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Guidelines Breast
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Diagnosis and Treatment of Patients with early and advanced Breast Cancer

Breast Cancer Surgery Oncological Aspects



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Breast Cancer Surgery Oncological Aspects

■ Versions 2002–2022:

Banys-Paluchowski / Bauerfeind / Blohmer / Böhme / Brunnert / Costa /
Ditsch / Fallenberg / Fersis / Friedrich / Gerber / Hanf / Janni /
Junkermann / Kaufmann / Kühn / Kümmel / Möbus / Nitz / Rezai / Simon
/ Solomayer / Thomssen / Thill / Untch / Wöckel

■ Version 2023


Bauerfeind / Thill



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Breast Cancer Surgery Oncological Aspects

AGO: ++

Surgery is one sub-step out of multiple steps in breast cancer treatment. Thus, both diagnostic and oncological expertise are an essential requirement for every breast surgeon.

AGO: +

Avoidance of a significant delay in cancer treatment

Delay of surgical therapy:

1. Hanna TP, King WD, Thibodeau S et al: Mortality due to cancer treatment delay: systematic review and meta-analysis. BMJ371:m4087
2. Cone EB, Marchese M, Paciotti M, et al: Assessment of Time-to-Treatment Initiation and Survival in a Cohort of Patients With Common Cancers. JAMA Netw Open. 2020;3(12):e2030072. doi: 10.1001/jamanetworkopen.2020.30072. PMID: 33315115; PMCID: PMC7737088.

Surgeon:

1. Dixon JM, Grewar J, Twelves D, et al: Factors affecting the number of sentinel lymph nodes removed in patients having surgery for breast cancer. Breast Cancer Res Treat 184:335-343, 2020

Pre-therapeutic Assessment of Breast and Axilla

	Oxford		
	LoE	GR	AGO
▪ Clinical examination	5	D	++
▪ Mammography (completion of the imaging)	2b	B	++
▪ + Tomosynthesis (DBT)***	2b	B	+
▪ Contrast-enhanced mammography (alone) adjusted with regards of radiation sensitivity of patient and availability	2a	B	+
▪ Sonography (breast/axilla*)	2b/2a*	B	++
▪ MRI*	1b	A	+
▪ Minimally invasive biopsy**	1b	A	++
▪ CNB axilla, if lymph node (LN) is suspect, LN-marking if TAD is planned/≤3 susp. LN	2b	B	++
▪ Breast-CT	4	D	-
▪ Axillary PET (PET-CT, PET-MR)	2b	B	-

- * MRI-guided vacuum biopsy is mandatory in case of MRI-detected additional lesions (in house or with cooperations). Individual decision for patients at high familial risk, with dense breast (density C / D), lobular invasive tumors, suspicion of multilocal disease.
- ** Histopathology of additional lesions if relevant for treatment
- *** Replacement of FFDM with SM

Combined DM + DBT + US + MRI

1. Mariscotti G, Houssami N, Durando M, et al. Accuracy of mammography, digital breast tomosynthesis, ultrasound and MR imaging in preoperative assessment of breast cancer. Anticancer Res. 2014 Mar;34(3):1219-25.
2. Campanino PP, Ruggieri C, Regini E, et al. Accuracy of mammography, digital breast tomosynthesis, ultrasound and MR imaging in preoperative assessment of breast cancer. Anticancer Res. 2014 Mar;34(3):1219-25.

US-Axilla +FNA/CNB

1. Diepstraten SC, Sever AR, Buckens CFM, et al. Value of preoperative ultrasound guided lymphnode biopsy for preventing completion axillary lymphnode dissection in breast cancer: a systematic review and meta-analysis. Ann Surg Oncol 2014;21:51-59
2. Evans A, Rauchhaus P, Whelehan P, et al. Does shear wave ultrasound independently predict axillary lymph node metastasis in women with invasive breast cancer? Breast Cancer Res Treat. 2013 Dec 4. [Epub ahead of print]
3. Feng Y, Huang R, He Y, et al. Efficacy of physical examination, ultrasound, and ultrasound combined with fine-needle aspiration for axilla staging of primary breast cancer. Breast Cancer Res Treat. 2015 Feb;149(3):761-5. doi: 10.1007/s10549-015-3280-z. Epub 2015 Feb 10.
4. Evans A, Trimboli RM, Athanasiou A et al. Breast ultrasound: recommendations for information to women and referring physicians by the European Society of Breast Imaging. European of Breast Imaging (EUSOBI) , with language review by Europa Donna–The European

Breast Cancer Coalition. Insights Imaging. 2018 Aug;9(4):449-461. doi: 10.1007/s13244-018-0636-z. Epub 2018 Aug 9.

Biopsie

1. Chan KY, WiseberdFirtell, J, Jois HSR, et al. Localisation techniques for guided surgical excision of non-palpable breast lesions. Cochrane Database of Systematic reviews 2015;vol 12
2. Lourenco AP, Mainiero MB Incorporating imaging into the locoregional management of breast cancer. Semin Radiat Oncol 2016;26(1)
3. Mariscotti G, Houssami N, Durando M, et al. Accuracy of mammography, digital breast tomosynthesis, ultrasound and MR imaging in preoperative assessment of breast cancer. Anticancer Res. 2014 Mar;34(3):1219-25.

MRT

1. Mann RM, Loo CE, Wobbes T et al The impact of preoperative MRI on the re-excision rate in invasive lobular carcinoma of the breast. Breast Cancer Res Treat 2010; 119: 415-422
2. Houssami N, Turner R, Morrow M. Preoperative magnetic resonance imaging in breast cancer: meta-analysis of surgical outcomes. Ann Surg. 2013 Feb;257(2):249-55.
3. Debald M, Abramian A, Nemes L, et al. Who may benefit from preoperative MRI? A single-center analysis of 1102 consecutive patients with primary breast cancer. Breast Cancer Res Treat 2015;153(3):531-537
4. Arnaut A, Catley C, Booth CM, et al. Use of preoperative Magnetic Resonance Imaging for breast cancer: A Canadian population-based study. JAMA Oncol 2015;1(9):1238-1250
5. Fancellu A, Turner RM, Dixon JM, et al. Metaanalysis of the effect of preoperative MRI on the surgical management of ductal carcinoma in situ. Brit J Surg2015;192(8)883-893
6. Houssami N, Turner R, Macaskill P, et al. An individual person data meta-analysis of preoperative magnetic resonance imaging and breast cancer recurrence. J Clin Oncol 2014;32(5):392-401
7. Vos EL, Voogd AC, Verhoef C, et al. Benefits of preoperative MRI in breast cancer surgery studied in a large population-based cancer registry. Br J Surg 2015;102(13)1649-1657
8. Lehman CD, Lee JM, DeMartini WS, et al. Screening MRI in women with a personal history of breast cancer. J Natl Cancer Inst 2016;108(3)
9. Wang SY, Long JB, Killelea BK, et al. Preoperative breast MRI and contralateral breast cancer occurrence among older women with breast cancer. J Clin Oncol 2015;Nov 30, epub ahead of print
10. Riedl CC, Luft N, Clemens B, et al. Triple-modality screening trial for familial breast cancer underlines the importance of magnetic

resonance imaging and questions the role of mammography and ultrasonography regardless of patient mutation status, age and breast density. JCO 2015;33(10):1128-1135

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14. Lobbes MB, Vriens IJ, van Bommel AC, et al. Breast MRI increases the number of mastectomies for ductal cancers, but decreases them for lobular cancers. Breast Cancer Res Treat. 2017;162:353-364.
- 15.Houssami N, Turner RM, Morrow M. Meta-analysis of pre-operative magnetic resonance imaging (MRI) and surgical treatment for breast cancer. Breast Cancer Res Treat. 2017 Sep;165(2):273-283
- 16.Achim Wöckel, Jasmin Festl, Tanja Stüber, et al: Interdisciplinary Screening, Diagnosis, Therapy and Follow-up of Breast Cancer. Guideline of the DGGG and the DKG (S3-Level, AWMF Registry Number 032/045OL, December 2017) – Part 1 with Recommendations for the Screening, Diagnosis and Therapy of Breast Cancer. Geburtshilfe Frauenheilkd. 2018 Oct; 78(10): 927–948.
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Reviews CESM:

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2. Patel, B.K., M.B.I. Lobbes, and J. Lewin, Contrast Enhanced Spectral Mammography: A Review. Semin Ultrasound CT MR, 2018. 39(1): p. 70-79.
3. Tagliafico, A.S., et al., Diagnostic performance of contrast-enhanced spectral mammography: Systematic review and meta-analysis. Breast, 2016. 28: p. 13-9.
4. Zhu, X., et al., Diagnostic Value of Contrast-Enhanced Spectral Mammography for Screening Breast Cancer: Systematic Review and Meta-analysis. Clin Breast Cancer, 2018. 18(5): p. e985-e995.
5. Sogani J, Mango VL, Keating D, et al. Contrast-enhanced mammography: past, present, and future. Clin Imaging. 2021;69:269-79.

