

Operative Therapie -Nihil nocere! – die operative Therapie im Wandel der Zeit

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Brustzentrum Zürichsee

see spital | **HIRSLANDEN**
KLINIK IM PARK
KOOPERATION BRUSTZENTRUM ZÜRICHSEE



Brustzentrum
Qualitätslabel
der Krebsliga Schweiz
und der Schweizerischen
Gesellschaft für Senologie

Claudius Galenus

Κλαύδιος Γαληνός
(129-216 AD)
Rom

„Humorale“ Theorie:

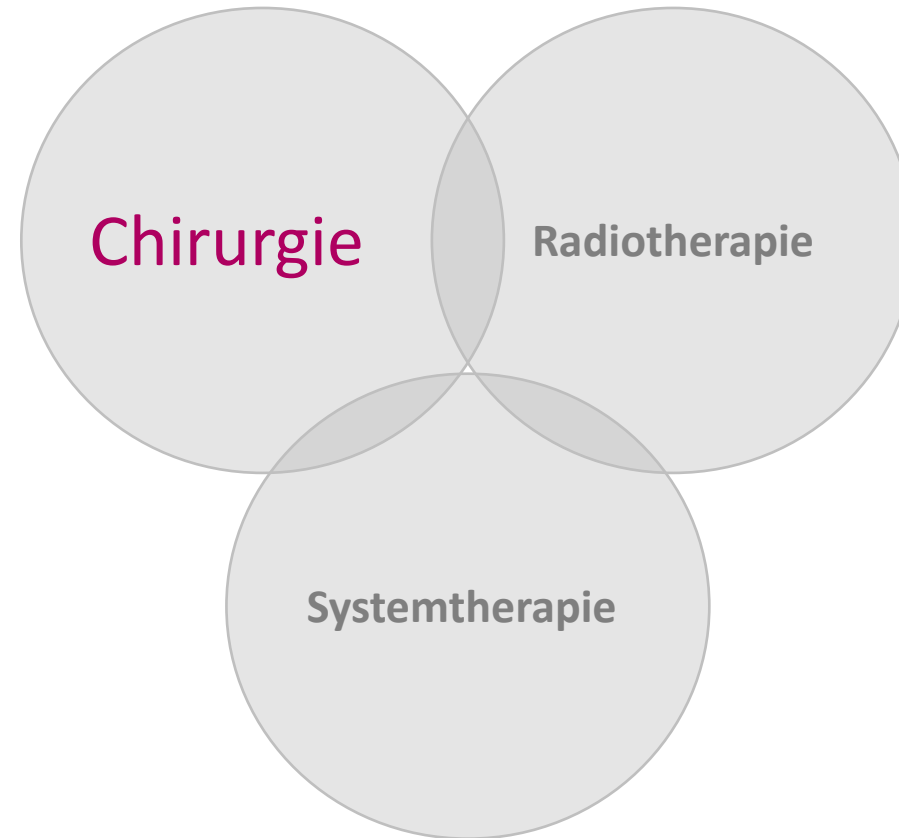
„Cancerous tumors are found in all parts of the body, but particularly in the breast of women, after the cessation of menstruation,...“





„Lokoregionäre“ Theorie

- William Halsted (1852-1922) Johns Hopkins School of Medicine



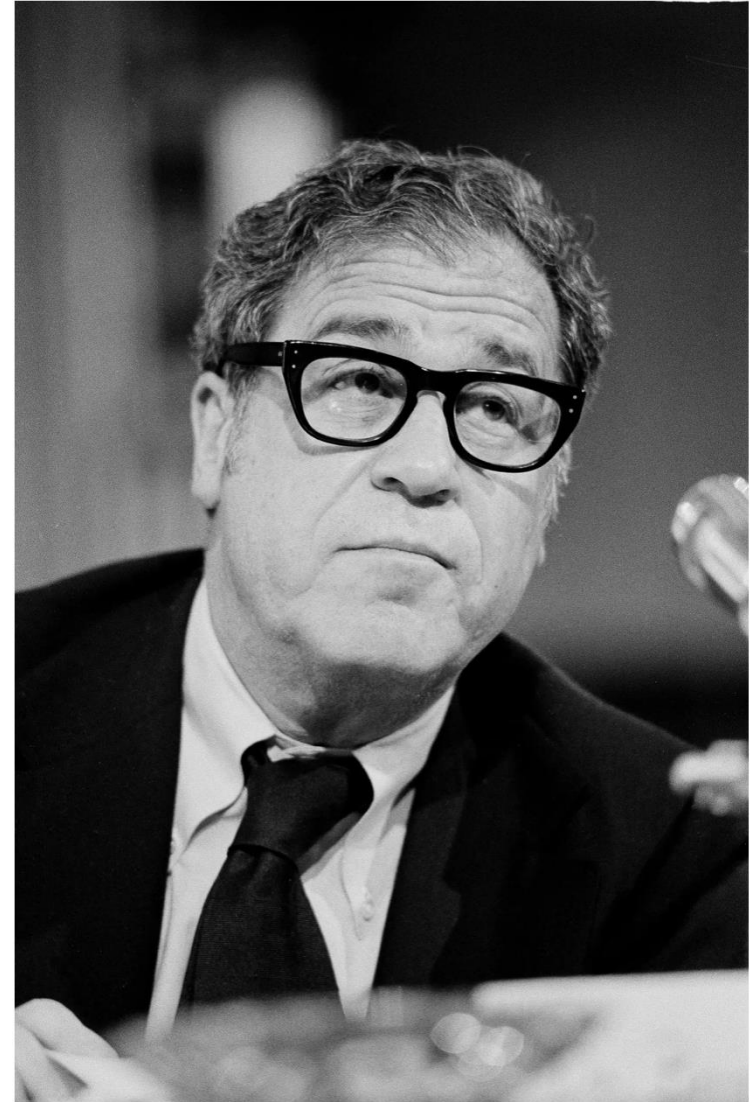
Dr. Bernard Fisher, Who Revolutionized Breast Cancer Treatment, Dies at 101

He brought an end to the routine use of the debilitating radical mastectomy. He later battled false allegations of scientific misconduct.

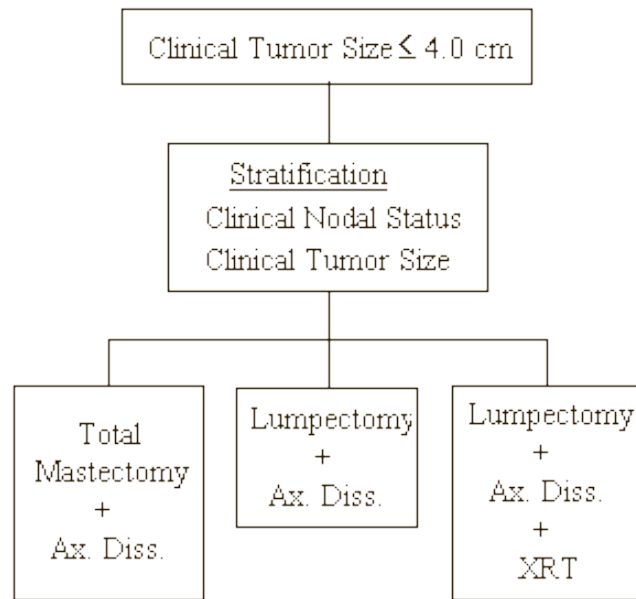
“In God we trust, all others must have data.”

