



SC FORMAZIONE PERMANENTE
E RAPPORTI CON L'UNIVERSITÀ



WORKSHOP

06 CRPT- PROGRAMMA REGIONALE DI SCREENING
GIUGNO **PREVENZIONE SERENA**
2025 **AGLI ESTREMI DELLO SCREENING**
MAMMOGRAFICO

NICOLA ROCCO, MD, PhD

CHIRURGO SENOLOGO

BREAST UNIT, AZIENDA OSPEDALIERA UNIVERSITARIA FEDERICO II, NAPOLI

RICERCATORE IN CHIRURGIA GENERALE,

UNIVERSITA' FEDERICO II, NAPOLI

MEMBRO DEL CONSIGLIO DIRETTIVO ANISC

MEMBRO DELL'EDUCATION AND TEACHING COMMITTEE BREAST WORKING GROUP

SOCIETA' EUROPEA DI CHIRURGIA ONCOLOGICA (ESSO)

DIRETTORE SCIENTIFICO

FONDAZIONE GRETA ETS

LA CHIRURGIA SENOLOGICA: LA DE-ESCALATION AGLI ESTREMI
L'APPROCCIO CHIRURGICO ALLA MAMMELLA



Opportunities for De-Escalation of Axillary Surgery in Patients with Ductal Carcinoma in Situ with Microinvasion

Eliza H. Hersh, MD¹, Christina A. Minami, MD, MS, FACS^{2,3}, Anna Weiss, MD^{2,3}, and Tari A. King, MD, FACS, FSSO^{2,3}

Surgical De-escalation in Breast Cancer: Qualitative Research Introduces Hope for Patients and Illuminates a Blind Spot Within Blinded Studies

Jose G. Bazan, MD, MS,* and Benjamin W. Corn, MD, FASTRO¹

De-escalation of Axillary Surgery After Neoadjuvant Therapy

Casey Connors, Zahraa Al-Hilli

De-Escalation Surgery in cT3-4 Breast Cancer | Neoadjuvant Therapy: Predictors of Breast Co-Comparison of Long-Term Oncological Outcomes with Mastectomy

Corrado Tinterri^{1,2}, Erika Barbieri¹, Andrea Sagona¹, Alberto Bottini¹, Giuseppe Canavese¹ and Damiano Gentile^{1,2,*}

Surgical De-Escalation for Re-Excision in Patients with a Margin Less Than 2 mm and a Diagnosis of DCIS

Gianluca Vanni¹, Marco Pellicciaro^{1,2,*}, Nicola Di Lorenzo³, Rosaria Barbarino⁴, Marco Materazzo^{1,2}, Federico Tacconi⁵, Andrea Squeri⁶, Rolando Maria D'Angelillo⁴, Massimiliano Berretta⁷ and Oreste Claudio Buonomo¹

De-escalation of axillary treatment in the event of a positive sentinel lymph node biopsy in cT1-2 N0 breast cancer treated with mastectomy: nationwide registry study (BOOG 2013-07)

Sabine R. de Wild^{1,*}, Lori M. van Roozendaal², Johannes H. W. de Wilt³, Thijs van Dalen⁴, Jos A. van der Hage⁵, Frederieke H. van Duijnhoven⁶, Janine M. Simons^{1,7}, Robert-Jan Schipper⁸, Linda de Munck⁹, Sander M. J. van Kuijk¹⁰, Liesbeth J. Boersma¹¹, Sabine C. Linn¹², Marc B. I. Lobbes¹³, Philip M. P. Poortmans^{14,15}, Vivianne C. G. Tjan-Heijnen¹⁶, Koen K. B. T. van de Vijver^{17,18}, Jolanda de Vries¹⁹, A. Helen Westenberg²⁰, Luc J. A. Strobbe²¹ and Marjolein L. Smidt¹

De-Escalation of Multidisciplinary Breast Cancer Care with Cryoablation Therapy: Navigating Novel Therapeutics, Ethics, and Outcomes

Lauren M. Postlewait, MD, FACS^{1,2}

Use of natural language understanding to facilitate surgical de-escalation of axillary staging in patients with breast cancer

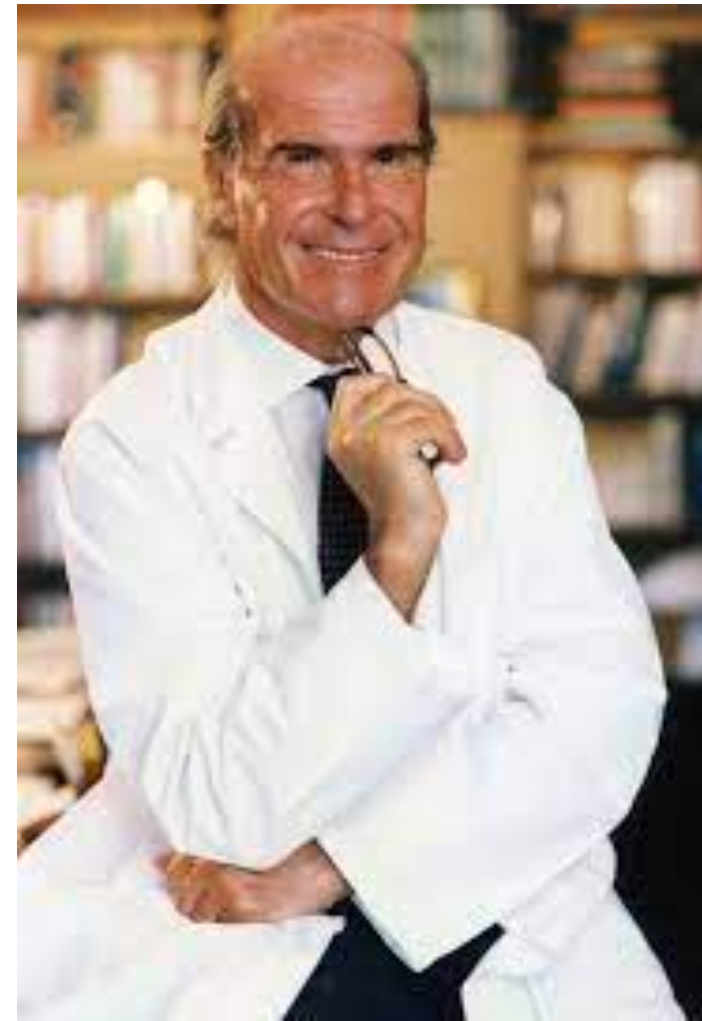
Neil Carleton BS^{1,2}, Gilan Saadawi MD PhD³, Priscilla F. McAuliffe MD PhD FACS⁴, Atilla Soran MD MPH FACS⁴, Steffi

De-escalating axillary management after neoadjuvant chemotherapy in breast cancer: The ratio of positive sentinel lymph nodes matters

S. Aragón-Sánchez^{a,b}, R. Sánchez-Bayona^{b,c,*}, L. López-Marín^a, E. Ciruelos-Gil^{b,c}, L. Parrilla-Rubio^{b,d}, Pablo Zaragoza-Ballester^e, A. Galindo-Izquierdo^{f,g,h}, B. García-Chapinal^a, L. Álvaro-Valiente^a, M.R. Oliver-Pérez^{a,b}



MASTECTOMIA VS. CHIRURGIA CONSERVATIVA



TOTAL MASTECTOMY VERSUS LUMPECTOMY

TWENTY-YEAR FOLLOW-UP OF A RANDOMIZED TRIAL COMPARING TOTAL MASTECTOMY, LUMPECTOMY, AND LUMPECTOMY PLUS IRRADIATION FOR THE TREATMENT OF INVASIVE BREAST CANCER

BERNARD FISHER, M.D., STEWART ANDERSON, PH.D., JOHN BRYANT, PH.D., RICHARD G. MARGOLESE, M.D., MELVIN DEUTSCH, M.D., EDWIN R. FISHER, M.D., JONG-HYEON JEONG, PH.D., AND NORMAN WOLMARK, M.D.

N Engl J Med, Vol. 347, No. 16 · October 17, 2002

The New England Journal of Medicine

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VOLUME 347

OCTOBER 17, 2002

NUMBER 16



TWENTY-YEAR FOLLOW-UP OF A RANDOMIZED STUDY COMPARING BREAST-CONSERVING SURGERY WITH RADICAL MASTECTOMY FOR EARLY BREAST CANCER

UMBERTO VERONESI, M.D., NATALE CASCINELLI, M.D., LUIGI MARIANI, M.D., MARCO GRECO, M.D., ROBERTO SACCOZZI, M.D., ALBERTO LUINI, M.D., MARISEL AGUILAR, M.D., AND ETTORE MARUBINI, PH.D.



VANTAGGIO IN TERMINI DI SOPRAVVIVENZA

Conclusions: The combined findings from large population-based studies indicate that BCS is associated with survival benefit compared with mastectomy, suggesting that BCS be the recommended treatment of early breast cancer (T1-2N0-1M0) if a radical lumpectomy can be performed.

EFFETTO “ABSCOPAL” DELLA RADIOTERAPIA RIDOTTO TRAUMA CHIRURGICO

Annals of Surgery Open (2022) 4:e205

Meta-Analysis

ANNALS OF SURGERY

OPEN

Breast-Conserving Surgery or Mastectomy?

Impact on Survival

Peer Christiansen, MD, DMSc,* Marco Mele, MD,† Anne Bodilsen, MD, PhD,‡ Nicola Rocco, MD, PhD,§ and Robert Zachariae, DMSc||

IS BCT SAFER THAN MASTECTOMY FOR THE TREATMENT OF EARLY BREAST CANCER?

M. Mele¹, P. Christiansen², A. Bodilsen³, N. Rocco⁴, R. Zachariae⁵
¹Breast Surgery Department, Gentofte and Herlev Hospital, Copenhagen, Denmark,
²Department of Plastic and Breast Surgery, Århus University Hospital, Aarhus N, Denmark,
³Department of Surgery, Århus University Hospital, Aarhus N, Denmark,
⁴Breast Surgery Department, University Hospital Federico II, Napoli, Italy,
⁵Department of Oncology, Århus University Hospital, Aarhus N, Denmark

A systematic review and meta-analysis of 30 population-based studies from 2010-2021 comparing survival after BCS and mastectomy. The searches were conducted in the PubMed, Embase, and Cochrane databases.

