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AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE
PALAZZO DEI CONGRESSI

 Associazione Italiana
Radioterapia e Oncologia clinica

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SURVIVAL OUTCOMES FOLLOWING INTERNAL MAMMARY NODE IRRADIATION IN LOCALLY ADVANCED BREAST CANCER

Dott.ssa Suela Vukcaj

UOC RADIOTERAPIA

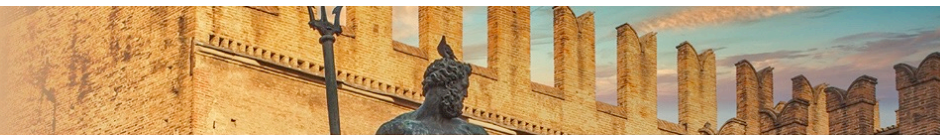
ASST PAPA GIOVANNI XXIII, Bergamo

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DICHIARAZIONE

Relatore: SUELA VUKCAJ

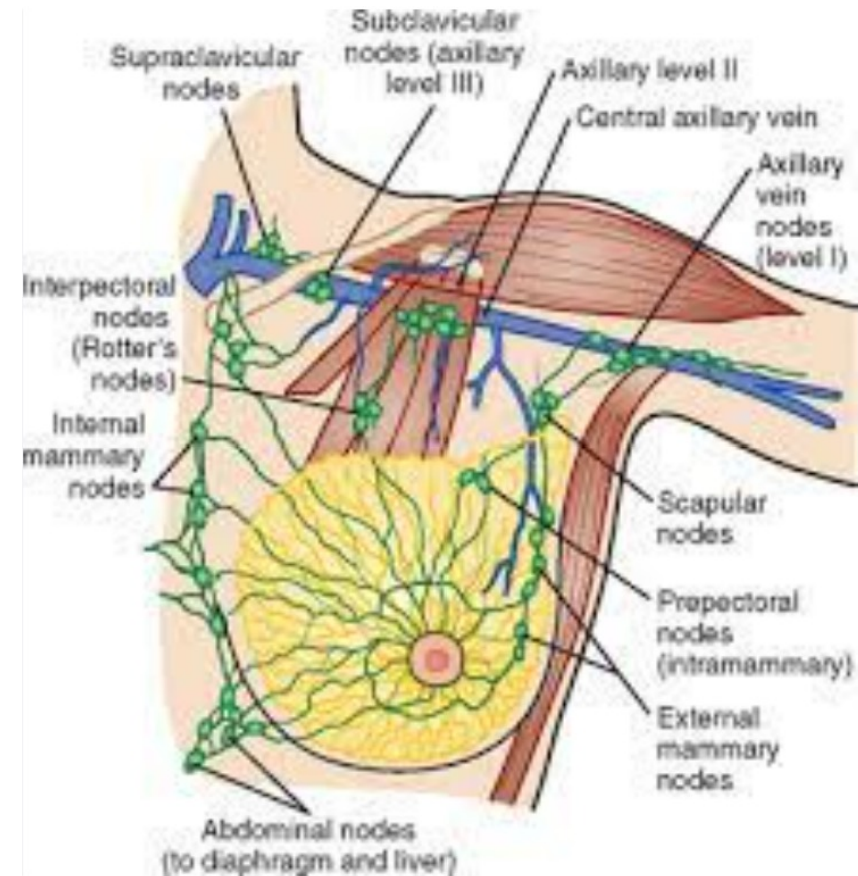
Come da nuova regolamentazione della Commissione Nazionale per la Formazione Continua del Ministero della Salute, è richiesta la trasparenza delle fonti di finanziamento e dei rapporti con soggetti portatori di interessi commerciali in campo sanitario.

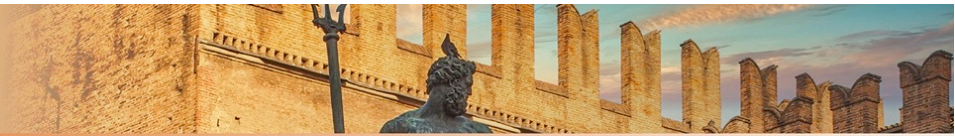
- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazione ad Advisory Board **(NIENTE DA DICHIARARE)**
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**



BACKGROUND

- IMLN RT is a perpetual subject of discussion in the adjuvant treatment of breast cancer with node positive.
- To examine the effect of IMLN RT on DFS and OS in patients with locally advanced breast cancer in real-world setting.