Bernard Fisher, 1918-2019

The New York Times, Oct. 2019, Section A, Page 23



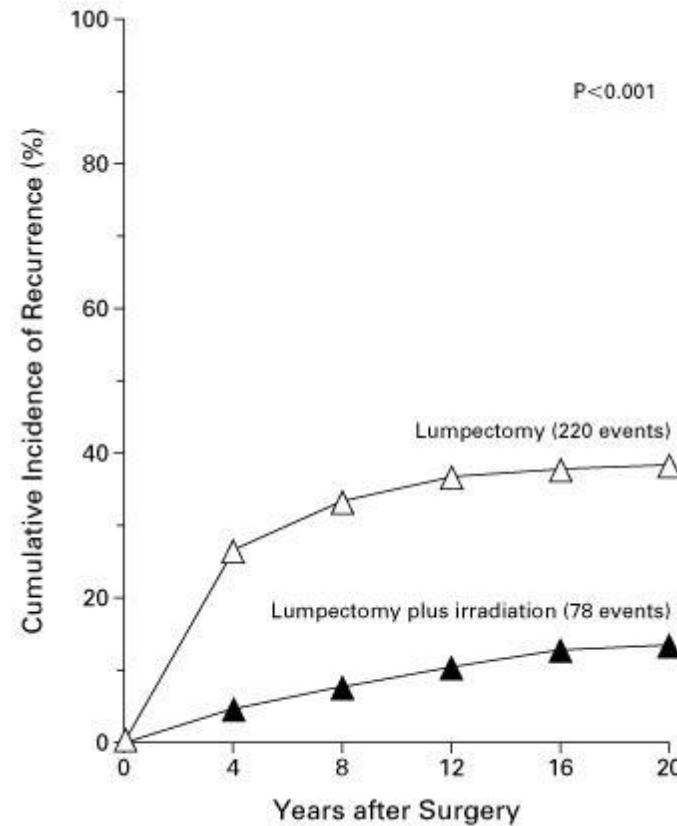
NSABP-06



All patients with histologically positive axillary nodes receive L-PAM + 5 FU.

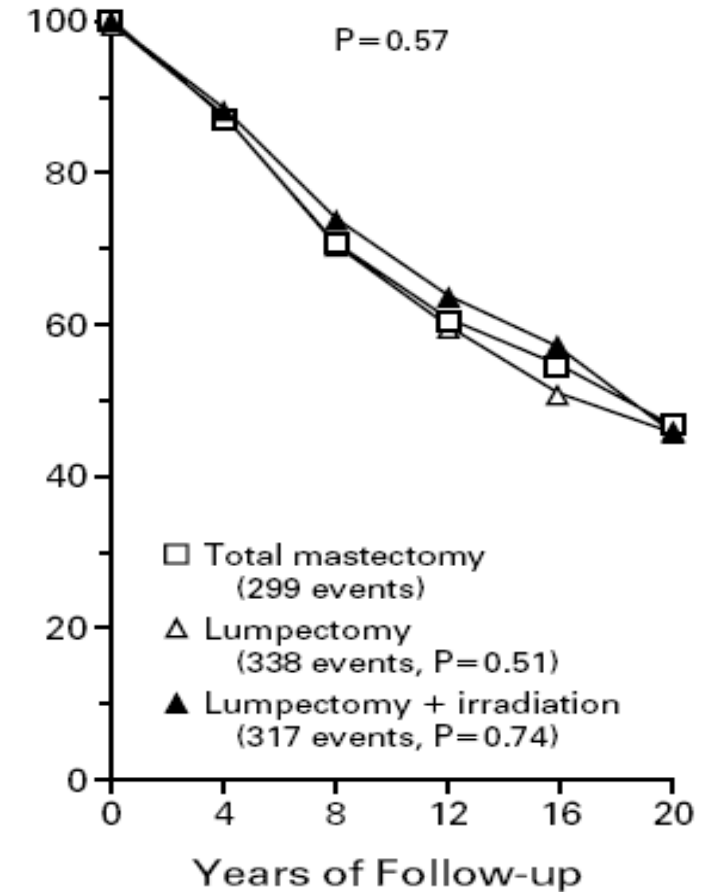
Total mastectomy performed in event of ipsilateral breast tumor recurrence.

