (lumpectomy)
- “*Mamoplastias oncológicas*” (oncoplastia ou cirurgia reparadora da mama)







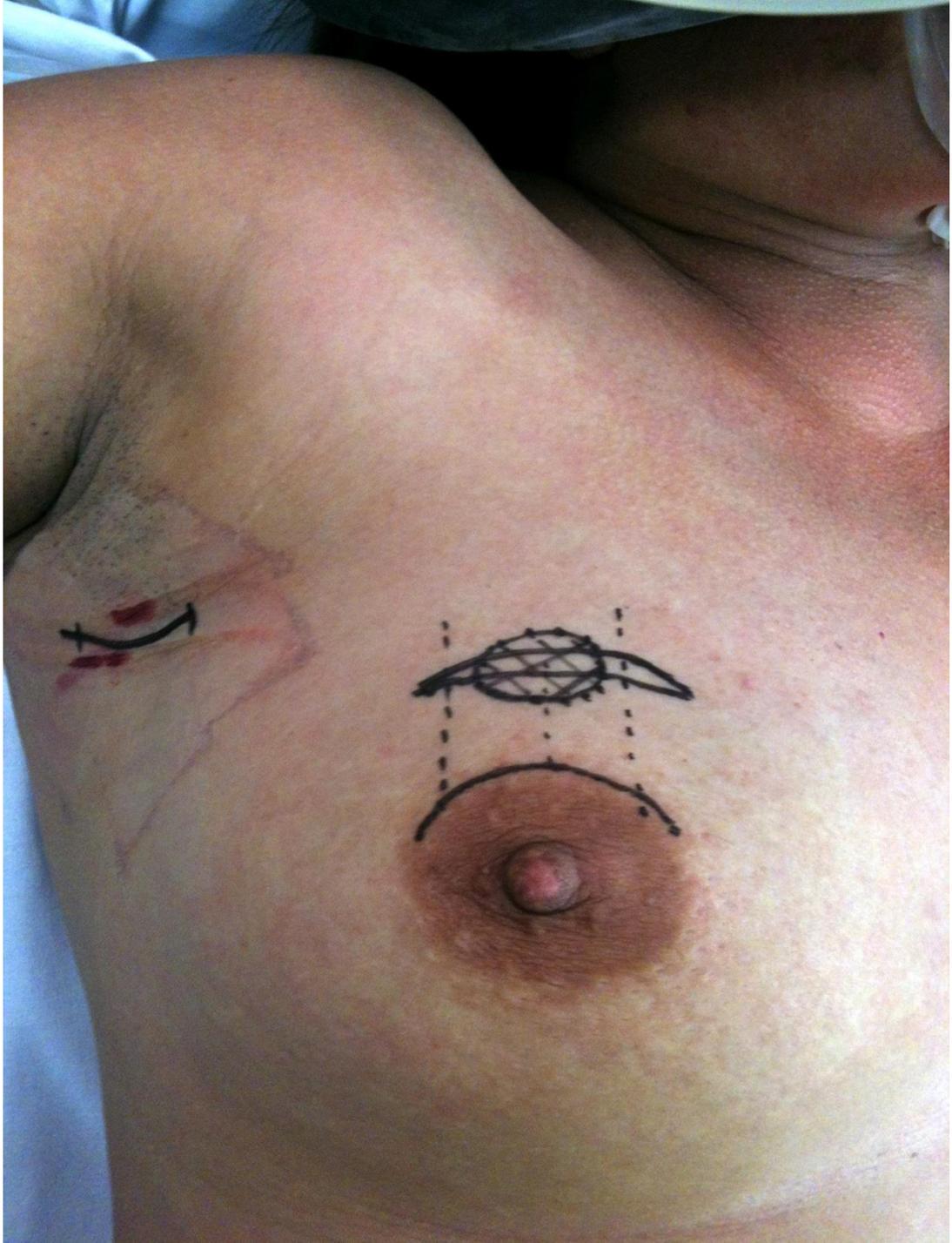
















CIRURGIA



CIRURGIA

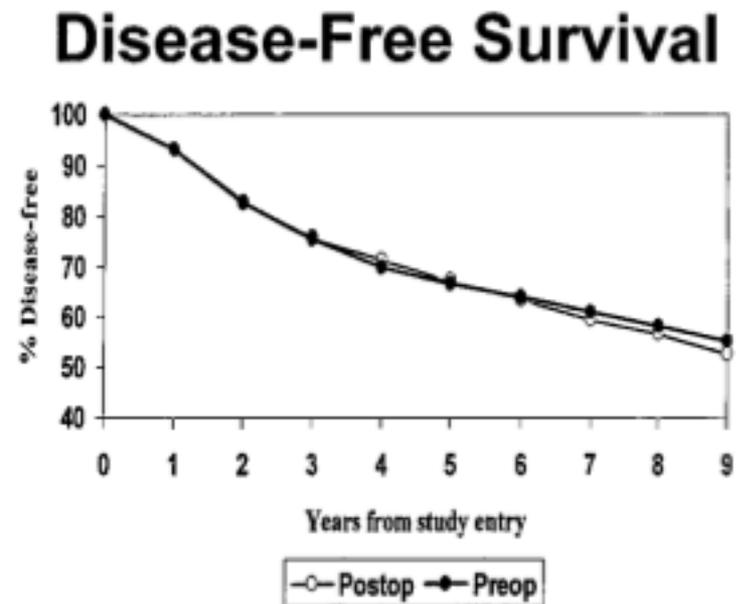
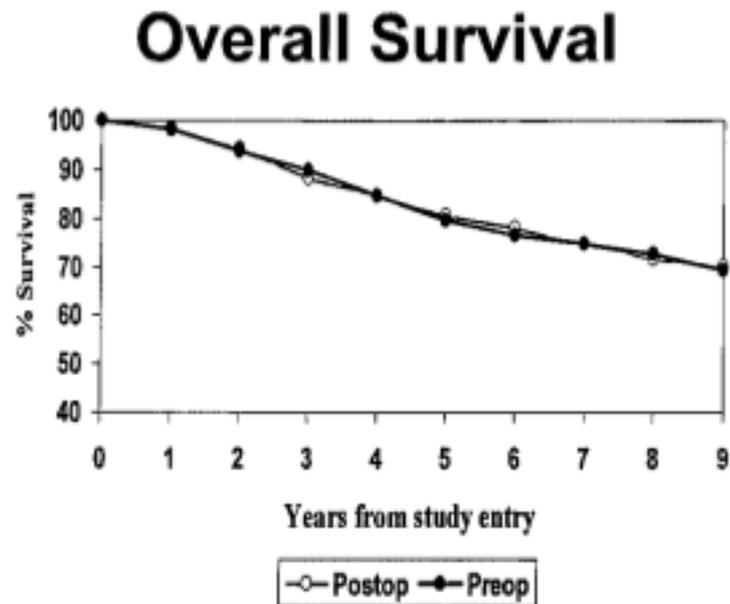