Results

Compared to mastectomy, Breast-conserving surgery (BCS) is associated with better overall (HR = 1.34) and breast cancer-specific survival (HR = 1.38)

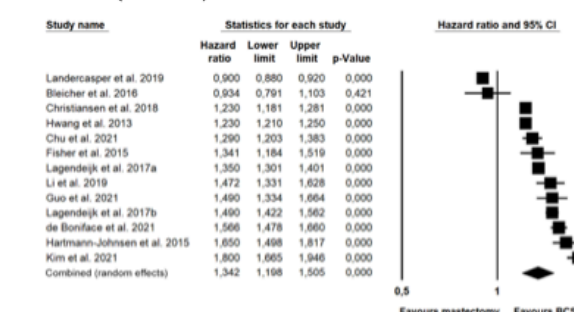


Fig. 1 Overall survival (OS)

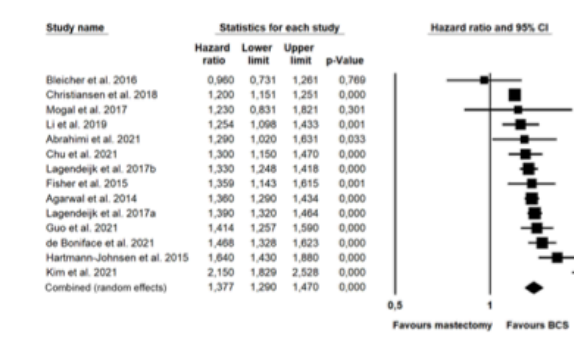


Fig. 2 Breast cancer-specific survival (BCS)

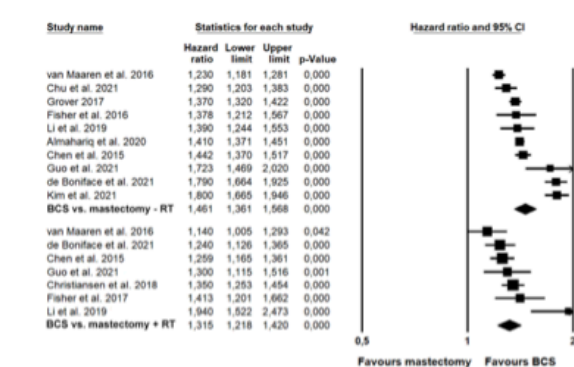


Fig. 3 Forest plots showing comparisons in overall survival between BCS and mastectomy without (-RT) or with radiation therapy (+RT). BCS indicates breast-conserving surgery; RT, radiation therapy.

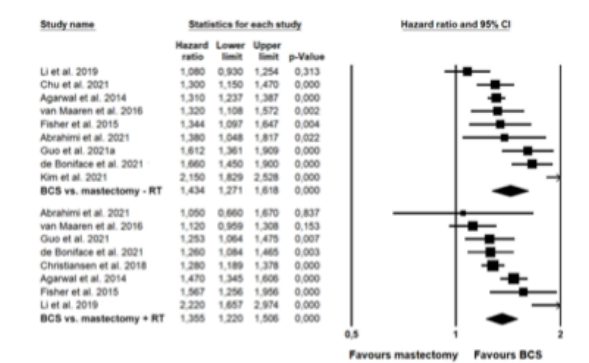


Fig. 4 Forest plots showing comparisons in breast cancer-specific survival between BCS and mastectomy without (-RT) or with radiation therapy (+RT). BCS indicates breast-conserving surgery; RT, radiation therapy.

Discussion

Two proposed explanations for why BCS is associated with better survival than mastectomy:

- 1. Reduced surgical trauma**
 - Less pronounced suppression of the immune system
 - Increased suppression of tumor cell growth (in loco, circulating, micrometastases)
- 2. Abscopal effect**
 - In BCS small tumor foci are left behind
 - Radiation therapy eradicates tumor cells
 - Debris from destroyed tumor cells activates the immune system
 - Circulating tumor cells and micrometastases are eliminated by the activated immune system

Conclusions

The combined findings from large population-based studies indicate that BCS is associated with survival benefit compared with mastectomy, suggesting that BCS be the recommended treatment of early breast cancer (T1-2N0-1M0) whenever a radical lumpectomy can be performed.

References

1. Annals of Surgery Open. 2022, 4:e205. DOI: 10.1097/AS9.0000000000002005.



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06
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2025

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PREVENZIONE SERENA

WORKSHOP: AGLI ESTREMI DELLO
SCREENING MAMMOGRAFICO

VANTAGGI DELLA CHIRURGIA CONSERVATIVA

RIDOTTI TASSI DI COMPLICANZE

RIDOTTI POTENZIALI RITARDI DELLE TERAPIE ADIUVANTI

RICOVERI PIU' BREVI

RIDOTTA NECESSITA' DI ANTIDOLORIFICI POST-OPERATORI

RITORNO PIU' RAPIDO AL LAVORO ED ALLA VITA SOCIALE

Which real indications remain for mastectomy?

Maria Joao Cardoso,^a Jana de Boniface,^{b,c} David Dodwell,^{d,e} Orit Kaidar-Person,^{f,g,h} Philip Poortmans,^{i,j,*} and Marissa C. van Maaren^{k,l}

The Lancet Regional
Health - Americas
2024;33: 100734
Published Online 4 April
2024



VANTAGGI DELLA CHIRURGIA CONSERVATIVA

**IL CARICO PER LA PAZIENTE E, DI CONSEGUENZA, PER IL SISTEMA SANITARIO E LA SOCIETÀ
E' SIGNIFICATIVAMENTE MINORE CON L'UTILIZZO DELLA CHIRURGIA CONSERVATIVA**

**LA MIGLIORE STRATEGIA E' SEMPRE, QUANDO POSSIBILE, EVITARE LA MASTECTOMIA
E LA CONSEGUENTE RICOSTRUZIONE**

**NON SARANNO NECESSARI, IN QUESTO MODO, L'UTILIZZO DI PROTESI MAMMARIE E/O LEMBI DI TESSUTO AUTOLOGO
(CON AUMENTO DEI TASSI DI COMPLICANZE E RISCHI ASSOCIATI CON LE PROTESI MAMMARIE)**

EJSO 42 (2016) 1636–1641

Review

Should patients with early breast cancer still be offered the
choice of breast conserving surgery or mastectomy?

N. Johns, J.M. Dixon*

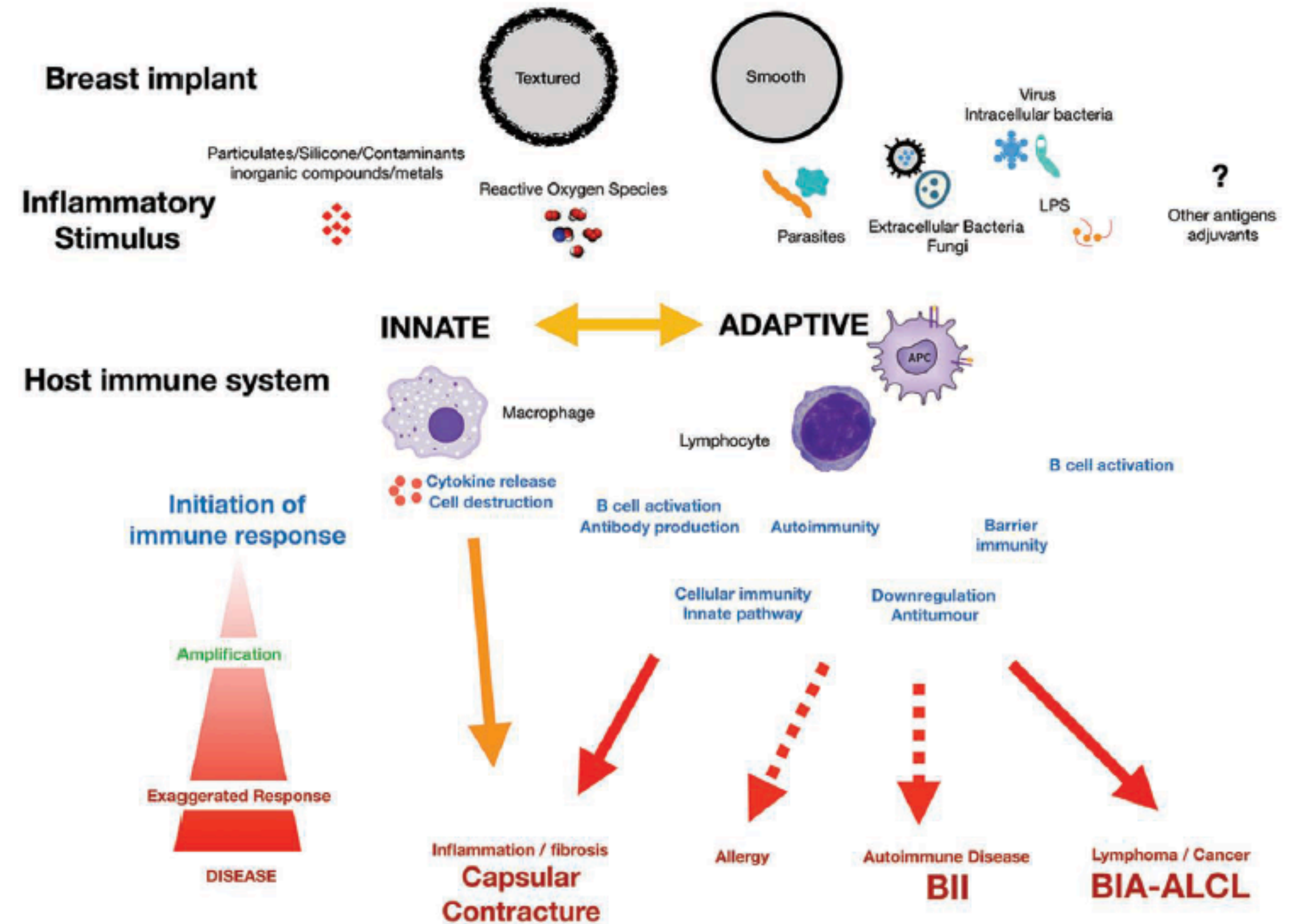
Edinburgh Breast Unit, Western General Hospital, Edinburgh, EH4 2XU, UK





IMPIANTI MAMMARI AL SILICONE E PATOLOGIE SISTEMICHE

IL SILICONE PUO' AGIRE DA "ADIUVANTE" E SCATENARE UNA RISPOSTA DISREGOLATA DA PARTE DEL SISTEMA IMMUNITARIO



Breast Implant Illness: A Way Forward

Mark R. Magnusson, MBBS, FRACS
 Rod D. Cooter, MBBS, PhD, FRACS
 Hinne Rakhorst, MD
 Patricia A. McGuire, MD
 William P. Adams, Jr, MD
 Anand K. Deva, BSc(Med), MBBS, MS, FRACS

Summary: The link between breast implants and systemic disease has been reported since the 1960s. Although many studies have looked at either supporting or refuting its existence, the issue still persists and has now been labeled "breast implant illness." The rise of patient advocacy and communication through social media has led to an increasing number of presentations to plastic surgeons. This article summarizes the history of breast implants and systemic disease, critically analyzes the literature (and any associated deficiencies), and suggests a way forward through systematic scientific study. (*Plast. Reconstr. Surg.* 143: 74S, 2019.)

