

Quelle prise en charge locorégionale des cancers de la femme jeune ?

**Les limites du traitement conservateur  
et l'information éclairée  
(vers la décision partagée ?)  
Point de vue du chirurgien**

**P Rouanet, M Soulier.  
CRLC Val d'Aurelle  
Montpellier**

# SEER-13 (1992 – 2004)

n = 387 231

	<b>Global</b>	<b>&lt; 30</b>	<b>30-39</b>	<b>40-49</b>	<b>&gt; 50</b>
<b>n</b>	<b>387231</b>	<b>1851</b> <b>0.5%</b>	<b>19641</b> <b>5%</b>	<b>71650</b> <b>18%</b>	<b>294081</b> <b>76%</b>
<b>Taille &lt;2 cm</b>	<b>54%</b>	<b>36%</b>	<b>43%</b>	<b>49%</b>	<b>56%</b>
<b>CCIS</b>	<b>17%</b>	<b>8%</b>	<b>12%</b>	<b>21%</b>	<b>16%</b>
<b>Histo canalaire</b>	<b>64%</b>	<b>71%</b>	<b>72%</b>	<b>66%</b>	<b>63%</b>
<b>pN +</b>	<b>23%</b>	<b>38%</b>	<b>36%</b>	<b>28%</b>	<b>21%</b>
<b>Grade 3</b>	<b>31%</b>	<b>59%</b>	<b>50%</b>	<b>38%</b>	<b>28%</b>
<b>RE+</b>	<b>54%</b>	<b>37%</b>	<b>44%</b>	<b>48%</b>	<b>56%</b>

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# FJ < 40 – KS Stade précoce

auteur	n	F+	T med cm	Gr III	pN+	LV +	RE+	Her2+	CS
<b>Fernando pulle 2006</b>	<b>112</b>	<b>-</b>	<b>2.1</b>	<b>59%</b>	<b>43%</b>	<b>-</b>	<b>62%</b>	<b>29%</b>	<b>-</b>
<b>Bollet 2007</b>	<b>209</b>	<b>24%</b>	<b>75% de T1</b>	<b>22%</b>	<b>40%</b>	<b>20%</b>	<b>75%</b>	<b>-</b>	<b>100%</b>
<b>Beadle 2009</b>	<b>652</b>	<b>13%</b>	<b>30% de T1</b>	<b>58%</b>	<b>67%</b>	<b>33%</b>	<b>40%</b>	<b>-</b>	<b>30%</b>
<b>Mc Aree<sup>7</sup> 2010</b>	<b>57</b>	<b>28%</b>	<b>2.8</b>	<b>41%</b>	<b>40%</b>	<b>51%</b>	<b>77%</b>		<b>51%</b>
<b>Gentilini 2010</b>	<b>201 CS</b>	<b>25%</b>	<b>59% T1</b>	<b>57%</b>	<b>45%</b>	<b>20%</b>	<b>71%</b>	<b>19%</b>	<b>100%</b>
<b>Cancello 2010</b>	<b>315</b>	<b>-</b>	<b>51%* T1</b>	<b>57%*</b>	<b>54%</b>	<b>40%*</b>	<b>77%*</b>	<b>21%*</b>	<b>72%</b>

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**FJ => Risque / de RL**

**20 - 30% à 10 ans**

- **Caractéristiques Histopathologiques**
- **Caractéristiques Génétiques**
- **Caractéristiques Biologiques**
- **Ambiance hormonale**
- **Autres ?**