Local recurrence

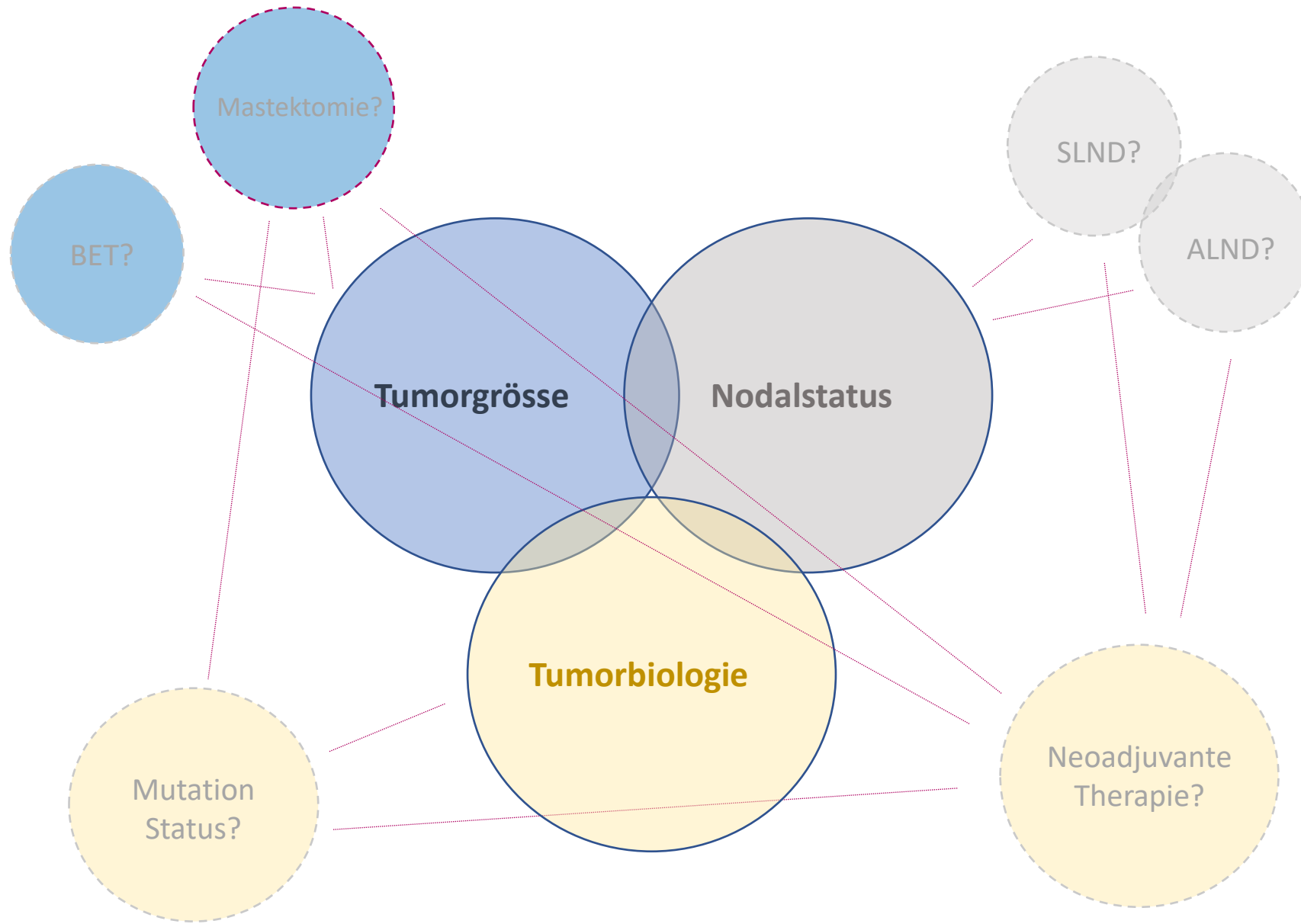


Simply the Breast 2023, KJD

Overall survival



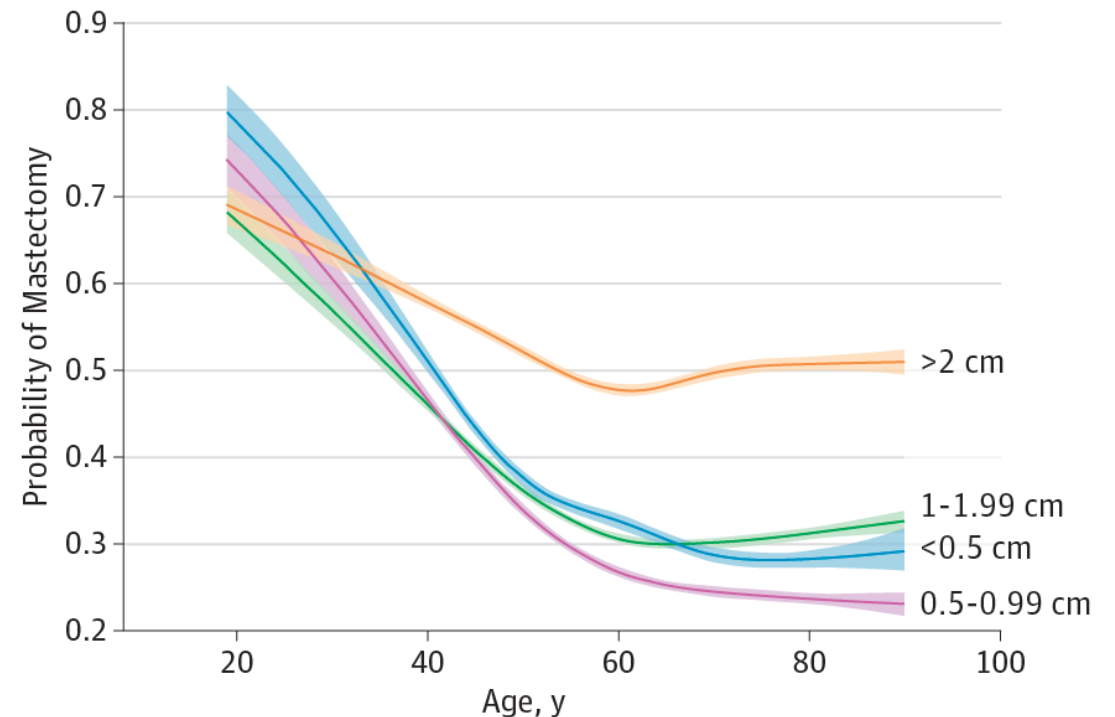
Fisher B et al World Journal of Surgery 18, 63-69 1994
 Fisher B et al NEJM 2002 347, :1233-1241 2002



Trend zu häufiger Brustreihaltung

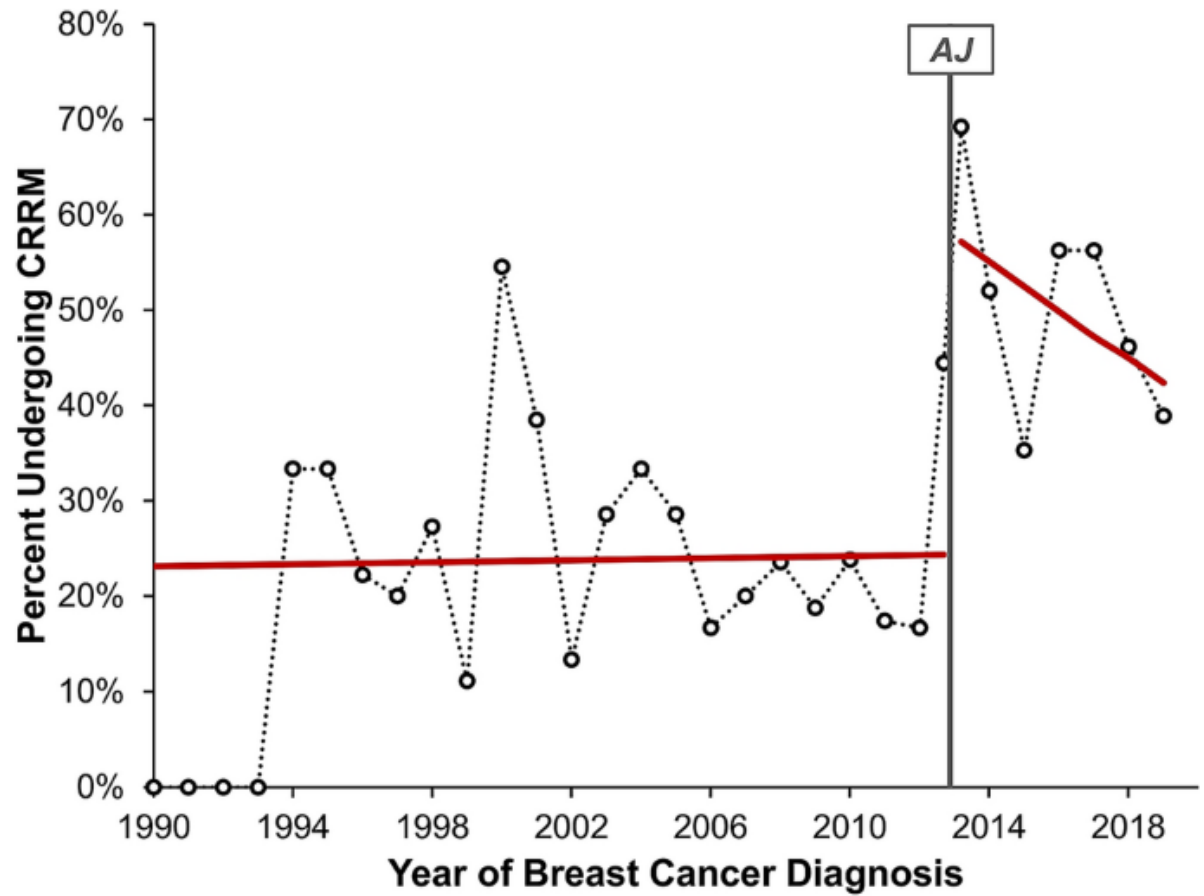
- Downstaging durch präoperative Systemtherapie
- Geringere Sicherheitsabstände gefordert

Ist die Mastektomie passé ?