Gold Coast, Queensland; and Sydney, New South Wales, Australia; St Louis, Mo.; and Dallas, Texas

SHARED DECISION-MAKING

NELL'ERA DELLO SHARED DECISION-MAKING E' FONDAMENTALE UNA COMUNICAZIONE CON LE PAZIENTI BILANCIATA E BASATA SULLE EVIDENZE

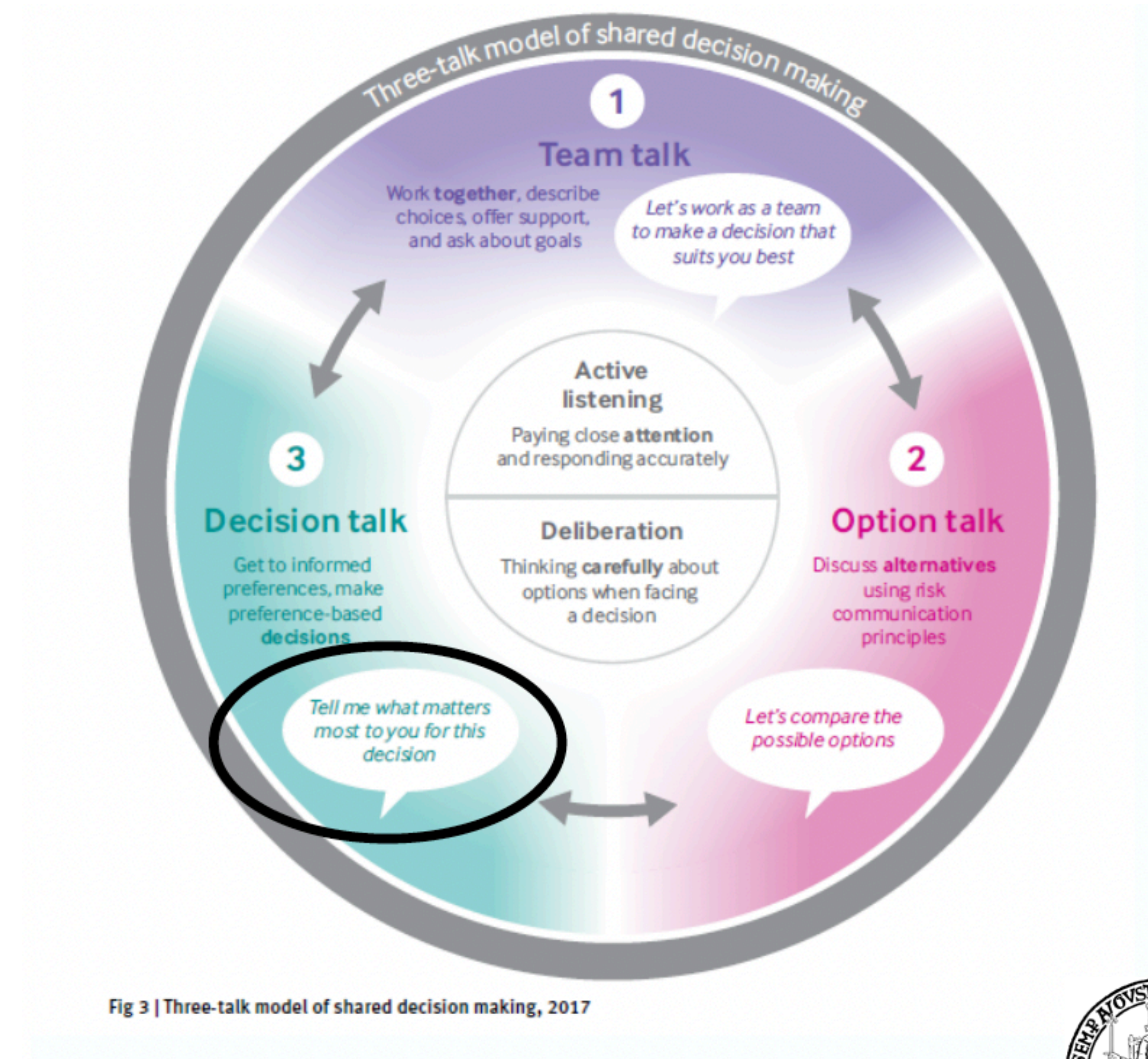


Fig 3 | Three-talk model of shared decision making, 2017

A three-talk model for shared decision making: multistage consultation process

Glyn Elwyn,¹ Marie Anne Durand,¹ Julia Song,¹ Johanna Aarts,² Paul J Barr,¹ Zackary Berger,³ Nan Cochran,¹ Dominick Frosch,⁴ Dariusz Galasiński,⁵ Pål Gulbrandsen,⁶ Paul K J Han,⁷ Martin Härter,⁸ Paul Kinnersley,⁹ Amy Lloyd,¹⁰ Manish Mishra,¹ Lilisbeth Perestelo-Perez,¹¹ Isabelle Scholl,¹ Kounosuke Tomori,¹² Lyndal Trevena,¹³ Holly O Witteman,¹⁴ Trudy Van der Weijden¹⁵



06
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2025

CRPT - PROGRAMMA REGIONALE DI SCREENING

PREVENZIONE SERENA

WORKSHOP: AGLI ESTREMI DELLO
SCREENING MAMMOGRAFICO

GESTIONE CHIRURGICA DEI TUMORI MULTIPLI OMOLATERALI

LA CHIRURGIA CONSERVATIVA (MULTIPLE TUMORECTOMIE) SEGUITE DA RT ADIUVANTE E MULTIPLI BOOST E' ASSOCIATA AD UN TASSO DI RECIDIVA LOCALE A 5 ANNI DEL 3.1% (204 PAZIENTI DI ETA' >40 ANNI CON FINO A TRE FOCOLAI NEOPLASTICI cN0-N1) E RAPPRESENTA QUINDI UNA OPZIONE CHIRURGICA RAGIONEVOLE SOPRATTUTTO SE LA MALATTIA E' STUDIATA CON RM PRE-OPERATORIA

IN ATTESA DI ULTERIORE FOLLOW-UP, SOPRATTUTTO PER LA MALATTIA LUMINALE

original reports

Local Recurrence After Breast-Conserving Therapy in Patients With Multiple Ipsilateral Breast Cancer: Results From ACOSOG Z11102 (Alliance)

Judy C. Boughey, MD¹; Kari M. Rosenkranz, MD²; Karla V. Ballman, PhD³; Linda McCall, MS⁴; Bruce G. Haffty, MD⁵; Laurie W. Cuttino, MD⁶; Charlotte D. Kubicky, MD⁷; Huong T. Le-Petross, MD⁸; Armando E. Giuliano, MD⁹; Kimberly J. Van Zee, MS, MD¹⁰; Kelly K. Hunt, MD⁸; Olwen M. Hahn, MD¹¹; Lisa A. Carey, MD¹²; and Ann H. Partridge, MD, MPH¹³














DE-ESCALATION DELLA CHIRURGIA DELLA MAMMELLA DOPO TERAPIE SISTEMICHE NEOADIUVANTI

LA SICUREZZA ONCOLOGICA DELLA CHIRURGIA CONSERVATIVA DOPO TERAPIE SISTEMICHE PRIMARIE E' STATA CONFERMATA DA TRIAL PROSPETTICI E I TASSI DI RECIDIVA LOCALE CONO ACCETTABILI LADDOVE SIA POSSIBILE OTTENERE MARGINI NEGATIVI

Breast Conservation Surgery and Mastectomy Have Similar Locoregional Recurrence After Neoadjuvant Chemotherapy

Results From 1462 Patients on the Prospective, Randomized I-SPY2 Trial

Mukhtar, Rita A. MD[†]; Chau, Harrison MD[†];  Woriach, Hannah MD[‡];  Piltin, Mara DO[§];  Ahrendt, Gretchen MD[¶];  Tchou, Julia MD, PhD[¶]; Yu, Hongmei PhD[¶]; Ding, Qian MS[¶];  Dugan, Catherine Lu BA^{*};  Sheade, Jori MD^{**}; Crown, Angelena MD^{††}; Carr, Michael MD^{††}; Wong, Jasmine MD^{*}; Son, Jennifer MD^{§§}; Yang, Rachel MD^{*}; Chan, Theresa MD[¶]; Terando, Alicia MD^{¶¶}; Alvarado, Michael MD^{*}; Ewing, Cheryl MD^{*}; Tonneson, Jennifer MD^{###}; Tamirisa, Nina MD^{**}; Gould, Rebekah BS^{***}; Singh, Puneet MD^{**}; Godellas, Constantine MD^{†††}; Larson, Kelsey MD^{†††}; Chiba, Akiko MD[‡]; Rao, Roshni MD^{§§§};  Sauder, Candice MD^{¶¶};  Postlewait, Lauren MD^{¶¶¶};  Lee, Marie Catherine MD^{####};  Symmans, William Fraser MBChB^{***};  Esserman, Laura J. MD, MBA^{*}; ISPY-2 Locoregional Working Group;  Boughhey, Judy C. MD[§]

[Author Information](#) 

Annals of Surgery 278(3):p 320-327, September 2023. | DOI: 10.1097/SLA.00000000000005968

Transl Breast Cancer Res 2024;5:13

Breast surgery after neoadjuvant systemic therapy

Kate R. Pawloski, Andrea V. Barrio

Breast Service, Department of Surgery, Memorial Sloan Kettering Cancer Center, New York, NY, USA



DE-ESCALATION DELLA CHIRURGIA DELLA MAMMELLA DOPO TERAPIE SISTEMICHE NEOADIUVANTI

CHIRURGIA CONSERVATIVA E RT ASSOCIATA CON OS SIGNIFICATIVAMENTE PIU' ELEVATO RISPETTO ALLA MASTECTOMIA
AD UN FOLLOW-UP MEDIANO DI 9.9 ANNI (86% VS 79.3%, P=0.02)

Long-term overall survival of patients who undergo breast-conserving therapy or mastectomy for early operable HER2-Positive breast cancer after preoperative systemic therapy: an observational cohort study

The Lancet Regional
Health - Americas
2024;32: 100712

Xuexin He,^{a,b,e,*} Jiali Ji,^{c,e} Aiham Qdaisat,^b Francisco J. Esteva,^d and Sai-Ching J. Yeung^{b,**}