Preoperative Chemotherapy in Patients With Operable Breast Cancer: Nine-Year Results From National Surgical Adjuvant Breast and Bowel Project B-18

Norman Wolmark, Jiping Wang, Eleftherios Mamounas, John Bryant, Bernard Fisher

[J Natl Cancer Inst Monogr 2001;30:96–102]

CIRURGIA

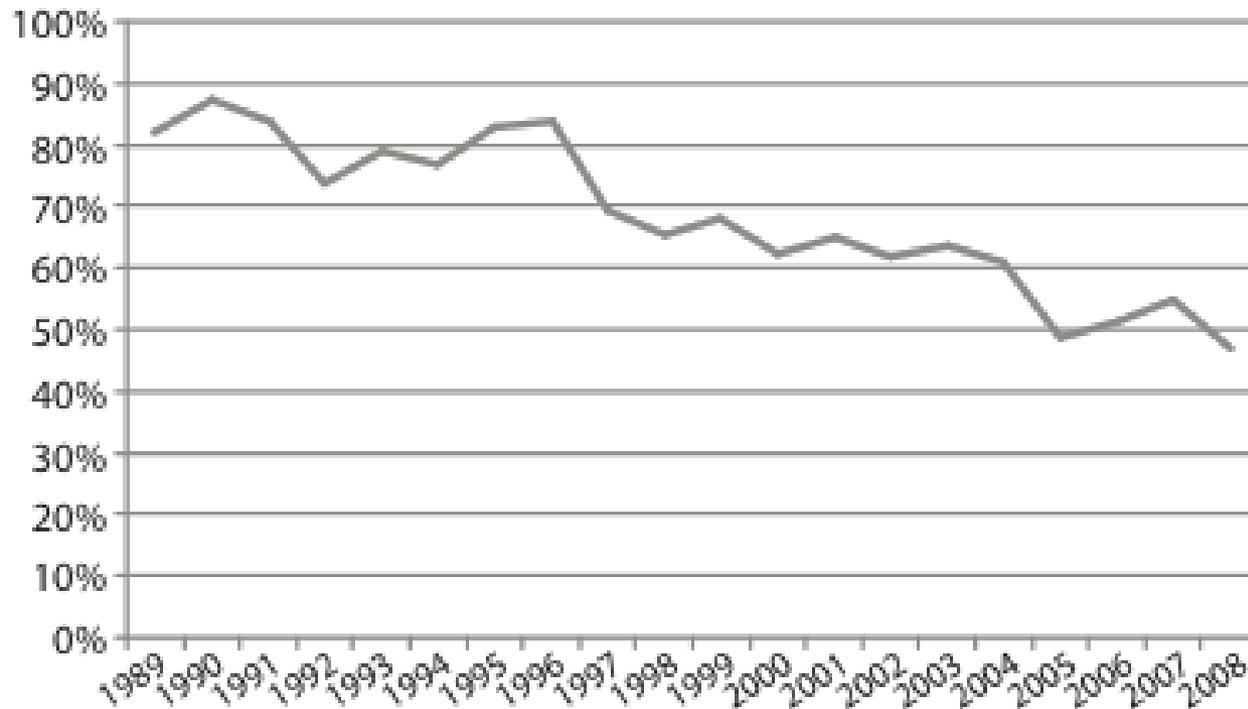


[J Natl Cancer Inst Monogr 2001;30:96-102]

CIRURGIA



Changes in mastectomy rates at a Brazilian public hospital over 20 years (1989 to 2008)