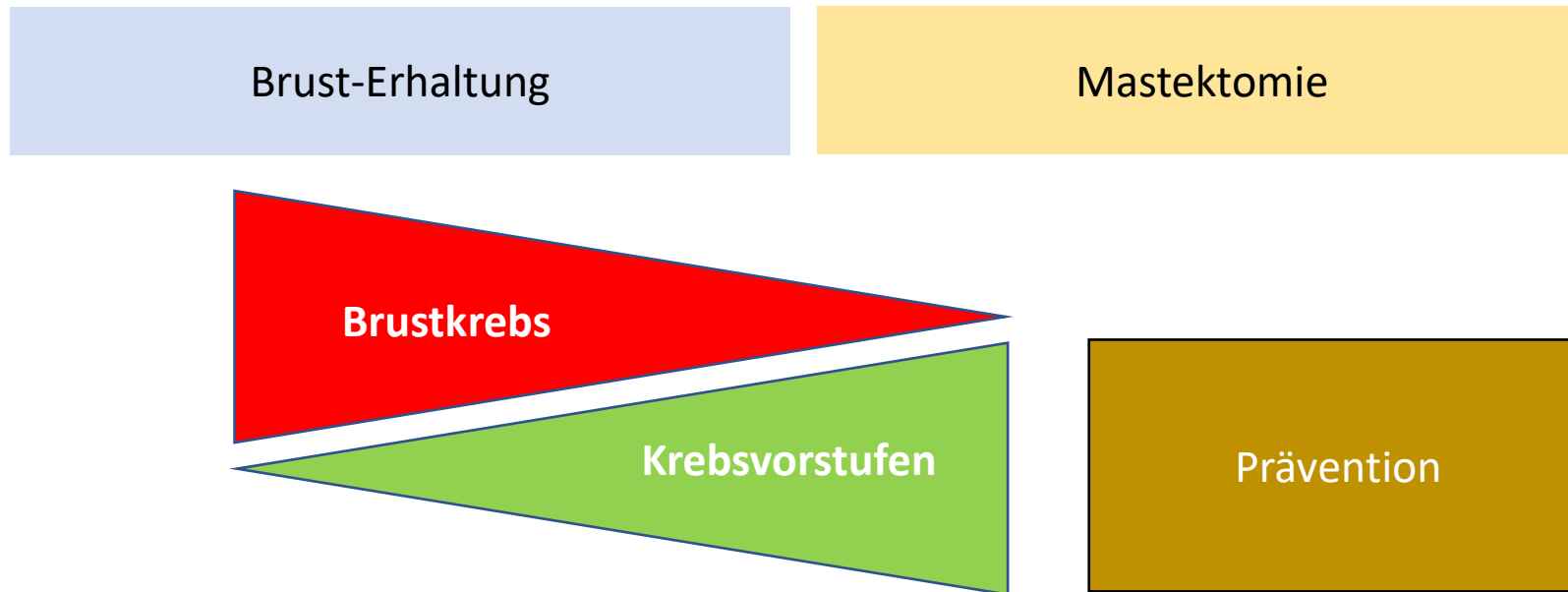
06.03.2023



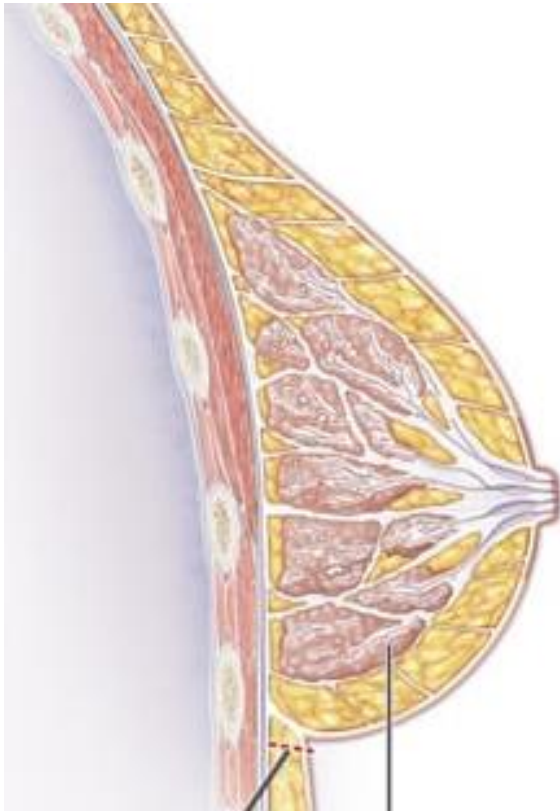
Simply the Breast 2023, KJD

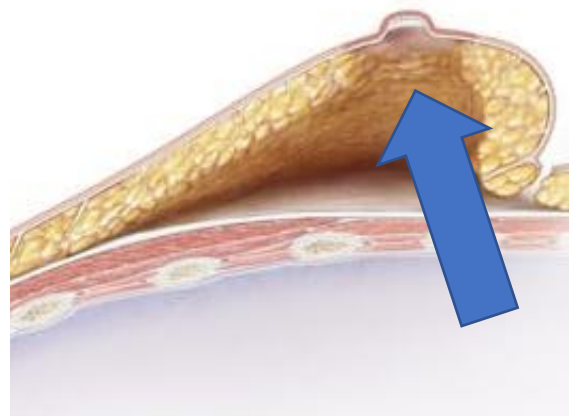
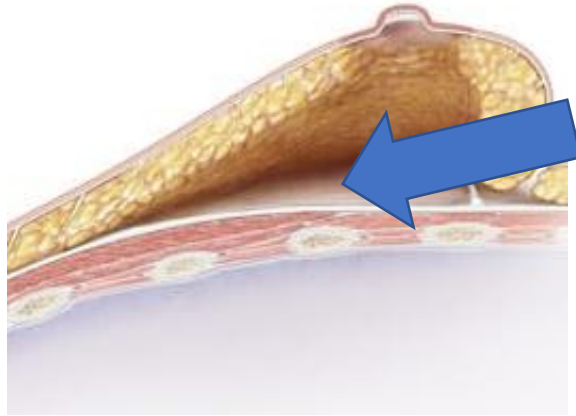
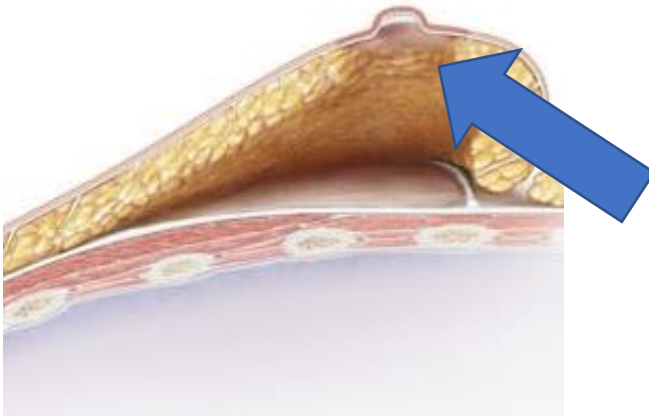
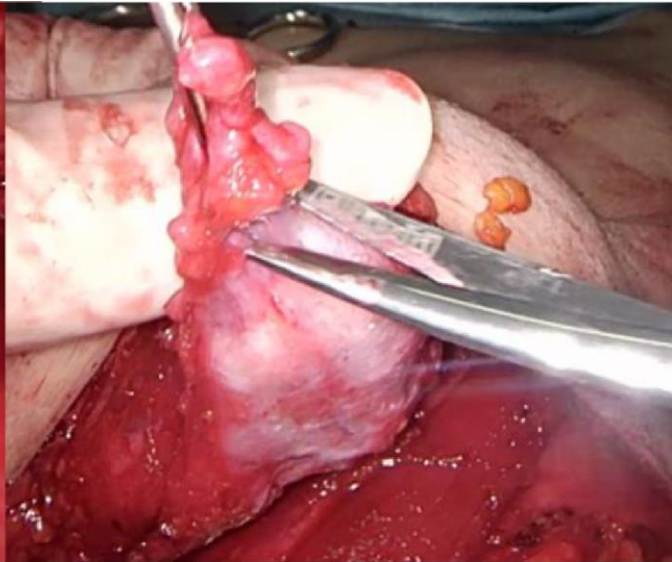
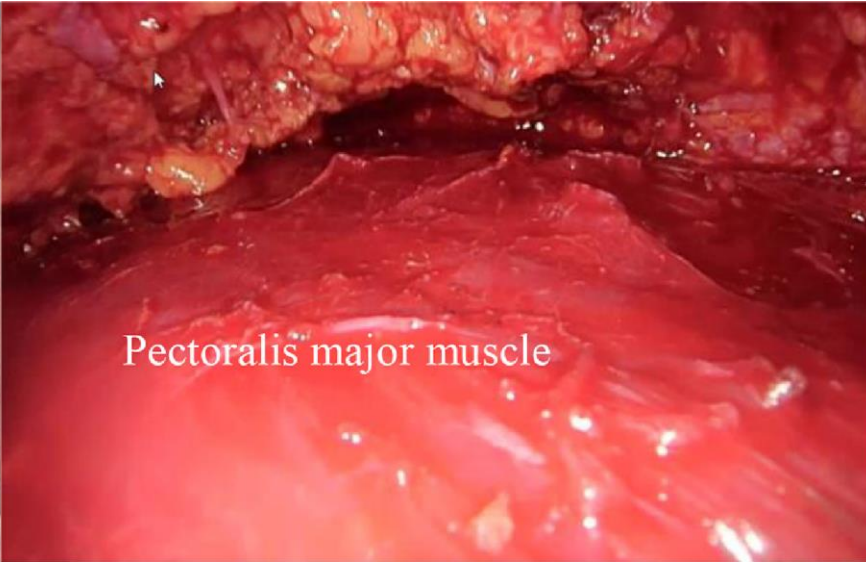
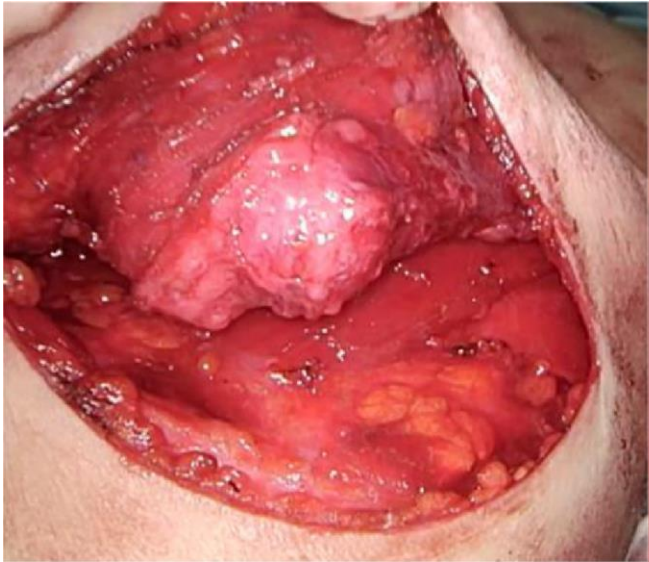
Time, May 27, 2013
 NN Basu, Sci rep 2021