6. Lobbes MBI, Heuts EM, Moosdorff M, van Nijnatten TJA. Contrast enhanced mammography (CEM) versus magnetic resonance imaging (MRI) for staging of breast cancer: The pro CEM perspective. (1872-7727 (Electronic)).

CESM Originalarbeiten:

1. Luczynska, E., et al., Comparison of the Mammography, Contrast-Enhanced Spectral Mammography and Ultrasonography in a Group of 116 patients. *Anticancer Res*, 2016. 36(8): p. 4359-66.
2. Fallenberg, E.M., et al., Contrast-enhanced spectral mammography: Does mammography provide additional clinical benefits or can some radiation exposure be avoided? *Breast Cancer Res Treat*, 2014. 146(2): p. 371-81.
3. Tennant, S.L., et al., Contrast-enhanced spectral mammography improves diagnostic accuracy in the symptomatic setting. *Clin Radiol*, 2016. 71(11): p. 1148-55.
4. Fallenberg, E.M., et al., Contrast-enhanced spectral mammography vs. mammography and MRI - clinical performance in a multi-reader evaluation. *Eur Radiol*, 2017. 27(7): p. 2752-2764.
5. Jochelson, M.S., et al., Comparison of screening CEDM and MRI for women at increased risk for breast cancer: A pilot study. *Eur J Radiol*, 2017. 97: p. 37-43.
6. Kim, E.Y., et al., Diagnostic Value of Contrast-Enhanced Digital Mammography versus Contrast-Enhanced Magnetic Resonance Imaging for the Preoperative Evaluation of Breast Cancer. *Journal of breast cancer*, 2018. 21(4): p. 453-462.
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11. Åhsberg K, Gardfjell A, Nimeus E, et al. Added value of contrast-enhanced mammography (CEM) in staging of malignant breast lesions-a feasibility study. *World journal of surgical oncology*. 2020;18(1):100.
12. Sumkin JH, Berg WA, Carter GJ, et al. Diagnostic Performance of MRI, Molecular Breast Imaging, and Contrast-enhanced

Mammography in Women with Newly Diagnosed Breast Cancer. Radiology. 2019;293(3):531-40.

13. Sung JS, Lebron L, Keating D, et al. Performance of Dual-Energy Contrast-enhanced Digital Mammography for Screening Women at Increased Risk of Breast Cancer. Radiology. 2019;293(1):81-8.
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15. Le Boulc'h M, Gilhodes J, Steinmeyer Z et al. Pretherapeutic Imaging for Axillary Staging in Breast Cancer: A Systematic Review and Meta-Analysis of Ultrasound, MRI and FDG PET. Clin Med. 2021 Apr 6;10(7):1543. doi: 10.3390/jcm10071543.PMID: 33917590 Free PMC article. Review.

Brust-CT:

1. Uhlig, J. A.-O., A. Uhlig, L. Biggemann, U. Fischer, J. Lotz and S. Wienbeck "Diagnostic accuracy of cone-beam breast computed tomography: a systematic review and diagnostic meta-analysis." (1432-1084 (Electronic)).
2. Zhu, Y., A. M. O'Connell, Y. Ma, A. Liu, H. Li, Y. Zhang, X. Zhang and Z. Ye (2022). Dedicated breast CT: state of the art-Part II. Clinical application and future outlook. Eur Radiol. Germany. **32**: 2286-2300.

Pre-therapeutic Staging

	Oxford		
	LoE	GR	AGO
History and clinical examination Only in case of high metastatic potential and/or symptoms and/or indication for (neo-) adjuvant chemotherapy and/or antibody-therapy:	5	D	++
CT scan of thorax / abdomen	2a	B	+
Bone scan	2b	B	+
Chest X-ray	5	C	+/-
Liver ultrasound	5	D	+/-
Further investigation in case of additional suspicious lesions (e.g. liver-MRI, CEUS*, biopsy etc.)	2a	B	+
FDG-PET or FDG-PET-CT** FDG-PET-MRT**	2b	B	+/-
Whole body MRI	4	C	+/-

* Contrast enhanced ultrasound

** especially in patients with high tumor stage (III) if available

Statement: history and physical examination

1. GCP

Statement: high metastatic potential / symptoms


- Rutgers, EJ et al: Quality control in the locoregional treatment of breast cancer (2001) EJC 37: 447-453
- Gerber B, Seitz E, Muller H et al: Perioperative screening for metastatic disease is not indicated in patients with primary breast cancer and no clinical signs of tumor spread. Breast Cancer Res Treat 82:29-37; 2003
- Schneider C, Fehr MK, Steiner RA et al: Frequency and distribution pattern of distant metastases in breast cancer patients at the time of primary presentation Arch Gynecol Obstet. 2003 Nov;269(1):9-12.
- Isasi CR, Moadel RM, Blaufox MD. A meta-analysis of FDGPET for the evaluation of breast cancer recurrence and metastases. Breast Cancer Res Treat 2005;90(2):105–12.
- Schmidt GP, Baur-Melnyk A, Haug A, et al.: Comprehensive imaging of tumor recurrence in breast cancer patients using whole-body MRI at 1.5 and 3 T compared to FDG–PET–CT. European Journal of Radiology 2008; 65, 47–58.
- Shie P, Cardarelli R, Brandon D et al: Meta-analysis: comparison of F-18 Fluorodeoxyglucose-positron emission tomography and bone scintigraphy in the detection of bone metastases in patients with breast cancer. Clin Nucl Med. 2008 Feb;33(2):97-101.
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- Hong S, Li J, Wang S. 18FDG PET-CT for diagnosis of distant metastases in breast cancer patients. A meta-analysis. Surg Oncol. 2013 Jun;22(2):139-43.
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12. Bychkovsky BL, Lin NU: Imaging in the evaluation and follow-up of early and advanced breast cancer: When, why, and how often? 2017; 31, 318–324.
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15. Mishima M, Toh U, Iwakuma N, et al. Evaluation of contrast Sonazoid-enhanced ultrasonography for the detection of hepatic metastases in breast cancer. Breast Cancer. 2016 Mar;23(2):231-41
16. Zhang L, Zhang L, Wang H, et al. Diagnostic performance of contrast-enhanced ultrasound and magnetic resonance imaging for detecting colorectal liver metastases: A systematic review and meta-analysis. Dig Liver Dis. 2019 Sep;51(9):1241-1248.
17. Ulaner GA, Castillo R, Goldman DA, et al. ¹⁸F-FDG-PET/CT for systemic staging of newly diagnosed triple-negative breast cancer. Eur J Nucl Med Mol Imaging 2016; 43:1937–1944
18. Ulaner GA, Castillo R, Wills J, Gönen M, Goldman DA. ¹⁸F-FDG-PET/CT for systemic staging of patients with newly diagnosed ER-positive and HER2-positive breast cancer. Eur J Nucl Med Mol Imaging 2017
19. Groheux D, Giacchetti S, Espié M, et al. The yield of ¹⁸F-FDG PET/CT in patients with clinical stage IIA, IIB, or IIIA breast cancer: a prospective study. J Nucl Med 2011; 52:1526–1534
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Evidence of Surgical Procedure

	Oxford	
	LoE	GR
▪ Survival rates after lumpectomy + RT are at least equivalent to those after (modified) radical mastectomy	1a	A
▪ Local recurrence rates after skin sparing mastectomy are equivalent to those after mastectomy	2b	B
▪ Conservation of the NAC (nipple areola complex) is an adequate surgical procedure, if R0 resection is achieved	2b	C

Statement: lumpectomy – mastectomy

1. Fisher B, Anderson S, Bryant J, et al. Twenty-year follow-up of a randomized trial comparing total mastectomy, lumpectomy, and lumpectomy plus irradiation for the treatment of invasive breast cancer (2002) N Engl J Med 347:1233-1241
2. Veronesi U, Cascinelli N, Mariani L et al. Twenty-year follow-up of a randomized study comparing breast-conserving surgery with radical mastectomy for early breast cancer. NEJM 2002 Oct 17;347(16):1227-32
3. Christiansen P, Carstensen SL, Ejlersen B, et al. Breast conserving surgery versus mastectomy: overall and relative survival-a population based study by the Danish Breast Cancer Cooperative Group (DBCG). Acta Oncol. 2017 Nov 23:1-7.
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detection mode, prognostic and predictive tumor characteristics. Eur J Surg Oncol. 2015;41(10):1417-22. doi: 10.1016/j.ejso.2015.07.002.

