



CONFERÊNCIA BRASILEIRA DE
CÂNCER DE MAMA
LACOG - GBECAM 2024

15 E 16 DE
MARÇO
DE 2024

HOTEL INTERCONTINENTAL | SÃO PAULO / SP

Oncoplástica em 2024: Estética x Eficiência e Impacto nos Desfechos em Câncer de Mama

Francisco Pimentel

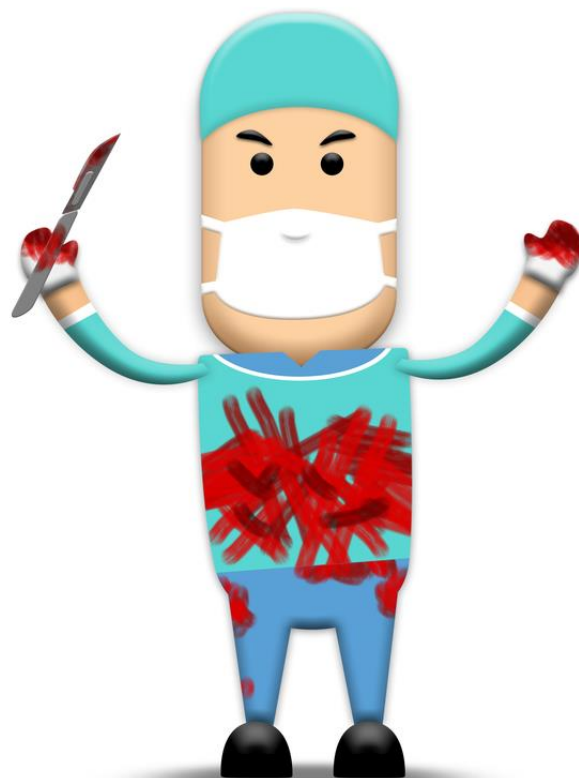
Mastologista

Fortaleza, 14/10/2023



Conflitos de Interesse

- De acordo com a resolução 1595/2000 do Conselho Federal de Medicina e com a RDC 96/2008 da ANVISA, eu declaro:
- Consultor: Astrazeneca
- Membro Advisory Board: Pfizer, Roche, MSD
- Palestras: Roche, Gencell Pharma, Pfizer, Libbs, MSD, Astrazeneca
- Educacional: Roche, Pfizer
- Não possuo ações de nenhuma companhia farmacêutica.



Oncoplástica: Origem e Definição



Tumor-Specific Immediate Reconstruction in Breast Cancer Patients

WERNER P. AUDRETSCH, M.D., MAHDI REZAI, M.D.,
CHRISTOS KOLOTAS, M.D., NIKOLAOS ZAMBOGLOU, M.D., Ph.D.,
THOMAS SCHNABEL, M.D., and HANS BOJAR, M.D.





ELSEVIER

European Journal of Surgical Oncology

journal homepage: www.ejso.com



Oncoplastic breast surgery: A guide to good practice

A. Gilmour ^a, R. Cutress ^b, A. Gandhi ^c, D. Harcourt ^d, K. Little ^e, J. Mansell ^f, J. Murphy ^g,
E. Pennery ^h, R. Tillett ⁱ, R. Vidya ^j, L. Martin ^{e,*}



Review

Knowledge gaps in oncoplastic breast surgery

Walter P Weber, Monica Morrow, Jana de Boniface, Andrea Pusic, Giacomo Montagna, Elisabeth A Kappos, Mathilde Ritter, Martin Haug,
Christian Kurzeder, Ramon Saccilotto, Alexandra Schulz, John Benson, Florian Fitzal, Zoltan Matrai, Jane Shaw, Marie-Jeanne Vrancken Peeters,
Shelley Potter, Joerg Heil, on behalf of the Oncoplastic Breast Consortium*



ONCOPLÁSTICA

CORREÇÃO PEQUENOS DEFEITOS

REMODELAÇÃO

REPOSIÇÃO VOLUME

LIPOENXERTIA

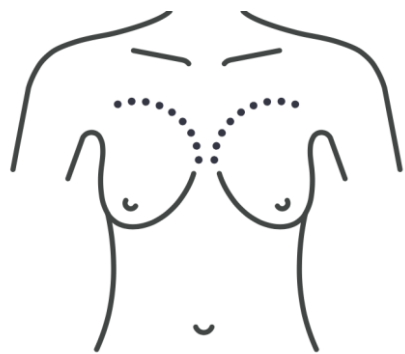


PACIENTE

TRATAMENTO

ONCOPLÁSTICA

**RECONSTRUÇÃO
PARCIAL**



**RECONSTRUÇÃO
TOTAL**



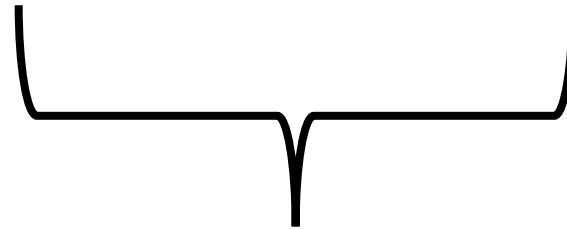
ESCOLHA DA TÉCNICA ONCOPLÁSTICA: ESTÉTICA x EFICIÊNCIA

PACIENTE

TIPO DE MAMA (VOLUME/PTOSE)
PELE
COMORBIDADES
DESEJO / IDADE

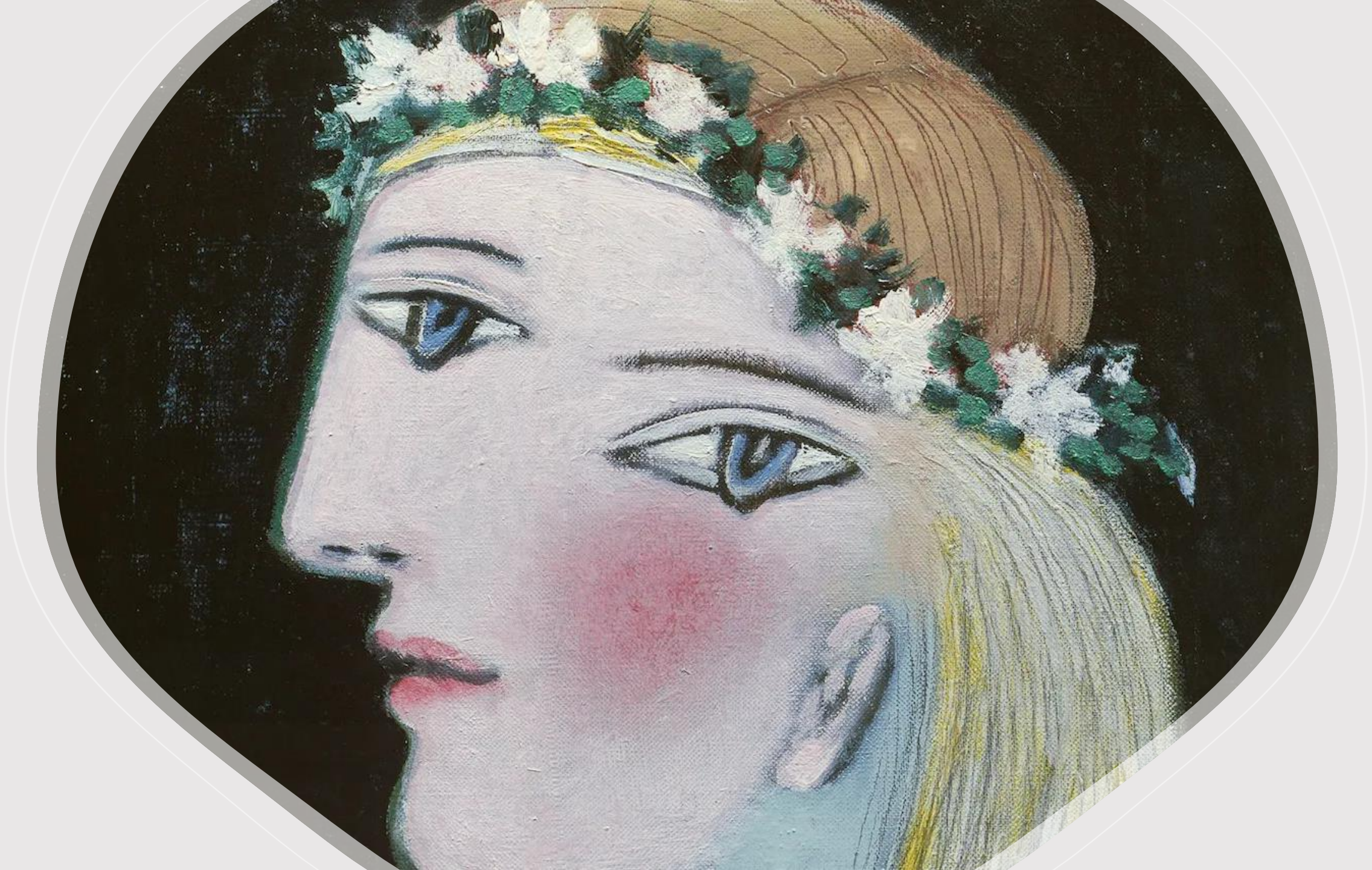
DOENÇA

VOLUME DE TECIDO RESSECADO
RETIRADA DE PELE
TERAPIAS ADJUVANTES (RT)
ONCOGENÉTICA



PERFIL BAIXO DE COMPLICAÇÕES

RESULTADO ESTÉTICO ADEQUADO (BOA SIMETRIA)

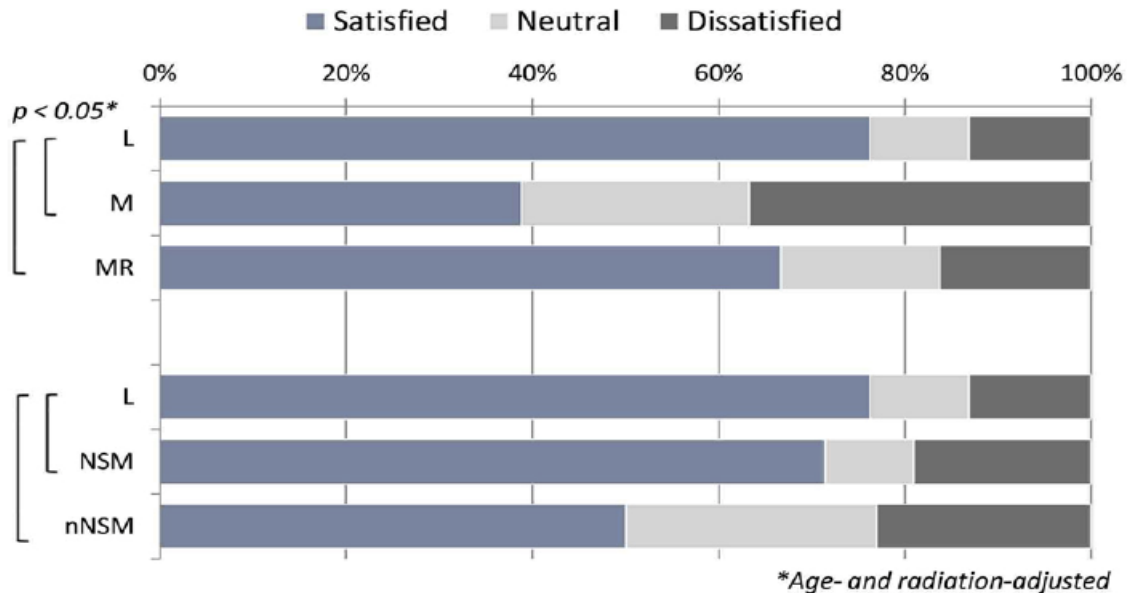


Breast-Specific Sensuality and Appearance Satisfaction: Comparison of Breast-Conserving Surgery and Nipple-Sparing Mastectomy



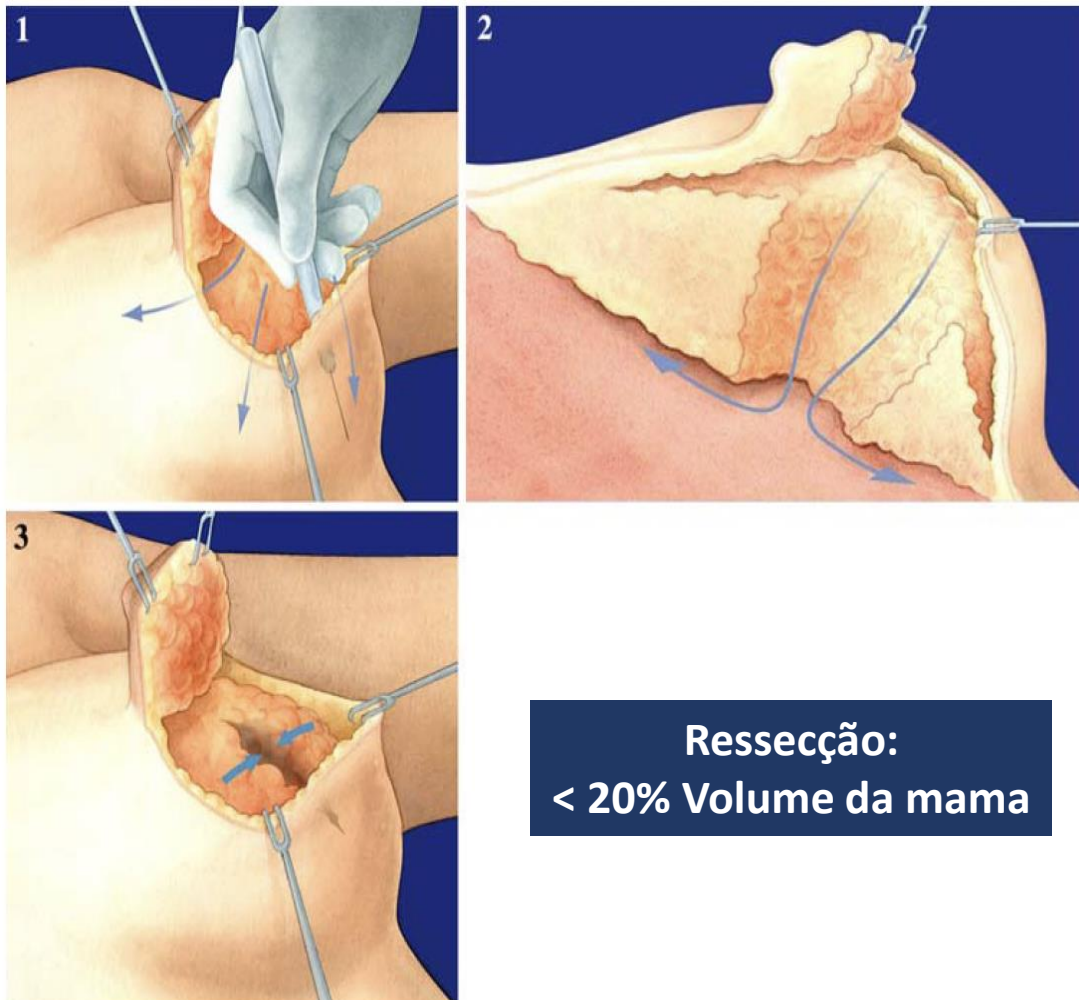
Jesse T Casaubon, DO, Reed B Kuehn, MD, FACS, Sarah E Pesek, MD, Christina A Raker, ScD, David A Edmonson, MD, FACS, Ashley Stuckey, MD, FACOG, FACS, Jennifer S Gass, MD, FACS