CIRURGIA



Contra-indicações para cirurgia conservadora

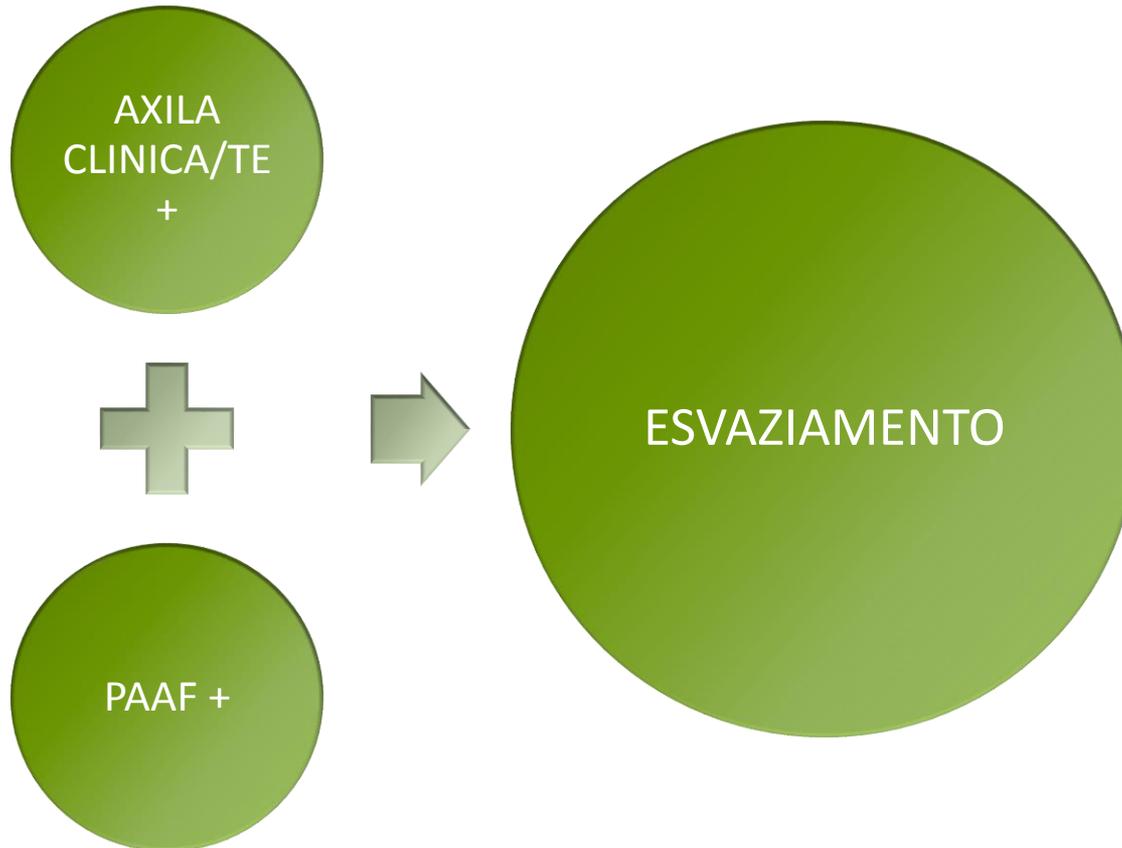
Lesões extensas	Tumores > 5 cm * Relação tumor mama insuficiente Margens positivas persistentes após ressecção Microcalcificações suspeitas difusas Tumor multicêntrico
Impossibilidade de RT	Irradiação torácica prévia com alta dose Primeiro e segundo trimestres da gestação **
Previsão de mau resultado estético	Doença vascular do colágeno
Preferência de mastectomia pela paciente	Razões psicológicas, sociais ou familiares.