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Statement: skin sparing mastectomy

1. Carlson GW, Bostwick J, Styblo TM et al. Skin-sparing mastectomy. Oncologic and reconstructive considerations. Ann Surg 1997; 225:570-575.
2. Kroll SS, Schusterman MA, Tadjalli HE et al. Risk of recurrence after treatment of early breast cancer with skin- sparing mastectomy Ann Surg Oncol 1997; 4:193-197.
3. Slavin SA, Schnitt SJ, Duda RB et al. Skin-sparing mastectomy and immediate reconstruction: oncologic risks and aesthetic results in patients with early-stage breast cancer. Plast Reconstr Surg 1998; 102:49-62.
4. Simmons RM, Fish SK, Gayle L et al. Local and distant recurrence rates in skin-sparing mastectomies compared with non-skin-sparing mastectomies. Ann Surg Oncol 1999; 6:676-681.
5. Rivadeneira D, Simmons RM, Fish SK et al. Skin-sparing mastectomy with immediate breast reconstruction: a critical analysis of local recurrence. Cancer 2000; 6:331-335.
6. Foster et al. Skin-sparing mastectomy and immediate breast reconstruction: a prospective cohort study for the treatment of advanced stages of breast carcinoma. Ann Surg Oncol 2002 Jun;9(5):462-6
7. Greenway RM, Schlossberg L, Dooley WC. Fifteen-year series of skin-sparing mastectomy for stage 0 to 2 breast cancer. Am J Surg 2005; 190:918-922.
8. Howard MA, Polo K, Pusic AL et al. Breast cancer local recurrence after mastectomy and TRAM flap reconstruction: incidence and treatment options. Plast Reconstr Surg 2006; 117:1381-1386.
9. Patani N, Devalia H, Anderson A et al. Oncological safety and patient satisfaction with skin-sparing mastectomy and immediate breast reconstruction. Surg Oncol 2007; 17:97-105.
10. Paepke S, Schmid R, Fleckner S, et al. Subcutaneous mastectomy with conservation of the nipple-areola skin: broadening the

indications Ann Surg. 2009;250(2):288-92

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Statement: Nipple sparing mastectomy

1. Petit JY, Veronesi U, Orecchia R et al. Nipple-sparing mastectomy in association with intra operative radiotherapy (ELIOT): A new type of mastectomy for breast cancer treatment. Breast Cancer Res Treat 2006; 96:47-51.
2. Sacchini V, Pinotti JA, Barros AC et al. Nipple-sparing mastectomy for breast cancer and risk reduction: oncologic or technical problem? J Am Coll Surg 2006; 203:704-714.
3. Caruso F, Ferrara M, Castiglione G et al. Nipple sparing subcutaneous mastectomy: sixty-six months follow-up. Eur J Surg Oncol 2006; 32:937-940.
4. Howard MA, Polo K, Pusic AL et al. Breast cancer local recurrence after mastectomy and TRAM flap reconstruction: incidence and treatment options. Plast Reconstr Surg 2006; 117:1381-1386
5. Benediktsson KP, Perbeck L. Survival in breast cancer after nipple-sparing subcutaneous mastectomy and immediate reconstruction with implants: A prospective trial with 13 years median follow-up in 216 patients. Eur J Surg Oncol 2008; 34:143-148.
6. Gerber et al.: Skin-sparing mastectomy with conservation of the nipple-areola complex and autologous reconstruction is an oncologically safe procedure. Ann Surg 2009 Mar;249(3):461-8
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Breast-Conserving Surgery (BCS): Options to Localize Non-Palpable Lesions			
	Oxford		
	LoE	GR	AGO
■ Wire-guided localization	1a	A	++
■ Wireless intraoperative ultrasound-guided localization*	1a	A	++
■ Other procedures:**			
Radar reflectors	2b	B	+/-
Magnetic Seeds***	2b	B	+/-
Radiofrequency-based markers (RFID)	2b	B	+/-
Radionuclide-guided localization (ROLL)	1a	A	+/-
Radioactive seeds****	1a	A	+/-

* The lesion must be sonographically visualized by the same examiner pre- and intraoperatively in its whole extension. Adequate equipment and training of the surgeon are mandatory.
 ** according to approval
 *** not suitable for MRI-based response assessment under NACT
 **** not approved in Germany

Meta-analyses of different techniques:

1. Athanasiou C, Mallidis E, Tuffaha H. Comparative effectiveness of different localization techniques for non-palpable breast cancer. A systematic review and network meta-analysis. Eur J Surg Oncol. 2021 Oct 11;S0748-7983(21)00751-4. doi: 10.1016/j.ejso.2021.10.001.
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Meta-analysis WGL vs. ROLL:

1. Kiruparan N, Kiruparan P, Debnath D. Use of wire-guided and radio-guided occult lesion localization for non-palpable breast lesions: A systematic literature review and meta-analysis of current evidence. Asian J Surg. 2022 Jan;45(1):79-88.

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1. Ahmed M, Douek M. Intra-operative ultrasound versus wire-guided localization in the surgical management of non-palpable breast cancers: systematic review and meta-analysis. *Breast Cancer Res Treat.* 2013 Aug;140(3):435-46.
2. Pan H, Wu N, Ding H, et al. (2013) Intraoperative ultrasound guidance is associated with clear lumpectomy margins for breast cancer: a systematic review and meta-analysis. *PLoS One* 8:e74028. 10.1371/journal.pone.0074028
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1. Struik GM, Schermers B, Mares I et al. Randomized controlled trial comparing magnetic marker localization (MaMaLoc) with wire-guided localization in the treatment of early-stage breast cancer. *Breast J.* 2021;27(8):638-650. doi: 10.1111/tbj.14262.
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10. Mariscal Martínez A, Vives Roselló I, Salazar Gómez A, et al. Advantages of preoperative localization and surgical resection of metastatic axillary lymph nodes using magnetic seeds after neoadjuvant chemotherapy in breast cancer. *Surg Oncol.* 2021 Mar;36:28-33.
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Radiofrequency-based markers (RFID): cohort studies (no RCTs available):

1. Tayeh S, Wazir U, Mokbel K. The Evolving Role of Radiofrequency Guided Localisation in Breast Surgery: A Systematic Review. *Cancers (Basel)*. 2021 Oct 5;13(19):4996. doi: 10.3390/cancers13194996.
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Radioactive seeds (for RCTs see meta-analyses above):

1. Schermers B, van Riet YE, Schipper RJ et al. Nationwide registry study on trends in localization techniques and reoperation rates in non-palpable ductal carcinoma in situ and invasive breast cancer. *Br J Surg*. 2021 Oct 13;znab339. doi: 10.1093/bjs/znab339.


ROLL: for RCTs see meta-analyses above



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Localization Methods for non-Palpable Breast Cancer: a Meta-Analysis

Athanasiou et al. Eur J Surg Onc 2021:

- Meta-analysis of RCTs
- 18 studies with 3112 patients
- Pairwise and network meta-analysis

Ultrasound-guided surgery vs. wire-guided surgery:

- decreased positive margin both in the pairwise [OR = 0.19 (0.11, 0.35); P < 0.01] and network meta-analysis [OR = 0.19 (0.11, 0.60)]
- a statistically significant reduction in re-operation rate [OR = 0.19 (0.11, 0.36); P < 0.01] and operative time [MD = -4.24 (-7.85, -0.63); P = 0.02]

Ultrasound-guided surgery vs. ROLL / RSL:

- a statistically significant reduction in positive margin compared to ROLL [OR = 0.19 (0.11, 0.6)] and RSL [OR = 0.26 (0.13, 0.52)]

„Ultrasound-guided surgery has potential benefits in reduction of positive surgical margin, the rest of the techniques seem to have equivalent efficacy.“

1. Athanasiou C, Mallidis E, Tuffaha H. Comparative effectiveness of different localization techniques for non-palpable breast cancer. A systematic review and network meta-analysis. Eur J Surg Oncol. 2021 Oct 11;S0748-7983(21)00751-4. doi: 10.1016/j.ejso.2021.10.001.