DE-ESCALATION DELLA CHIRURGIA DELLA MAMMELLA DOPO TERAPIE SISTEMICHE NEOADIUVANTI

LE TERAPIE SISTEMICHE PRIMARIE SONO ASSOCIATE A RISULTATI SEMPRE MIGLIORI
ED E' DIMOSTRATO COME LA CHIRURGIA POSSA ESSERE PROGRAMMATA IN RELAZIONE ALLA STADIAZIONE POST-NACT

LA RESEZIONE DELL'INTERO VOLUME OCCUPATO DALLA NEOPLASIA PRIMA DELLA TERAPIA NEOADIUVANTE VANIFICHEREBBE I
BENEFICI DELLA TERAPIA E POTREBBE ESITARE IN INUTILI MASTECTOMIE

PER PAZIENTI CON MALATTIA MONOFOCALE CON UNA RIDUZIONE DEL VOLUME SUFFICIENTE DA POTER PRATICARE IN MANIERA
SICURA E CON UN BUON RISULTATO ESTETICO CHIRURGIA CONSERVATIVA,
LA SCELTA DELLA MIGLIOR OPZIONE CHIRURGICA SI DEVE BASARE
SULL'ESTENSIONE DELLA MALATTIA ALL'IMAGING POST-TERAPIA
E NON ALL'ESTENSIONE IDENTIFICATA ALL'IMAGING PRE-NACT

ORIGINAL ARTICLES

EJSO 42 (2016) 1780–1786

“CLIPECTOMY”

Impact of Preoperative Versus Postoperative Chemotherapy
on the Extent and Number of Surgical Procedures
in Patients Treated in Randomized Clinical Trials for
Breast Cancer

Judy C. Boughey, MD, Florentia Peintinger, MD, Funda Meric-Bernstam, MD,
Allison C. Perry, MS, PA-C, Kelly K. Hunt, MD, Gildy V. Babiera, MD, S. E. Singletary, MD,
Isabelle Bedrosian, MD, Anthony Lucci, MD, Aman U. Buzdar, MD, Lajos Pusztai, MD, PhD,
and Henry M. Kuerer, MD, PhD

Breast conservation following neoadjuvant therapy for
breast cancer in the modern era: Are we losing the
opportunity?

C. Criscitiello ^{a,*}, G. Curigliano ^a, H.J. Burstein ^b, S. Wong ^c,
A. Esposito ^a, G. Viale ^a, M. Giuliano ^d, U. Veronesi ^a,
M. Santangelo ^e, M. Golshan ^f



DE-ESCALATION DELLA CHIRURGIA DELLA MAMMELLA DOPO TERAPIE SISTEMICHE NEOADIUVANTI

IN STUDIO LA FATTIBILITA' DI OMETTERE COMPLETAMENTE LA CHIRURGIA IN CASO DI ASSENZA DI MALATTIA RESIDUA IDENTIFICATA CON MULTIPLE BIOPSIE DEL LETTO TUMORALE DOPO PST

STUDIO MULTICENTRICO A SINGOLO BRACCIO DI FASE 2 NEGLI USA
DONNE CON ETA' >40 ANNI CON NEOPLASIA MONOFOCALE cT1-2 N0-1 TRIPLO NEGATIVA O HER2+
SOTTOPOSTE A PST E RISPOSTA CLINICO-RADIOLOGICA COMPLETA ELEGGIBILI PER INCLUSIONE

ALMENO 12 VACB CON AGO 9G A LIVELLO DEL LETTO TUMORALE
IN ASSENZA DI EVIDENZA DI NEOPLASIA INVASIVA O IN SITU, OMISSIONE DELLA CHIRURGIA E RT CON BOOST
SE cN0 PRE-PST NO AXILLARY SURGERY
SE cN+ PRE-PST TAD

Eliminating breast surgery for invasive breast cancer in exceptional responders to neoadjuvant systemic therapy: a multicentre, single-arm, phase 2 trial

Henry M Kuerer, Benjamin D Smith, Savitri Krishnamurthy, Wei T Yang, Vicente Valero, Yu Shen, Heather Lin, Anthony Lucci, Judy C Boughey, Richard L White, Emilia J Diego, Gaiane M Rauch, on behalf of the Exceptional Responders Clinical Trials Group*

Lancet Oncol 2022; 23: 1517-24



DE-ESCALATION DELLA CHIRURGIA DELLA MAMMELLA DOPO TERAPIE SISTEMICHE NEOADIUVANTI

50 PAZIENTI, ETA' MEDIANA 62 ANNI (55-77 ANNI)

29 HER2+ E 21 TN

pCR ALLA VABB IN 31 PAZIENTI (62%)

AD UN FOLLOW-UP MEDIANO DI 55.4 MESI NESSUNA RECIDIVA LOCO-REGIONALE E OS 100%

March 28, 2025 *JAMA Oncol.* 2025;11(5):529-534.

Selective Elimination of Breast Surgery for Invasive Breast Cancer

A Nonrandomized Clinical Trial

Henry M. Kuerer, MD, PhD¹; Vicente Valero, MD²; Benjamin D. Smith, MD³; et al



LA CHIRURGIA DELLA MAMMELLA OGGI

I PROGRAMMI DI SCREENING PERMETTONO DI OTTENERE DIAGNOSI
SEMPRE PIU' PRECOCI

VOLUME 32 · NUMBER 14 · MAY 10 2014

JOURNAL OF CLINICAL ONCOLOGY

SPECIAL ARTICLE

Society of Surgical Oncology–American Society for
Radiation Oncology Consensus Guideline on Margins for
Breast-Conserving Surgery With Whole-Breast Irradiation
in Stages I and II Invasive Breast Cancer

*Meena S. Moran, Stuart J. Schnitt, Armando E. Giuliano, Jay R. Harris, Seema A. Khan, Janet Horton,
Suzanne Klimberg, Mariana Chavez-MacGregor, Gary Freedman, Nehmat Houssami, Peggy L. Johnson,
and Monica Morrow*



GESTIONE DEI MARGINI DI RESEZIONE CHIRURGICA PER LA CHIRURGIA CONSERVATIVA SEGUITA DA RT ADIUVANTE

“NO INK ON TUMOR” E’ LO STANDARD PER QUEL CHE RIGUARDA I MARGINI NEL TRATTAMENTO CHIRURGICO DEL CARCINOMA DELLA MAMMELLA

	No ink on tumor	2-mm margin	No margin necessary
Invasive breast cancer	X		
Invasive breast cancer + DCIS	X		
Invasive breast cancer + extensive DCIS	X		
Invasive breast cancer (treated with neoadjuvant chemotherapy followed by breast conservation therapy) ^{4,5}	X		
Pure DCIS		X	
DCIS with microinvasion		X	
Pure LCIS* at surgical margin			X
Atypia at surgical margin			X

VOLUME 32 · NUMBER 14 · MAY 10 2014

JOURNAL OF CLINICAL ONCOLOGY

SPECIAL ARTICLE

Society of Surgical Oncology–American Society for Radiation Oncology Consensus Guideline on Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Stages I and II Invasive Breast Cancer

Meena S. Moran, Stuart J. Schmitt, Armando E. Giuliano, Jay R. Harris, Seema A. Khan, Janet Horton, Suzanne Klimberg, Mariana Chavez-MacGregor, Gary Freedman, Nehmat Houssami, Peggy L. Johnson, and Monica Morrow

Breast Cancer

Version 1.2025 — January 31, 2025



NUOVE TECNOLOGIE PER LA LOCALIZZAZIONE DELLE LESIONI NON PALPABILI



MINIMO SACRIFICIO DI PARENCHIMA MAMMARIO



RISULTATI SCADENTI **$X > 15\%$
PER I QUADRANTI LATERALI** **$X > 5\%$
PER I QUADRANTI MEDIALI***British Journal of Surgery* 2003; **90**: 1505–1509

Original article

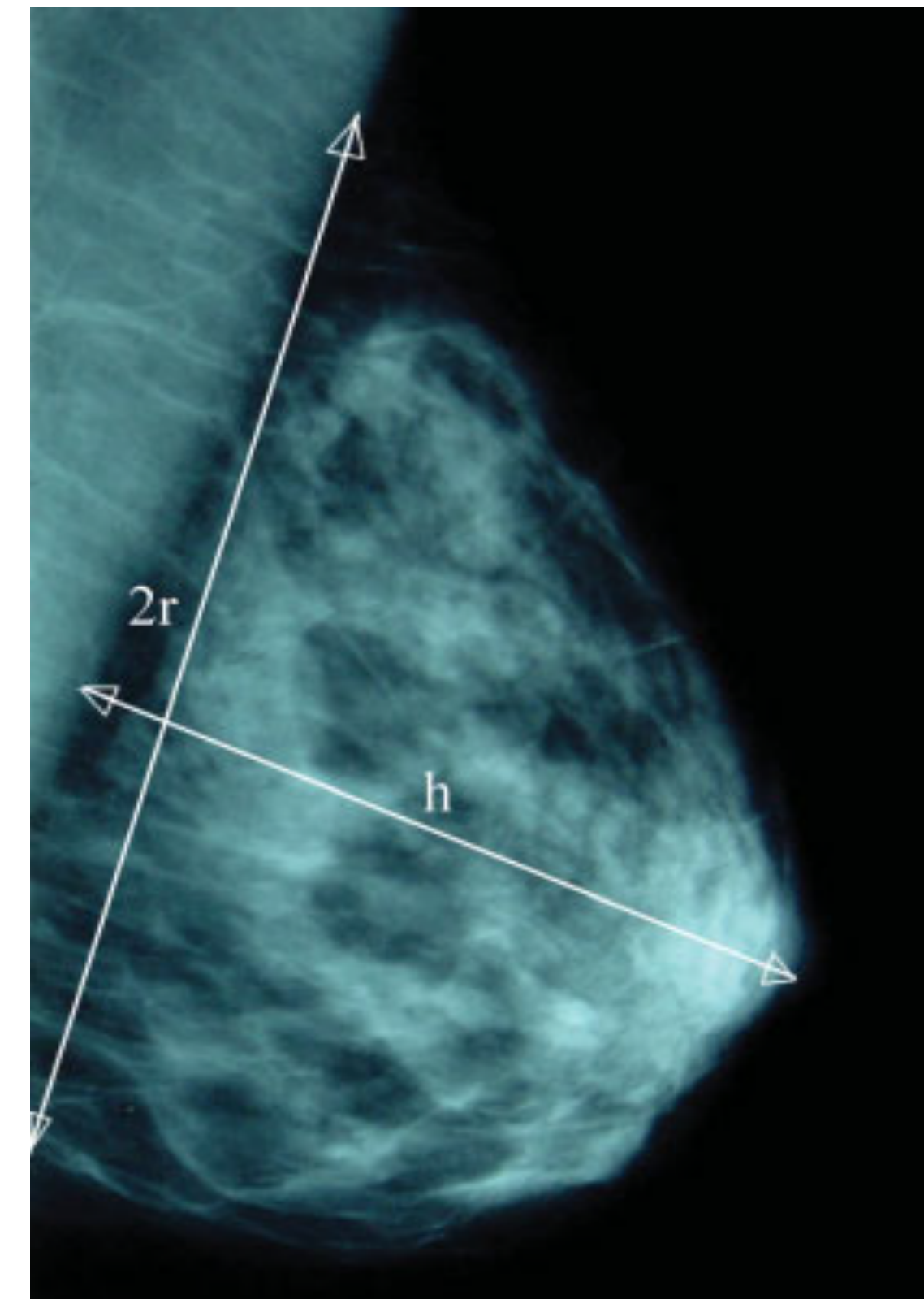
**Cosmesis and satisfaction after breast-conserving surgery
correlates with the percentage of breast volume excised**