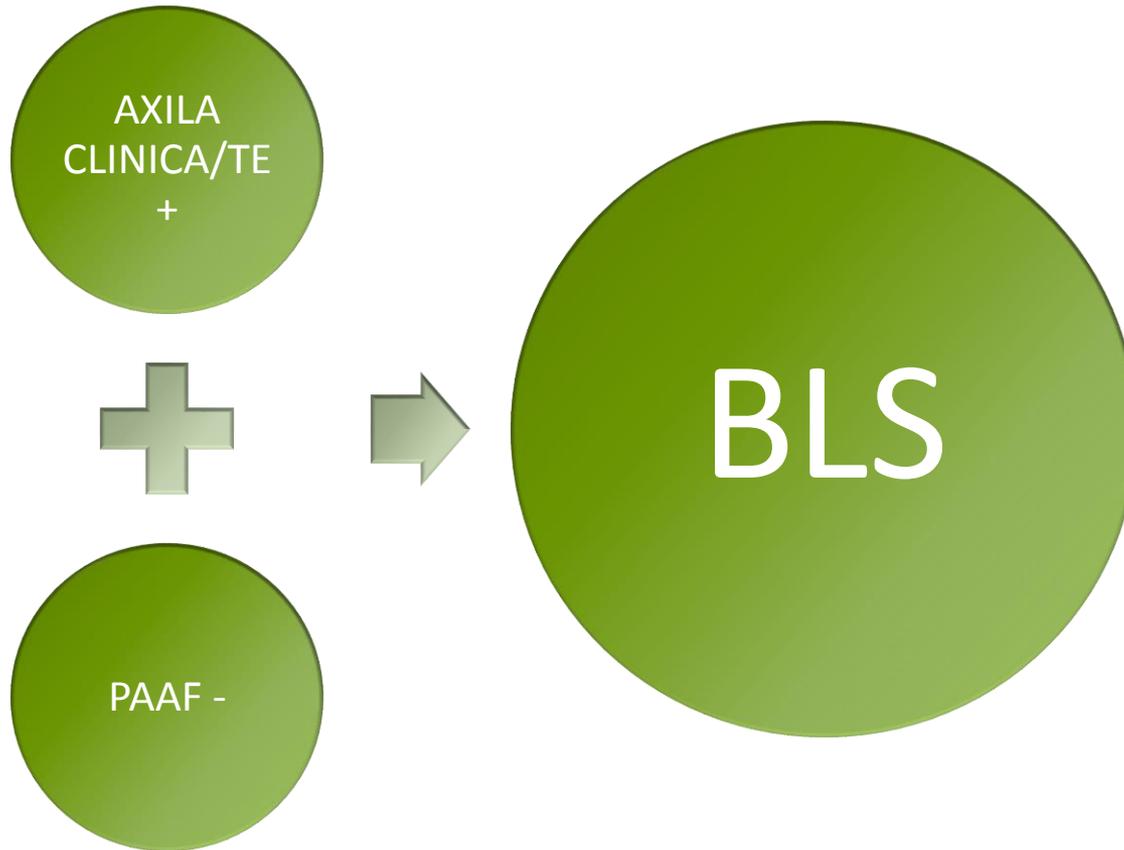
AVALIAÇÃO
AXILAR



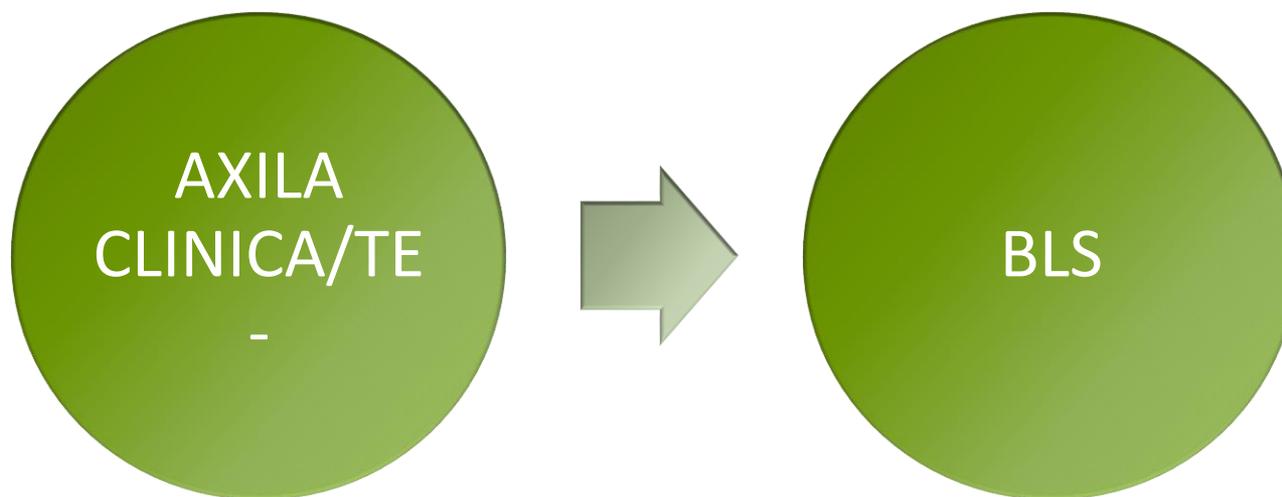
AVALIAÇÃO AXILAR



AVALIAÇÃO AXILAR



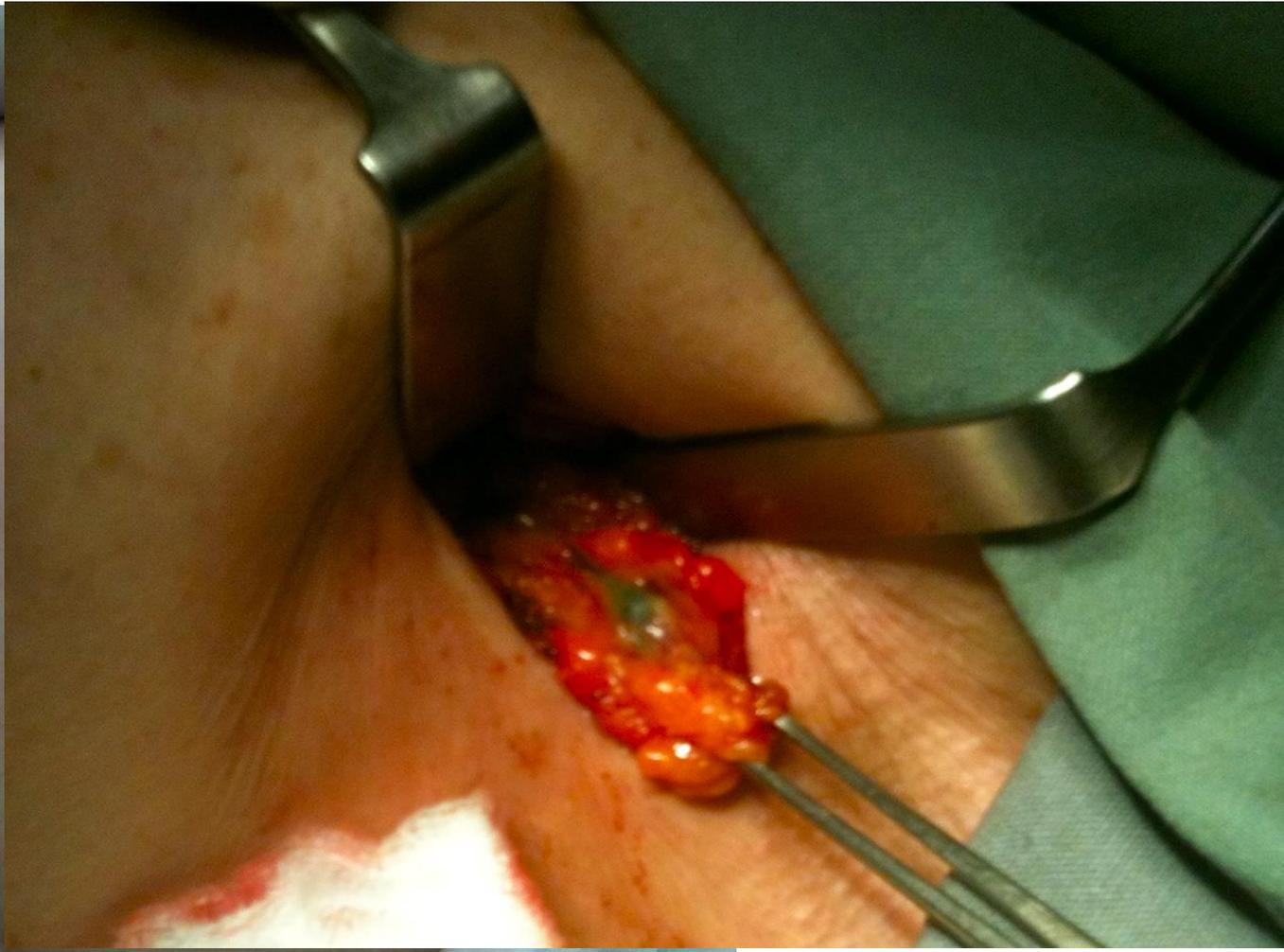
AVALIAÇÃO AXILAR



AVALIAÇÃO AXILAR



Técnica azul patente