Breast-Conserving Surgery (BCS): Resection Margins			
	Oxford		
	LoE	GR	AGO
■ Invasive breast cancer without extensive intraductal component (EIC)*			
<ul style="list-style-type: none"> Aim: tumor-free margins ("no ink on tumor" is sufficient even in case of unfavorable tumor biology) 	2a	A	++
<ul style="list-style-type: none"> Re-excision for invasive or non-invasive tumor cells reaching margin (final histology) 	2a	B	++
■ Invasive breast cancer with EIC*			
<ul style="list-style-type: none"> Re-excision for invasive or non-invasive tumor cells reaching margin (final histology) 	2a	B	++
<ul style="list-style-type: none"> Re-excision in case of a close margin of the intraductal component (< 2 mm on final histology)** 	2a	B	-
<p>* No clear definition of EIC in the literature. Increased risk of local recurrence in case of EIC with at least twice the greatest dimension of the invasive tumor component (definition according to the German S3 guideline).</p> <p>** Individual approach with consideration of patient's age and tumor extent</p>			

Invasive cancer – margins:

1. Moran MS, Schnitt SJ, Giuliano AE et al. 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. J Clin Oncol. 2014 May 10;32(14):1507-15. doi: 10.1200/JCO.2013.53.3935.
2. Houssami N, Macaskill P, Marinovich ML, Morrow M. The Association of Surgical Margins and Local Recurrence in Women with Early-Stage Invasive Breast Cancer Treated with Breast-Conserving Therapy: a Meta-analysis. Ann Surg Oncol. 2014 March ; 21(3): 717–730. doi:10.1245/s10434-014-3480-5
3. Buchholz TA, Somerfield MR, Griggs JJ, et al. Margins for breast-conserving surgery with whole-breast irradiation in stage I and II invasive breast cancer: American Society of Clinical Oncology endorsement of the Society of Surgical Oncology/American Society for Radiation Oncology consensus guideline. J Clin Oncol. 2014 May 10;32(14):1502-6.
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Invasive cancer with intraductal component - margins:

1. Morrow M, Van Zee KJ, Solin LJ et al. Society of Surgical Oncology-American Society for Radiation Oncology-American Society of Clinical Oncology Consensus Guideline on Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Ductal Carcinoma In Situ. J Clin Oncol. 2016 Nov 20;34(33):4040-4046. doi: 10.1200/JCO.2016.68.3573.
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Statement: tumor free margins in intrinsic subtypes

1. Sioshansi S, Ehdaivand S, Cramer C, et al. Triple negative breast cancer is associated with an increased risk of residual invasive carcinoma after lumpectomy. Cancer. 2012 Aug 15;118(16):3893-8
2. Gangi A, Chung A, Mirocha J et al. Breast-conserving therapy for triple-negative breast cancer. JAMA Surg. 2014 Mar;149(3):252-8
3. Vaz-Luis I, Ottesen RA, Hughes ME, et al. Outcomes by tumor subtype and treatment pattern in women with small, node-negative breast cancer: a multi-institutional study. J Clin Oncol. 2014 Jul 10;32(20):2142-50.
4. Pilewski M, Ho A, Orell E, et al. Effect of margin width on local recurrence in triple-negative breast cancer patients treated with breast conserving therapy. Ann Surg Oncol. 2014 Apr;21(4):1209-14.


Statement: ... re-excision ...

1. Hennigs A, Fuchs V, Sinn HP et al. Do Patients After Reexcision Due to Involved or Close Margins Have the Same Risk of Local Recurrence as Those After One-Step Breast-Conserving Surgery? Ann Surg Oncol. 2016 Jun;23(6):1831-7. doi: 10.1245/s10434-015-5067-1
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Extensive intraductal component:


1. Sinn HP, Anton HW, Magener A et al. Extensive and predominant in situ component in breast carcinoma: their influence on treatment results after breast-conserving therapy. Eur J Cancer, 1998. 34(5): p. 646- 53.
2. S3-Guideline Early Detection, Diagnosis, Treatment and Follow-up Care of Breast Cancer (Version 4.4, June 2021)
3. Ha SM, Cha JH, Shin HJ et al. Mammography, US, and MRI to Assess Outcomes of Invasive Breast Cancer with Extensive Intraductal Component: A Matched Cohort Study. Radiology. 2019 Aug;292(2):299-308. doi: 10.1148/radiol.2019182762



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Breast-Conserving Surgery (BCS): Surgical and Technical Aspects

	Oxford		
	LoE	GR	AGO
▪ Specimen radiography and / or -sonography in non-palpable lesions and / or tumor-associated microcalcifications*	2b	B	++
▪ Intraoperative ultrasound to increase negative margin rates in non-palpable lesions	1a	A	+
▪ Intraoperative ultrasound to increase negative margins rates in palpable lesions (with smaller resection volumes)	1b	B	+
▪ Surgical clip marking of the tumor bed if boost or partial breast irradiation is indicated	2b	B	+
▪ Intraoperative margin evaluation (with Margin Probe®)	1b	A	+/-
▪ Therapeutic stereotactic excision alone	4	D	--

* Mandatory also for probe-guided detection systems (magnetic seeds, radar reflectors, RFID, radioactive seeds, ROLL)

Statement: stereotactic excision alone ...

1. Jackman RJ, Birdwell RL, Ikeda DM: Atypical ductal hyperplasia: can some lesions be defined as probably benign after stereotactic 11-gauge vacuum-assisted biopsy, eliminating the recommendation for surgical excision? Radiology. 2002 Aug;224(2):548-54
2. Jacobs TW, Connolly JL, Schnitt SJ: Nonmalignant lesions in breast core needle biopsies: to excise or not to excise? Am J Surg Pathol. 2002 Sep;26(9):1095-110
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Intraoperative ultrasound: Meta-analyses:

1. Athanasiou C, Mallidis E, Tuffaha H. Comparative effectiveness of different localization techniques for non-palpable breast cancer. A systematic review and network meta-analysis. Eur J Surg Oncol. 2021 Oct 11;S0748-7983(21)00751-4. doi: 10.1016/j.ejso.2021.10.001.

2. Ahmed M; Douek, M. Intra-operative ultrasound versus wire-guided localization in the surgical management of non-palpable breast cancers: systematic review and meta-analysis. *Breast Cancer Res Treat.* 2013 Aug;140(3):435-46.
3. Pan H, Wu N, Ding H, et al. Intraoperative Ultrasound Guidance Is Associated with Clear Lumpectomy Margins for Breast Cancer: A Systematic Review and Meta-Analysis. *PLOS One* 2013;8(9), e74028
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Intraoperative ultrasound: RCTs in non-palpable breast cancer:

1. Hu X, Si Li, Yi Jiang et al: Intraoperative ultrasound-guided lumpectomy versus wire-guided excision for nonpalpable breast cancer. *J Int Med Res* 48 (1):1-12, 2020
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Intraoperative ultrasound: RCTs in palpable breast cancer:

1. Volders JH, Haloua MH, Krekel NM et al. (2017) Intraoperative ultrasound guidance in breast-conserving surgery shows superiority in oncological outcome, long-term cosmetic and patient-reported outcomes: Final outcomes of a randomized controlled trial (COBALT). *Eur J Surg Oncol* 43:649-657. 10.1016/j.ejso.2016.11.004
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3. Krishna KL, Srinath BS, Santosh D, Velusamy S, Divyamala KP, Sariya Mohammadi J, Kurpad V, Kulkarni S, Yaji P, Goud S, Dhanireddy S, Ram J (2020) A comparative study of perioperative techniques to attain negative margins and spare healthy breast tissue in breast conserving surgery. *Breast Dis* 39:127-135. 10.3233/BD-200443
4. Vispute T, Suhani, Seenu V, et al. (2018) Comparison of resection margins and cosmetic outcome following intraoperative ultrasound-

guided excision versus conventional palpation-guided breast conservation surgery in breast cancer: A randomized controlled trial. Indian J Cancer 55:361-365. 10.4103/ijc.IJC_2_18

Margin probe:

1. Freya Schnabel, Susan K. Boolbol, Mark Gittleman, et al: A Randomized Prospective Study of Lumpectomy Margin Assessment with Use of MarginProbe in Patients with Nonpalpable Breast Malignancies Ann Surg Oncol (2014) 21:1589–1595
2. Geha RC, Taback B, Cadena L et al. A Single institution's randomized double-armed prospective study of lumpectomy margins with adjunctive use of the MarginProbe in nonpalpable breast cancers. Breast J. 2020 Nov;26(11):2157-2162. doi: 10.1111/tbj.14004.
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4. Thill M, Dittmer C, Baumann K, Friedrichs K, Blohmer JU. MarginProbe®--final results of the German post-market study in breast conserving surgery of ductal carcinoma in situ. Breast. 2014 Feb;23(1):94-6.