R. A. Cochrane, P. Valasiadou, A. R. M. Wilson, S. K. Al-Ghazal and R. D. Macmillan

Nottingham City Hospital Breast Unit, Nottingham, UK

Correspondence to: Mr R. D. Macmillan, Professorial Unit of Surgery, Nottingham City Hospital, Nottingham NG5 1PB, UK

(e-mail: Douglas.Macmillan@nottingham.ac.uk)



$$X = \frac{4(\text{radius of lesion} + 1 \text{ cm})^3}{(\text{radius of breast})^2 \text{height of breast}}$$



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

Oncoplastic surgery level	Description
1	Less than 20% of breast volume excised No skin excision required No mammoplasty required
2	Anticipation of 20–50% breast volume excision Excision of excess skin required to reshape breast Based on mammoplasty techniques



British Journal of Surgery 2012; **99**: 1389–1395

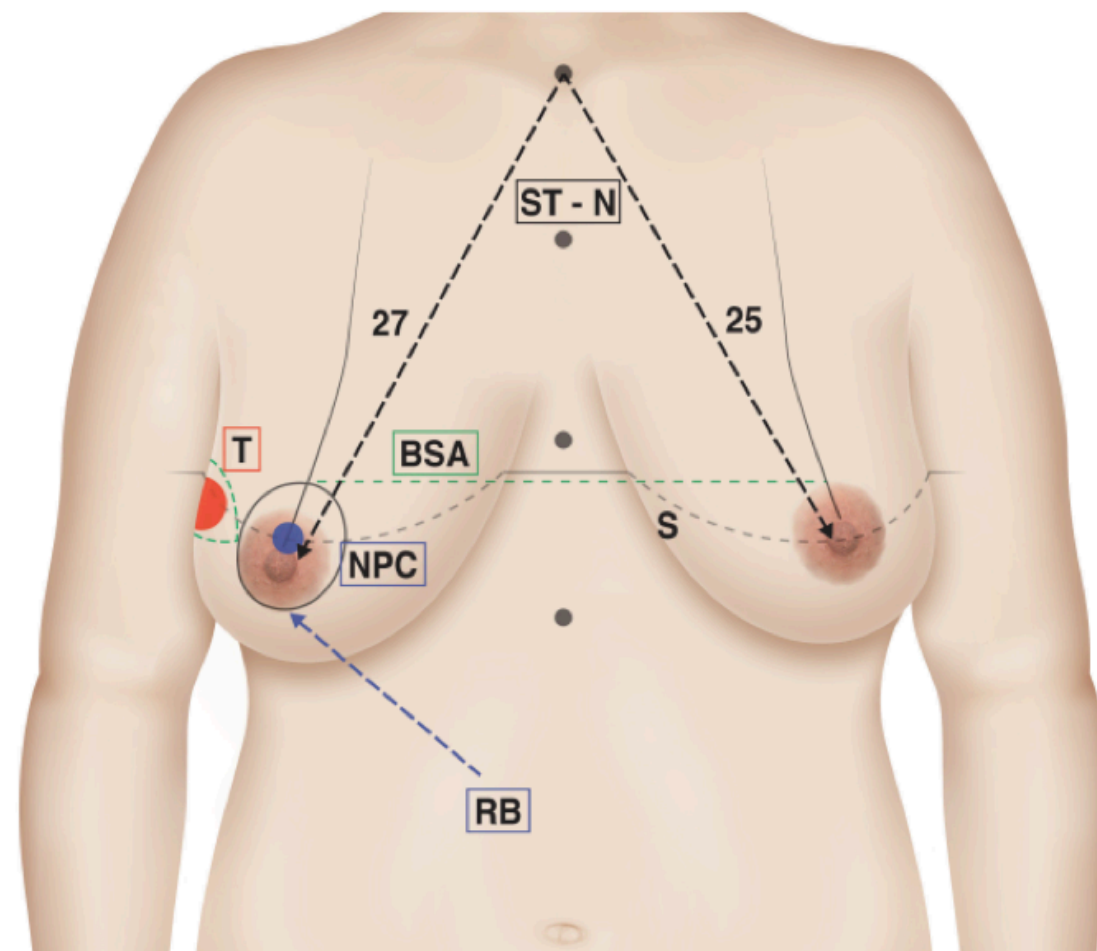
Oncoplastic surgery for breast cancer based on tumour location and a quadrant-per-quadrant atlas

K. B. Clough¹, T. Ihrai^{1,2}, S. Oden¹, G. Kaufman¹, E. Massey¹ and C. Nos¹



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

LA STRAGRANDE MAGGIORANZA DELLE PAZIENTI PUO' BENEFICIARE DI SEMPLICI TECNICHE DI RIMODELLAMENTO DI PRIMO LIVELLO

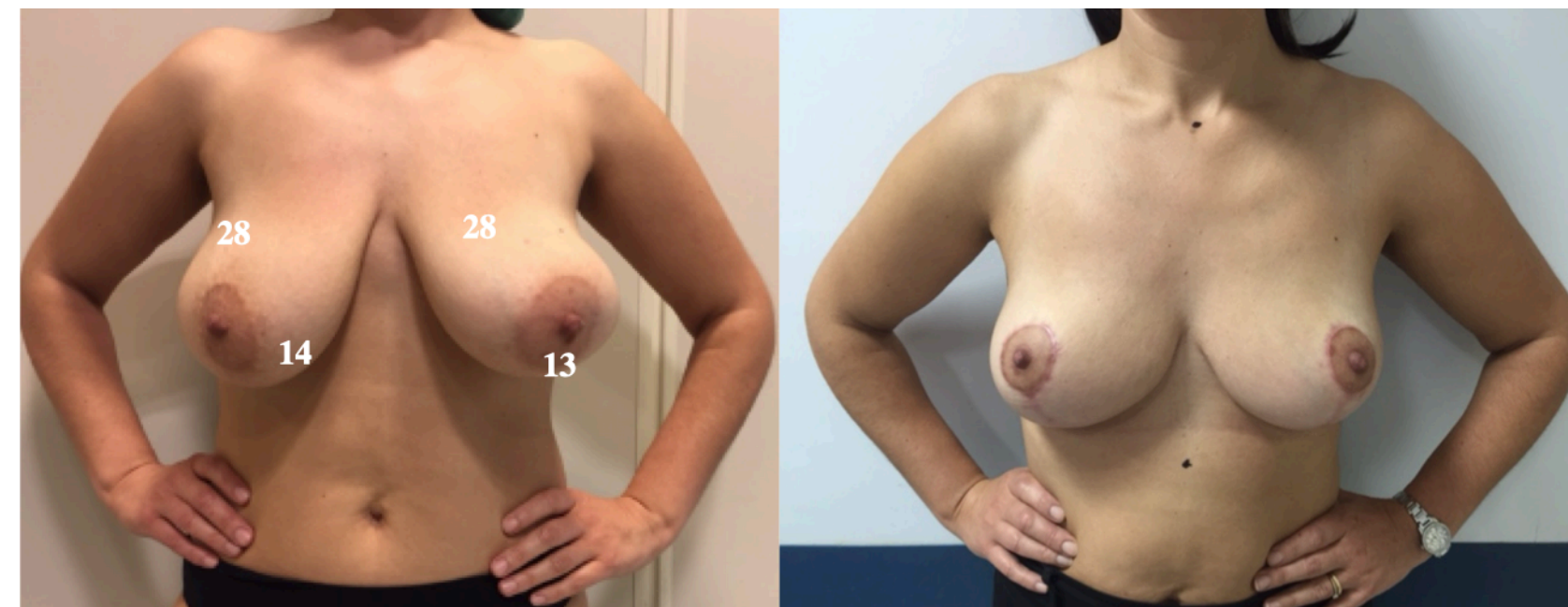


DE-ESCALATION E CHIRURGIA ONCOPLASTICA

SOLO UNA MINORANZA DELLE PAZIENTI NECESSITA MASTOPLASTICHE TERAPEUTICHE E CWP

LEMBI LOCALI SU PERFORANTI DELLA PARETE TORACICA

MASTOPLASTICHE TERAPEUTICHE



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

The American Journal of Surgery (2015) 210, 199-200

The American
Journal of Surgery®

Letters to the Editor

Oncoplastic surgery: fashion or necessity?



Demetrios Moris, M.D.
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DE-ESCALATION E CHIRURGIA ONCOPLASTICA

CHIRURGIA ONCOPLASTICA O ONCOESTETICA?