SURVEY: 585 mulheres
406 – TUMORECTOMIA
129 – MASTECTOMIA + REC
50 – MASTECTOMIA



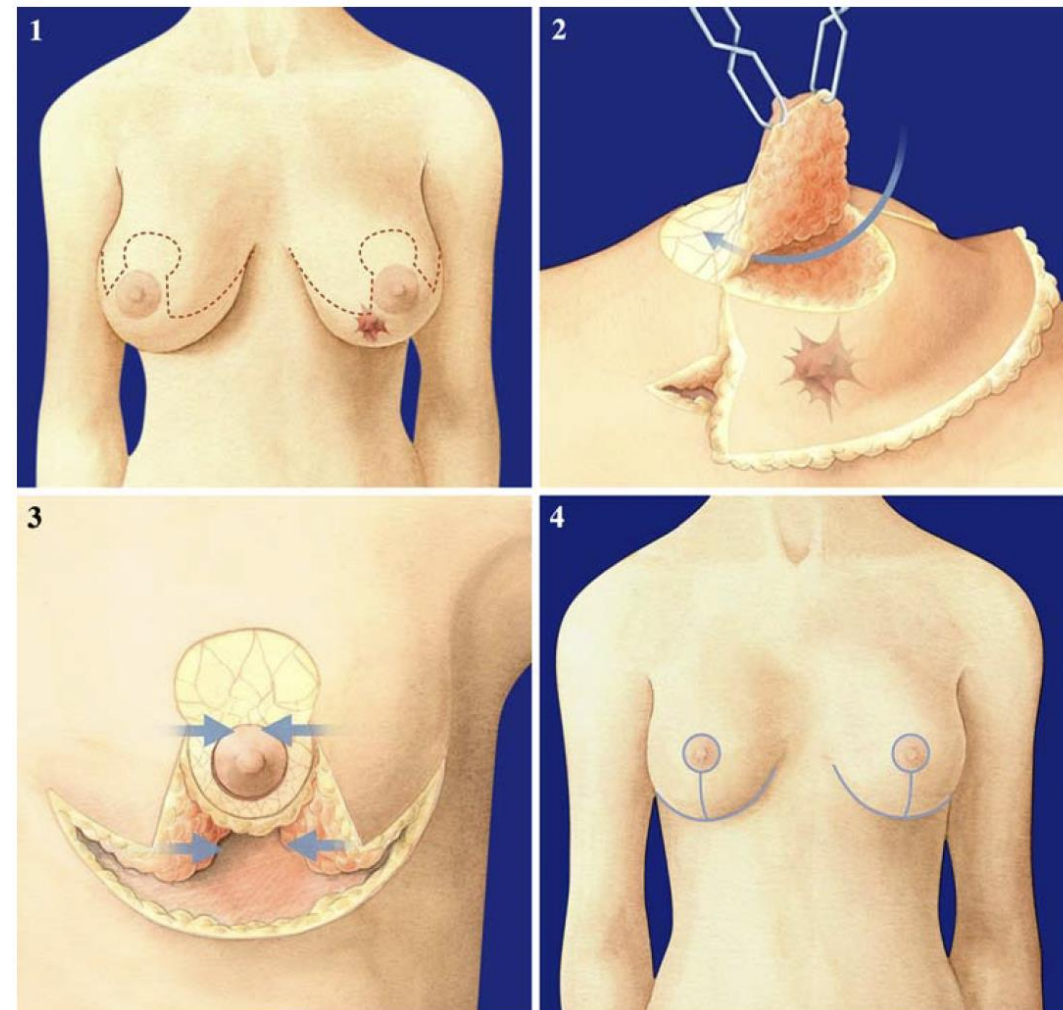
Reconstrução Parcial – Cirurgia Conservadora (Técnicas de Remodelamento)

Remodelamento simples (nível I)



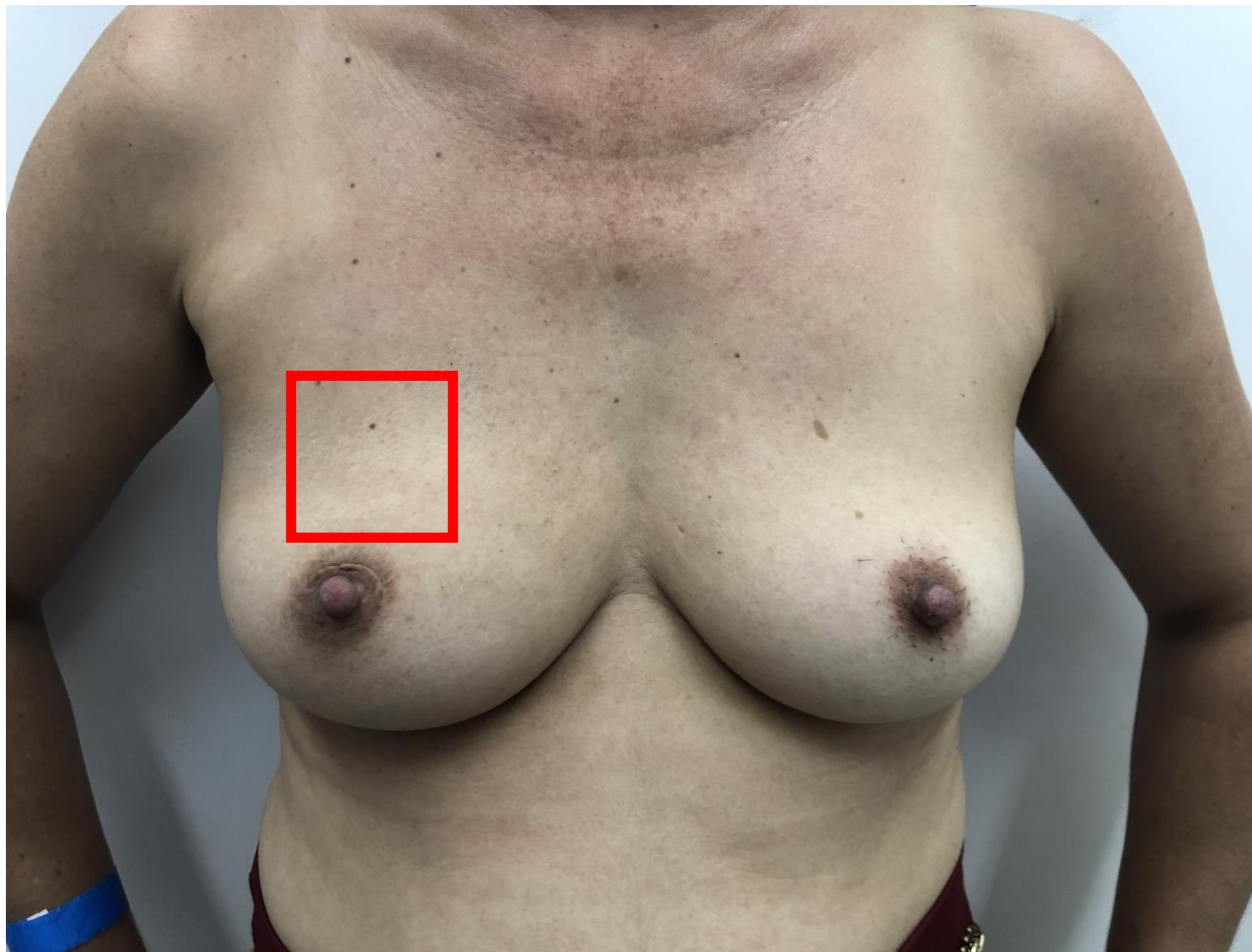
**Ressecção:
< 20% Volume da mama**

Mamoplastia (nível II)



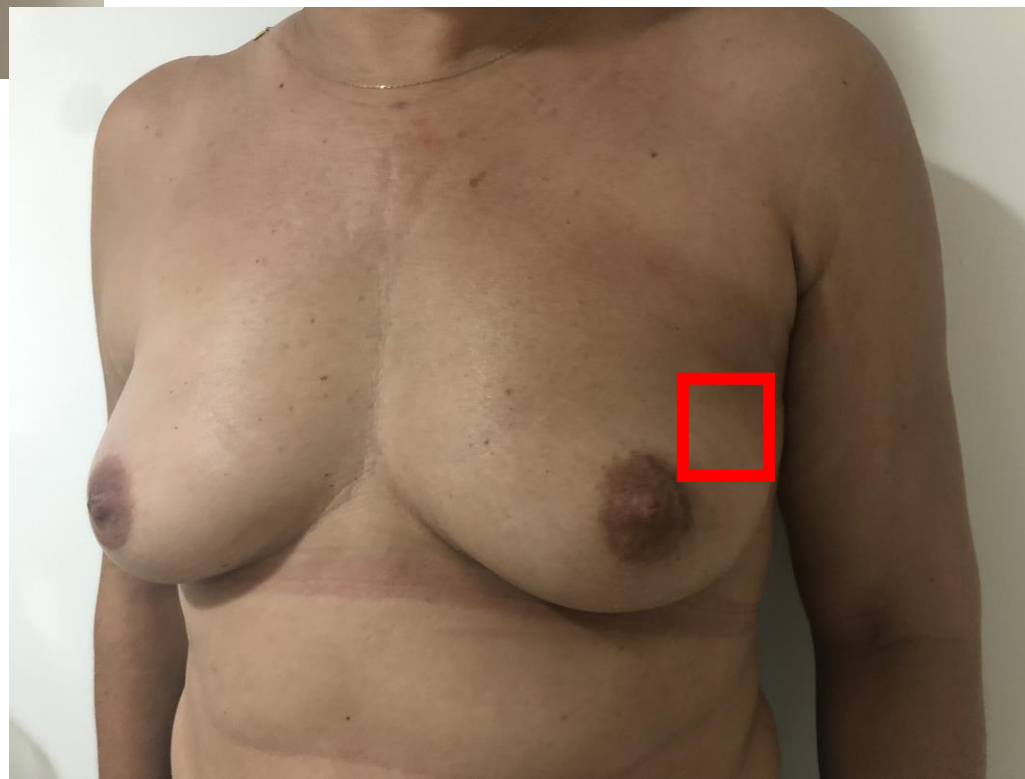
Remodelação Simples (nível I)