Specimen radiography/Specimen ultrasound:

1. Versteegden DPA, Keizer LGG, Schlooz-Vries MS et al. Performance characteristics of specimen radiography for margin assessment for ductal carcinoma in situ: a systematic review. Breast Cancer Res Treat. 2017 Dec;166(3):669-679. doi: 10.1007/s10549-017-4475-2
2. St John ER, Al-Khudairi R, Ashrafian H et al. Diagnostic Accuracy of Intraoperative Techniques for Margin Assessment in Breast Cancer Surgery: A Meta-analysis. Ann Surg 2017 Feb;265(2):300-310. doi: 10.1097/SLA.0000000000001897.
3. Tan KY et al. Breast specimen ultrasound and mammography in the prediction of tumour-free margins. ANZ J Surg. 2006 Dec;76(12):1064-7.
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5. Singletary: Surgical margins in patients with early-stage breast cancer treated with breast conservation therapy. Am J Surg. 2002 Nov;184(5):383-93.
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Breast Cancer Res Treat. 2020 Jan;179(2):425-433. doi: 10.1007/s10549-019-05476-6.

Intraoperative clip marking of the tumor bed:


1. van Mourik AM, Elkhuzen PHM, Minkema D et al.; Dutch Young Boost Study Group; Corine van Vliet-Vroegindeweij
Multiinstitutional study on target volume delineation variation in breast radiotherapy in the presence of guidelines. Radiother Oncol 2010 Mar;94(3):286-91.
2. Hlavka A, Vanasek J, Odrázka K et al. Tumor bed radiotherapy in women following breast conserving surgery for breast cancer-safety margin with/without image guidance. Oncol Lett. 2018 Apr;15(4):6009-6014.
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4. Koch CA, Corey G, Liu ZA et al. Partial Breast Irradiation and Surgical Clip Usage for Tumor Bed Delineation After Breast-Conserving Surgery in Canada: A Radiation Oncology Perspective. Adv Radiat Oncol. 2021 Apr 20;6(4):100701. doi: 10.1016/j.adro.2021.100701. eCollection 2021 Jul-Aug. PMID: 34409206
5. Ebner F, de Gregorio N, Rempen A, To clip or not to clip the breast tumor bed? A retrospective look at the geographic miss index and normal tissue index of 110 patients with breast cancer. J Turk Ger Gynecol Assoc. 2017 Jun 1;18(2):67-71.



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Breast-Conserving Surgery (BCS) without Neoadjuvant Therapy

	Oxford		
	LoE	GR	AGO
▪ Multifocality / Multicentricity (R0 resection of all lesions required)	2b	B	+
▪ Positive microscopic margins after repeated excision	2b	B	--
▪ Inflammatory breast cancer	2b	B	--

**For surgery after neoadjuvant chemotherapy see chapter
„Neoadjuvant chemotherapy“**

Statement: Multicentricity

1. Wolters R, Wöckel A, Janni W. et al; BRENDA Study Group. Comparing the outcome between multicentric and multifocal breast cancer: what is the impact on survival, and is there a role for guideline-adherent adjuvant therapy? A retrospective multicenter cohort study of 8,935 patients. Breast Cancer Res Treat. 2013 Dec;142(3):579-90.
2. Tan MP, Sitoh NY, Sim AS. Breast conservation treatment for multifocal and multicentric breast cancers in women with small-volume breast tissue. ANZ J Surg. 2014 Dec 5. doi: 10.1111/ans.12942.
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4. Masannat YA, Agrawal A, Maraqa L et al. Multifocal and multicentric breast cancer, is it time to think again? Ann R Coll Surg Engl. 2020 Jan;102(1):62-66.
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Statement: positive microscopic margins

1. Houssami N, Macaskill P, Marinovich ML, et al. The association of surgical margins and local recurrence in women with early-stage invasive breast cancer treated with breast-conserving therapy: a meta-analysis. *Ann Surg Oncol*. 2014 Mar;21(3):717-30.
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Statement: Inflammatory Carcinoma

1. Coleman CN, Wallner PE, Abrams JS. Inflammatory breast issue. *J Natl Cancer Inst*. 2003 Aug 20;95(16):1182-3.
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4. Bristol IJ, Woodward WA, Strom EA, Locoregional treatment outcomes after multimodality management of inflammatory breast cancer. *Int J Radiat Oncol Biol Phys*. 2008 Oct 1;72(2):474-84.
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8. Mamouch F, Berrada N, Aoullay Z et al. Inflammatory Breast Cancer: A Literature Review. *World J Surg*;9(5-6):129-135

Statement: general

1. Marret H, Perrotin F, Bournoux P. Histologic multifocality is predictive of skin recurrences after conserving treatment of stage I and II breast cancers. *Breast Cancer Res Treat*. 2001 Jul;68(1):1-8.
2. Cho LC, Senzer N, Peters GN. Conservative surgery and radiation therapy for macroscopically multiple ipsilateral invasive breast

cancers. Am J Surg. 2002 Jun;183(6):650-4.

3. Okumura S, Mitsumori M, Yamauchi C. Feasibility of breast-conserving therapy for macroscopically multiple ipsilateral breast cancer. Int J Radiat Oncol Biol Phys. 2004 May 1;59(1):146-51.
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6. Chen H, Wu K, Wang M, et al: Standard mastectomy should not be the only recommended breast surgical treatment for non-metastatic inflammatory breast cancer: A large population-based study in the Surveillance, Epidemiology, and End Results database 18. Breast. 2017 Oct;35:48-54.

Axillary Lymph Node Dissection (ALND) without Neoadjuvant Chemotherapy			
	Oxford		
	LoE	GR	AGO
▪ Endpoint: Survival (if patient receives adequate multimodal therapy)	3	D	-
▪ Endpoint: Staging	3	A	-
▪ Endpoint: Locoregional control	2a	A	+/-
▪ pN+ (histologically confirmed pre-surgery)	2a	B	+
▪ cN0 pN0 (i+) (sn)	1b	A	--
▪ cN0 pN1mi (sn)	2b	B	--
▪ cN0 pN1 (sn) (T1/2, < 3 SN+*, BCS + RT + adequate systemic therapy)	1b	A	-
▪ cN0 pN1 (sn) and mastectomy (no chestwall radiotherapy)	1b	B	++
▪ cN0 pN1 (sn) and mastectomy (T1/2, < 3 SN+, chestwall radiotherapy)	5	D	+/-**
▪ ALND indicated, but not feasible			
▪ Radiotherapy according to AMAROS trial (validated for cN0 pN1sn)	1b	B	+

*ACOSOG Z0011 trial protocol without clear definition of gross extra nodal disease; **Study participation recommended

Statement: Axillary lymph node dissection

1. Brackstone M, Baldassarre FG, Perera FE et al. Management of the Axilla in Early-Stage Breast Cancer: Ontario Health (Cancer Care Ontario) and ASCO Guideline. J Clin Oncol. 2021 Sep 20;39(27):3056-3082. doi: 10.1200/JCO.21.00934
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3. Rudenstam CM, Zahrieh D, Forbes JF: Randomized trial comparing axillary clearance versus no axillary clearance in older patients with breast cancer: first results of International Breast Cancer Study Group Trial 10-93. J Clin Oncol 24(3): 337-344, 2006.
4. Van la Parra: The value of sentinel lymph node biopsy in ductal carcinoma in situ (DCIS) and DCIS with microinvasion of the breast. Eur J Surg Oncol. 2008 Jun;34(6):631-5
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pN+ (pre-surgery) without neoadjuvant systemic therapy LoE 2a B AGO +

1. Euhus DM. Management of the clinically positive axilla. Breast J. 2020 Jan;26(1):35-38.

cN0 pN0(sn)(i+)LoE 1b A AGO –

1. Rutgers EJ. Sentinel node biopsy: interpretation and management of patients with immunohistochemistry-positive sentinel nodes and those with micrometastases. J Clin Oncol. 2008 Feb 10;26(5):698-702.
2. Li Y, Zhang H, Zhang W, et al: A competing risk analysis model to determine the prognostic value of isolated tumor cells in axillary lymph nodes for T1N0M0 breast cancer patients based on the surveillance, epidemiology, and end results database. Frontiers in Oncology 10:572316, 2020

cN0 pN1 (mi) LoE 2b B AGO --

1. Mamtani A, Patil S, Stempel M, et al. Axillary Micrometastases and Isolated Tumor Cells Are Not an Indication for Post-mastectomy Radiotherapy in Stage 1 and 2 Breast Cancer. Ann Surg Oncol. 2017 Aug;24(8):2182-2188.
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4. Galimberti V, Cole BF, Zurrada S, et al. International Breast Cancer Study Group Trial 23-01 investigators. Axillary dissection versus no axillary dissection in patients with sentinel-node micrometastases (IBCSG 23-01): a phase 3 randomised controlled trial. Lancet Oncol. 2013 Apr;14(4):297-305.

cN0 pN1(sn) (cT1/2 , < 3 SN +, BCS + tangential radiation field, adequate systemic therapy) LoE 1b A AGO -

1. Giuliano AE, Ballman KV, McCall L, et al. Effect of Axillary Dissection vs No Axillary Dissection on 10-Year Overall Survival Among Women With Invasive Breast Cancer and Sentinel Node Metastasis: The ACOSOG Z0011 (Alliance) Randomized Clinical Trial. JAMA. 2017 Sep 12;318(10):918-926.
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cN0 pN1 (sn) and mastectomy (no chestwall radiotherapy) LoE 1b B AGO +*

1. Cody HS 3rd. Extending ACOSOG Z0011 to Encompass Mastectomy: What Happens Without RT? Ann Surg Oncol. 2017 Mar;24(3):621-623.