L'UTILIZZO DI CHIRURGIA ONCOPLASTICA DI II LIVELLO PER IL TRATTAMENTO DI PICCOLI TUMORI CI FA COMPRENDERE COME PROBABILMENTE IL CONCETTO INIZIALE DI CHIRURGIA ONCOPLASTICA SI SIA ESTESO FINO A DIVENTARE
CHIRURGIA ONCOESTETICA

RIDUZIONE DEL VOLUME MAMMARIO IN UNA PAZIENTE CON CANCRO DELLA MAMMELLA PER FINALITA' ESTETICHE E FUNZIONALI PIU' CHE ONCOLOGICHE

Ann Surg Oncol (2019) 26:3792–3793
<https://doi.org/10.1245/s10434-019-07755-4>

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY



EDITORIAL – BREAST ONCOLOGY

The Oncoplastic Frenzy: Beware the Swing of the Pendulum

Krishna B. Clough, MD¹, and Ineke Meredith, MBChB^{1,2}

¹The Paris Breast Centre - L'Institut du Sein, Paris, France; ²Wellington Regional Hospital, Wellington, New Zealand



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

VALORI E PREFERENZE DELLE PAZIENTI

L'UTILIZZO DELLA CHIRURGIA ONCOPLASTICA POTREBBE RIFLETTERE
UNA VISIONE PATERNALISTICA ORMAI SUPERATA NELLA QUALE I CHIRURGHICI POTREBBERO
ERRONEAMENTE RITENERE CHE UN INTERVENTO MIRATO A MASSIMIZZARE L'ESITO ESTETICO
DEBBA NECESSARIAMENTE MIGLIORARE
LA QUALITA' DELLA VITA DELLE PAZIENTI

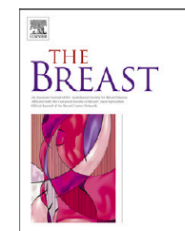
The Breast 57 (2021) 25–35



Contents lists available at ScienceDirect

The Breast

journal homepage: www.elsevier.com/brst



Should oncoplastic breast conserving surgery be used for the treatment of early stage breast cancer? Using the GRADE approach for development of clinical recommendations



Nicola Rocco ^{a,1,*}, Giuseppe Catanuto, MD, PhD ^{a,b,1}, Michela Cinquini ^c, Werner Audretsch ^d, John Benson ^{e,f}, Carmen Criscitiello, MD, PhD ^g, Rosa Di Micco ^{h,i}, Tibor Kovacs ^{j,k}, Henry Kuerer ^l, Laura Lozza ^m, Giacomo Montagna ^{n,o}, Ivan Moschetti ^b, Nahid Nafissi ^v, Rachel L. O'Connell ^p, Serena Oliveri ^q, Loredana Pau ^r, Gianfranco Scaperrotta ^s, Achilles Thoma ^t, Zoe Winters, MD, PhD ^u, Maurizio Bruno Nava ^a



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

**NECESSARIO UN VERO SHARED DECISION-MAKING
 IN CUI, NELLA SCELTA FINALE CONDIVISA SUL TRATTAMENTO CHIRURGICO,
 SIANO TENUTI IN DEBITO CONTO VALORI E PREFERENZE DELLE PAZIENTI**

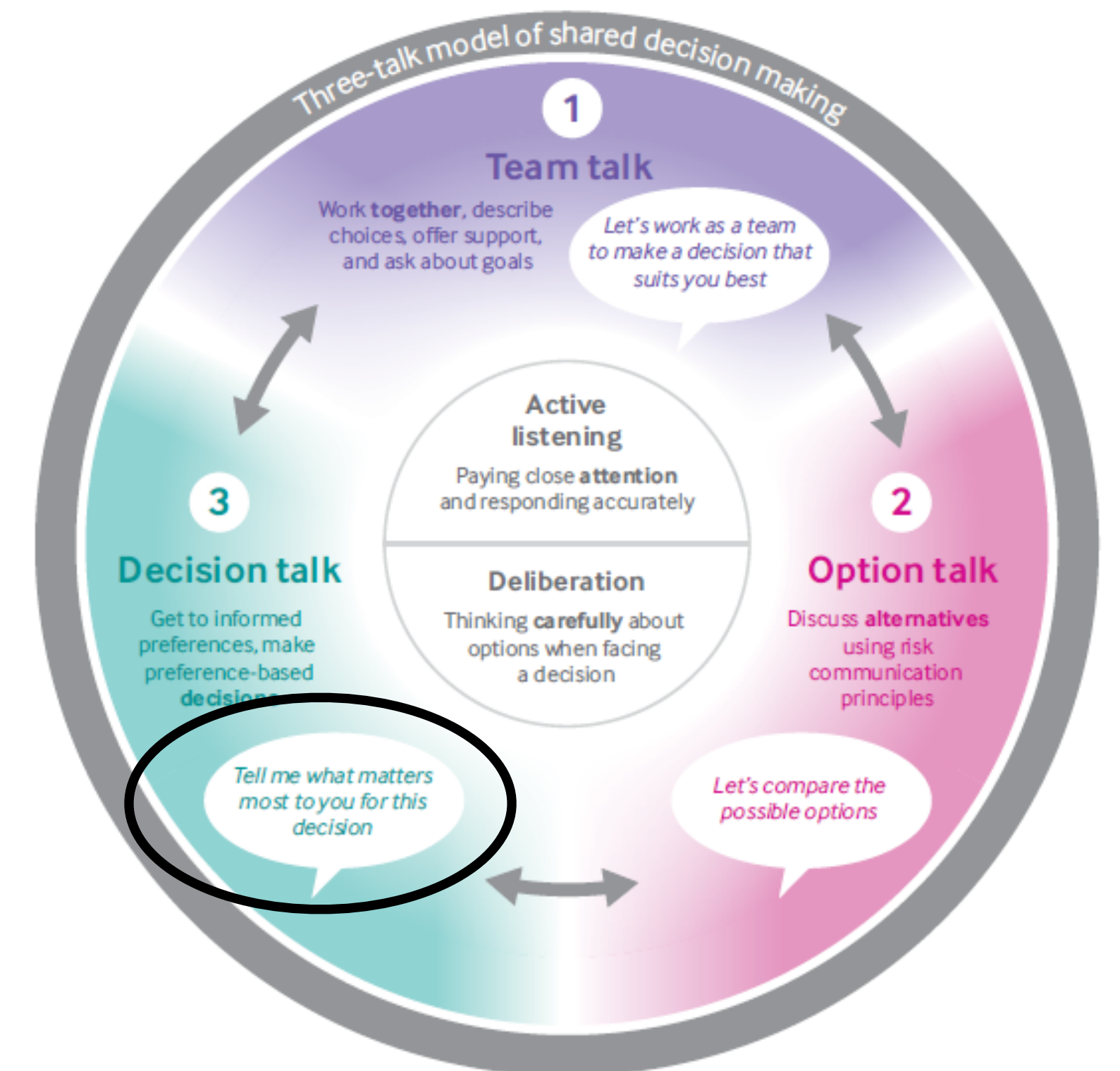


Fig 3 | Three-talk model of shared decision making, 2017

RESEARCH

OPEN ACCESS

A three-talk model for shared decision making: multistage consultation process

Glyn Elwyn,¹ Marie Anne Durand,¹ Julia Song,¹ Johanna Aarts,² Paul J Barr,¹ Zackary Berger,³ Nan Cochran,¹ Dominick Frosch,⁴ Dariusz Galasiński,⁵ Pål Gulbrandsen,⁶ Paul K J Han,⁷ Martin Härter,⁸ Paul Kinnersley,⁹ Amy Lloyd,¹⁰ Manish Mishra,¹ Lilisbeth Perestelo-Perez,¹¹ Isabelle Scholl,¹ Kounosuke Tomori,¹² Lyndal Trevena,¹³ Holly O Witteman,¹⁴ Trudy Van der Weijden¹⁵



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

UN EFFICACE PROCESSO DI SHARED DECISION MAKING PUO' DETERMINARE UNA RIDUZIONE DELLA COMPLESSITA' CHIRURGICA, SENZA PEGGIORARE LA QUALITA' DELLA VITA E LA SODDISFAZIONE CON IL RISULTATO ESTETICO RIPORTATO DALLE PAZIENTI

The Breast 46 (2019) 12–18

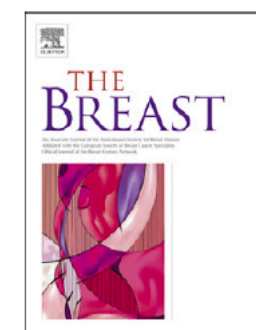


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Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

The Breast

journal homepage: www.elsevier.com/brst



Original article

De-escalation of complexity in oncoplastic breast surgery: Case series from a specialized breast center

G. Catanuto^{a,b}, A. Khan^c, V. Ursino^a, E. Pietraforte^a, G. Scandurra^a, C. Ravalli^a, N. Rocco^{b,*}, M.B. Nava^{d,b}, F. Catalano^a



DE-ESCALATION E CHIRURGIA ONCOPLASTICA

EDONISMO ONCOPLASTICO

The pendulum is swinging quickly. We are witnessing a wave of ‘oncoplastic hedony’, as evidenced by the increasing literature and the multiplication of oncoplastic courses. One must fear that this results in an inappropriate extension of OPS indications to patients who might be perfectly served by standard BCS and appropriate level 1 techniques.



The Oncoplastic Frenzy: Beware the Swing of the Pendulum

Krishna B. Clough, MD¹, and Ineke Meredith, MBChB^{1,2} 

¹The Paris Breast Centre - L’Institut du Sein, Paris, France; ²Wellington Regional Hospital, Wellington, New Zealand



USO APPROPRIATO DELLA CHIRURGIA ONCOPLASTICA DI II LIVELLO

RIDURRE IL NUMERO DI MASTECTOMIE

*TRATTAMENTO DI MALATTIA MULTIPLA OMOLATERALE
SCARSA RISPOSTA AI TRATTAMENTI SISTEMICI PRIMARI
AREE ESTESE DI CDIS*

MASTOPLASTICHE TERAPEUTICHE



LEMBI LOCALI SU PERFORANTI DELLA PARETE TORACICA

COMPLICANZE E RE-INTERVENTI

LA CHIRURGIA ONCOPLASTICA CONSERVATIVA PERMETTE A PIU' DEL 95% DELLE DONNE CANDIDATE A MASTECTOMIA DI EVITARE UNA MASTECTOMIA, CON UNA RIDUZIONE DEI TASSI DI COMPLICANZE RISPETTO ALLA MASTECTOMIA CON RICOSTRUZIONE IMMEDIATA E CON MIGLIORI RISULTATI I TERMINI DI QUALITA' DELLA VITA POST-OPERATORIA

LA CHIRURGIA ONCOPLASTICA CONSERVATIVA DOVREBBE ESSERE PROPOSTA COME ALTERNATIVA ALLA MASTECTOMIA IN TUTTE LE DONNE IN CUI SIA TECNICAMENTE FATTIBILE