MATERIAL AND METHODS

From February 2013 to November 2017
 105 pts with LABC, Stage IIB-IIIC

78% underwent mastectomy → 3D-CRT thoracic wall, 50 Gy/25 frx
 22% underwent BCS → 3D-CRT whole breast, 50 Gy/25 frz and boost on surgical bed 10 Gy/5 frx

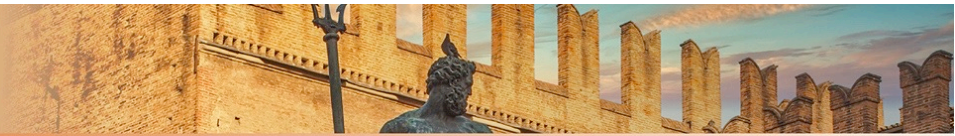
All patients underwent RT at supraclavicular lymph nodes, 50 Gy/25 frx

IMLN RT: YES

IMLN RT: NO

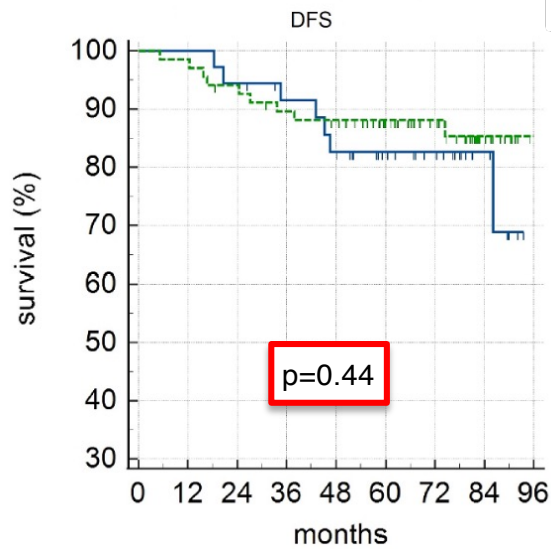


	IMLN RT: YES N=68 pts	IMLN RT: NO N=37 pts
Age at diagnosis	Median: 51.5 y Range: 33-77 y	Median: 64 y Range: 33-80 y
cN at staging		
IMLN +	4 pts (5.8%)	1 pt (2.7%)
IMLN -	64 pts (94.1%)	36 pts (97.2%)
Histology		
Ductal	55 pts (80.8%)	32 pts (86.4%)
Lobular	6 pts (8.8%)	3 pts (8.1%)
Other	7 pts (10.2%)	2 pts (5.4%)
Grading		
I-II	30 pts (44.1%)	17 pts (45.9%)
III	38 pts (55.8%)	20 pts (54.0%)
Surgery		
BCS	14 pts (20.5%)	9 pts (24.3%)
Mastectomy	54 pts (79.4%)	28 pts (75.6%)
TNBC	9 pts (13.2%)	6 pts (16.2%)
NTNBC	59 pts (86.7%)	31 pts (83.7%)
Adjuvant Chemotherapy		
Yes	42 pts (61.7%)	15 pts (40.5%)
No	26 pts (38.2%)	22 pts (59.4%)



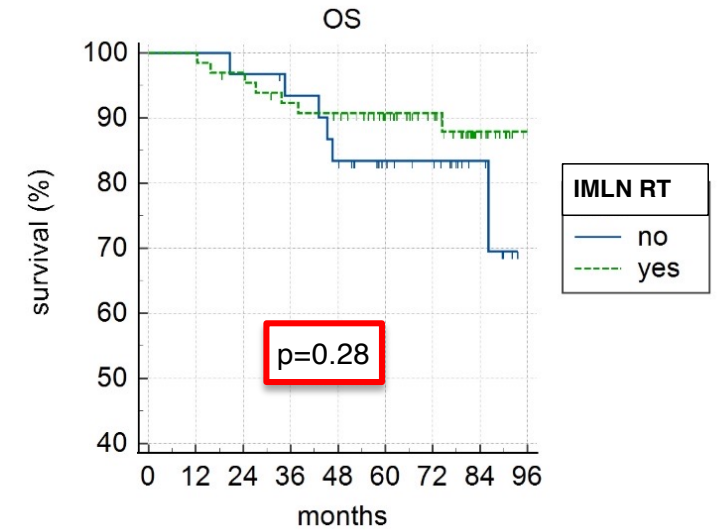
RESULTS

105 pts with LABC.
 Median follow up: **65 mos** (range: 3-95 mos)