**=> CAT Chirurgicale ?**

# RL et CCIS chez les FJ < 40 ans

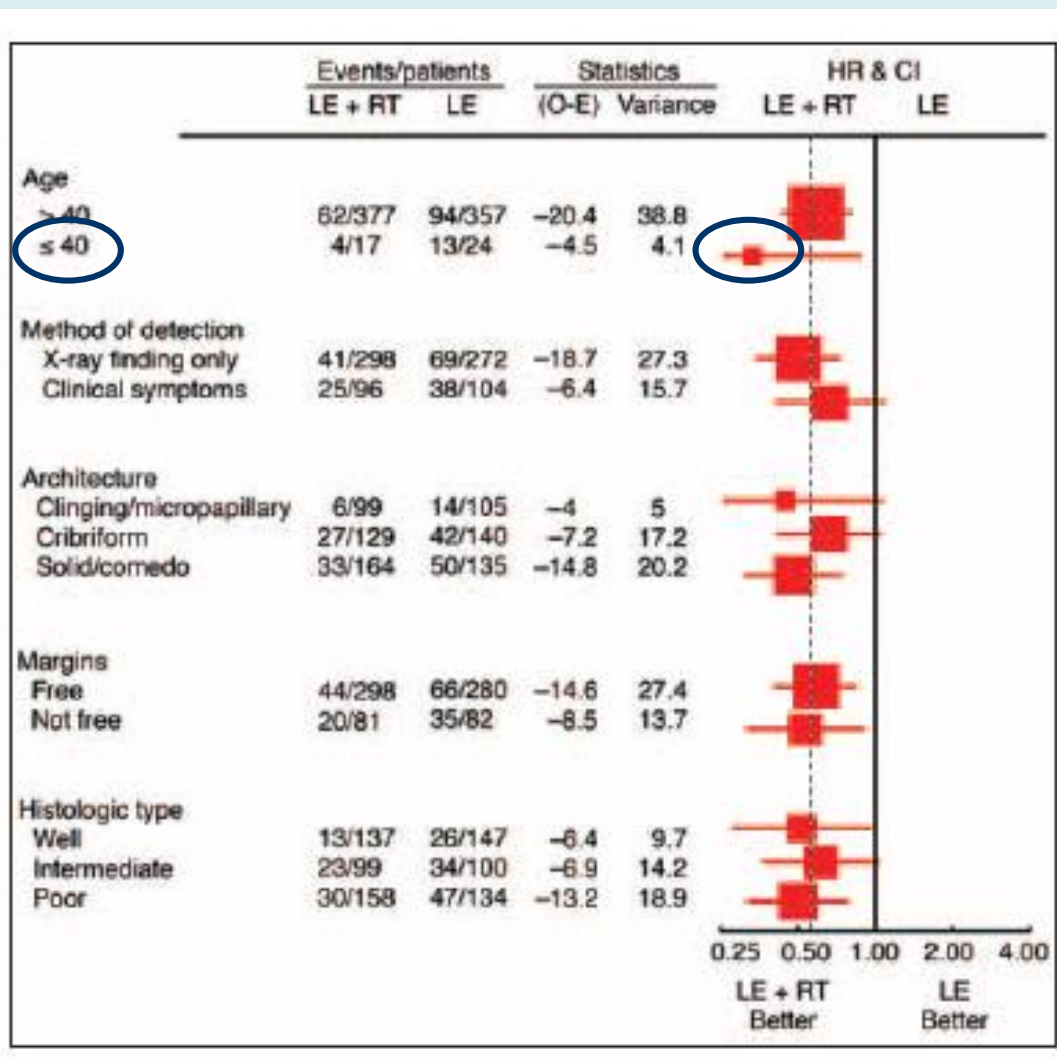
	<b>n</b>	<b>RL</b>	<b>Intervalle (an)</b>
<b>Fowble 97</b>	<b>8</b>	<b>25%</b>	<b>5</b>
<b>Van Zee 99</b>	<b>15</b>	<b>33%</b>	<b>8</b>
<b>Solin 01</b>	<b>31</b>	<b>31%</b>	<b>10</b>