**T2 (3.5cm) N1
Triplo Negativo
Mama sem Ptose
(Cirurgia em 2016)**



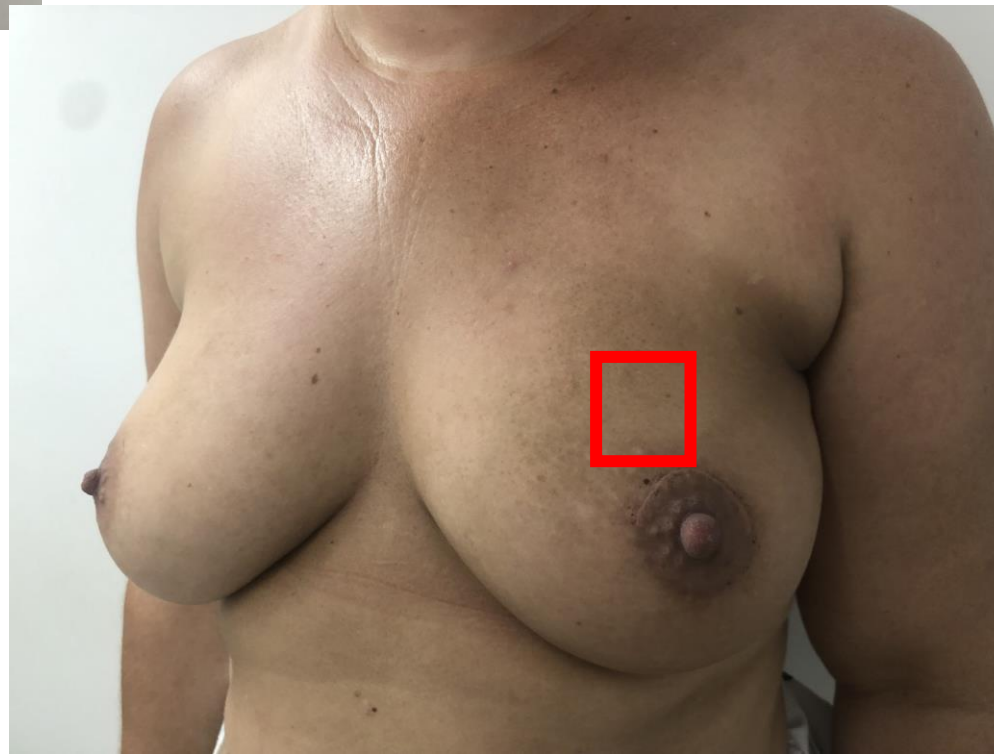


T3 N1
RH + / HER2 1+
Ptose Grau 1
Não deseja cirurgia contralateral

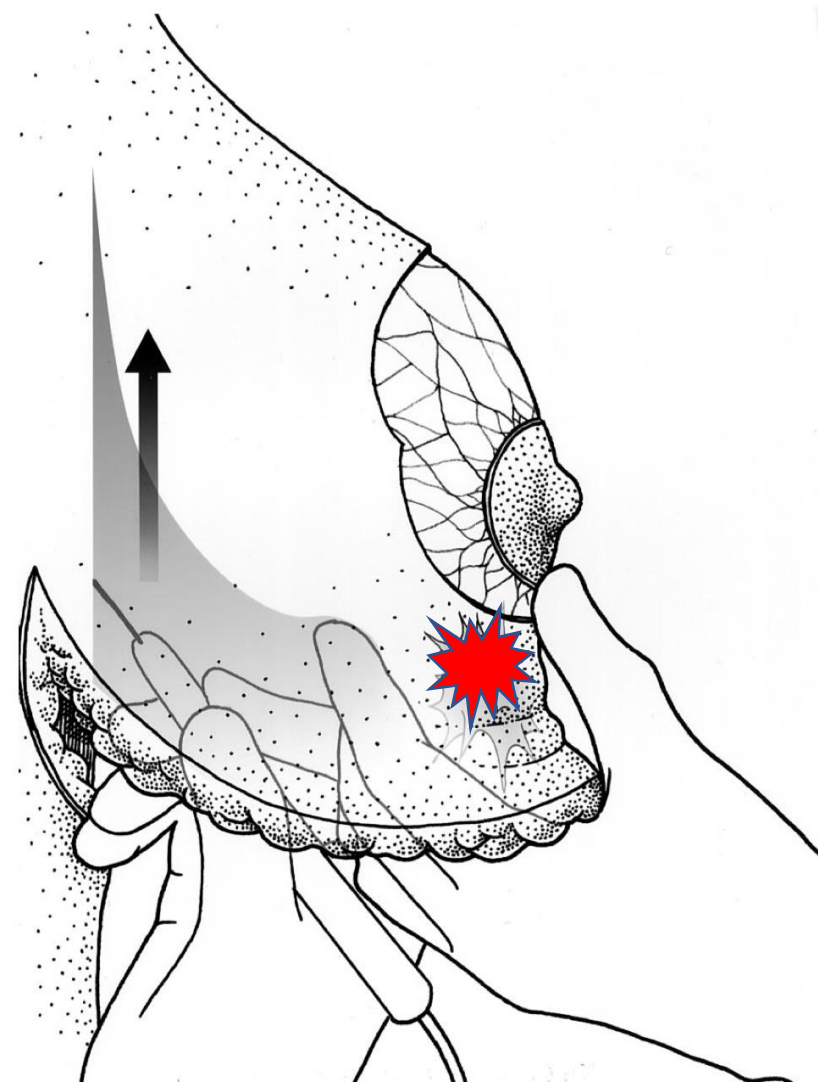
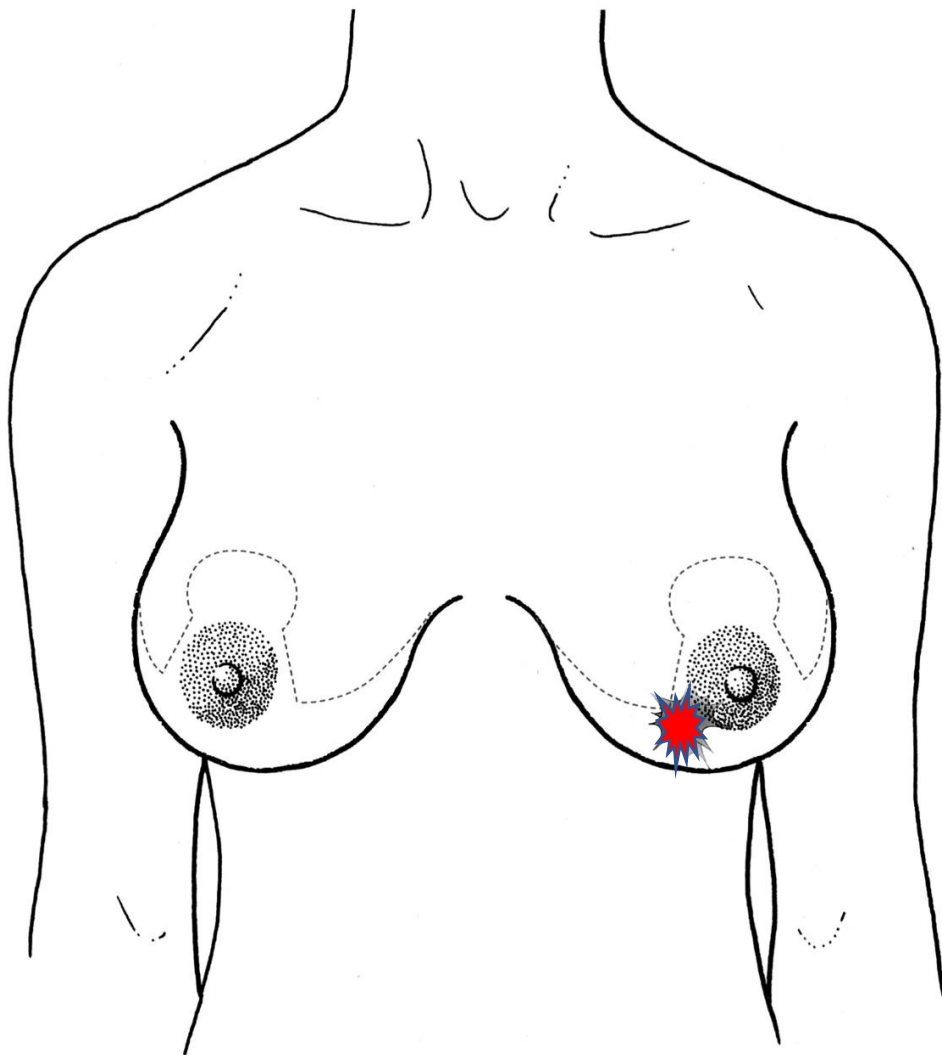


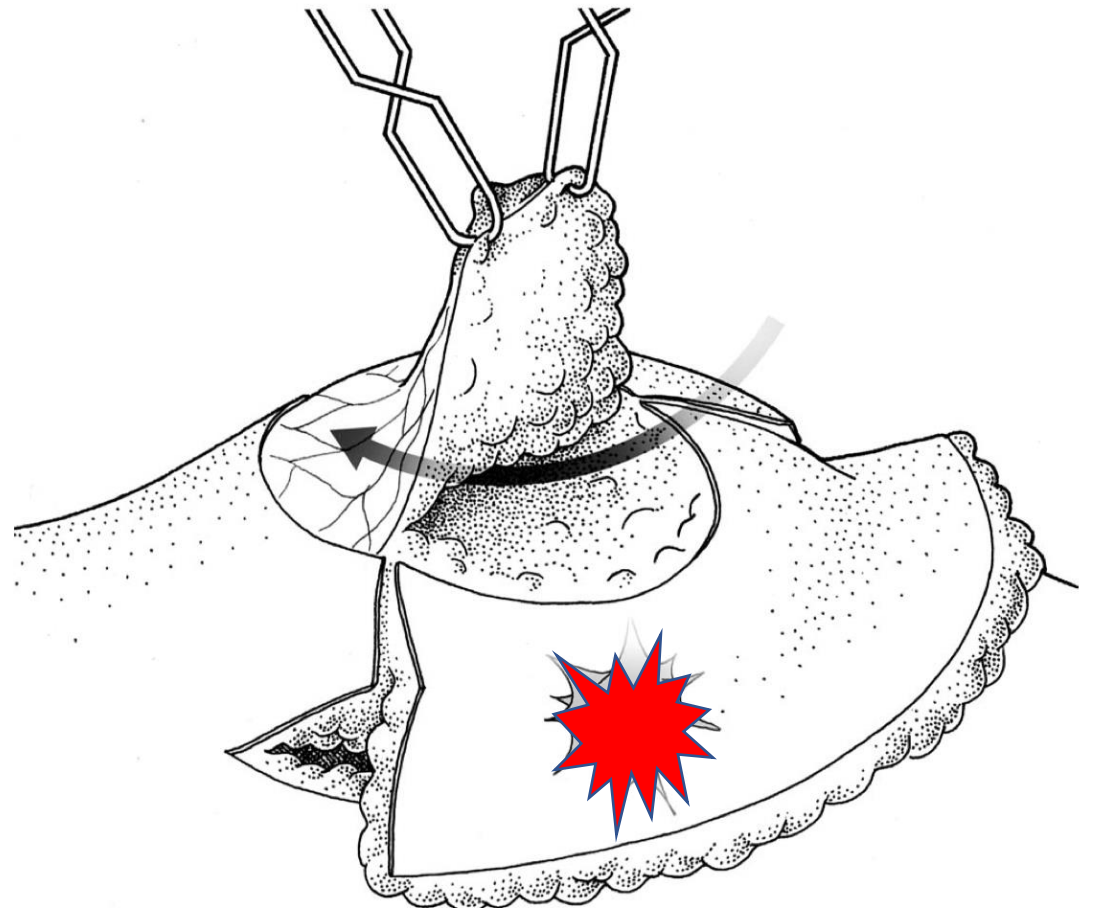
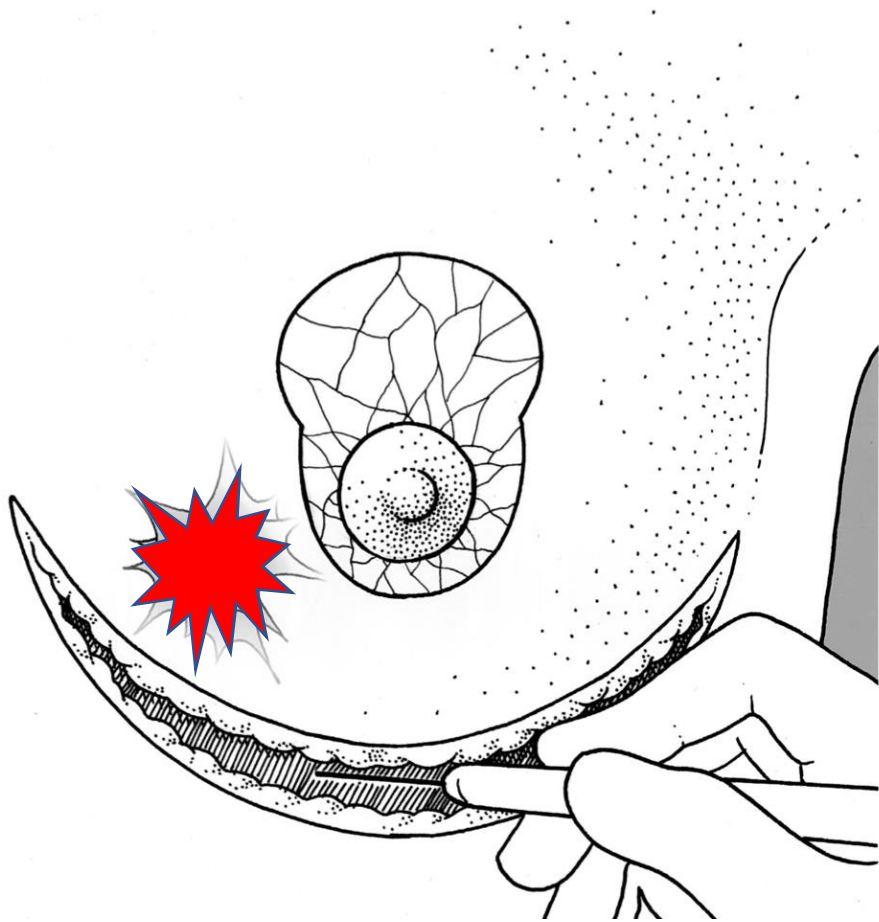