Wann wird heute noch Mastektomie durchgeführt?



Prinzip der Nipple-sparende Mastektomie





Beidseitige Nipple-sparende Mastektomie mit Sofortrekonstruktion



präoperativ

postoperativ



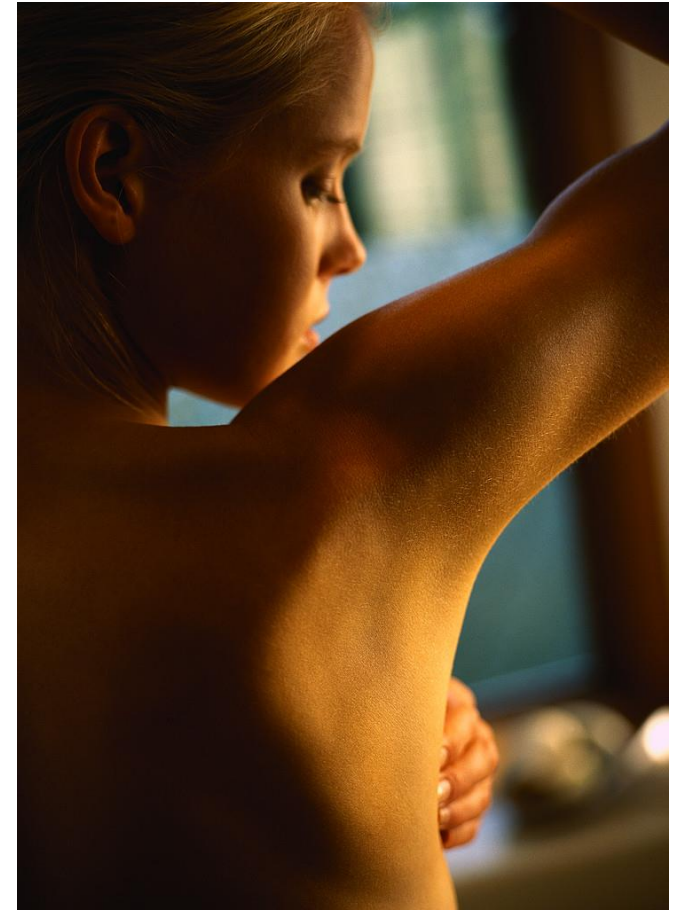
BD Nguyen, D Vorburger, H Frauchiger-Heuer, L Bringolf, N Maggi, J Talimi-Schnabel, KJ Dedes
Journal of Plastic, Reconstructive & Aesthetic Surgery
Volume 75: 1:104-111: 2022

Nihil nocere!



Onkoplastik =

“Einsatz plastischer operativer Techniken zum Zeitpunkt der Tumorentfernung, um sichere Resektionsgrenzen zu erreichen und eine ästhetische Brustform zu ermöglichen.“



Aspekte der Onkoplastik

- Schnittführung / Narbenplatzierung
- Adäquate Brustform
- Rekonstruktionsverfahren
- Kontralaterale Anpassung / Rekonstruktion
zwecks Symmetrisierung



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2022.1D

In Zusammen-
arbeit mit:



www.ago-online.de

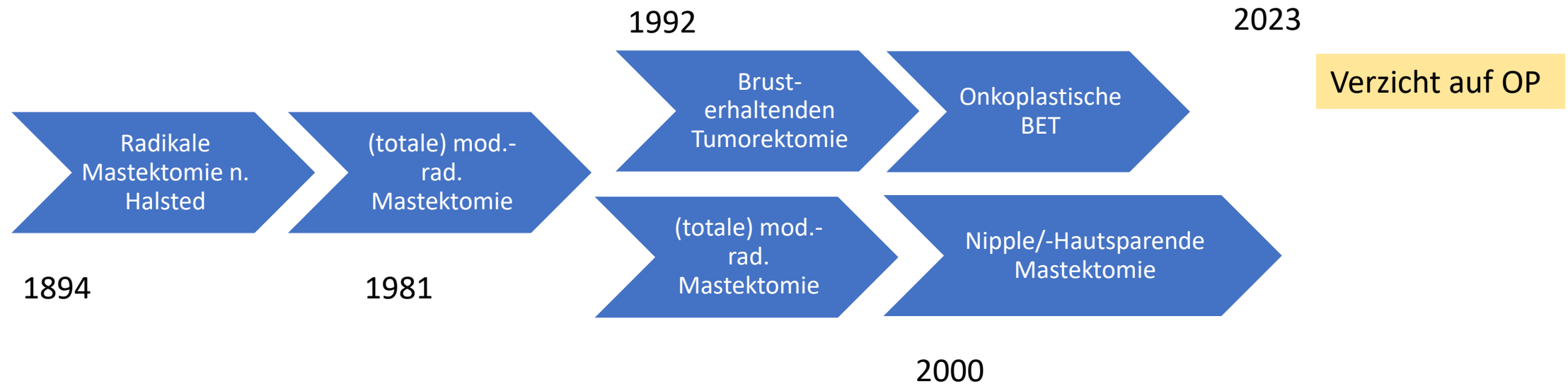
**FORSCHEN
LEHREN
HEILEN**

Onkoplastische brusterhaltende Operation (OPS)