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<b>Omlin 06</b>	<b>108</b>	<b>28%</b>	<b>10</b>
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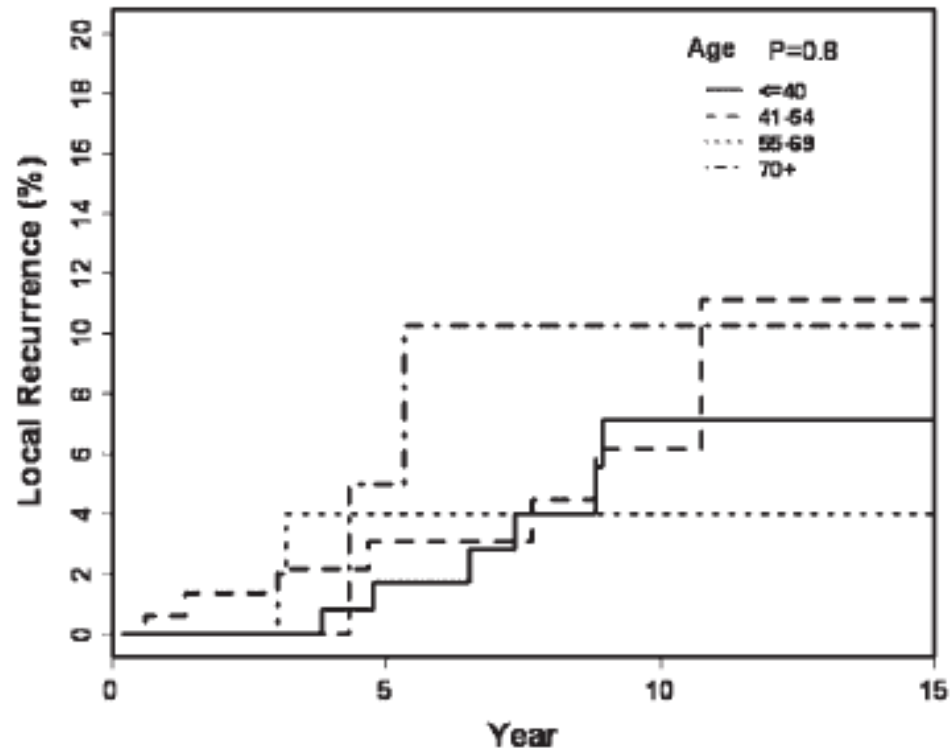
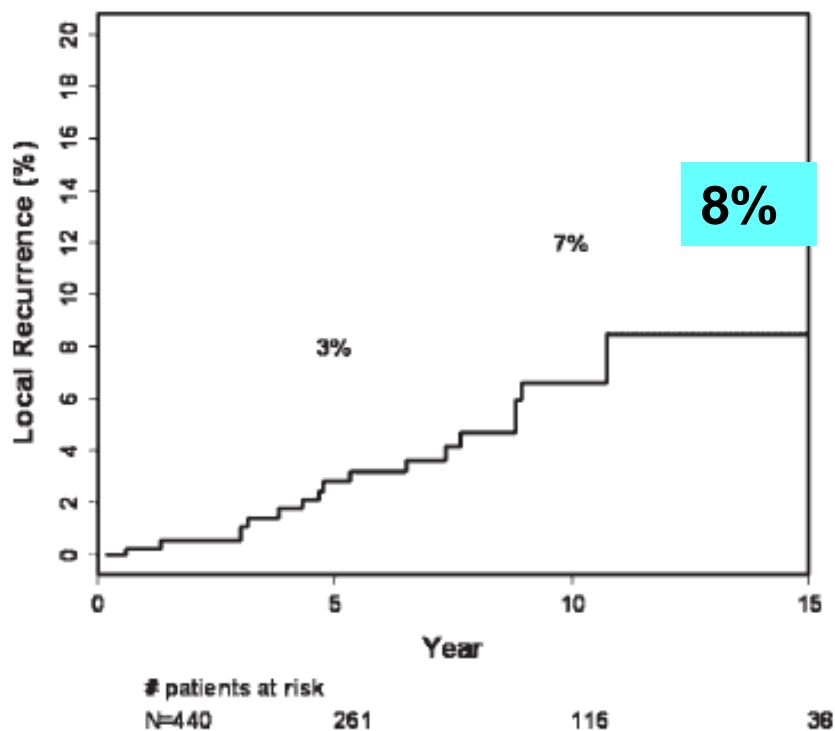
# Breast-Conserving Treatment With or Without Radiotherapy in Ductal Carcinoma-In-Situ: 10-y results of EORTC Phase III Trial 10853