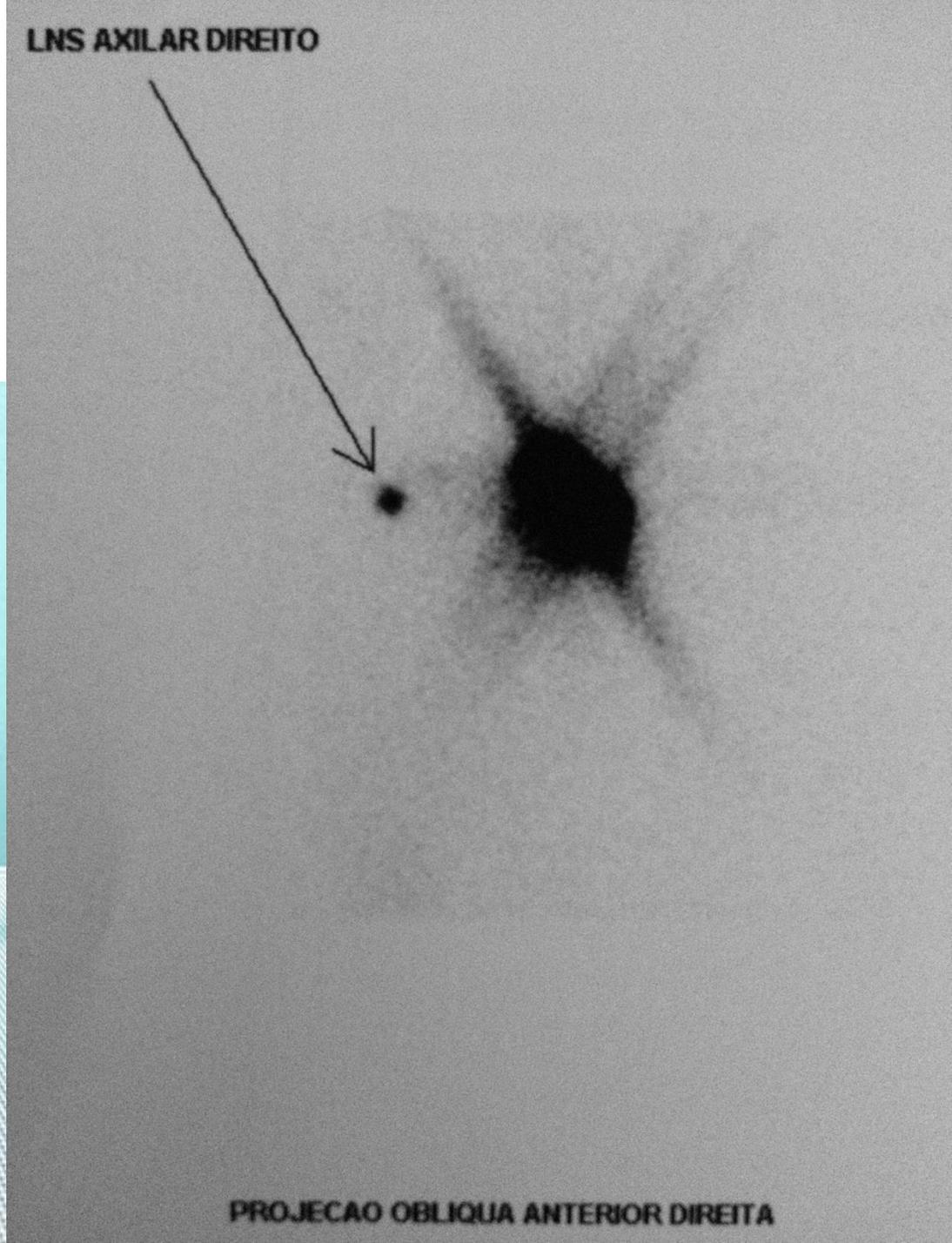


AVALIAÇÃO AXILAR

Técnica radiofármaco



LNS AXILAR DIREITO



PROJECÃO OBLIQUA ANTERIOR DIREITA

AVALIAÇÃO AXILAR

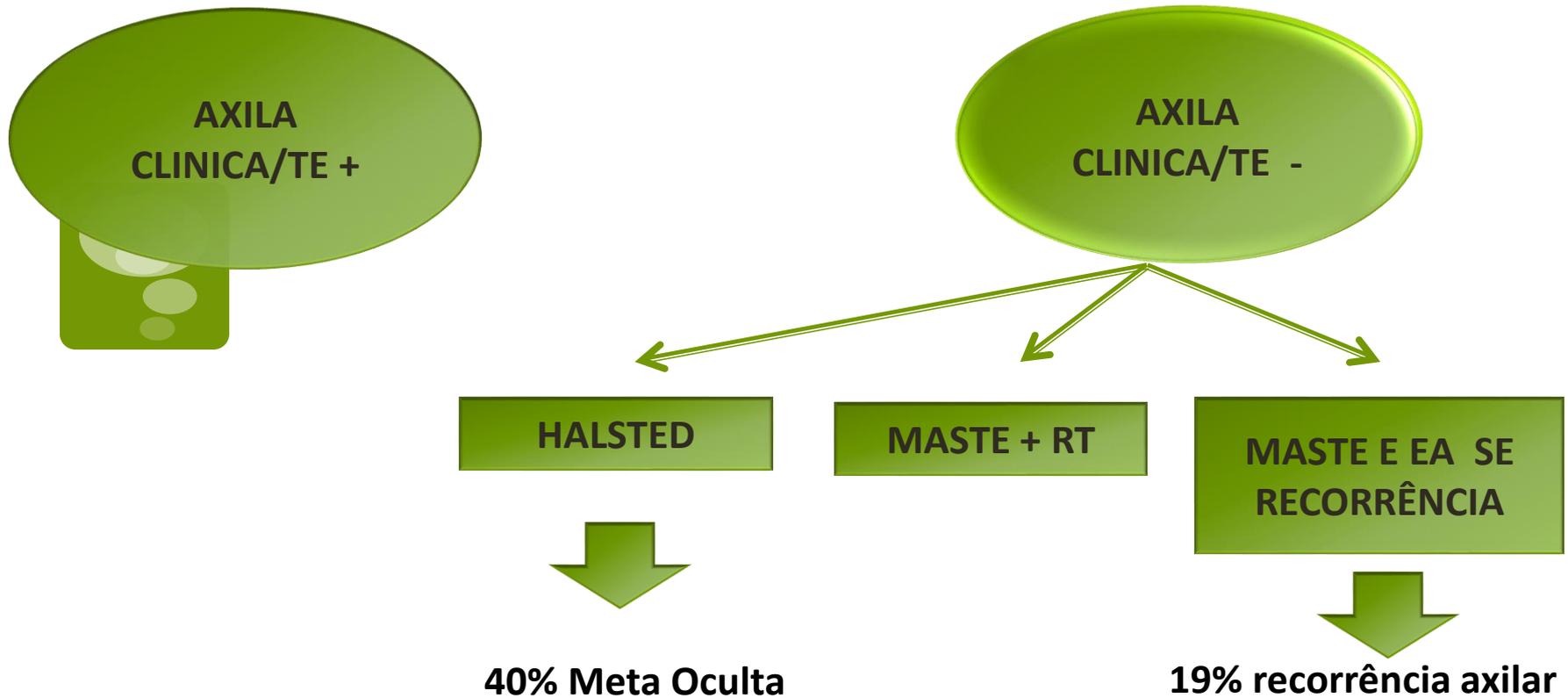


Técnica combinada