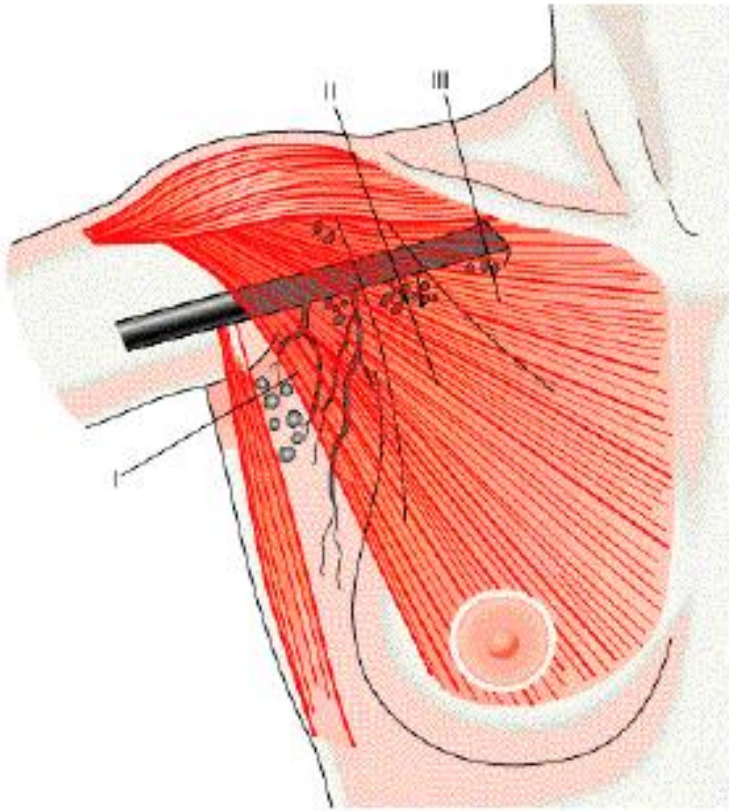
- **OPS kann in ausgewählten Fällen eine Mastektomie ersetzen**
- **OPS und BEO sind onkologisch gleichwertig**
- **OPS und BEO Komplikationsraten sind vergleichbar**

| Oxford | | |
|--------|----|-----|
| LoE | GR | AGO |
| 2b | B | + |
| 2b | B | + |
| 3b | C | + |

Historische Entwicklung der Brustchirurgie



Axillachirurgie



Level I

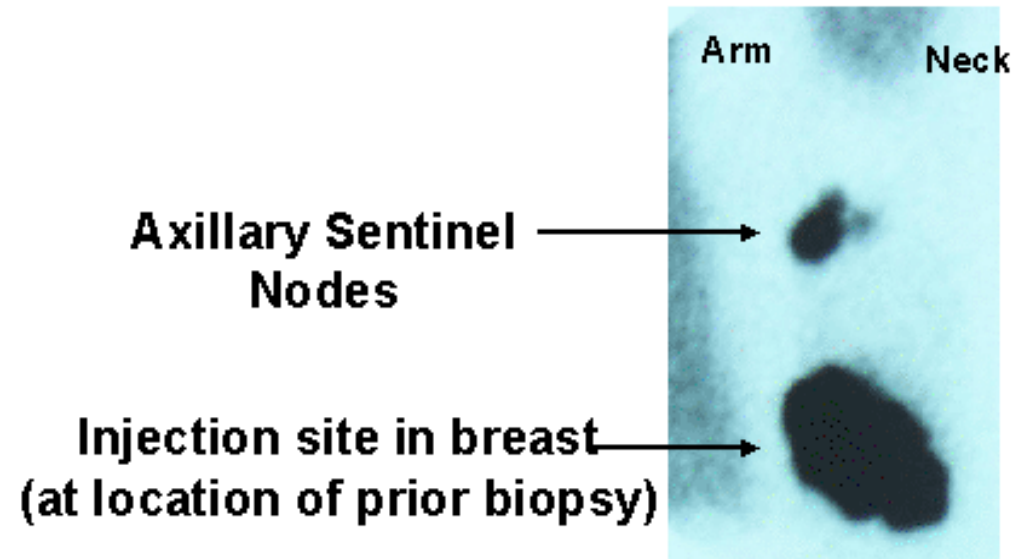
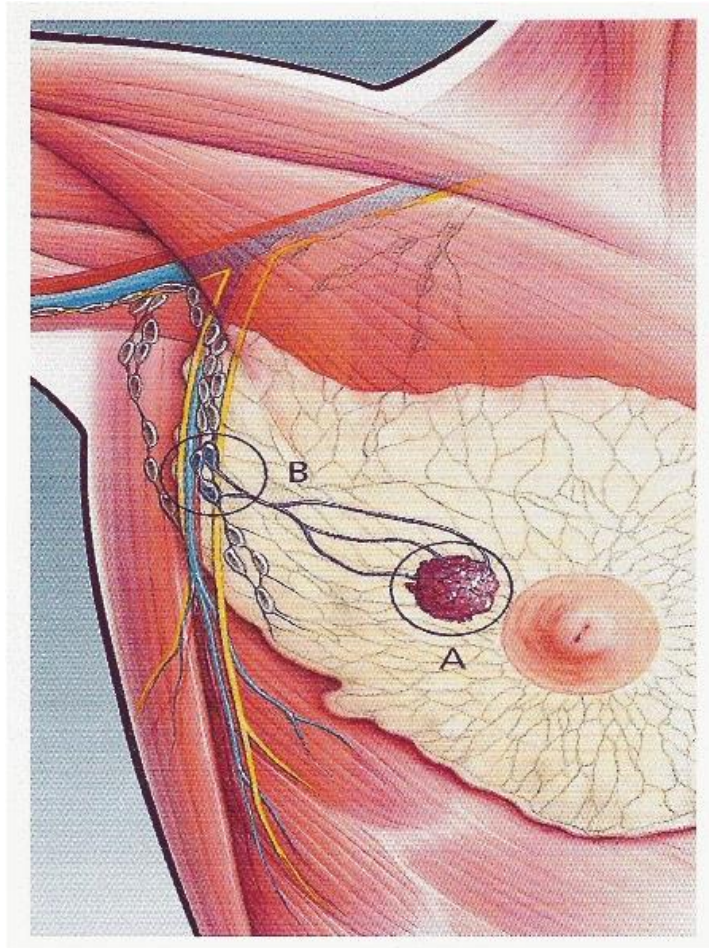
Level II

Level III

Axilläre Lymphonodektomie nach NSABP04

Axilläre Lymphonodektomie nach Halsted

Sentinel / Wächter-Lymphknoten Biopsie



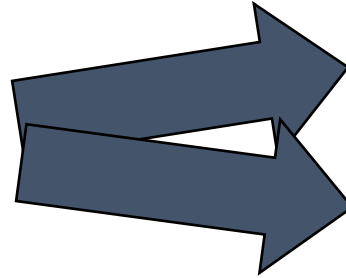
Nanocol (Technetium 99m)