ALND indicated, but not feasible – Radiotherapy according to AMAROS-trial (validated for cN0 pN1sn) LoE 1b B AGO +

1. Donker M, van Tienhoven G, Straver ME, et al. Radiotherapy or surgery of the axilla after a positive sentinel node in breast cancer (EORTC 10981-22023 AMAROS): a randomised, multicentre, open-label, phase 3 non-inferiority trial. Lancet Oncol. 2014 Nov;15(12):1303-10.
2. Euhus DM. Management of the clinically positive axilla. Breast J. 2020 Jan;26(1):35-38.


ACOSOG Z0011 gross extra nodal disease was not clearly defined in the protocol: A, Giuliano: personal email communication January 2023

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sowie
in der DKG e.V.

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LEHREN
HEILEN

* Study participation in EUBREAST-01 recommended

Axillary Surgery and NACT							Oxford		
							LoE	GR	AGO
cN status (before NACT)	pN status (before NACT)	ycN status (after NACT)	Axillary surgery (after NACT)	AGO	ypN status (after NACT and surgery)	Surgical consequence based on histopathology			
cN0*	No surgery before NACT	ycN0	SLNE	++	ypN0 (sn)	none	2b	B	++
					ypN0 (i+) (sn)	ALND	2b	C	+/-
					ypN1mi (sn)	ALND	2b	C	+
					ypN1 (sn)	ALND	2b	C	++

1. Giuliano AE, Ballman KV, McCall L et al. Effect of axillary dissection vs no axillary dissection on 10-year overall survival among women with invasive breast cancer and sentinel node metastasis: The acosog z0011 (alliance) randomized clinical trial. JAMA 2017, 318, 918-926
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5. Cortazar P, Geyer CE Jr. Pathological complete response in neoadjuvant treatment of breast cancer. Ann Surg Oncol 2015, 22, 1441-1446.
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cancer according to molecular subtype. *Gynecologie, obstetrique, fertilité & sénologie* 2017, 45, 535-544.

8. Gustavo Werutsky G, Untch M, Hanusch C, Fasching PA, Blohmer JU, Seiler S, Denkert C, Tesch H, Jackisch C, Gerber B et al. Locoregional recurrence risk after neoadjuvant chemotherapy: A pooled analysis of nine prospective neoadjuvant breast cancer trials. *Eur J Cancer* 2020, 130, 92-101.
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of axillary lymph node metastases after neoadjuvant systemic therapy. *Ann Surg* 2018.

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32. Kantor, O.; Sipsy, L.M.; Yao, K.; et al. A predictive model for axillary node pathologic complete response after neoadjuvant chemotherapy for breast cancer. Ann Surg Oncol 2018, 25, 1304-1311.

Statement: SLNE after NACT

1. El Hage Chehade H, Headon H, El Tokhy O et al. Is sentinel lymph node biopsy a viable alternative to complete axillary dissection following neoadjuvant chemotherapy in women with node-positive breast cancer at diagnosis? An updated meta-analysis involving 3,398 patients. Am J Surg. 2016 Nov;212(5):969-981.

Axillary Surgery and NACT (cN+)							Oxford		
							LoE	GR	AGO
cN status (before NACT)	pN status (before NACT)	ycN status (after NACT)	Axillary surgery (after NACT)	AGO	ypN status (after NACT and surgery)	Surgical consequence based on histopathology			
cN+*	pN+ _{CHB}	ycN0	ALND	+	ypN0 / ypN+	none	2b	B	++
			TAD	+	ypN0	none	2b	B	+
					ypN0 (i+)	ALND	2b	B	+/-
					ypN+ inkl. ypN1mi	ALND	2b	B	+
			SLNE	+/-	ypN0	none	2b	B	+/-
					ypN0 (i+)	ALND	2b	B	+/-
					ypN+ inkl. ypN1mi	ALND	2b	B	+
			TLNE	+/-	ypN0	none	2b	B	+/-
					ypN0 (i+)	ALND	3b	B	+/-
					ypN+ inkl. ypN1mi	ALND	3b	B	+
		ycN+**	ALND	++	ypN0 / ypN+	none	2b	B	++

* Study participation in AXSANA recommended, ** Cave: In 30.3% false-positive findings, consider CNB if necessary

1. Giuliano AE, Ballman KV, McCall L et al. Effect of axillary dissection vs no axillary dissection on 10-year overall survival among women with invasive breast cancer and sentinel node metastasis: The acosog z0011 (alliance) randomized clinical trial. JAMA 2017, 318, 918-926
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of axillary lymph node metastases after neoadjuvant systemic therapy. *Ann Surg* 2018.

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Statement: SLNE after NACT


1. El Hage Chehade H, Headon H, El Tokhy O et al. Is sentinel lymph node biopsy a viable alternative to complete axillary dissection following neoadjuvant chemotherapy in women with node-positive breast cancer at diagnosis? An updated meta-analysis involving 3,398 patients. Am J Surg. 2016 Nov;212(5):969-981.

Statement: False-positives in ALND after ycN+


1. Hartmann S, Kühn T, Hauptmann M et al., Axillary staging after neoadjuvant chemotherapy for initially node-positive breast carcinoma in Germany. Geburtsh Frauenheilk 2022, online

Statement: TLNE alone:

1. Swarnkar PK, Tayeh S, Michell MJ et al., The Evolving Role of Marked Lymph Node Biopsy (MLNB) and Targeted Axillary Dissection (TAD) after Neoadjuvant Chemotherapy (NACT) for Node-Positive Breast Cancer: Systematic Review and Pooled Analysis. Cancers (Basel) 2021; 13(7):1539



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1000+2158

Targeted Axillary Dissection (TAD) = TLNE + SLNE

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Guidelines Breast
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	Oxford		
	LoE	GR	AGO
▪ Core needle biopsy and marking of suspicious lymph nodes (LN)	2b	B	++
▪ Marking of multiple LN if more than one LN is suspicious	2b	B	+/-
▪ Evidence for comparison of different markers (clip / coil, carbon, magnetic seed, radar reflector, radiofrequency-based marker etc.) is insufficient *	2b	B	
▪ TAD in case of 1-3 suspicious LN before NACT	2b	B	+
▪ TAD in case of ≥ 4 suspicious LN before NACT	5	D	+/-
▪ Full workup using step sections of ≤ 500 µm on paraffin embedded tissue	5	D	++
▪ Immunohistochemistry for ITC detection	5	D	+/-
▪ ALND in case of pre- or intraoperatively undetectable marker	5	D	+
▪ Further intervention to retrieve lost marker (incl. after ALND)	5	D	-
▪ TLNE only without SLNE	2B	B	+/-

* Study participation in AXSANA recommended

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3. Hartmann S, Kühn T, de Boniface J et al. Carbon tattooing for targeted lymph node biopsy after primary systemic therapy in breast cancer: Prospective multicentre tattoo trial. Br J Surg 2021
4. Caudle AS, Yang WT, Krishnamurthy S et al. Improved Axillary Evaluation Following Neoadjuvant Therapy for Patients With Node-Positive Breast Cancer Using Selective Evaluation of Clipped Nodes: Implementation of Targeted Axillary Dissection. J Clin Oncol 2016;34(10):1072-8
5. Boughey JC, Ballman KV, Le-Petross HT et al. Identification and Resection of Clipped Node Decreases the False-negative Rate of Sentinel Lymph Node Surgery in Patients Presenting With Node-positive Breast Cancer (T0-T4, N1-N2) Who Receive Neoadjuvant Chemotherapy: Results From ACOSOG Z1071 (Alliance). Ann Surg 2016, 263, 802-807, doi: 10.1097/SLA.0000000000001375.
6. Simons J TvN, LB Koppert, CC van der Pol et al. Radioactive Iodine Seed placement in the Axilla with Sentinel lymph node biopsy after neoadjuvant chemotherapy in breast cancer: Results of the prospective multicenter RISAS trial. San Antonio Breast Cancer