DFS: 88.1% with IMLN RT
 DFS: 82.6% without IMLN RT

10 pts (9%) → DM
 2 pts → metastases at IMLN

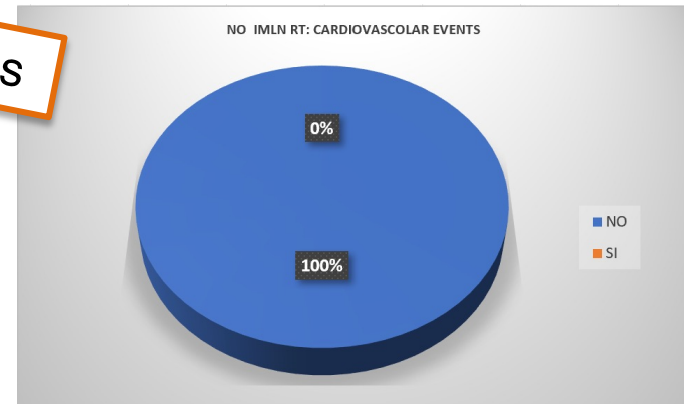
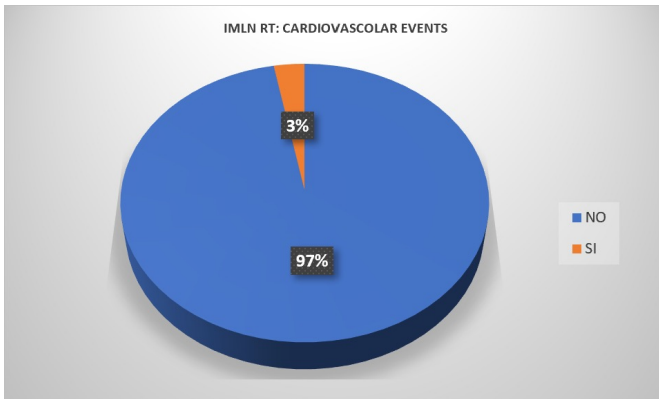
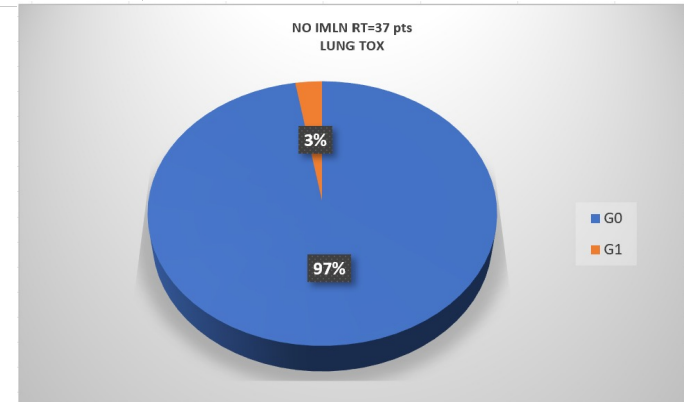
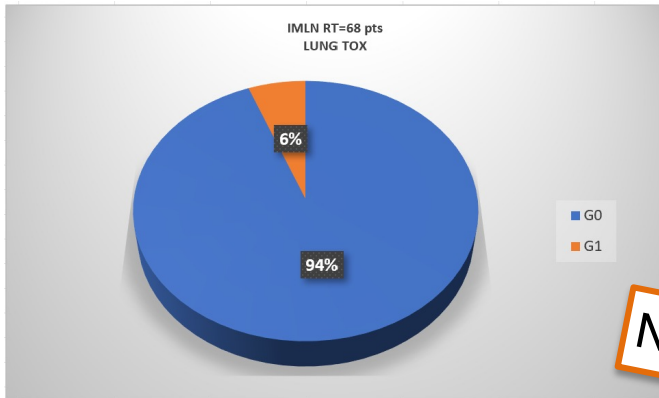


OS: 90.8% with IMLN RT
 OS: 83.4% without IMLN RT



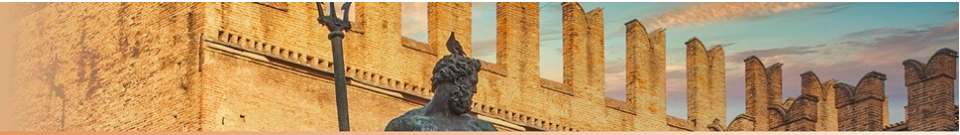
RESULTS

105 pts with LABC.
 Median follow up: **65 mos** (range: 3-95 mos)



No differences between 2 groups

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Conclusions

- No differences in adverse effects including cardiac toxicity and radiation pneumonitis between treatment groups.
- IMLN irradiation did not significantly improve DFS and OS for women with node-positive breast cancer.
- A more numerous sample of pts and a longer follow up is needed in order to assess the real effectiveness of IMLN RT and to select the subgroup of pts who may benefit from irradiation of IMLN.