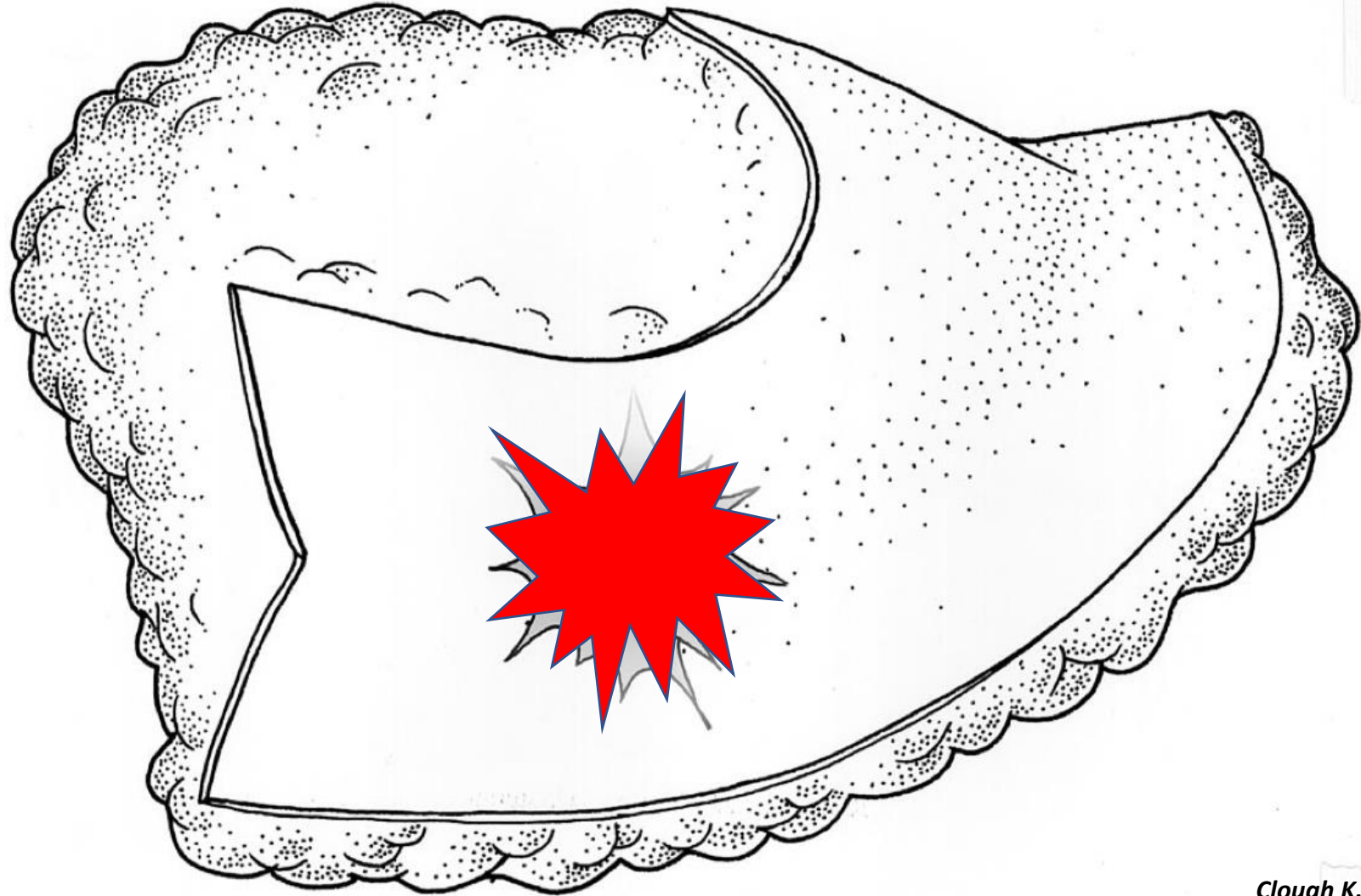
**T1 N0
HER2 3+
Obesidade e Tabagista**

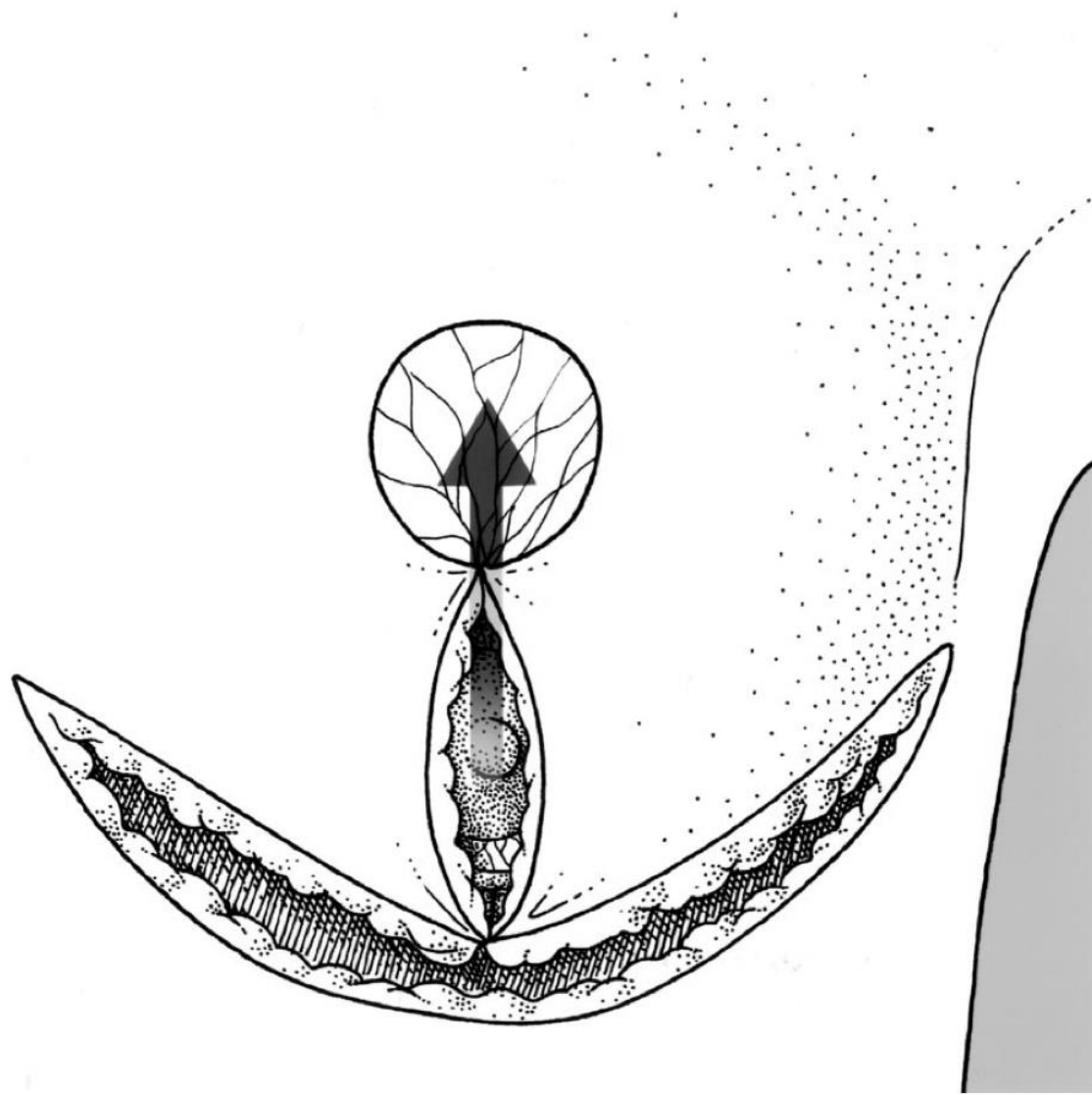


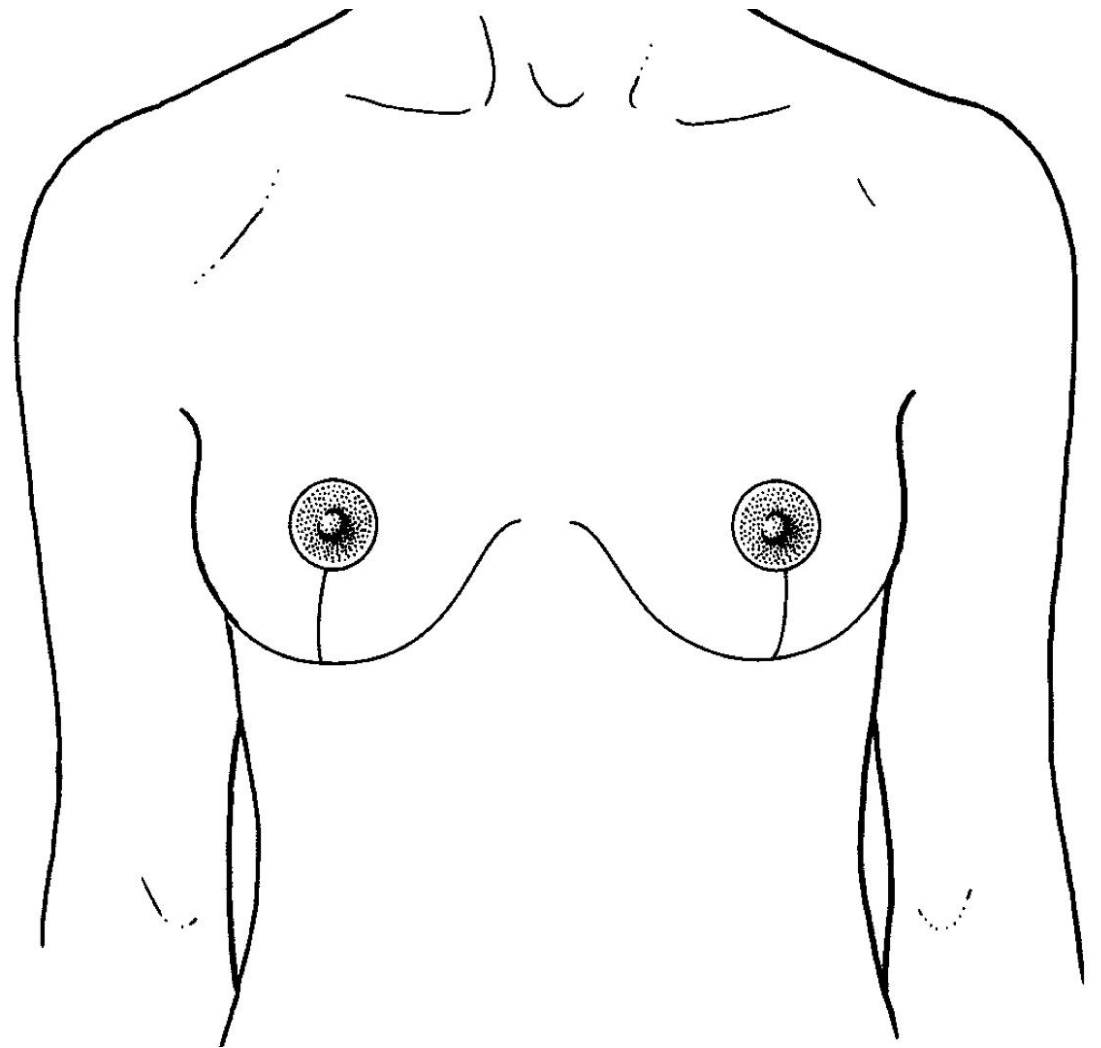
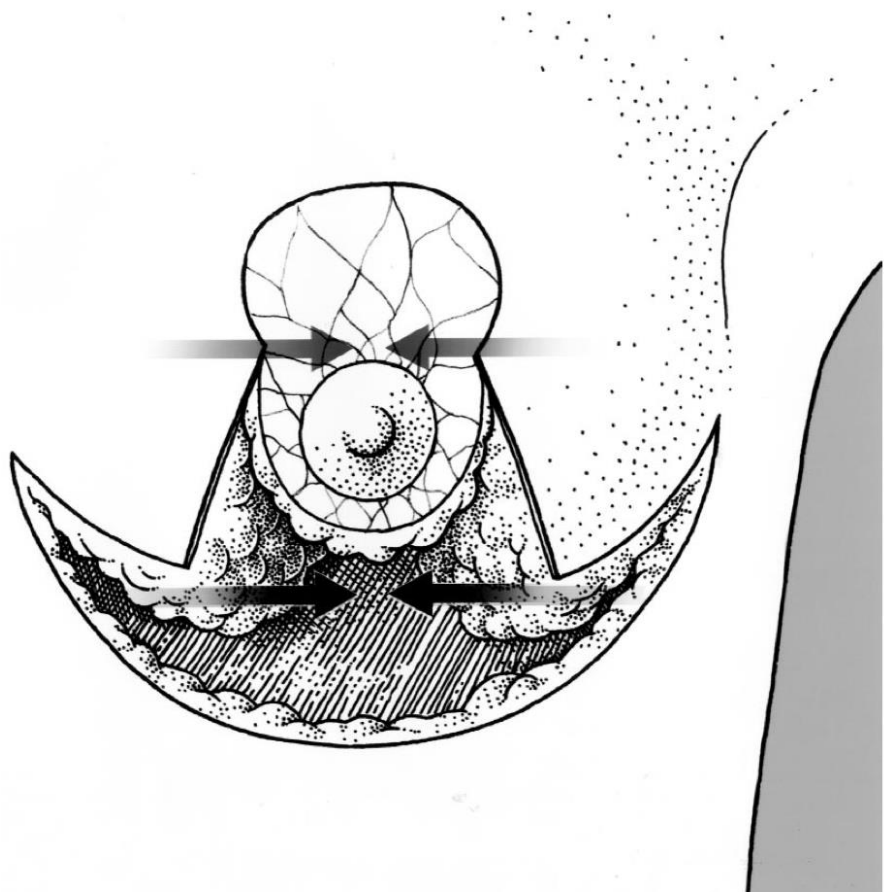
Mamoplastia (nível II)