Symposium 2020, virtual edition, abstract GS1-10. In; 2020

7. Allweis TM, Menes T, Rotbart N et al. Ultrasound guided tattooing of axillary lymph nodes in breast cancer patients prior to neoadjuvant therapy, and identification of tattooed nodes at the time of surgery. *Eur J Surg Oncol*. 2019 Nov 16. pii: S0748-7983(19)31445-3.
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10. Flores-Funes D, Aguilar-Jiménez J, Martínez-Gálvez M et al. Validation of the targeted axillary dissection technique in the axillary staging of breast cancer after neoadjuvant therapy: Preliminary results. *Surg Oncol*. 2019 Sep;30:52-57. doi: 10.1016/j.suronc.2019.05.019
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Statement: TLNE alone:

1. Swarnkar PK, Tayeh S, Michell MJ et al., The Evolving Role of Marked Lymph Node Biopsy (MLNB) and Targeted Axillary Dissection (TAD) after Neoadjuvant Chemotherapy (NACT) for Node-Positive Breast Cancer: Systematic Review and Pooled Analysis. *Cancers (Basel)* 2021; 13(7):1539

Sentinel Lymph Node Excision (SLNE) Indications I			
	Oxford		
	LoE	GR	AGO
▪ Clinically / sonographically negative axilla (cN0)	1b	A	++
▪ cT 1–2	2b	A	++
▪ cT 3–4c	3b	B	+
▪ Multifocal / multicentric breast cancer	2b	B	+
▪ DCIS			
▪ Mastectomy	3b	B	+
▪ BCT	3b	B	-
▪ DCIS in male	5	D	+/-
▪ Male breast cancer	2b	B	+
▪ Omission of axillary intervention in elderly patients (≥ 70 yrs., co-morbidities, pT1, HR+)	3b	B	+/-

Statement: SLNE

1. Brackstone M, Baldassarre FG, Perera FE et al. Management of the Axilla in Early-Stage Breast Cancer: Ontario Health (Cancer Care Ontario) and ASCO Guideline. J Clin Oncol. 2021 Sep 20;39(27):3056-3082. doi: 10.1200/JCO.21.00934. Epub 2021 Jul 19.
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8. Intra M, Rotmensz N, Veronesi P. Sentinel node biopsy is not a standard procedure in ductal carcinoma in situ of the breast: the

- experience of the European institute of oncology on 854 patients in 10 years. *Ann Surg*. 2008 Feb;247(2):315-9
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 11. Lyman GH, Temin S, Edge S et al. American Society of Clinical Oncology Clinical Practice. Sentinel lymph node biopsy for patients with early-stage breast cancer: American Society of Clinical Oncology clinical practice guideline update. *Clin Oncol*. 2014 May 1;32(13):1365-83
 12. Lyman GH, Somerfield MR et al. Sentinel Lymph Node Biopsy for Patients With Early-Stage Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol*. 2017;35(5):561–564.
 13. Charalampoudis P, Markopoulos C, Kovacs T.: Controversies and recommendations regarding sentinel lymph node biopsy in primary breast cancer: A comprehensive review of current data. *Eur J Surg Oncol*. 2017 Nov 13. pii: S0748-7983(17)30955-1. doi: 10.1016/j.ejso.2017.10.215. [Epub ahead of print]
 14. Morrow M1, Van Zee KJ, Patil S, et al: Axillary Dissection and Nodal Irradiation Can Be Avoided for Most Node-positive Z0011-eligible Breast Cancers: A Prospective Validation Study of 793 Patients. *Ann Surg*. 2017 Sep;266(3):457-462.

Statement: preoperative FNA / CNB (core needle biopsy) of suspicious lymph nodes

1. Houssami N, Ciatto S, Turner RM, et al. Preoperative ultrasound-guided needle biopsy of axillary nodes in invasive breast cancer – a metaanalysis. *Ann Surg Oncol* 2011;254:243-251
2. Diepstraten SC, Sever AR, Buckens CF, et al. Value of preoperative ultrasound-guided axillary lymph node biopsy for preventing completion axillary lymph node dissection in breast cancer: a systematic review and meta-analysis. *Ann Surg Oncol*. 2014;21(1):51-9.
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Statement: Multifocal / multicentric MaCa

1. Ferrari A, Dionigi P, Rovera F. Multifocality and multicentricity are not contraindications for sentinel lymph node biopsy in breast cancer surgery. *World J Surg Oncol*. 2006 Nov 20;4:79.

Statement: DCIS

1. Tuttle TM, Shamliyan T, Virnig BA, et al. The impact of sentinel lymph node biopsy and magnetic resonance imaging on important outcomes among patients with ductal carcinoma in situ. *J Natl Cancer Inst Monogr*. 2010;2010(41):117-20.
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Statement: Male

1. Boughey JC et al. Comparative analysis of sentinel lymph node operation in male and female breast cancer patients. *J Am Coll Surg* 2006 Oct;203(4):475-80.
2. Gentilini O et al. Sentinel Lymph Node Biopsy in Male Patients with Early Breast Cancer. *Oncologist* 2007;12;512-515

Statement: Elderly

1. Reimer T, Gerber B. Quality-of-life considerations in the treatment of early-stage breast cancer in the elderly. *Drugs Aging*. 2010 Oct 1;27(10):791-800.
2. Gerber B, Heintze K, Stubert J, et al. Axillary lymph node dissection in early-stage invasive breast cancer: is it still standard today? *Breast Cancer Res Treat*. 2011 Aug;128(3):613-24

Statement: Lymphedema

1. Miller CL, Specht MC, Skolny MN, et al. Sentinel lymph node biopsy at the time of mastectomy does not increase the risk of lymphedema: implications for prophylactic surgery. *Breast Cancer Res Treat*. 2012 Oct;135(3):781-9.

Sentinel Lymph Node Excision (SLNE) Indications II			
	Oxford		
	LoE	GR	AGO
▪ During pregnancy and / or breast feeding (only ^{99m} Tc-colloid, no patent or methylene blue dye, no data to SPIO or ICG)	3	C	++
▪ After prior tumor excision	2b	B	+
▪ After prior major breast surgery (e.g. reduction mammoplasty)	3b	C	+/-
▪ Ipsilateral breast recurrence after prior BCS and prior SLNE	4	D	-
▪ SLNE in the mammary internal chain	2b	B	-
▪ After axillary surgery	3b	B	+/-
▪ Prophylactic bilateral / contralateral mastectomy	3b	B	--
▪ Inflammatory breast cancer	3b	C	-

Statement: pregnancy

1. Khera SY, Kiluk JV, Hasson DM Pregnancy-associated breast cancer patients can safely undergo lymphatic mapping. Breast J. 2008 May-Jun;14(3):250-4
2. Bergkvist L. Resolving the controversies surrounding lymphatic mapping in breast cancer. Future Oncol. 2008 Oct;4(5):681-8.
3. Classe JM, Loussouarn D, Campion L, et al. Validation of axillary sentinel lymph node detection in the staging of early lobular invasive breast carcinoma: a prospective study. Cancer. (2004); 100(5):935-41.
4. Han SN, Amant F, Cardonick EH, et al. International Network on Cancer, Infertility and Pregnancy: Axillary staging for breast cancer during pregnancy: feasibility and safety of sentinel lymph node biopsy. Breast Cancer Res Treat. 2018 Apr;168(2):551-557.
5. Liberale V, Tripodi E, Ottino L, Biglia N. Surgery on breast cancer in pregnancy. Transl Cancer Res. 2019 Oct;8(Suppl 5):S493-S502.

Statement: internal mammarian

1. Avisar E, Molina MA, Scarlata M: Internal mammary sentinel node biopsy for breast cancer. Am J Surg. 2008 Oct;196(4):490-4.
2. Chen RC, Lin NU, Golshn M: Internal mammary nodes in breast cancer: diagnosis and implications for patient management -- a systematic review. J Clin Oncol. 2008 Oct 20;26(30):4981-9.

3. Wouters MW, van Geel AN, Menke-Pluijmers M: Should internal mammary chain (IMC) sentinel node biopsy be performed? Outcome in 90 consecutive non-biopsied patients with a positive IMC scintigraphy. Breast. 2008 Apr;17(2):152-8.