Bijker & al. JCO 2006



# Young age is not associated with increased local recurrence for DCIS treated by breast-conserving surgery and radiation. Turaka & al; J Surg Oncol 2009.

440 CCIS / 78-07 / 24 FJ (5.4%) / T median: 0.8 cm  
RT adjuvante + boost / Tam 22%



62% de réexcision – 23% de réexcision +

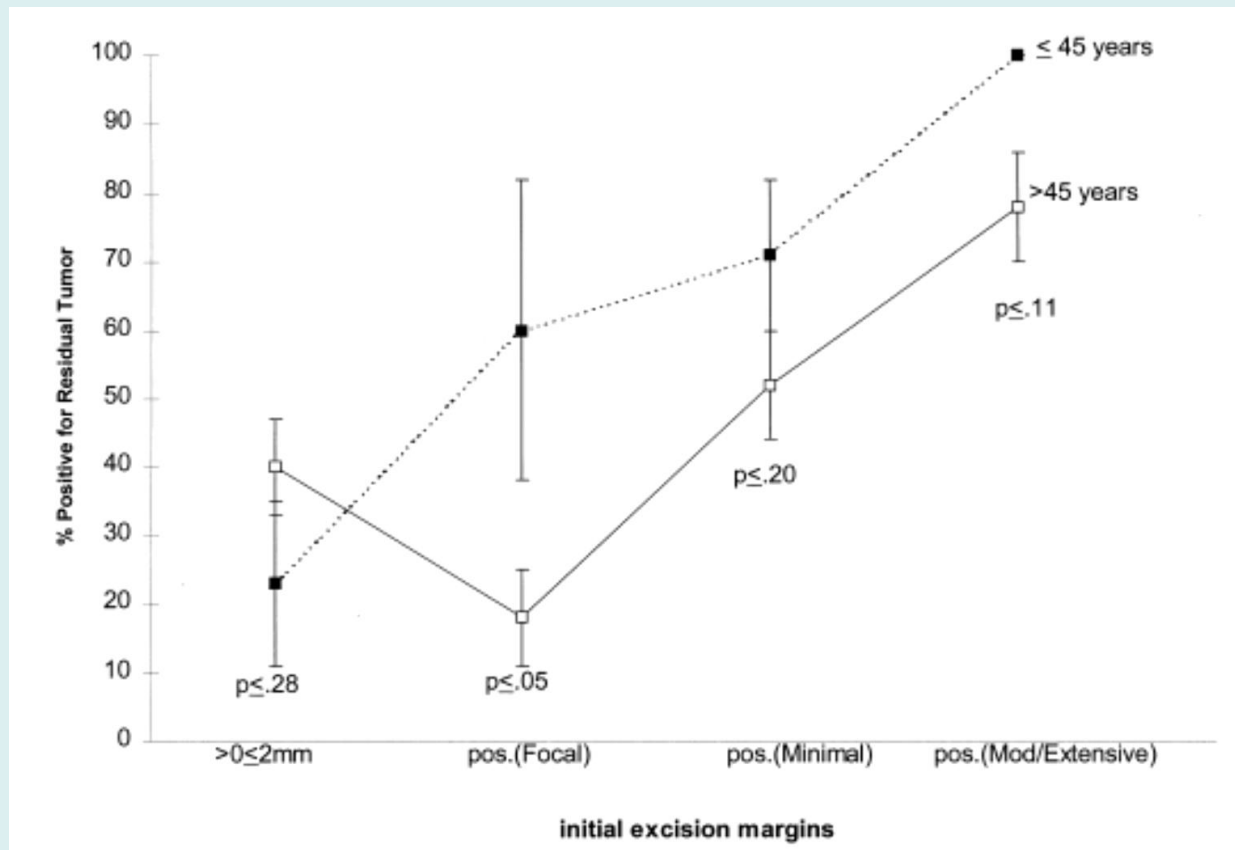
# The Influence of Margin Width and Volume of Disease Near Margin on Benefit of Radiation Therapy for Women With DCIS Treated With Breast-Conserving Therapy. Rudloff & al. Ann Surg 2010