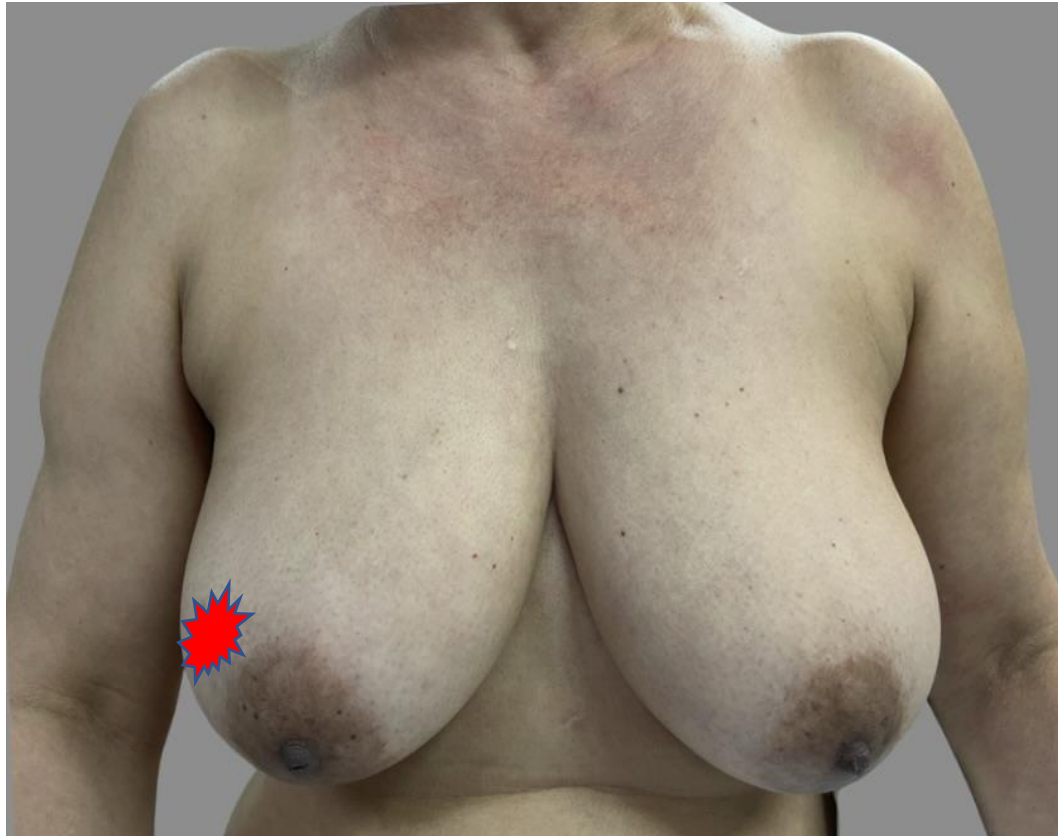








T2 (3.7cm) N0
Luminal *Like*
Sem comorbidades



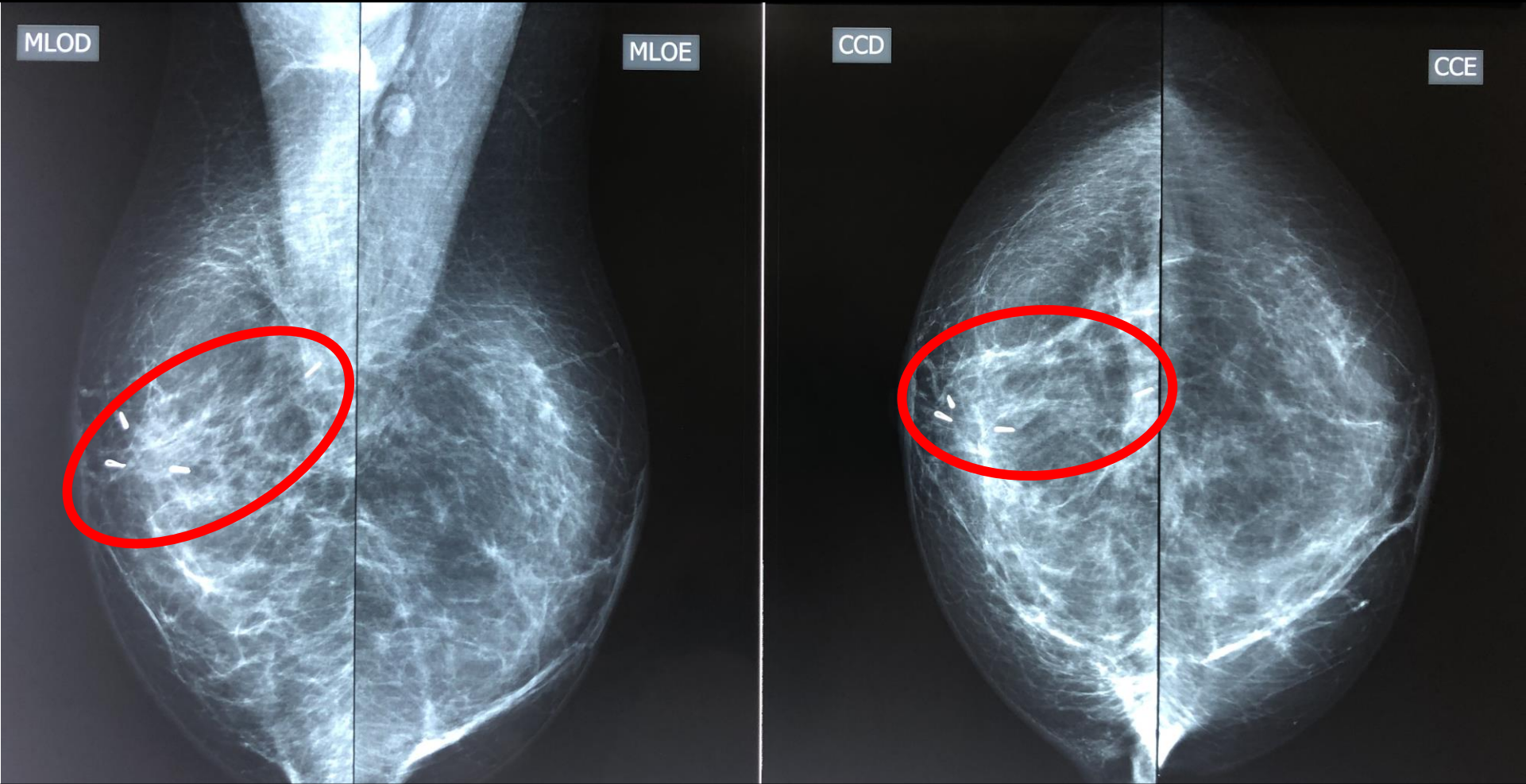
Mamoplastia Padrão Wise
Pedículo Inferior



Francisco Pimentel



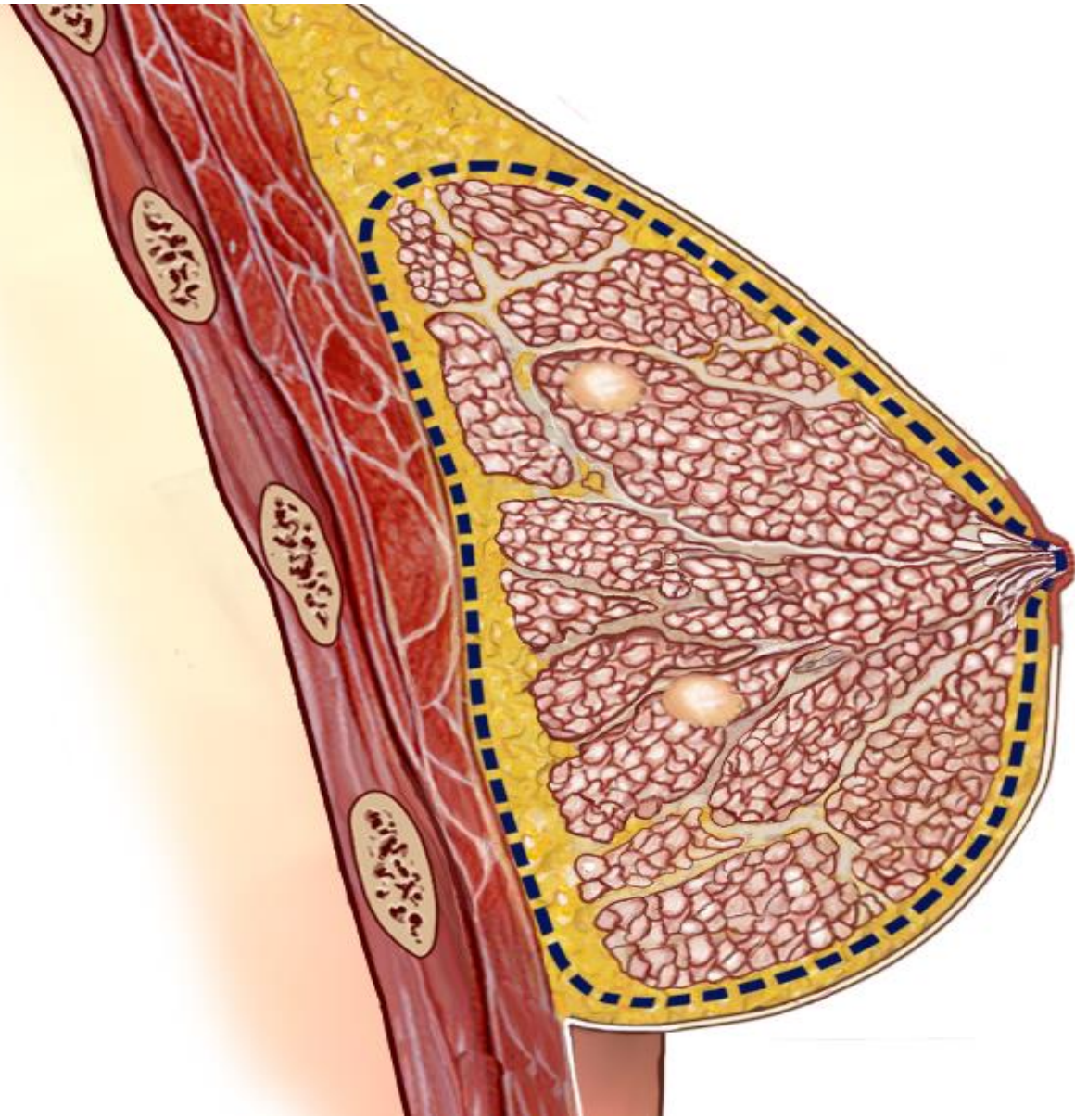
Francisco Pimentel



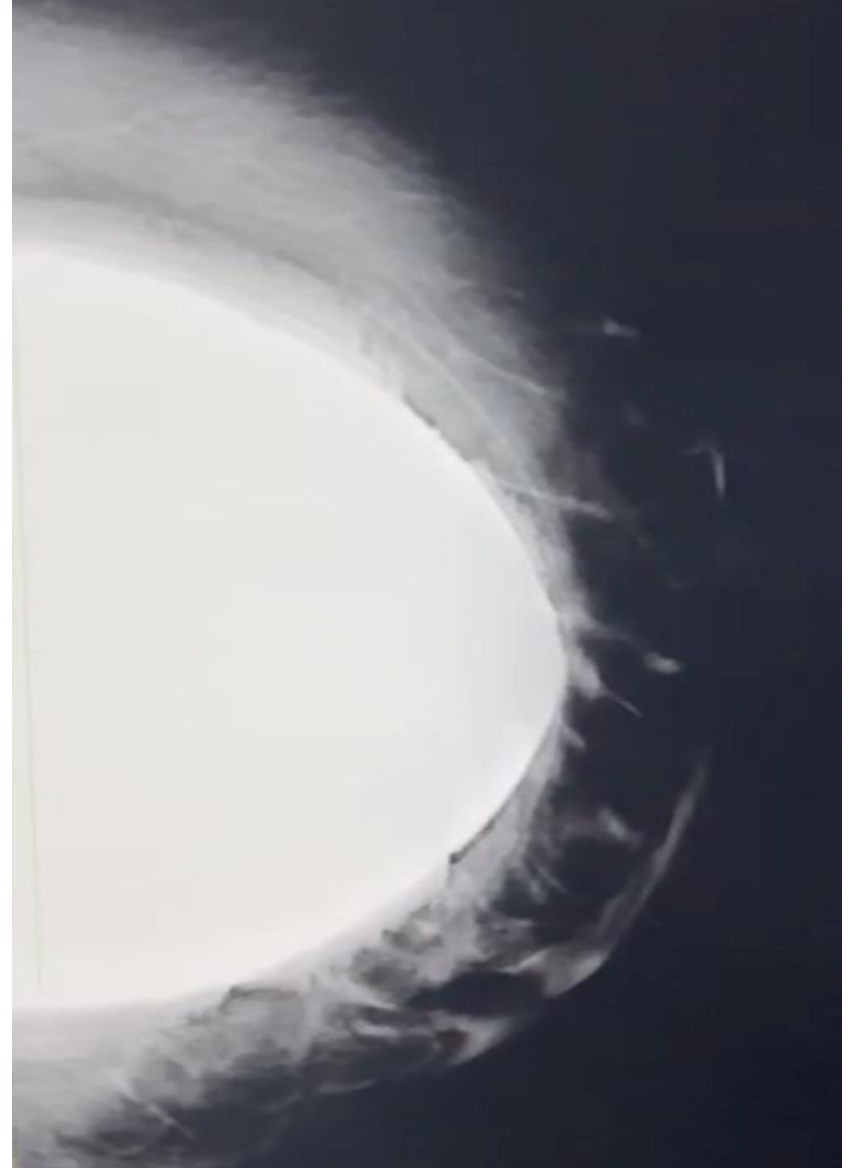
4 - 6 cliques no Leito

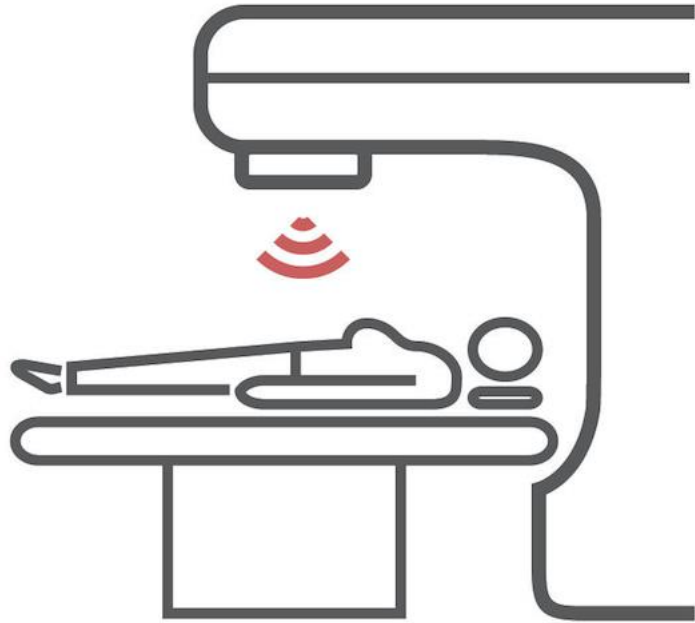
Técnicas de Reposição (após Mastectomia)

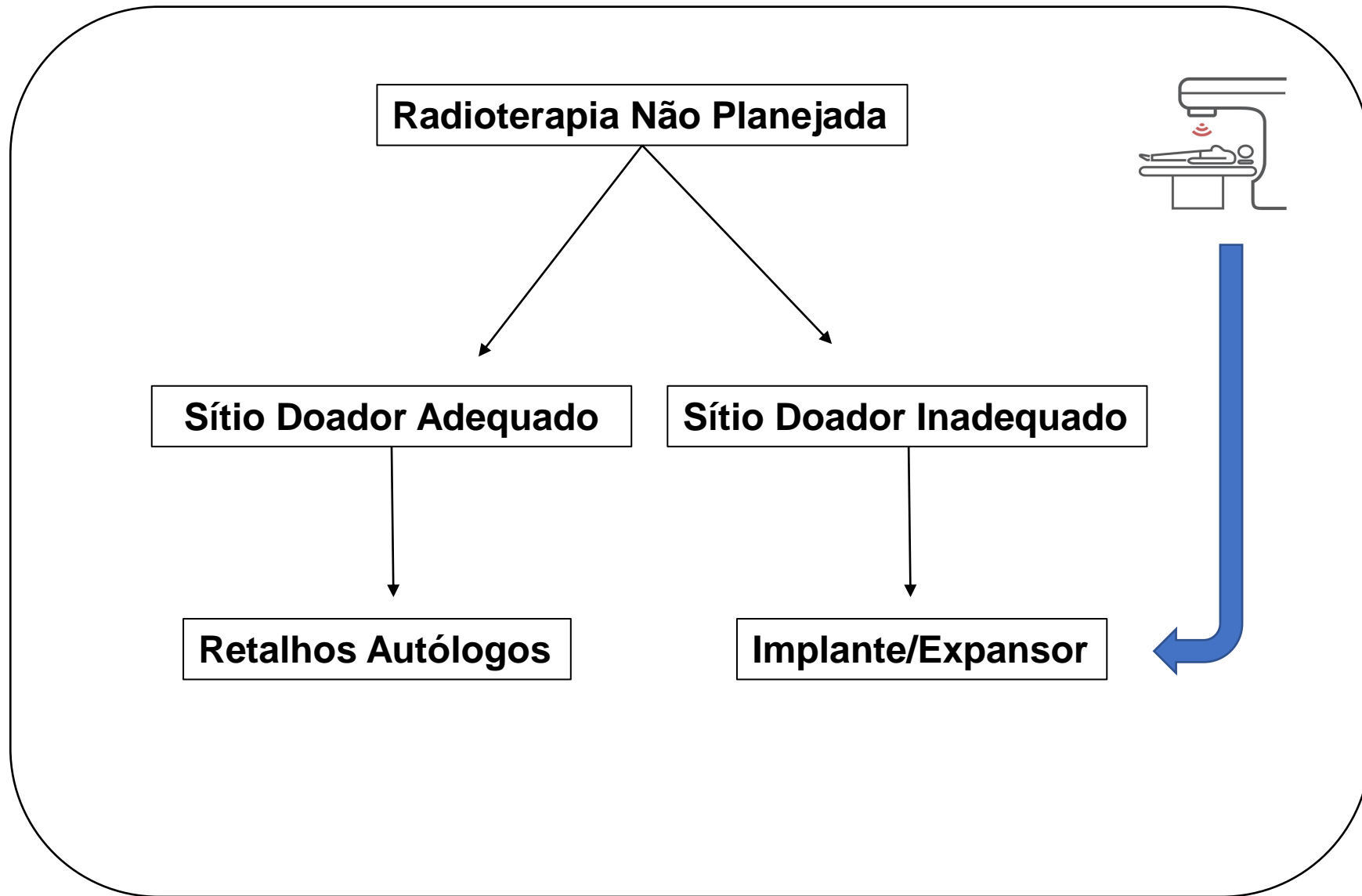
Mastectomias Preservadoras (NSM)