+

Blue dye intraoperative

Z0011 Studie

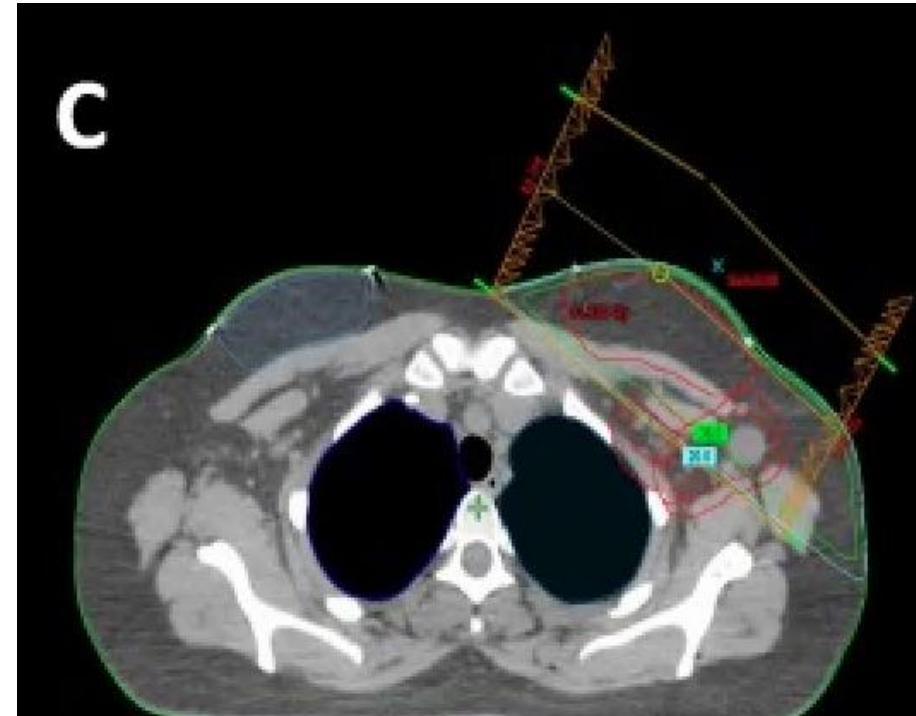
Patientinnen mit
- cT1-cT2-Karzinomen
- klinisch N0
- 1-2 positive SLN



Komplette axilläre LNE

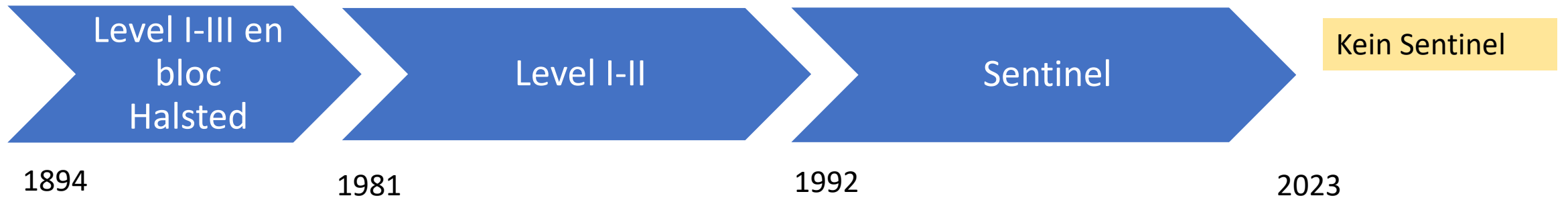
Keine axilläre LNE

Alle Patientinnen erhielten Lumpektomie sowie postoperative Radiotherapie mit tangentialem Bestrahlungsfeld und eine entsprechende Systemtherapie



Historische Entwicklung der Axilla-Chirurgie

Negative Lymphknoten



1-2 positive Lymphknoten



The Boston Medical and Surgical Journal

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April 5, 1923.

The New England Surgical Society

POSTOPERATIVE SWELLING OF THE UPPER EXTREMITY, FOLLOWING OPERATIONS ON THE BREAST AND AXILLA.

BY WILLIS E. HARTSHORN, M.D., NEW HAVEN, CONN.

FOLLOWING the radical operation for carcinoma of the breast, extensive swelling of the upper extremity has been noted by various surgeons in a percentage of cases sufficiently large to make the subject one worthy of careful study.

This complication, while not of serious import to life, except where indicative of cancer extension, is one which affects mobility, and in its more advanced forms causes the individual serious inconvenience.

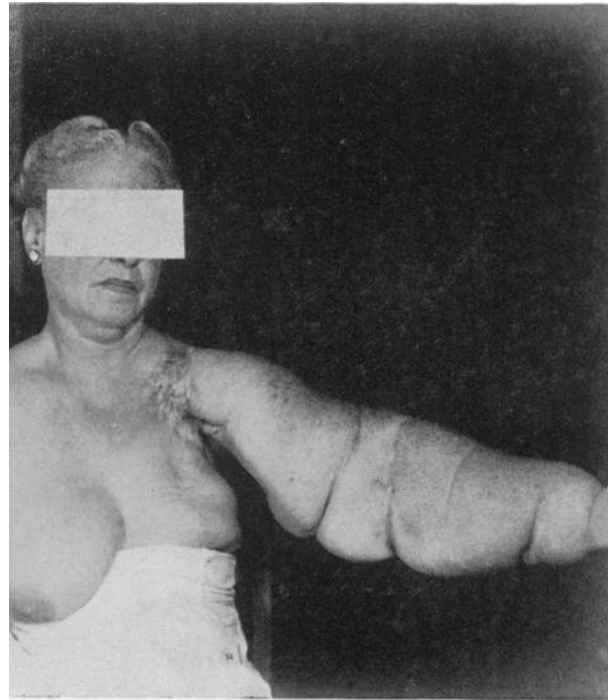
Almost invariably patients are informed previous to operation regarding interference with function due to removal of the pectoral muscles, but as a rule little is said regarding swelling of the extremity. This is probably due to the fact that it is an occurrence as little expected by the surgeon as by the patient.

In looking up the subject of this particular type of postoperative edema, one is at once impressed by the limited number of articles on the subject, and at the scant attention paid to it in the textbooks. On the other hand, the litera-

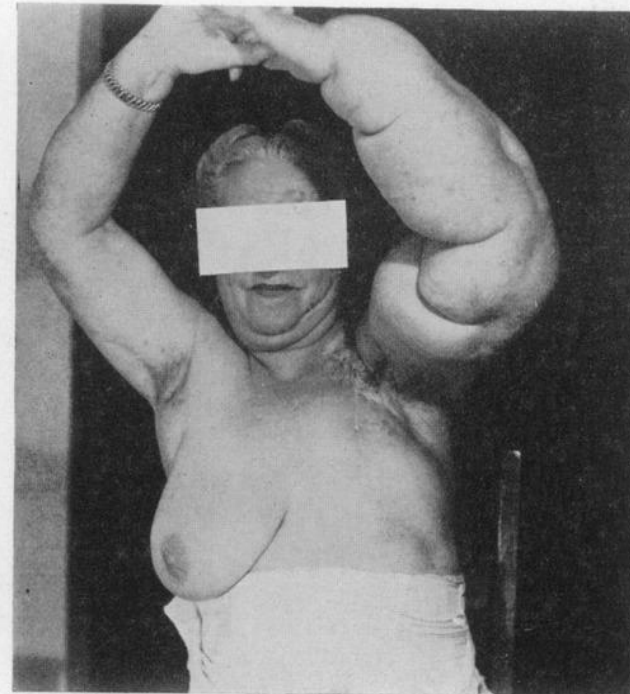
ture on postoperative edema of the lower extremity is large.

A moderate amount of swelling might be expected to follow an operation involving a thorough dissection of the axilla, but the extensive and persistent edema so troublesome in some cases, and entirely absent in others, must be caused by some error in technique on the part of the operator, or some condition either anatomical or pathological not thoroughly understood.