AVALIAÇÃO AXILAR

- NSABP – B04 1756 MULHERES

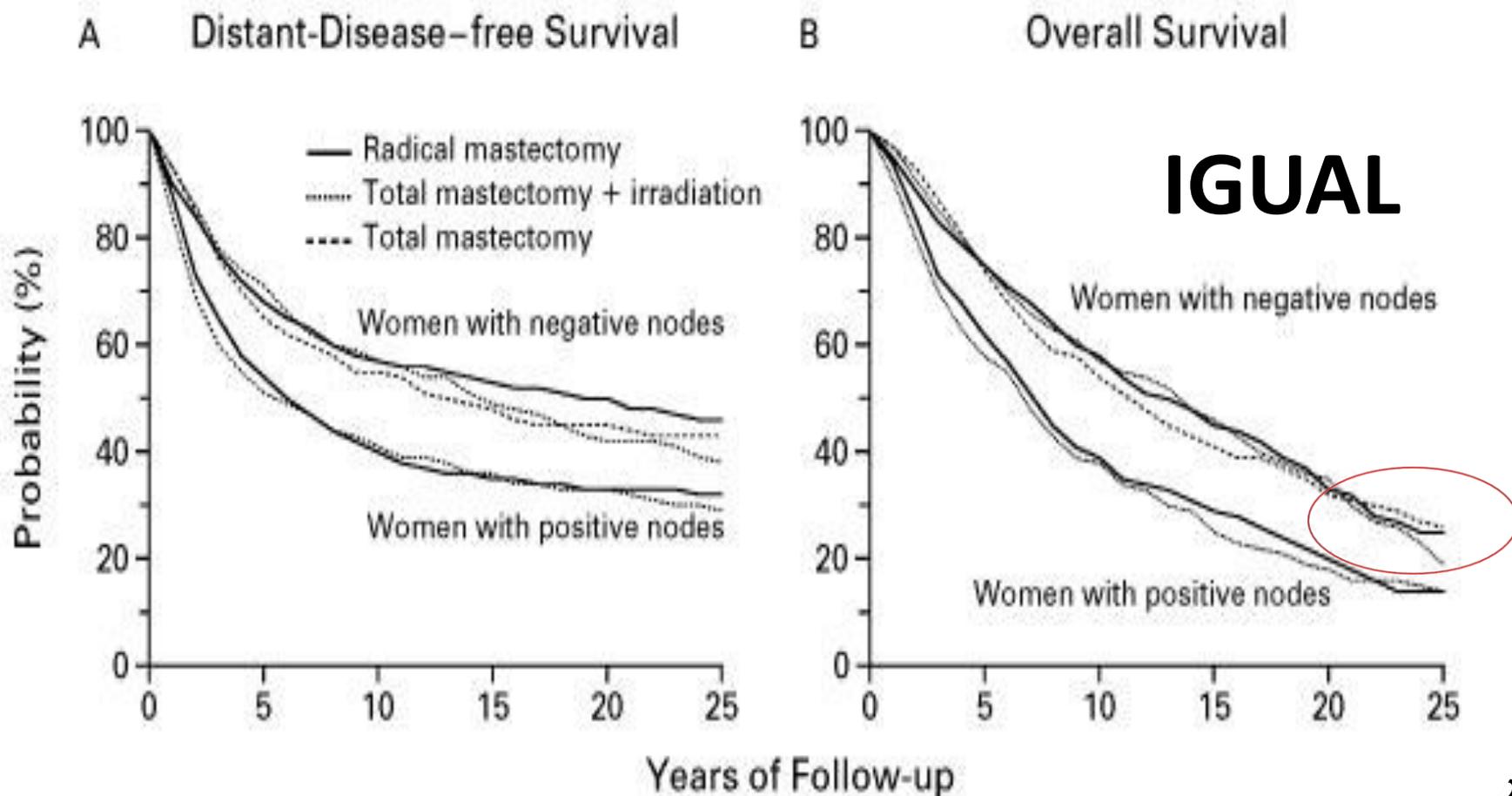


Fisher B, 1977.

AVALIAÇÃO AXILAR

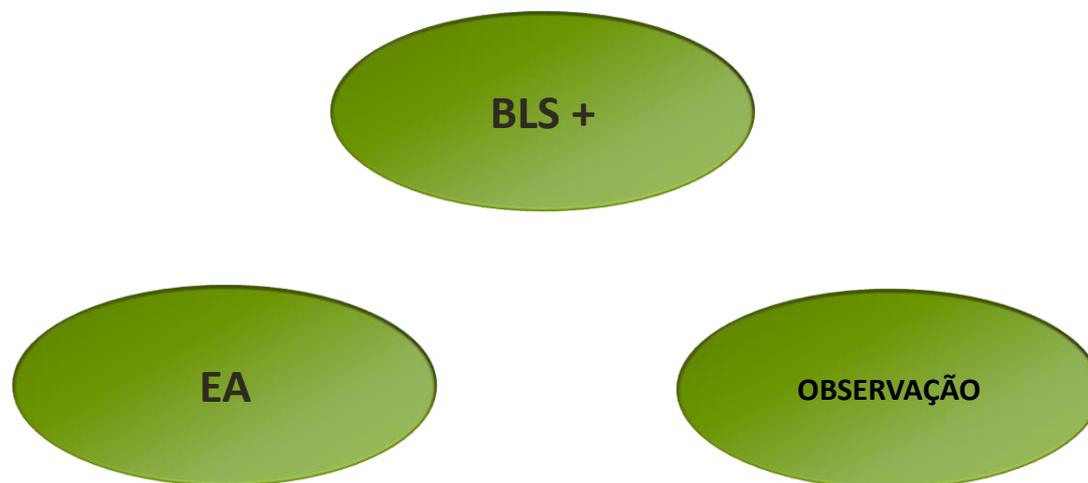


NSABP-04



AVALIAÇÃO AXILAR

- 20011 891 MULHERES



Sobrevida Global (5a)

