

Breast Cancer

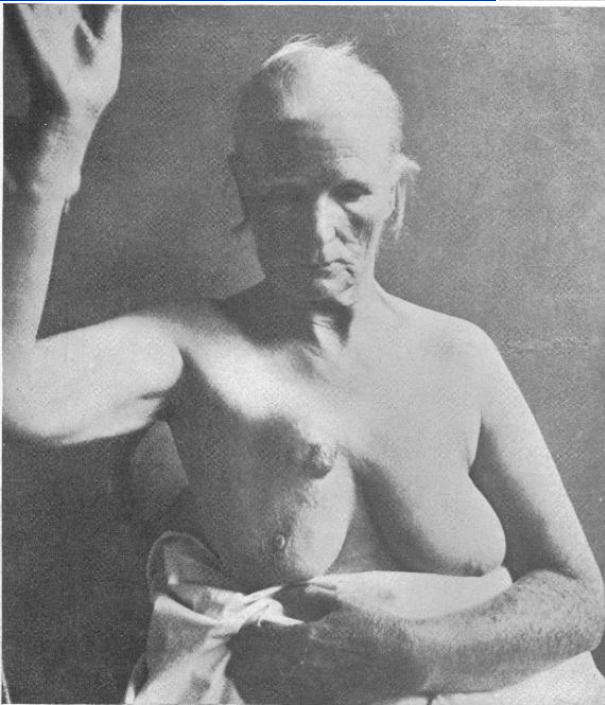
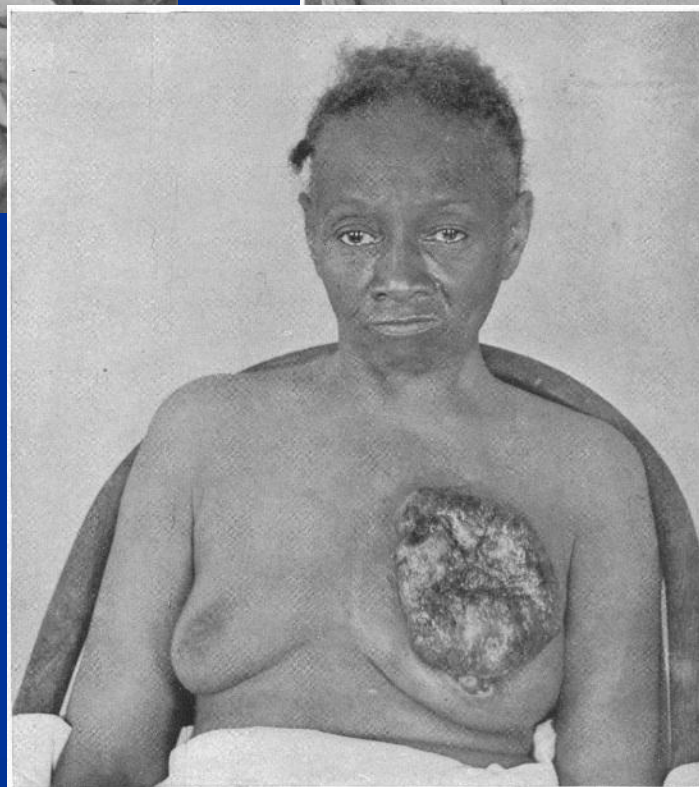
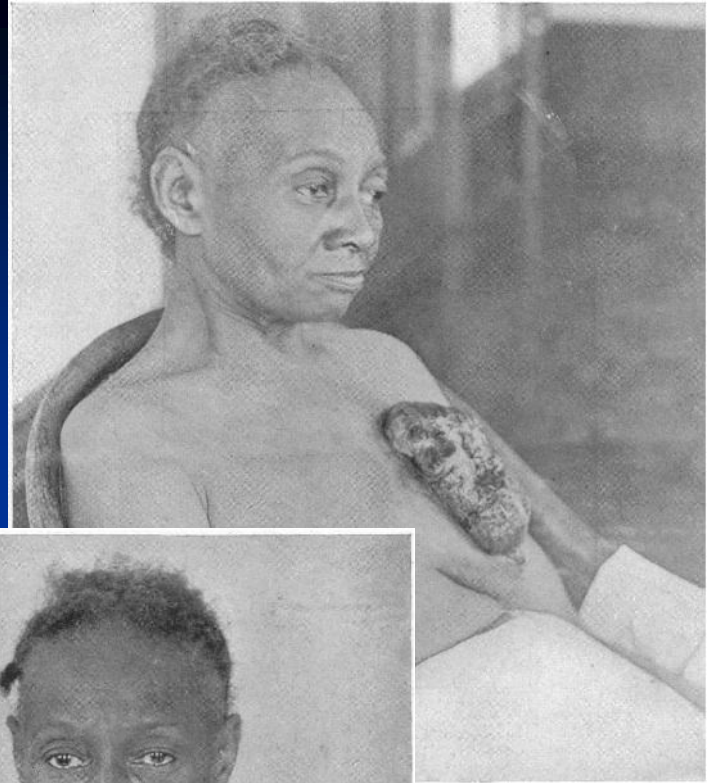


Wendy R. Cornett, MD



GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

We've
come
a long
way



NSABP B32

- ✧ A Randomized, Phase III Clinical Trial to Compare Sentinel Node Resection to Conventional Axillary Dissection in Clinically Node-Negative Breast Cancer Patients
- ✧ 5611 pts
- ✧ May '99- Feb '04



NSABP B32

- ✂ 3989 sentinel node neg
 - 99.9% had f/u info
- ✂ Mean f/u 95.3 mos
- ✂ No difference in OS, DFS, regional control

5 yr	SLN + ALND	SLN	Adj HR
OS	96.4%	95%	1.19
DFS	89%	88.6%	1.07
Regional recurrence	n=54	n=49	

Halsted – 1894 Results

- ✚ “The complete method”
 - 27/50 “hopeless” preoperatively
 - All patients had positive axillary nodes
 - Only 3 local recurrences
 - “The return of disease in any part of the explored regions”
 - 8 regionary recurrences
 - 4 living, 4 dead
 - 3 yr survival 45%

Radical Mastectomy

- ✚ “Disability, ever so great, is a matter of very little importance as compared with the life of the patient”
- ✚ “these patients are old...average age nearly 55 years. They are no longer very active members of society.”





Determination of clear margin in breast conserving surgery: is 1mm needed?

- ✧ Retrospective review, France
 - 1973-2004
 - 4832 patients BCT
 - 2,569 patients known margins
 - Mean follow up 71 months

Margin	LR 5yr
Neg (>1mm)	2%
Close (<1mm)	4.6%
Pos	9%

Margins conclusions

- ✂ Margin status is important
- ✂ 1mm margin is required for complete excision regardless of insitu or invasive