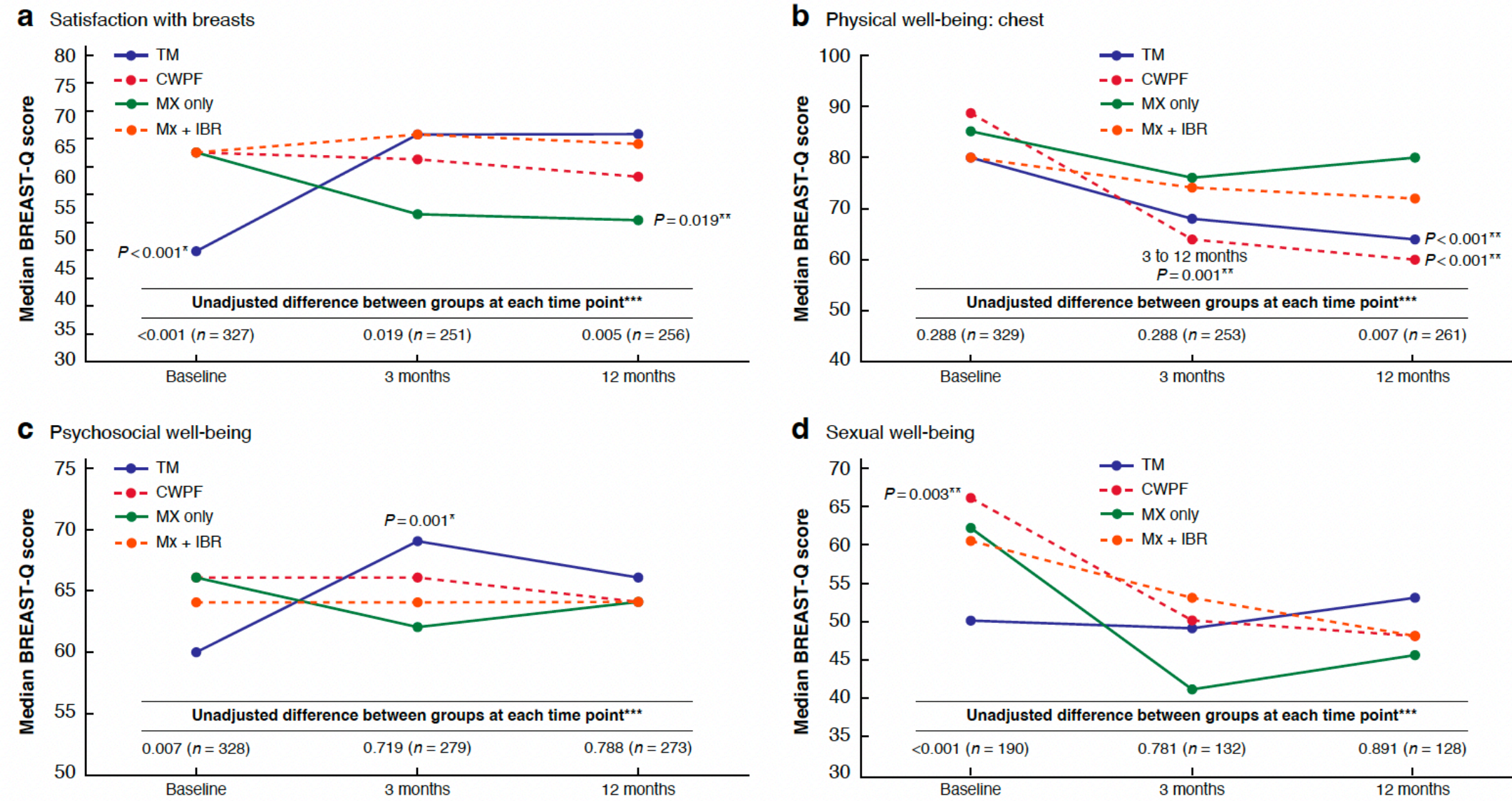
Clinical and patient-reported outcomes in women offered oncoplastic breast-conserving surgery as an alternative to mastectomy: ANTHEM multicentre prospective cohort study

Charlotte Davies¹, Leigh Johnson², Carmel Conefrey², Nicola Mills², Patricia Fairbrother³, Chris Holcombe⁴, Lisa Whisker⁵, William Hollingworth², Joanna Skillman⁶, Paul White⁷, Douglas Macmillan⁵, Charles Comins⁸ and Shelley Potter^{1,9,*}

BJS, 2025, znae306
<https://doi.org/10.1093/bjs/znae306>
 Original Article

Short-term clinical outcomes	Therapeutic mammoplasty, n = 205	Chest wall perforator flap, n = 79	Simple mastectomy, n = 38	Mastectomy + IBR†, n = 40	P‡
Any complication	57 (27.8)	16 (20.3)	11 (28.9)	12 (30.0)	0.546
Major complications requiring readmission/reoperation	10 (4.9)	2 (2.5)	0 (0.0)	10 (25.0)	<0.001
Total number of postoperative clinic visits, median (i.q.r.), range	3 (2–5), 0–21	3 (2–5), 0–11	3 (2–4), 0–16	4 (2–6), 1–15	0.190§
Readmission for complications at 12 months		2 (1.0)	2 (5.3)	5 (12.5)	0.002
Further surgery at 12 months to improve appearance of breast or breast reconstruction		9 (4.4)	7 (18.4)	9 (22.5)	<0.001
Time to adjuvant treatment (days), median (i.q.r.), range	64 (53–84), 12–235	63 (48–84), 8–272	77 (46–93), 39–108	72 (58–111), 20–139	0.356§

QUALITA' DELLA VITA



	Three-month difference (95% c.i.)	P	Twelve-month difference (95% c.i.)	P
Satisfaction with breasts				
Mastectomy only	Reference		Reference	
Therapeutic mammoplasty	12.9 (3.7,22.0)	0.006	15.9 (7.1,24.7)	<0.001
Chest wall perforator flaps	11.2 (1.3,21.1)	0.027	8.8 (-0.7,18.2)	0.069
Immediate breast reconstruction	7.8 (-5.2,20.8)	0.242	7.3 (-4.1,18.8)	0.209
Physical well-being: chest				
Mastectomy only	Reference		Reference	
Therapeutic mammoplasty	-3.6 (-10.5,3.2)	0.299	-8.8 (-16.7,-0.8)	0.030
Chest wall perforator flaps	-7.5 (-15.0,0.1)	0.052	-14.5 (-23.2,-5.8)	0.001
Immediate breast reconstruction	0.1 (-9.5,9.7)	0.988	-3.9 (-14.4,6.5)	0.458
Psychosocial well-being				
Mastectomy only	Reference		Reference	
Therapeutic mammoplasty	6.9 (-0.8,14.6)	0.079	8.4 (0.6,16.2)	0.034
Chest wall perforator flaps	0.9 (-7.5,9.3)	0.828	3.7 (-4.8,12.1)	0.393
Immediate breast reconstruction	-3.2 (-13.5,7.1)	0.543	3.8 (-6.1,13.8)	0.449
Sexual well-being				
Mastectomy only	Reference		Reference	
Therapeutic mammoplasty	6.4 (-7.9,20.8)	0.376	2.9 (-11.3,15.9)	0.738
Chest wall perforator flaps	3.3 (-12.5,19.1)	0.677	-3.5 (-18.7,11.6)	0.644
Immediate breast reconstruction	4.8 (-13.3,23.0)	0.600	-0.7 (-18.3,16.8)	0.933



BJS, 2025, znae306
<https://doi.org/10.1093/bjs/znae306>
Original Article

Clinical and patient-reported outcomes in women offered oncoplastic breast-conserving surgery as an alternative to mastectomy: ANTHEM multicentre prospective cohort study

Charlotte Davies¹, Leigh Johnson², Carmel Conefrey², Nicola Mills², Patricia Fairbrother³, Chris Holcombe⁴, Lisa Whisker⁵, William Hollingworth², Joanna Skillman⁶, Paul White⁷, Douglas Macmillan⁵, Charles Comins⁸ and Shelley Potter^{1,9,*}



TAKE HOME MESSAGES

**PREFERIRE SEMPRE LA CHIRURGIA CONSERVATIVA
ALLA MASTECTOMIA QUANDO FATTIBILE**

**USO APPROPRIATO DELLA CHIRURGIA ONCOPLASTICA
DI II LIVELLO
(MASTOPLASTICHE TERAPEUTICHE E CWPF)
PER RIDURRE IL NUMERO DI MASTECTOMIE:
*TRATTAMENTO DI MALATTIA MULTIPLA OMOLATERALE,
SCARSA RISPOSTA AI TRATTAMENTI SISTEMICI PRIMARI,
AREE ESTESE DI CDIS***

**RIDURRE IL NUMERO DI MASTECTOMIE CI PERMETTERA' DI RIDURRE
I TASSI DI COMPLICANZE MAGGIORI CON POSSIBILI RITARDI NELLE TERAPIE ADIUVANTI,
RIDURRE I TASSI DI RE-INTERVENTI E MIGLIORARE LA QUALITA' DI VITA A LUNGO TERMINE DELLE NOSTRE PAZIENTI**



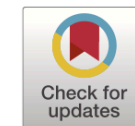


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Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

European Journal of Cancer

journal homepage: www.ejancer.com



Original research

EUSOMA quality indicators for non-metastatic breast cancer: An update

Isabel T. Rubio^{a,*}, Lorenza Marotti^b, Laura Biganzoli^c, Cynthia Aristei^{d,e},
Alexandra Athanasiou^f, Christine Campbell^g, Fatima Cardoso^h, Maria Joao Cardoso^{g,i},
Charlotte E. Coles^j, Manuela Eicher^k, Nadia Harbeck^l, Andreas Karakatsanis^{m,n},
Birgitte V. Offersen^o, Ruud Pijnappel^p, Antonio Ponti^{b,q}, Peter Regitnig^r, Donatella Santini^s,
Francesco Sardanelli^{t,u}, Tanja Spanic^v, Zsuzsanna Varga^w,
Marie Jeanne T.F.D. Vrancken Peeters^{x,y}, Yvonne Wengström^z, Lynda Wyld^{aa,ab},
Giuseppe Curigliano^{ac,ad}

Mandatory QI.

16. BCS in patients with invasive BC.

Definition: Proportion of patients with invasive BC not greater than 3 cm (total size, including DCIS component) who underwent BCS as primary treatment, excluding BRCA 1/2 mutation carriers and other high-susceptibility gene mutations.

Minimum standard: 85%.

Target: 95%.

Motivation: The consequences of BCS vs mastectomy differ as measured by complication rates, length of hospital stay, rehabilitation time, patient-reported symptoms, body image, and quality of life, in favour of BCS. The rate is related to a large number of factors including (expected) cosmetic outcome, patient preference and access to RT.

17. BCS after NAST.

Definition: Proportion of patients with invasive BC no greater than 3 cm after NAST, treated with BCS with or without oncoplastic techniques, (excluding BRCA 1/2 mutation carriers and other high-susceptibility gene mutations and inflammatory BC).

Minimum standard: 85%.

Target: 95%.

Motivation: Breast conservation after NAST confers identical benefits as mastectomy in terms of OS. Mastectomy can be safely avoided in patients who downstage with NAST.

Mandatory QI.

14. Breast conservative surgery (BCS) in DCIS patients.

Definition: Proportion of patients with DCIS, not greater than 2 cm, who underwent BCS, excluding carriers of BRCA1/2 and other high-susceptibility gene mutations.

Minimum standard: 90%.

Target: 95%.

