

TAKE HOME MESSAGE
FROM
KEY LECTURES JIC 2019

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- Important to Understand pattern of spread, proper assessment and surgical planning.
- Select T4b (class I / infra notch) and T4a tumors have comparable outcomes.
- Compartment resection has shown improved local control.
- NACT plays important role in class II/III lesions to assess biological behavior.
- Role of NACT in reducing distant metastasis needs further evaluation.
- Advances in reconstruction help in rehabilitation and improved quality of life.

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- N0 neck- treat the neck where probability of occult metastasis is more than 20%
- N1- MRND/SND in surgical candidates. May be treated with Radiotherapy
- N2/ N3 –Appropriate neck dissection. If candidate for radiotherapy/chemoradiation, planned neck dissection is indicated based on PET.
- Sentinel node biopsy in trial setting

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- Volume of radiation
- Immobilization
- CT/MR/PET guided planning
- On board images
- Nutrition / Oral care
- Joint clinic
- Robust data for radiation alone but no data for neo-adjuvant or concurrent chemo-radiation.
- Cosmetic and functional outcome are improving

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- SLNB is the standard of care in EBC.
- ICG alone.
- Blue dye + Radiocolloid.
- ICG also helps in Lymphodema,
- LymphoVenous Surgeries and early Lymphoedema identification and triage



It is more about “bankruptcy of thoughts” rather than true poverty that is blocking us from making these strides in health care that we truly deserve.

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- TRIPLE assessment: Core Biopsy mandatory : IHC: ER, PR, Her-2-neu
- MRI is not Mandatory or High level evidence for BCT
- PET CT scan metastatic survey not recommended
- >4 cms lesions: NACT and BCT v/s Oncoplasty: volume displacement glandular flaps v/s Volume replacement
- Role of Neoadjuvant Hormonal therapy in : Lumina A, Postmenopausal ER +ve
- TNBC: preferable to complete all Neoadjuvant chemo:
- Pre Stereotactic Chemo Clip marker placement – must
- Genomic risk prediction AJCC 8th edition stage I low risk
- Acceptable Margin: no Invasive tumor cells at inked margin
- SLNB post NACT is not level I evidence: But Pre chemo is better than post chemo
- Reconstruction : Immediate v/s Delayed
- Multifocal / BRCA 1 ,BRCA2, Central quadrant tumors- Not absolute contraindications for BCT
- BCT + EBRT : SLNB micromet + or 1-3 nodes +ve : safe to omit ALND
- SSM and NSM safe in rightly indicated patients: and Radiotherapy not mandatory if other factors are favourable

TAKE HOME MESSAGE

- Lymph edema affects a third of patients
- Who exactly not known
- Affects quality of life for the survivors
- Present knowledge is still nascent
- Comprehensive plan required
- Supramicro surgery offers solutions.