91,8%

92,5%

Sobrevida Livre de Recorrência

83,5%

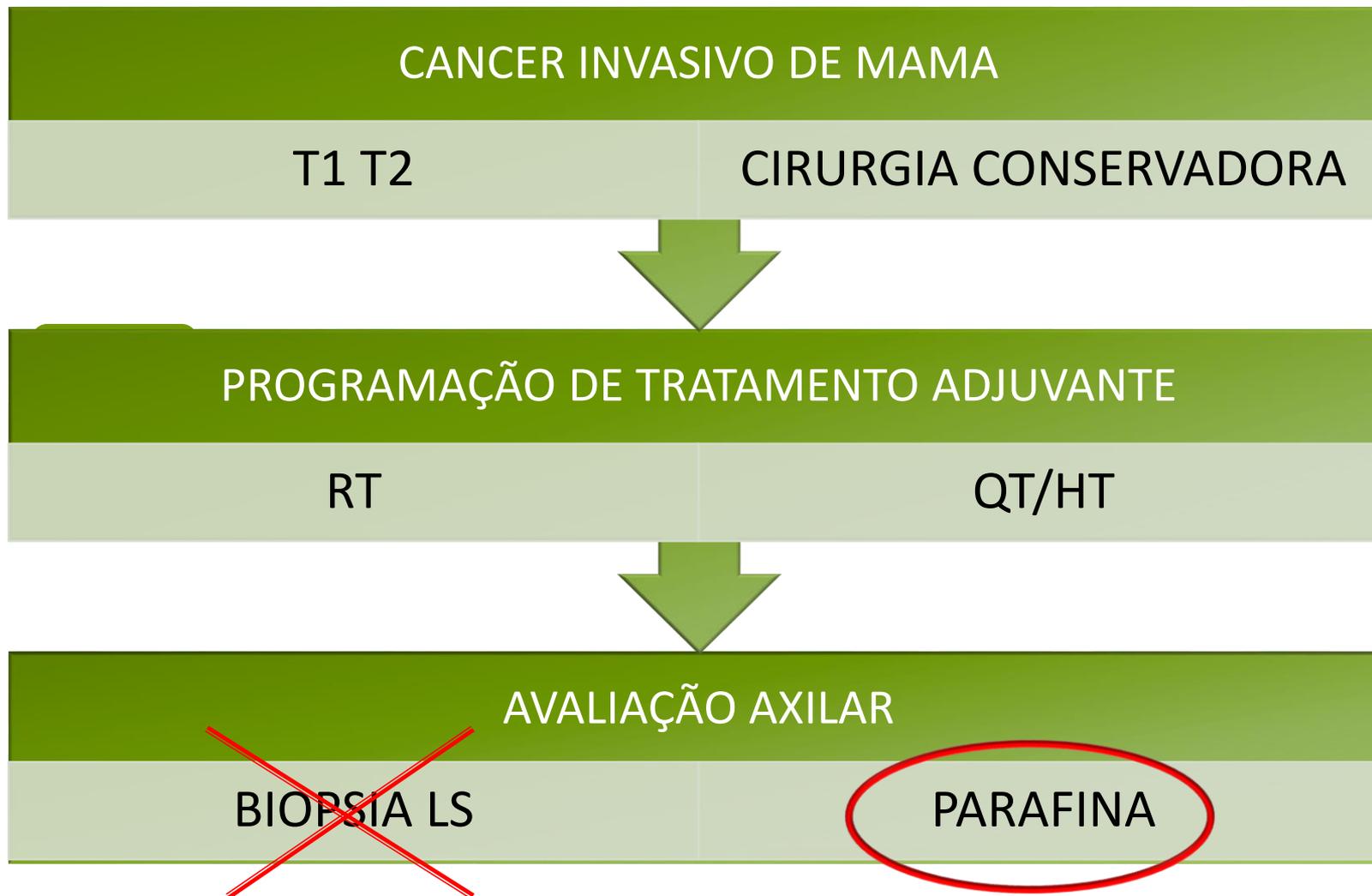
82,2%

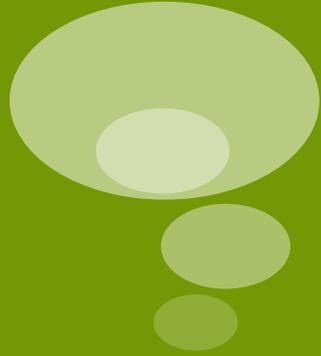
Recorrência Locoregional

3,6%

2,6%

AVALIAÇÃO AXILAR





RADIOTERAPIA



Radioterapia



Recidiva Locorregional

ESTUDO	N	DESENHO	GRUPO RT	CONTROLE
MILAO	701	MR X CC + RT	8,8%	2,3%
NSABP-B06	1851	MRM X CC X CC + RT	14,3%	39,2%
CANADENSE	769	RT + TMX X TMX	0,6%	7,7%
JCRT	90	CC S/ RT		23%
SEER	8724	RETROSPECTIVO RT X S/ RT	RR 0,19	RR 1

Radioterapia



Histologic Multifocality of Tis, T1-2 Breast Carcinomas

Implications for Clinical Trials of Breast-Conserving Surgery

ROLAND HOLLAND, MD,* SOLKE H. J. VELING, MSc,† MARCEL MRAVUNAC, MD§
AND JAN H. C. L. HENDRIKS, MD‡

Cancer 56:979–990, 1985.