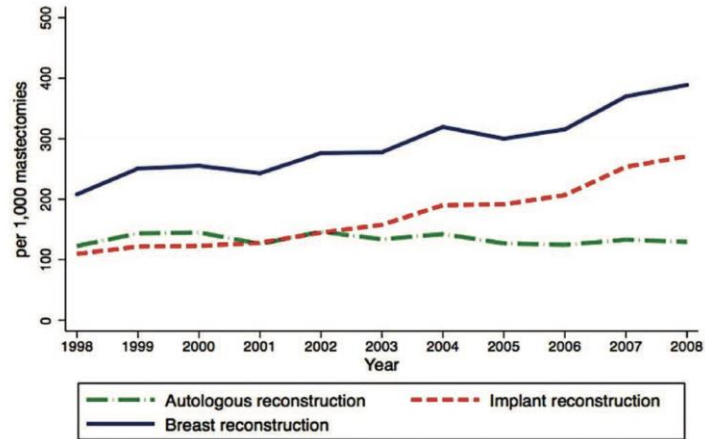






BREAST

Current Trends in Postmastectomy Breast Reconstruction



Current trends and outcomes of breast reconstruction following nipple-sparing mastectomy: results from a national multicentric registry with 1006 cases over a 6-year period

Registro Italiano / 2009 - 2014
92.2 % Implante / 7.8% Retalhos



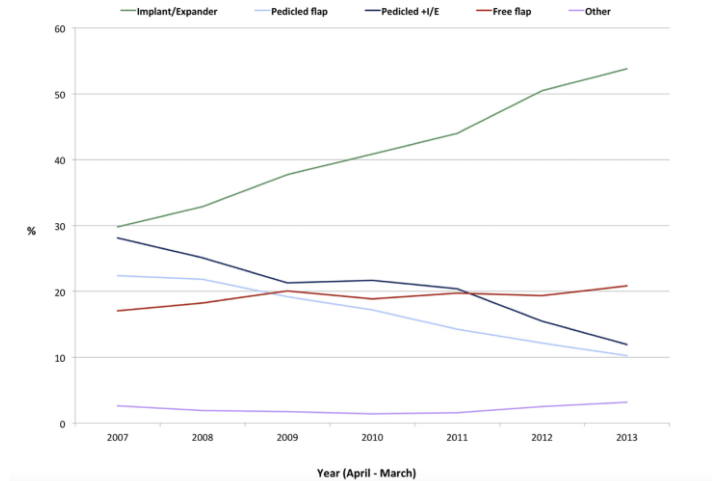
Available online at www.sciencedirect.com
ScienceDirect

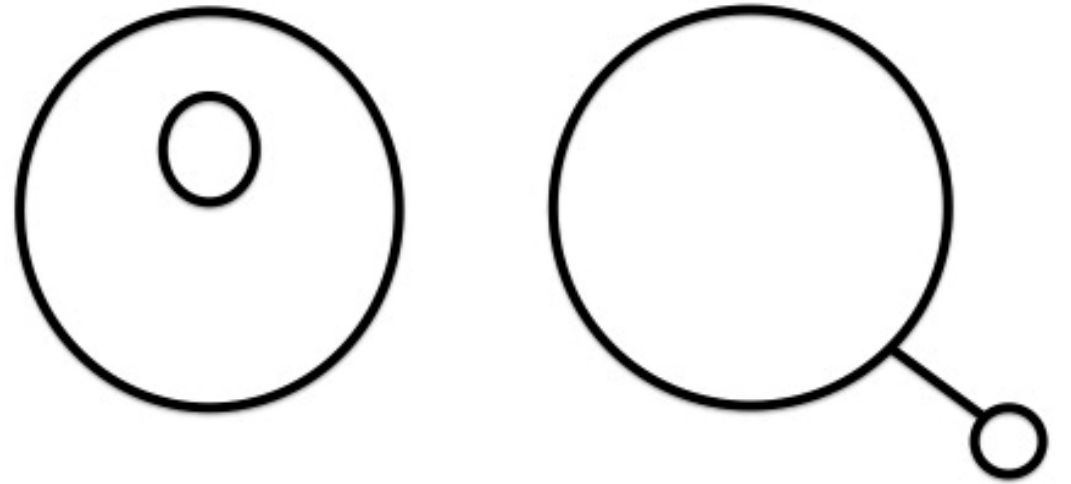


EJSO 43 (2017) 52–61

National trends in immediate and delayed post-mastectomy reconstruction procedures in England: A seven-year population-based cohort study


J.C. Mennie ^{a,b,*}, P.-N. Mohanna ^b, J.M. O'Donoghue ^c,
 R. Rainsbury ^d, D.A. Cromwell ^{a,c}






Implante Direto (DTI) ou Expansor (2 Etapas)

DTI

- Adenomastectomia
- Incisão Inframamária
- Mama pequena/média
- Mamas sem ptose
- Retalhos adequados 

2 Etapas

- Mastectomia não *NSM*
- Outras Incisões
- Mamas grandes
- Mamas ptóticas
- Retalhos inadequados 

What Is the Optimum Timing of Postmastectomy Radiotherapy in Two-Stage Prosthetic Reconstruction: Radiation to the Tissue Expander or Permanent Implant?

Peter G. Cordeiro, M.D.
Claudia R. Albornoz, M.D.,
M.Sc.
Beryl McCormick, M.D.
Clifford A. Hudis, M.D.
Qunying Hu, M.D.
Alexandra Heerdt, M.D.,
M.P.H.
Evan Matros, M.D., M.M.Sc.

New York, N.Y.

Background: Postmastectomy radiotherapy is increasingly common for patients with advanced breast cancer. The optimal timing and sequence of mastectomy, reconstruction, and radiotherapy remains unresolved for patients choosing immediate two-stage prosthetic reconstruction.

Methods: Long-term outcomes were compared for all patients with prosthetic-based reconstruction without radiation, radiation to the tissue expander, or to the permanent implant from 2003 to 2012 performed by the senior author (P.G.C.). Surgeon-evaluated outcomes included reconstructive failure, aesthetic results, and capsular contracture. Odds of failure with radiotherapy at different times were evaluated with logistic regression and Kaplan-Meier analysis. Patient-reported outcomes were assessed using the BREAST-Q.

Results: A total of 1486 reconstructions without radiation, 94 reconstructions with tissue expander radiation, and 210 reconstructions with permanent implant radiation were included. Six-year predicted failure rates were greater for patients with tissue expander radiation than for patients with permanent implant radiation (32 percent versus 16.4 percent; $p < 0.01$). Patients undergoing radiation to the tissue expander had a greater proportion of very good to excellent aesthetic results compared to patients with permanent implant radiation (75.0 percent versus 67.6 percent; $p < 0.01$) and lower rates of grade IV capsular contracture ($p < 0.01$). BREAST-Q scores were similar for patients with the different radiation timings.

Conclusions: Although the risk of reconstructive failure is significantly higher for patients with tissue expander radiation compared to patients with permanent implant radiation, the aesthetic results and capsular contracture rates are slightly better. Patient reported outcomes do not differ between patients with tissue expander or permanent implant radiation. (*Plast. Reconstr. Surg.* 135: 1509, 2015.)

CLINICAL QUESTION/LEVEL OF EVIDENCE: Therapeutic, III.



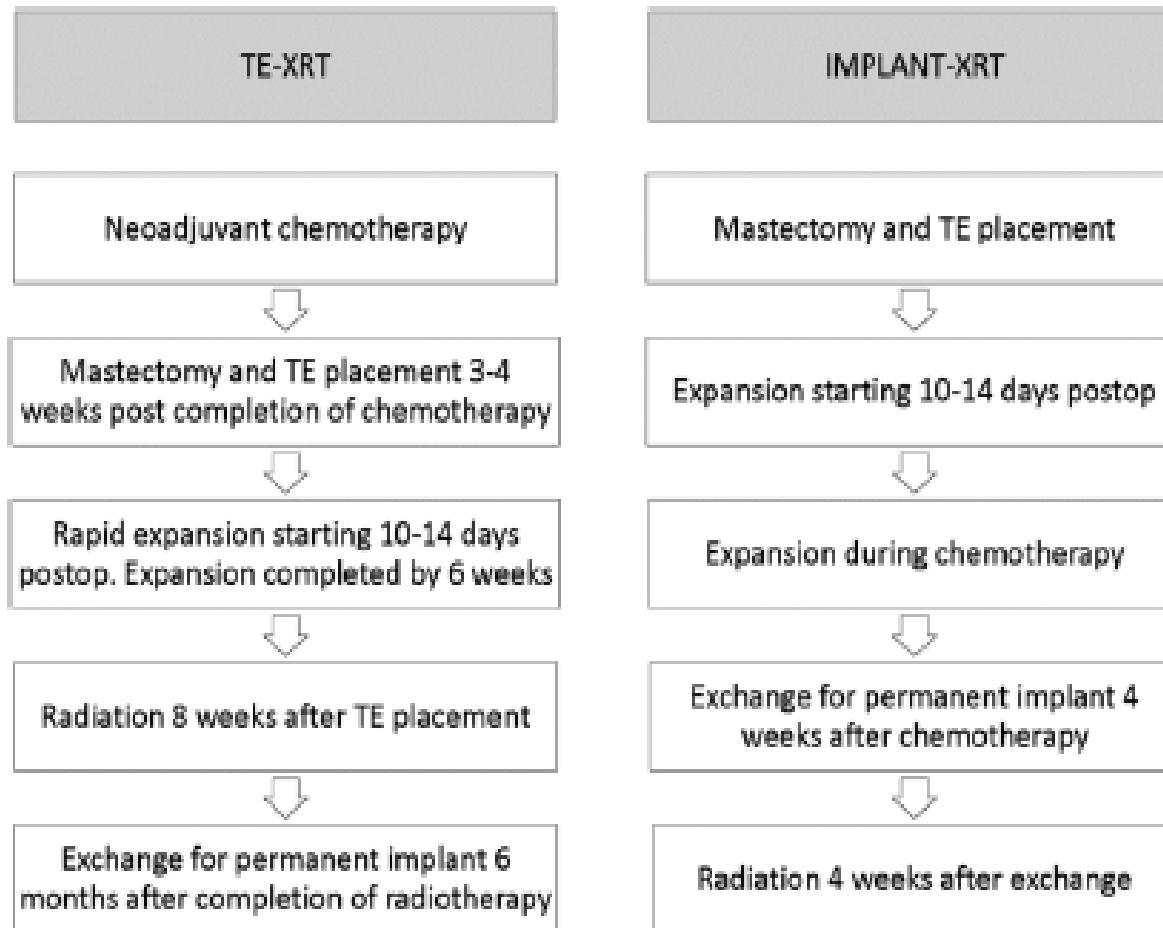


Fig. 1. Timing of radiation therapy and exchange to permanent implant in patients undergoing radiation therapy to the tissue expander and radiation therapy to the permanent implant. *TE*, tissue expander; *XRT*, radiation therapy;

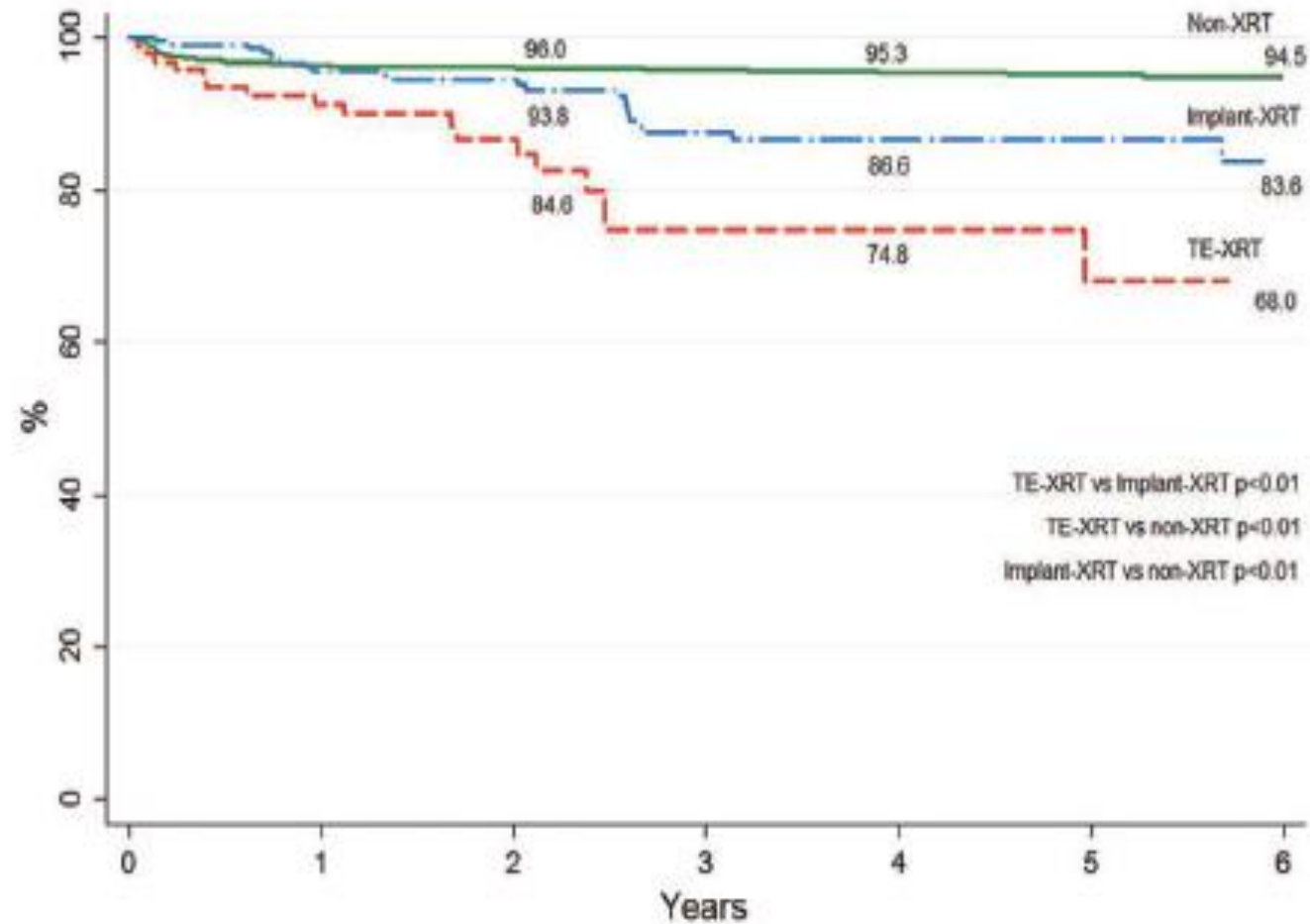
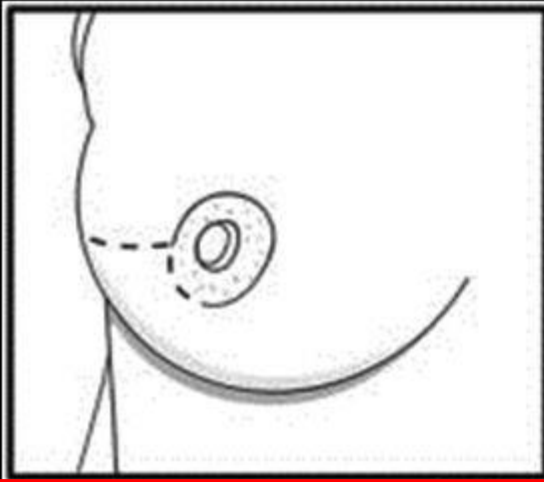