The writer's attention was first called to this subject in 1912, when, following a Halsted's operation for carcinoma of the breast, an extensive swelling of the upper extremity developed within the first four weeks. This was laid to the fact that the incision had been carried too low across the insertion of the pectoralis major muscle, and the resulting scar had developed a cicatricial band extending along the upper axillary fold limiting the abduction of the arm to about 50 per cent. of normal, and presumably also causing pressure on the lymphatic or venous circulation. This scar was excised and relief secured so far as abduction was concerned. The edema of the extremity persisted. This, while annoying, did not interfere particularly with the mobility, yet when combined with muscular weakness, caused by the removal of the pectorals, presented a very unsatisfactory result. As this happened, fortunately, to be the first case presenting this complication, stress was naturally laid on the restricting band as the cause of the swelling. This was associated with a slight in-

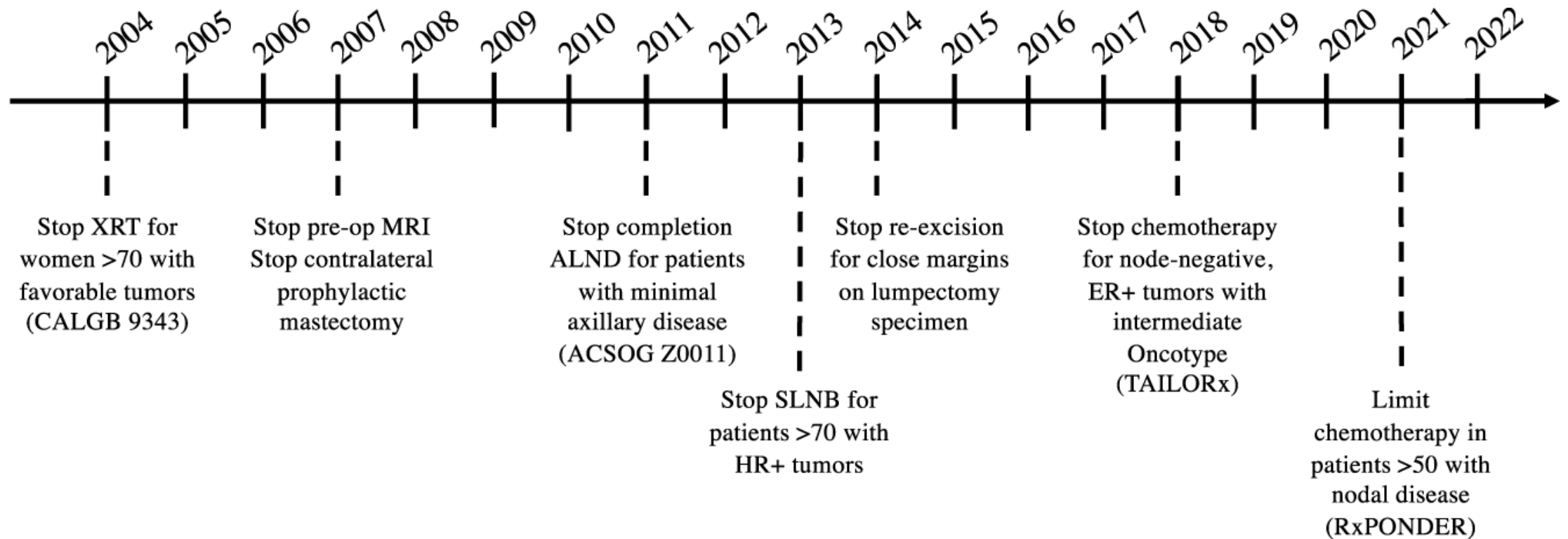


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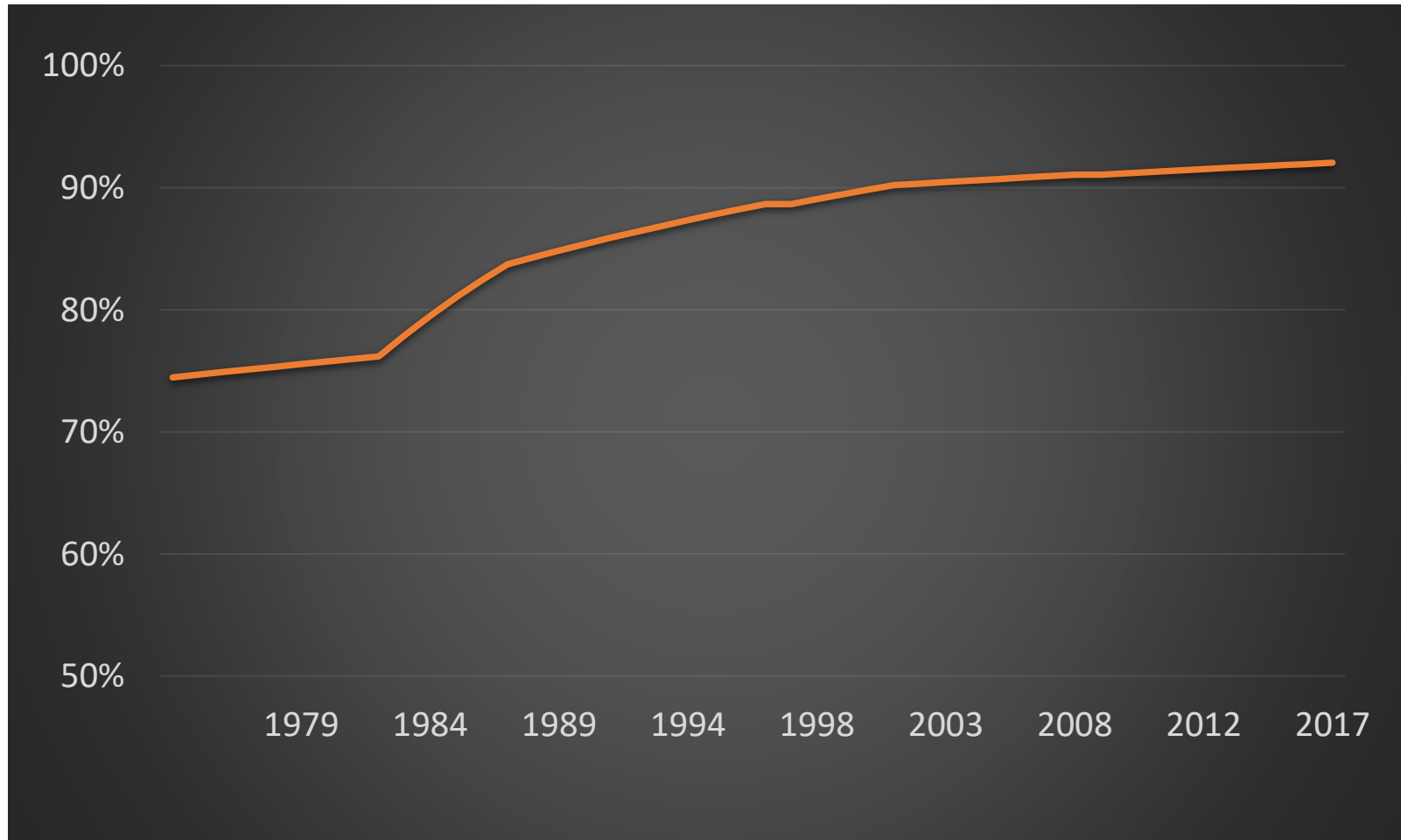


B

Stetiger Trend zu “weniger ist mehr”



Überlebensstatistik Brustkrebs 1975-2019 US



Schlussfolgerung

- Brust-Erhaltung hat dank Kombination verschiedener Therapiemodalitäten stark zugenommen
- Onkoplastik ist ein neuer, wichtiger Bestandteil der Brusterhaltender Therapie
- Die Mastektomie verliert ihren Stellenwert in der Therapie, aber gewinnt ihn in der Prävention
- Die Radikalität der Axilla-Chirurgie hat deutlich abgenommen und wird in den kommenden Jahren weiter abnehmen

Vielen Dank für Ihre Aufmerksamkeit !

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