Statement: prophylactic mastectomy

1. Dupont et al. The role of sentinel lymph node biopsy in women undergoing prophylactic mastectomy. Am J Surg 2000 Oct;180(4):274-7
2. Soran A et al.: Is routine sentinel lymph node biopsy indicated in women undergoing contralateral prophylactic mastectomy? Magee-Womens Hospital experience. Ann Surg Oncol 2007 Feb;14(2):646-51.
3. Boughey JC et al.: Decision analysis to assess the efficacy of routine sentinel lymphadenectomy in patients undergoing prophylactic mastectomy. Cancer 2007 Dec 1;110(11):2542-50

Statement: After previous tumor excision

1. Celebioglu et al.: Sentinel node biopsy in non-palpable breast cancer and in patients with a previous diagnostic excision. Eur J Surg Oncol 2007 Apr;33(3):276-80.

Statement: previous major breast surgery

1. Intra et al. Sentinel lymph node biopsy is feasible even after total mastectomy. J Surg Oncol 2007 Feb 1;95(2):175-9
2. Kaminski A, Amr D, Kimbrell ML: Lymphatic mapping in patients with breast cancer and previous augmentation mammoplasty. Am Surg. 2007 Oct;73(10):981-3
3. Karam A, Stempel M, Cody HS 3rd: Reoperative sentinel lymph node biopsy after previous mastectomy. J Am Coll Surg. 2008;207(4):543-8
4. Ruano R, Ramos M, Garcia-Talavera JR: Staging the axilla with selective sentinel node biopsy in patients with previous excision of non-palpable and palpable breast cancer. Eur J Nucl Med Mol Imaging. 2008 Jul;35(7):1299-304.

Statement: Ipsilateral breast recurrence after prior BCS and prior SLNB


1. Mattia Intra M, Triro G, Viale G: Second Biopsy of Axillary Sentinel Lymph Node for Reappearing Breast Cancer After Previous Sentinel Lymph Node Biopsy. Ann Surg Oncol. 2005;12(11):895-9
2. Intra et al. Second axillary sentinel node biopsy for ipsilateral breast tumour recurrence. Br J Surg 2007 Oct;94(10):1216-9
3. Schrenk P et al. Lymphatic mapping in patients with primary or recurrent breast cancer following previous axillary surgery. Eur J Surg Oncol. 2008 Aug;34(8):851-6.
4. Palit G, Jacqemyn ML, Tjalma W. Sentinel node biopsy for ipsilateral breast cancer recurrence: a review. Eur J Gynecol Oncol 2008;29:565-567
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6. Moffat FL Jr, Yakoub D.: Bilateral mastectomy and the retreat from breast-conserving surgery. Breast Cancer Res Treat. 2016 Aug;159(1):15-30.
7. Folli S, Falco G, Mingozzi M, et al. Repeat sentinel lymph node biopsy in patients with ipsilateral recurrent breast cancer after breast-conserving therapy and negative sentinel lymph node biopsy: a prospective study. Minerva Chir. 2016 Apr;71(2):73-9.

Statement: inflammatory breast cancer


1. Fayanju OM, Ren Y, Greenup RA, et al. Extent of axillary surgery in inflammatory breast cancer: a survival analysis of 3500. Breast Cancer Res Treat. 2020 Feb;180(1):207-217.
2. Singletary SE. Surgical management of inflammatory breast cancer. Semin Oncol. 2008 Feb;35(1):72-7
3. van Uden DJ, van Laarhoven HW, Westenberg AH, et al. Inflammatory breast cancer: An overview. Crit Rev Oncol Hematol. 2015 Feb;93(2):116-26.
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Statement: Others

1. Schwartz GF, Giuliano AE, Veronesi U; Consensus Conference Committee. Proceedings of the consensus conference on the role of sentinel lymph node biopsy in carcinoma of the breast, April 19-22, 2001, Philadelphia, Pennsylvania. *Cancer* 2002;94:2542-51
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MAMMA

Sentinel Lymph Node Excision (SLNE) Marking

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sowie
in der DKG e.V.

Guidelines Breast
Version 2023.1E

In collaboration
with:



- ^{99m}Tc Kolloid
- Preoperative lymphoscintigraphy (added information limited, but mandatory by legal regulations)*
- Patent blue dye
- Indocyanin green (ICG)[°]
- SPIO[#]
- Methylene blue

Oxford		
LoE	GR	AGO
1a	A	++
1b	A	+
1a	A	+/-
2a	B	+
2a	B	+
2a	B	+/-

- * In Germany required for quality assurance of nuclear medicine
- # SPIO: Superparamagnetic Iron Oxide (Caveat: impaired MRI-sensitivity during follow-up)
- ° no approval for LN marking in the axilla, off-label

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LEBEN
HEILEN

Statement radiotracer/blue dye:

1. Shams S, Lippold K, Blohmer JU, et al. A Pilot Study Evaluating the Effects of Magtrace® for Sentinel Node Biopsy in Breast Cancer Patients Regarding Care Process Optimization, Reimbursement, Surgical Time, and Patient Comfort Compared With Standard Technetium99. Ann Surg Oncol. 2021 Jun;28(6):3232-3240. doi: 10.1245/s10434-020-09280
2. Lyman GH, Somerfield MR et al. Sentinel Lymph Node Biopsy for Patients With Early-Stage Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol. 2017;35(5):561–564.
3. Ditsch N, Rubio IT, Gasparri ML, et al. Breast and axillary surgery in malignant breast disease: a review focused on literature of 2018 and 2019. Curr Opin Obstet Gynecol. 2020;32(1):91–99.
4. Krag DN, Anderson SJ, Julian TB, et al. National Surgical Adjuvant Breast and Bowel Project Technical outcomes of sentinel-lymph-node resection and conventional axillary-lymph-node dissection in patients with clinically node-negative breast cancer: results from the NSABP B-32 randomised phase III trial. Lancet Oncol. 2007 Oct;8(10):881-8.
5. Rodier JF, Velten M, Wilt M, et al. Prospective multicentric randomized study comparing periareolar and peritumoral injection of radiotracer and blue dye for the detection of sentinel lymph node in breast sparing procedures: FRANSENODE trial. J Clin Oncol. 2007 Aug 20;25(24):3664-

6. Bines S, Kopkash K, Ali A, Fogg L, et al. The use of radioisotope combined with isosulfan Blue dye is not superior to radioisotope alone for the identification of sentinel lymph nodes in patients with breast cancer. *Surgery*. 2008 Oct;144(4):606-9; discussion 609-10.
7. Straver ME, Meijnen P, van Tienhoven G, et al. Sentinel node identification rate and nodal involvement in the EORTC 10981-22023 AMAROS trial. *Ann Surg Oncol*. 2010 Jul;17(7):1854-61.
8. Pesek S, Ashikaga T, Krag LE, et al. The false-negative rate of sentinel node biopsy in patients with breast cancer: a meta-analysis. *World J Surg* 2012;36(9): 2239-2251
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10. Ang CH, Tan MY, Teo C, et al. Blue dye is sufficient for sentinel lymph node biopsy in breast cancer. *Br J Surg*. 2014 Mar;101(4):383-9; discussion 389.
11. Ahmed M, Purushotham AD, Horgan K, et al. Meta-analysis of superficial versus deep injection of radioactive tracer and blue dye for lymphatic mapping and detection of sentinel lymph nodes in breast cancer. *Br J Surg*. 2015 Feb;102(3):169-81.
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Statement Magnetic Tracer

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Surgical Approach in the Neoadjuvant Setting

	Oxford		
	LoE	GR	AGO
▪ Early marking of tumor (incl. detailed topographic documentation)	5	D	++
▪ Surgical removal of tumor / representative excision of post-therapeutic, marked tumor area	2b	C	++
▪ Tumor resection in new margins	2b	C	++
▪ Microscopically clear margins	2a	B	++

For „Surgery after neoadjuvant chemotherapy“ see chapter „Neoadjuvant chemotherapy“

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Begin of Adjuvant Therapy after Primary Surgery			
	Oxford		
	LoE	GR	AGO
▪ Start adjuvant systemic therapy and radiotherapy (RT) as soon as possible (asap) after surgery	1b	A	++
▪ Start of adjuvant chemotherapy +/- HER2 therapy asap after surgery, prior to RT	1b	A	++
▪ Without cytotoxic therapy +/- anti-HER2 therapy:			
▪ Start adjuvant RT within 6–8 weeks after surgery	2b	B	++
▪ Start endocrine therapy after surgery asap	5	D	++
▪ Endocrine therapy concurrent with RT	2b	B	+

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