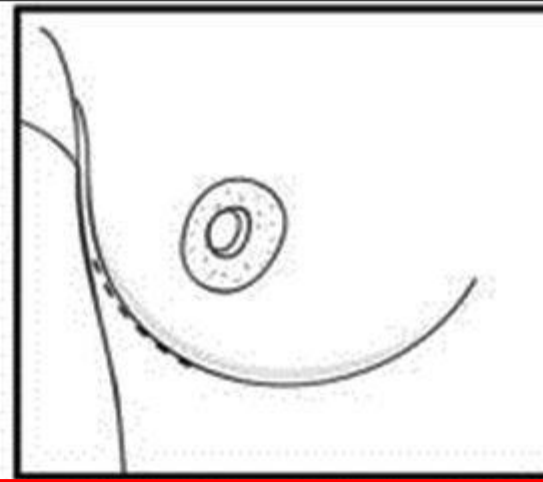
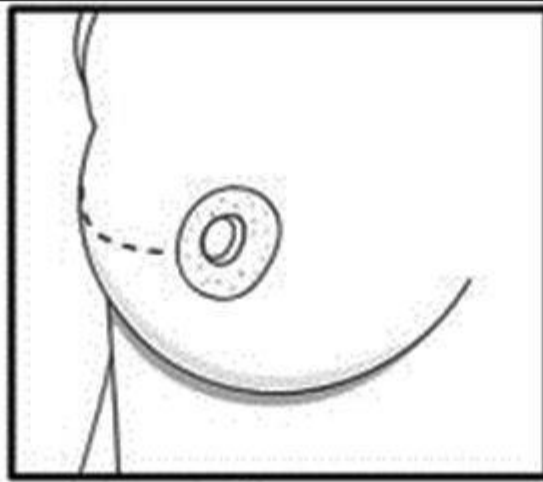
Fig. 2. Long-term two-stage implant reconstruction survival. Failure includes tissue expander and implant loss. *Non-XRT*, reconstruction without radiation therapy; *TE-XRT*, radiation therapy to the tissue expander; *implant-XRT*, radiation therapy to the permanent implant.

Cicatrizes

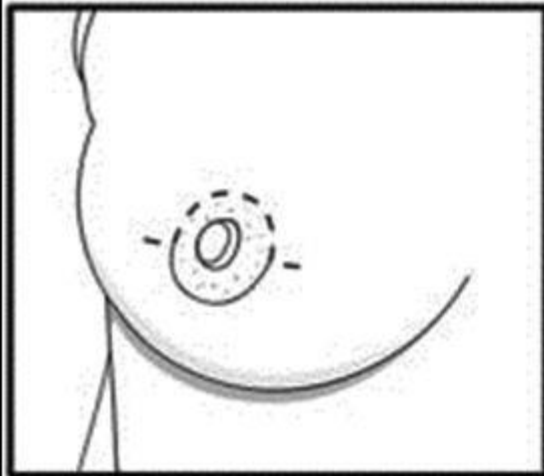




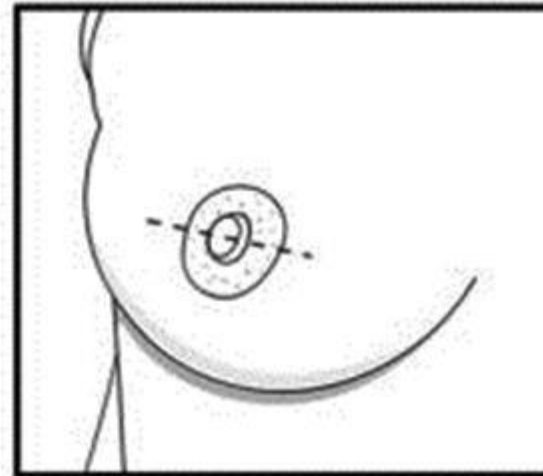
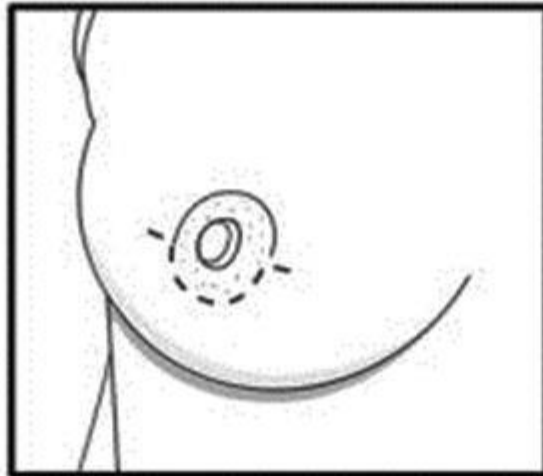
Periareolar and Lateral Incisions



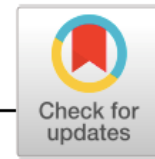
Inframammary Incision



Omega-type Incision



Transareolar Incision

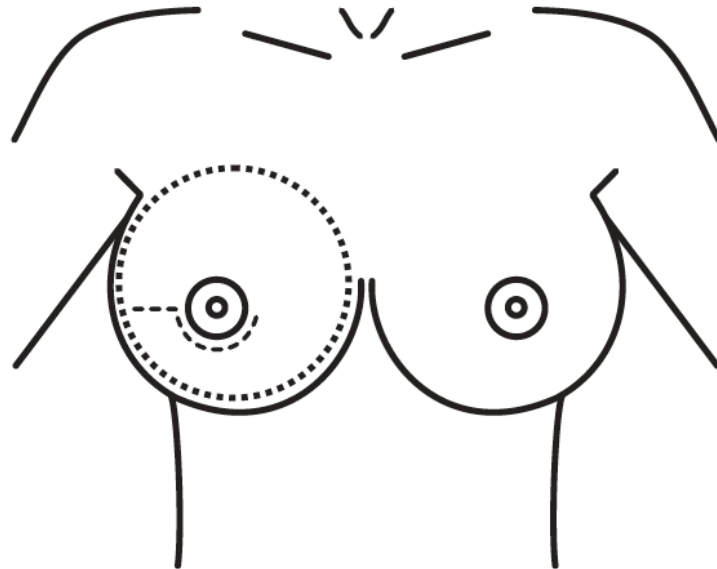


ORIGINAL ARTICLE

WILEY *The Breast Journal*

Nipple-sparing mastectomy with periareolar incision and two-stage reconstruction: Initial analysis of 31 cases

Francisco Pimentel Cavalcante MD¹  | Marcos Venício Alves Lima MD, PhD² 



Results

Complications: 16%

Seroma (3.2%)

Dehiscence (3.2%)

NAC necrosis (9.6%)

Total NAC necrosis:

3.2%

OPEN



ORIGINAL ARTICLE

Breast

Inframammary versus Periareolar Incision: a Comparison of Early Complications in Nipple-sparing Mastectomy

Francisco P. Cavalcante, MD*
Ticiane O. Lima, MD*
Ryane Alcantara, MD*
Amanda Cardoso, MD*
Flora Ulisses, MD*
Guilherme Novita, MD†
Felipe Zerwes, PhD‡
Eduardo Millen, PhD§

Background: Nipple-sparing mastectomy (NSM), either used therapeutically or prophylactically, may yield more complications than conventional mastectomy. The incision may affect aesthetic outcome and complication rates, with periareolar incisions being associated with nipple-areolar complex (NAC) necrosis.

Methods: Early complications were compared between NSM performed in 2015–2022 using inframammary fold (IMF) or periareolar incisions.

Results: Overall, 180 procedures in 152 patients (bilateral NSM = 28) were included (IMF = 104; periareolar = 76). Mean age (47 versus 43.9 years; $P < 0.038$); mastectomy

24% Complicações Totais (43/180)

	Total,n (%)	Surgical Technique		P
		IMF,n (%)	Periareolar,n (%)	
Complications in general				
No	137 (76.1)	88 (84.7)*	49 (65)	0.0002
Yes	43 (23.9)	16 (15.3)	27 (35)*	
Necrosis (all cases)				
No	154 (85.6)	95 (91.5)*	59 (77.6)	0.002
Yes	26 (14.4)	9 (8.5)	17 (22.4)*	

	Total, n (%)	Surgical Technique		P
		IMF, n (%)	Periareolar, n (%)	
Mild necrosis				
No	162 (89.2)	96 (92.3)	66 (84.7)	0.111
Yes	18 (10.8)	8 (7.7)	10 (15.3)	
Moderate necrosis				
No	173 (96.0)	103 (99.0)*	70 (91.7)	0.014
Yes	7 (4.0)	1 (1.0)	6 (8.3)*	
Severe necrosis				
No	179 (99.4)	104 (100.0)	75 (98.6)	0.228
Yes	1 (0.6)	0 (0.0)	1 (1.4)	
Dehiscence				
No	175 (97.2)	103 (99.0)	72 (94.4)	0.071
Yes	5 (2.8)	1 (1.0)	4 (5.6)	
Seroma				
No	174 (96.6)	99 (95.2)	75 (98.6)	0.231
Yes	6 (3.4)	5 (4.8)	1 (1.4)	
Infection				
No	177 (98.3)	103 (99.0)	74 (97.2)	0.360
Yes	3 (1.7)	1 (1.0)	2 (2.8)	
Hematoma				
No	179 (99.4)	104 (100.0)	75 (98.6)	0.228
Yes	1 (0.6)	0 (0.0)	1 (1.4)	
Failed breast reconstruction				
No	178 (98.9)	104 (100.0)	74 (97.2)	0.087
Yes	2 (1.1)	0 (0.0)	2 (2.8)	

Mutação PALB2



NSM (IMF) + DTI (superalta redonda)



**Neoplasia de Mama esquerda
HER2 (T2N1)**



NSM (IMF) + DTI (superalta redonda) + Radioterapia



**DESVIO CAP
CONTRATURA GRAU II**

**Neo de Mama Esquerda
Luminal Like
Prótese Prévia**



NSM (IMF) + DTI (superalta redonda)



Francisco Pimentel

**Neo de Mama Esquerda
Mutaç o BRCA2**



NSM (IMF) + DTI (superalta redonda)



**Neo de Mama Esquerda HER2
Quimioterapia Neoadjuvante**



NSM (*Skin Reducing*) + DTI (*superalta redonda*)



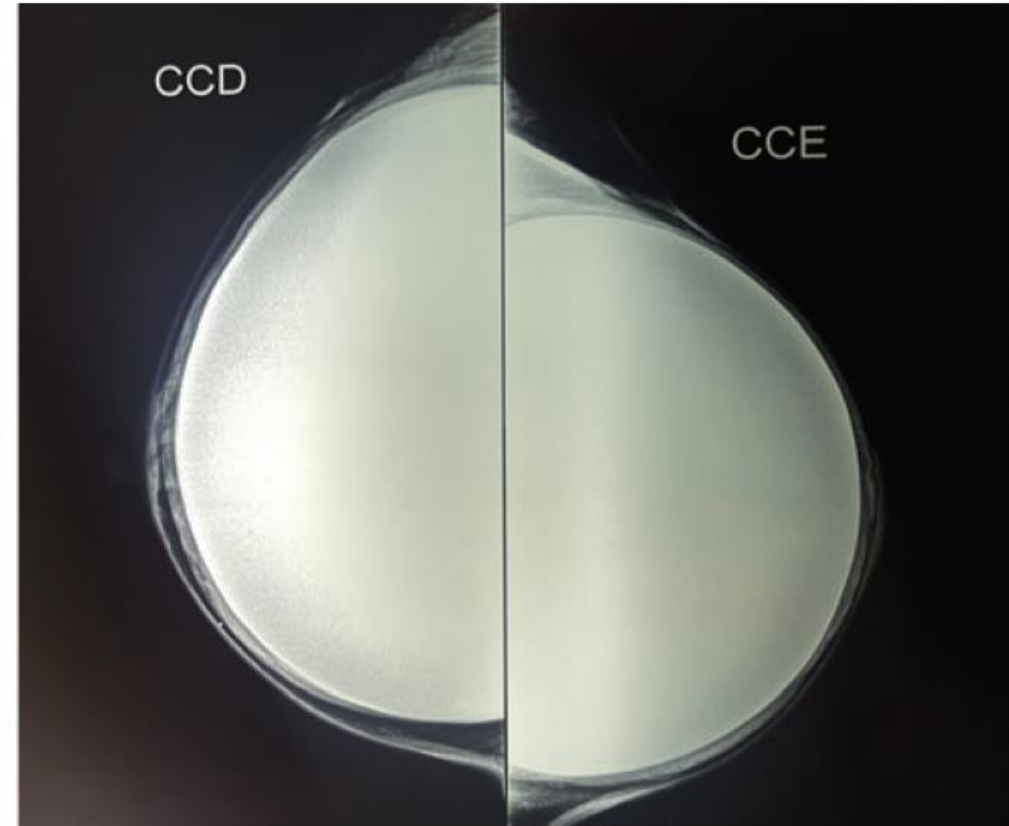
Neo de Mama (há 3 anos)
Setor (radial QSL MD) + RT + QT + HT
Mutação CHEK2