Radioterapia

**43% dos casos
apresentaram câncer
distando mais de 2,0cm do
tu index**

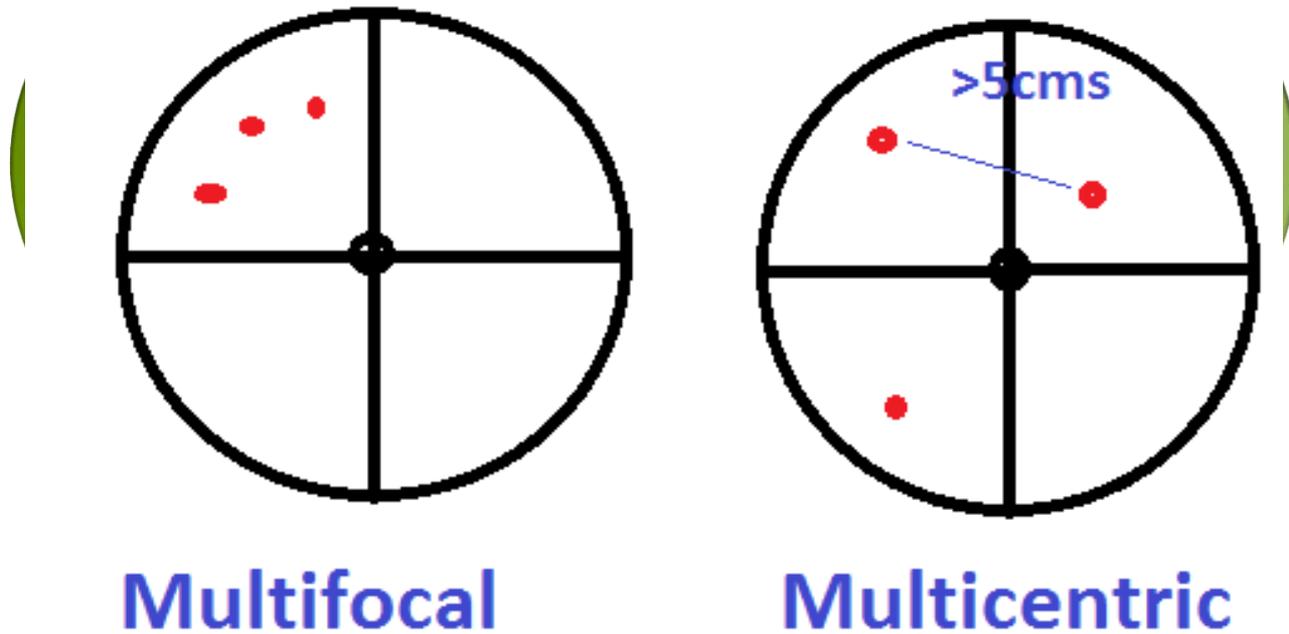


TABLE 5. Invasive (No. of cases with tumor foci (%)) Distance from reference tumor size

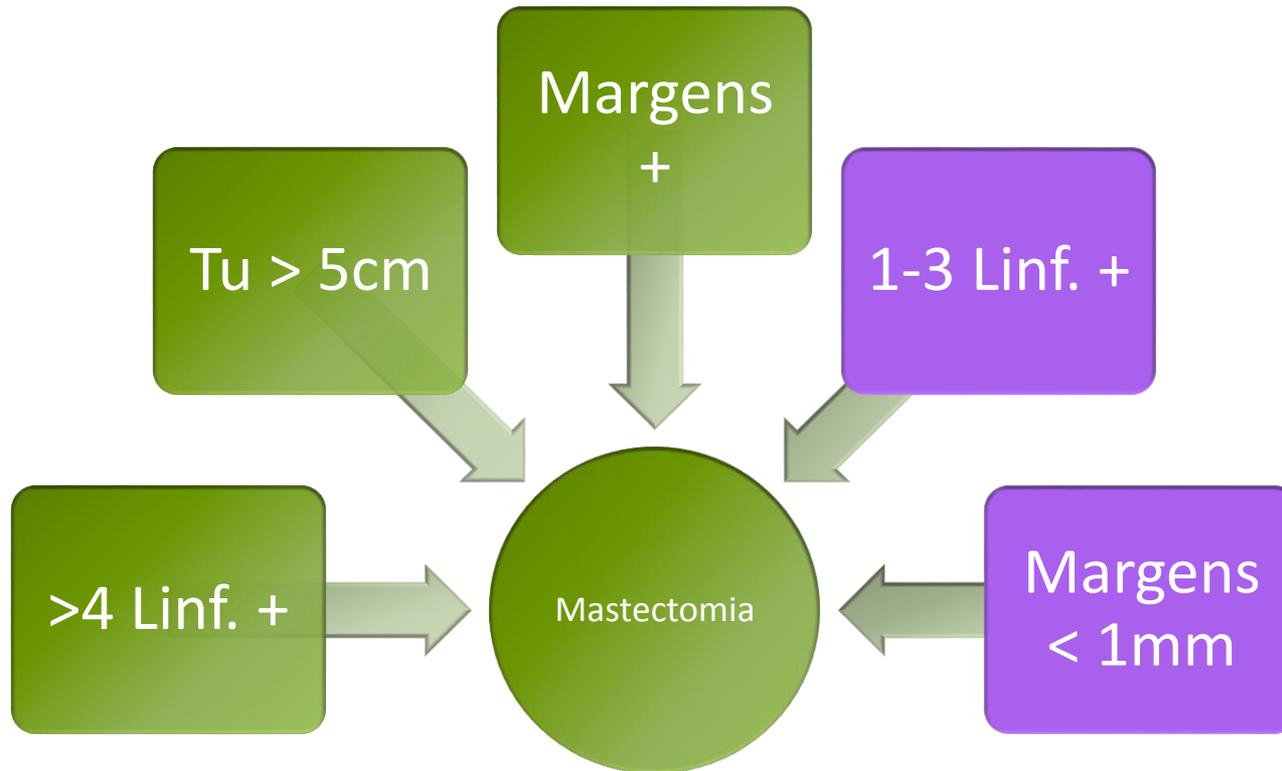
Reference tumor size	No. of cases without tumor foci (%)	No. of cases with tumor foci (%)			Total
		Distance from reference tumor			
		≤2 cm	>2 cm		
		Noninvasive tumor foci	Invasive tumor foci		
*≤2 cm	53 (41)	22 (17)	37 (28)	18 (14)	130 (100)
*≤4 cm	101 (38)	54 (21)	71 (27)	38 (14)	264 (100)
*≤5 cm	105 (37)	56 (20)	75 (27)	46 (16)	282 (100)

16% deles invasivos

Radioterapia



Radioterapia



OBRIGADO!