TRATTAMENTO CHIRURGICO DEL CANCRO DELLA MAMMELLA IN UNA DONNA PORTATRICE DI VARIANTE PATOGENETICA BRCA1-2

TASSI DI IBCR IN DONNE AFFETTE DA CANCRO DELLA MAMMELLA E PORTATRICI DI VARIANTE PATOGENETICA BRCA1/2 RISPETTO A DONNE NON CARRIERS TRATTATE CON BCT 17.3% E 11% (OR 1.45, 95% CI 0.98-2.14, P=0.07)

NON SIGNIFICATIVE DIFFERENZE PER QUEL CHE RIGUARDA LE “VERE RECIDIVE” (RR 1.37, 95% CI 0.44-4.21) MA UN TREND PER UN AUMENTATO TASSO DI NUOVI PRIMITIVI (RR 2.07, 95% CI 0.99-4.36, P=0.05)

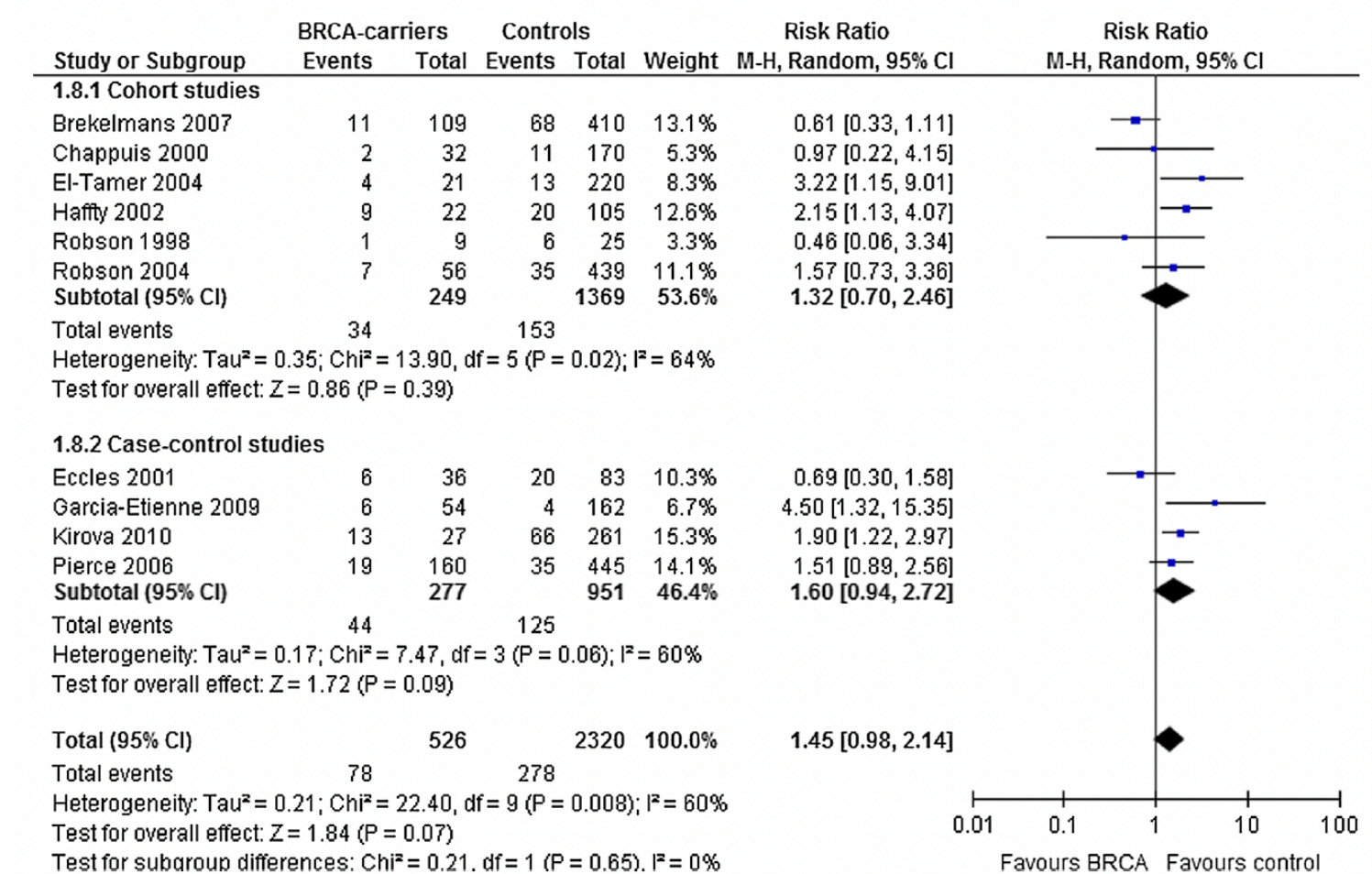
UN’ANALISI PER SOTTOGRUPPI IN RELAZIONE AL FOLLOW-UP MEDIANO HA EVIDENZIATO ASSENZA DI DIFFERENZE IN VERE RECIDIVE AD UN FOLLOW-UP MEDIANO MINORE DI 7 ANNI, MENTRE DIFFERENZA SIGNIFICATIVA NEI CARRIERS NEGLI STUDI CON FOLLOW-UP MEDIANO MAGGIORE DI 7 ANNI (P=0.003)

Breast Cancer Res Treat (2014) 144:443–455
 DOI 10.1007/s10549-014-2890-1

REVIEW

Surgical management of breast cancer in BRCA-mutation carriers: a systematic review and meta-analysis

Antonis Valachis · Andreas D. Nearchou · Pehr Lind



TRATTAMENTO CHIRURGICO DEL CANCRO DELLA MAMMELLA IN UNA DONNA PORTATRICE DI VARIANTE PATOGENETICA BRCA1-2

**ASSENZA DI DIFFERENZE SIGNIFICATIVE IN TERMINI DI DFS TRA CARRIERS SOTTOPOSTE A BCT VS. MASTECTOMIA
(OR 1.02: 95% CI 0.55-1.87, P=0.96)**

**TASSI DI DFS SIMILI TRA I DUE GRUPPI
ANCHE DOPO AGGIUSTAMENTO PER CARATTERISTICHE CLINICO-PATOLOGICHE E TRATTAMENTI ADIUVANTI RICEVUTI (OR 1.17, 95%
CI=0.57-2.39, P=0.68)**

**LAMBERTINI BRCA BCY COLLABORATION - SABCS 2024
5290 PAZIENTI - ETA' MEDIANA 35 - STAGE 1-3 IBC - PORTATRICI DI VARIANTE PATOGENETICA BRCA1/2
MIGLIOR OS PER PAZIENTI SOTTOPOSTE A MASTECTOMIA BILATERALE - HR 0.65**

European Journal of Surgical Oncology 48 (2022) 1706–1712

Surgical management of BRCA-mutation carriers: A single institution experience

Damiano Gentile ^{a,*}, Agnese Losurdo ^b, Andrea Sagona ^a, Monica Zuradelli ^b,
Wolfgang Gatzemeier ^a, Erika Barbieri ^a, Alberto Testori ^a, Valentina Errico ^a,
Paolo Bianchi ^c, Ersilia Biondi ^d, Rosalba Torrisi ^b, Armando Santoro ^{b,e}, Corrado Tinterri ^{a,e}

Lancet Oncol 2025; 26: 759–70

Association between risk-reducing surgeries and survival in young BRCA carriers with breast cancer: an international cohort study

Eva Blondeaux*, Amir Sonnenblick*, Elisa Agostinetto, Raphaëlle Bas, Hee J Kim, Maria A Franzoi, Rinat Bernstein-Molho, Sabine Linn, Ava Kwong, Katarzyna Pogoda, Judith Balmana, Ann Smeets, Jyoti Bajpai, Halle C F Moore, Ann H Partridge, Kelly-Anne Phillips, Angela Toss, Christine Rousset-Jablonski, Fedro A Peccatori, Tiphaine Renaud, Alberta Ferrari, Shani Paluch-Shimon, Pablo Mando, Jeong E Lee, Robert Fruscio, Wanda Cui, Stephanie M Wong, Claudio Vernieri, Kathryn J Ruddy, Maria V Dieci, Alexios Matikas, Mariya Rozenblit, Deniz C Guven, Minna Lee, Cynthia Villarreal-Garza, Shelley E Hwang, Laura De Marchis, Fabio Puglisi, Zoe Kemp, Pedro A Meireles, Anastasia Parokonnaya, Gustavo Werutsky, Maiko Okano, Hatem A Azim Jr, Kleida Mati, Shoshana Rosenberg, Richard Gelber, Luca Boni, Matteo Lambertini



TRATTAMENTO CHIRURGICO DEL CANCRO DELLA MAMMELLA IN UNA DONNA PORTATRICE DI VARIANTE PATOGENETICA BRCA1-2

LA MIGLIOR STRATEGIA CHIRURGICA PER IL TRATTAMENTO DEL CANCRO DELLA MAMMELLA IN DONNE AD ALTO RISCHIO DOVREBBE ESSERE INDIVIDUALIZZATA, CONSIDERANDO NUMEROSI FATTORI, QUALI

IL TIPO DI MUTAZIONE

LA STORIA FAMILIARE

L'ETA'

LE CO-MORBIDITA'

LA PRECEDENTE STORIA ONCOLOGICA PERSONALE

LA BIOLOGIA DEL CANCRO

LA VOLONTA' DI SOTTOPORSI AD UN SORVEGLIANZA ADEGUATA

LA SCELTA RELATIVA ALLA ANNESSIECTOMIA PROFILATTICA

LE PREFERENZE DELLA PAZIENTE NEL CONTESTO DI UN ADEGUATO PROCESSO DI SHARED DECISION MAKING

Management of Hereditary Breast Cancer: American Society of Clinical Oncology, American Society for Radiation Oncology, and Society of Surgical Oncology Guideline

Nadine M. Tung, MD¹; Judy C. Boughey, MD²; Lori J. Pierce, MD³; Mark E. Robson, MD⁴; Isabelle Bedrosian, MD⁵; Jill R. Dietz, MD⁶; Anthony Dragun, MD⁷; Judith Balmana Gelpi, MD, PhD⁸; Erin W. Hofstatter, MD⁹; Claudine J. Isaacs, MD¹⁰; Ismail Jatoi, MD, PhD¹¹; Elaine Kennedy¹²; Jennifer K. Litton, MD⁵; Nina A. Mayr, MD¹³; Rubina D. Qamar, MD¹⁴; Mark G. Trombetta, MD¹⁵; Brittany E. Harvey, BS¹⁶; Mark R. Somerfield, PhD¹⁶; and Dana Zakalik, MD¹⁷





G.RE.T.A.