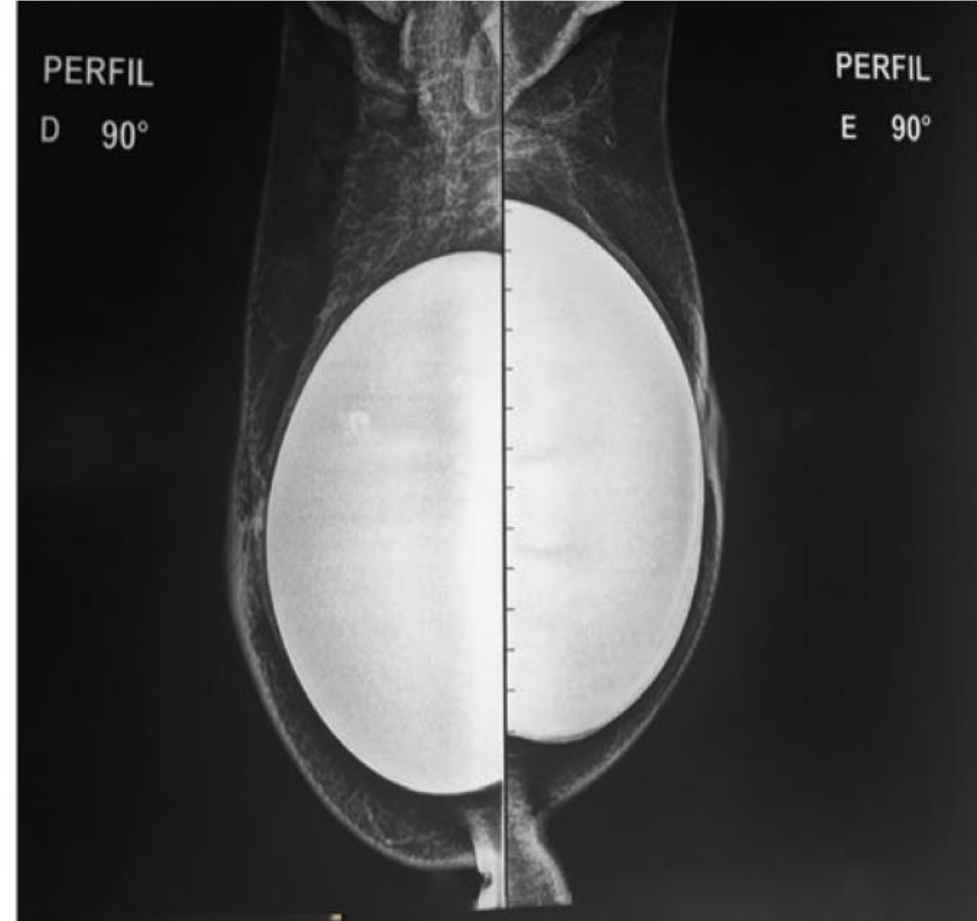
NSM (IMF) + Matriz Bilateral + DTI (superalta redonda)



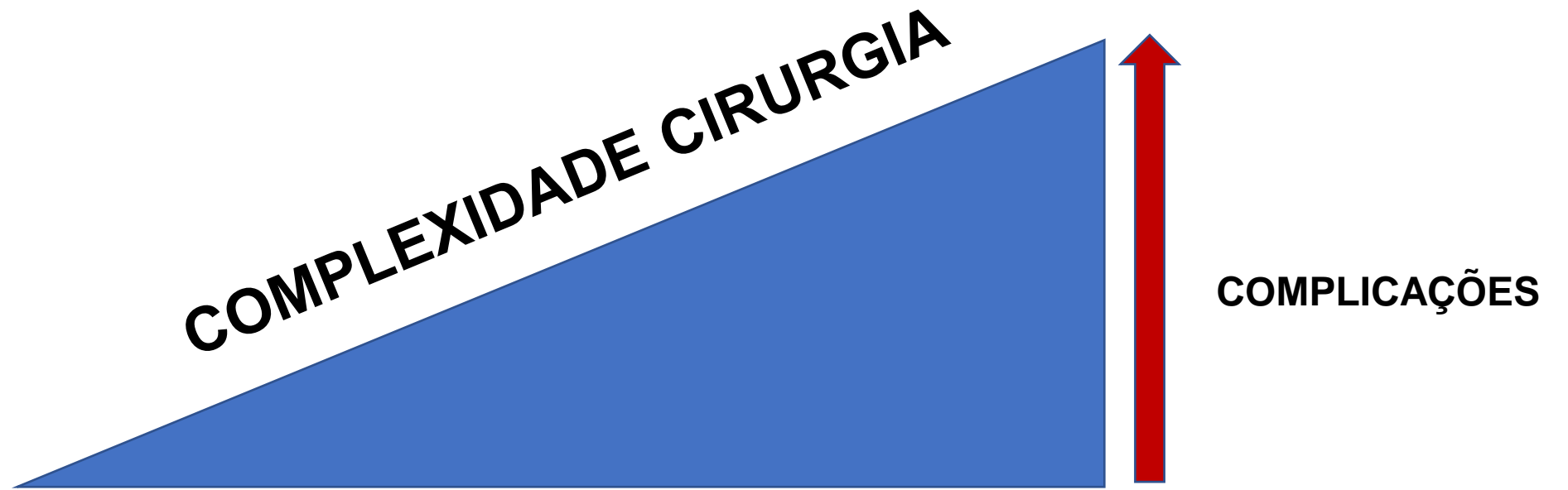
Incisão Inframamária



Incisão Periareolar



Impacto nos Desfechos





Does oncoplastic surgery increase immediate (30-day) postoperative complications? An analysis of the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) database

Fernando A. Angarita¹  · Sergio A. Acuna¹ · Erin Cordeiro² · David R. McCreedy^{1,3} · Tulin D. Cil^{1,3,4,5}

ACS NSQIP database
Complicações em 30 dias
109.487 mulheres (9.126 OPS)

Oncoplastica *versus* BCT
3.8% vs 2.6% (p<0.001)

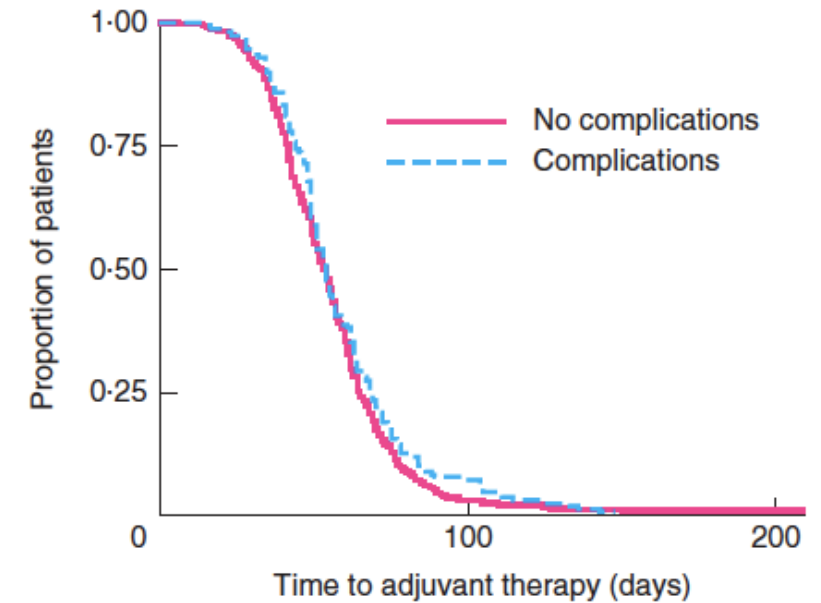
Original article

Current practice and short-term outcomes of therapeutic mammoplasty in the international TeaM multicentre prospective cohort study

R. L. O'Connell¹, E. Baker², A. Trickey³, T. Rattay⁵, L. Whisker⁶, R. D. Macmillan⁶ and S. Potter^{3,4}, on behalf of the TeaM Steering Group and the Mammary Fold Academic and Research Collaborative*

TeaM Study (coorte prospective)
50 centros / 899 procedimentos
Mamoplastia tipo *Wise Pattern* – 47.7%
Complicações: 23.3% / Reoperação: 2.8%

Tempo para Adjuvância



No. at risk	0	100	200
No complications	527	15	5
Complications	168	12	0

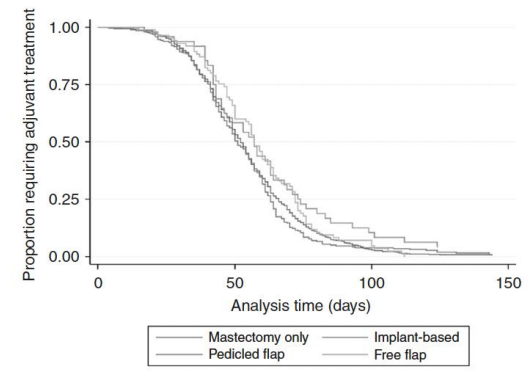


ARTICLE
Clinical Study

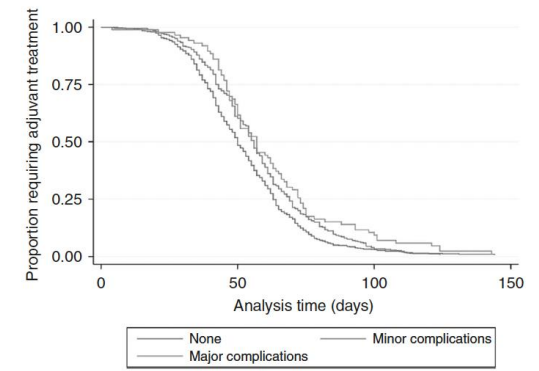
The impact of immediate breast reconstruction on the time to delivery of adjuvant therapy: the iBRA-2 study

Rachel L O'Connell¹, Tim Rattay², Rajiv V Dave³, Adam Trickey⁴, Joanna Skillman⁵, Nicola L. P. Barnes³, Matthew Gardiner^{6,7}, Adrian Harnett⁸, Shelley Potter¹⁰ and Chris Holcombe¹⁰ on behalf of the iBRA-2 Steering Group and the Breast Reconstruction Research Collaborative

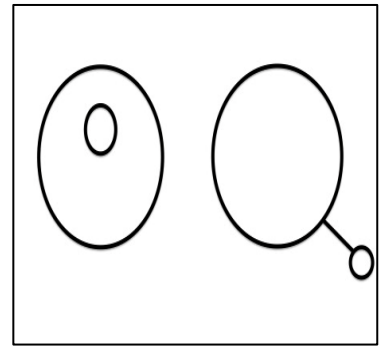
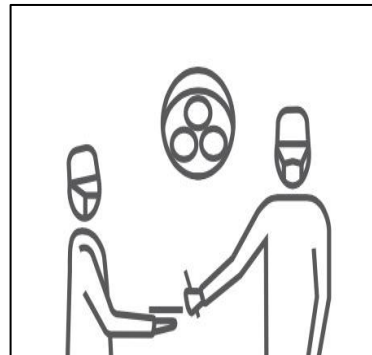
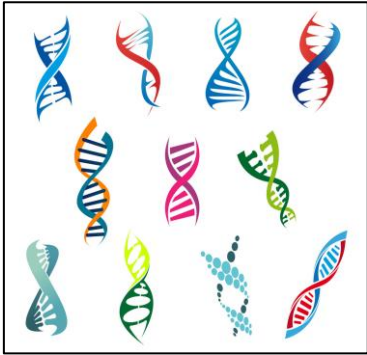
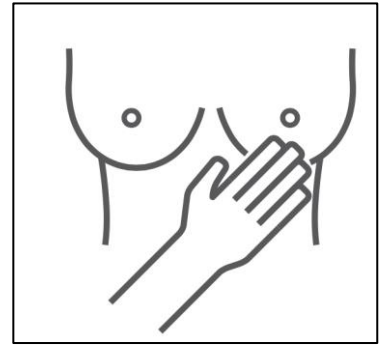
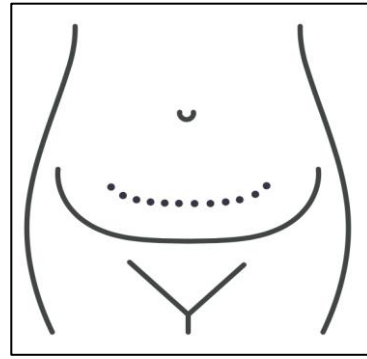
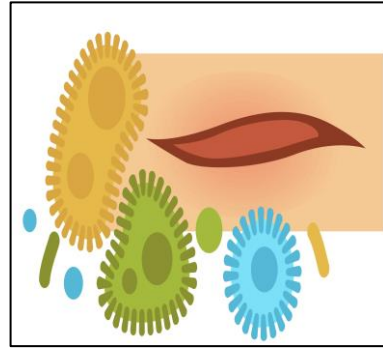
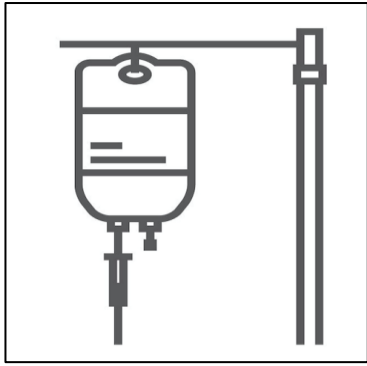
IBRA-2 (coorte prospectiva multicêntrica)
N=2540 / 76 centros
Reconstrução em 40%



Number remaining:	0 days	50 days	100 days	150 days
Mastectomy only	738	409	23	5
Implant-based	260	139	10	3
Pedicled flap	48	28	5	2
Free flap	85	56	6	0



	0 days	50 days	100 days	150 days
No complications	685	355	21	6
Minor complications	360	220	14	3
Major complications	86	57	9	1



Obrigado !