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Axillary dissection in stage i breast cancer

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Purpose: Is complete axillary dissection necessary to treat stage I breast cancer?

Results: in 271 stage I breast cancer, axillary metastasis were found in 96 cases (35.5%). Of these, positive nodes were present at level I in 100% of cases and at level II in 10.3%. Even with the involvement of levels I and II, metastasis at level III and Rotter were not found at stage I breast cancer. Based on these data, 101 cases stage I were treated with level I and II axillary dissection. Axilla was positive in 21 cases (20.5%): metastasis at level II was present only in one case. A total of 2.401 nodes were removed (23.5 per axilla). Of these, 39 were histologicaly positive: only 2 nodes at level II. "Skip" metastasis in 1 case (1.0%).

Conclusion: axillary dissection of levels I and II is sufficient to treat the axilla in stage I breast cancer.

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Increasing the percentage of breast-conserving surgery for treatment of breast cancer

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Introduction: Surgical treatment of breast cancer has changed in the last ten years. Many clinical studies have proved that the results are the same for breast-conserving surgery and mastectomy. The Consensus Meeting in 1985 declared breast-conserving surgery part of the standard treatment for breast cancer.

Purpose: 1) To evaluate the percentage of breast-conserving surgery in our hospital., 2) To design protocols for increasing the percentage of breast-conserving treatment.

Methods: Phase I) to make and to publish multidisciplinary protocols of diagnosis and treatment which have breast-conserving surgery as an objective (1989). Phase II) to design coadjuvant protocols of breast-conserving surgery: imaging-guided needle localization and biopsy of non palpable breast lesions (1990) Phase III) Protocols for increasing the percentage of breast-conserving surgery: primary chemotherapy (1992–3).

Results: We treated 1556 patients with breast cancer between 1989 and 1997. Phase I) Between 1989–1991 the achieved percentage of breast-conserving treatment was 33.7%. Phase II) The improvement of the circuit of diagnosis of non palpable lesions increased the percentage to 44% (1992–93). Phase III) Primary chemotherapy increases the percentage of breast-conserving surgery in our hospital. In 1997, 73% of 221 patients with operable breast cancer underwent breast-conservative surgery.

Conclusion: The rate of breast-conserving surgery should be included as indicator in quality improvement programs.

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Clinical significance of rapid scraping cytology to ensure the cancer free margin in breast conserving surgery

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Purpose and Methods: During the breast conserving surgery, we used intraoperative rapid scraping cytology to ensure the pathologically negative margin or to get the basis of the additional excision of the positive margin. Dividing a surgical margin in three parts, we scraped each on the slide glass edge to collect cells. Giemsa stain was given and we got the cytology result within 15 minutes. After the operation we conducted the pathological examination of the specimen and evaluated the cytology result.

Results: 147 cases were given the intraoperative cytology for surgical margin. The accuracy of the intraoperative cytology was as high as 84.4% (127/147). When cytology was judged negative, negative predictive value was 882% (75/85). As for 10 cases misjudged to be cytologically margin-negative, only few residual cancer cells were found in the pathological specimen. Futhermore, the number of the cancer cells collected by scraping reflected the number of the positive ductal components in the pathological specimen.

Conclusion: When cytology is negative, the range of surgical margin is sufficient. Only when cytology is well positive, we should add partial excision to reduce cancer cells. If a surgeon could get the useful information of the surgical margin during the breast conserving operation, he or she would be able to perform enough reduction surgery.

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"Morbidity of quadrantectomy vs mastectomy in operable breast cancer"

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Purpose: To analyze the morbidity between quadrantectomy and mastectomy in the treatment of operable breast cancer

Methods: We reviewed 107 patients with breast cancer, from November 1995 to October 1997, treated with quadrantectomy, axillary lynphadenectomy and radiation treatment (n = 36); or modified radical mastectomy (n = 71).

Results: Radical therapies needed more surgical duration than conserving ones (127 vs 109 minutes, $p = 0.02$). In 7% of cases of modified radical surgery occurred postoperative local infection vs in the 17% of patients with breast conserving therapies ($p = 0.2$). Local infections were associated with the presence of seroma and to the older patient (63 vs 54 years old, $p = 0.03$). When a local infection occurred, average hospitalization was prolonged by 6 days ($p = 0.0001$).

Conclusion: Quadrantectomy in surgical breast cancer therapies is sensitively associated with more postoperative local infection than radical modified mastectomy.

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The place of the sentinel node mapping in the management of breast cancer: Prospective analysis – New aspects

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Purpose: In a prospective analysis we evaluated the concept of sentinel node (SN) in patients with early breast cancer. In addition we correlated the radioactivity of the SN, to its localization and size.

Methods: In a prospective trial 20 patients with recently diagnosed breast cancer (T1-T2) were injected peri-tumorally with 40 MBq 99 mTc nanocolloid the day before surgery. After 3 hours anterior and lateral static and transmission images were obtained by lymphoscintigraphy using a gamma-camera. Using a radioactive pen-marker a tattoo with indelible ink was made on the skin. The intraoperative lymphatic mapping was performed with a hand-held gamma probe (c-Tak, Care Wise). All patients underwent lumpectomy or mastectomy with axillary lymph node dissection.

Results: The SN identification percentage was 85% (17/20). In the remaining 3/20 the LS was also negative. No false negative SN's (skip meta's) were found. In 4 cases (23%) the only positive node was the SN. No correlation was found between volume of the SN and its radioactivity.

Conclusion: Our results show that SN can be localized easily by lymphoscintigraphy and intraoperative gamma probe guided detection and when identified the SN accurately can predict the axillary node status.

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Functional and cosmetic results in breast preserving treatment (BPT)

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Purpose: This paper present experience in BPT in connection with local control of cosmetic outcomes and functional sequelae in patients in breast carcinoma.

Methods: For period 1990–95, 354 pts. were treated with BPT. In prospective study results were evaluated. Cosmetic outcome was based on scoring system. Assessment of functional sequelae was based on qualitative criteria of EORT.

Results: Only 294 pts. were eligible to study protocol. Mean age was 54.7 yr, menstrual status: premeno – 111 (38%), postmeno – 182 (62%). Mean tumor size was 19 mm. Non-invasive were 21 (7%), invasive carcinoma 273 (93%), N-nodes: was 37% (109); N+ 63% (184) pts. Follow-up time were 24–80 months. Local recurrence interval in group was 37 months. For