Margin Width	Number in Subgroup*	Number of IBTR in Subgroup	Unadjusted HR <sup>†</sup> (95% CI)	P	Variable <sup>‡</sup>	Adjusted <sup>§</sup> HR <sup>†</sup> (95% CI)	P <sup>¶</sup>
≥10 mm	133	24	0.76 (0.30–1.91)	0.56	Age	0.70 (0.28–1.78)	0.46
					Palpable mass	0.68 (0.27–1.72)	0.41
					Lobular neoplasia	0.74 (0.27–2.04)	0.56
					Nuclear grade	0.60 (0.22–1.65)	0.33
					Necrosis	0.73 (0.29–1.85)	0.50
					Adjuvant endocrine therapy	0.74 (0.29–1.87)	0.52
					No. involved ducts at closest margin	0.76 (0.30–1.91)	0.55
					1–9 mm	73	17
Palpable mass	0.27 (0.08–0.94)	0.04					
Lobular neoplasia	0.28 (0.08–0.99)	0.05					
Nuclear grade	0.31 (0.09–1.07)	0.06					
Necrosis	0.29 (0.08–1.03)	0.06					
Adjuvant endocrine therapy	0.31 (0.09–1.09)	0.07					
No. involved ducts at closest margin	0.26 (0.07–0.91)	0.04					
<1 mm	80	20	0.17 (0.05–0.58)	0.005			
					Palpable mass	0.19 (0.05–0.63)	0.007
					Lobular neoplasia	0.18 (0.04–0.76)	0.02
					Nuclear grade	0.18 (0.05–0.60)	0.006
					Necrosis	0.17 (0.05–0.58)	0.005
					Adjuvant endocrine therapy	0.19 (0.05–0.64)	0.007
					No. involved ducts at closest margin	0.18 (0.05–0.61)	0.008

# The influence of age and extensive intraductal component histology upon breast lumpectomy margin assessment as a predictor of residual tumor.

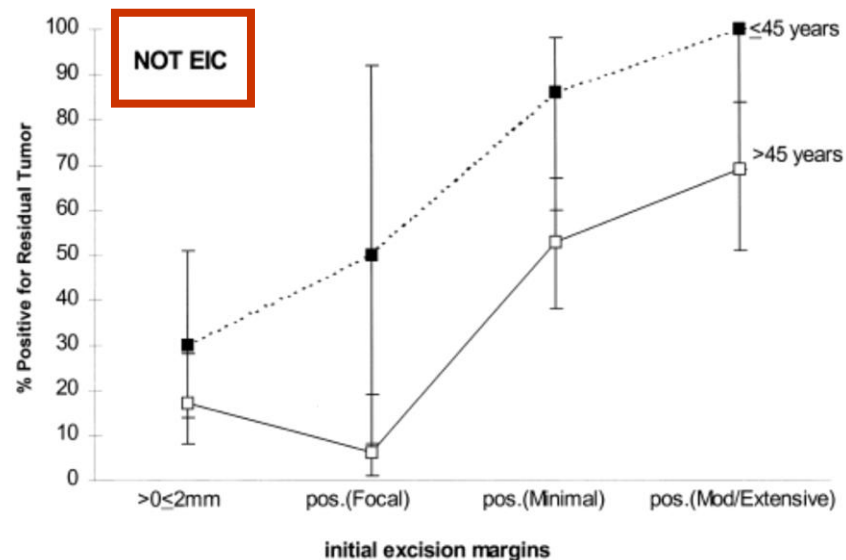
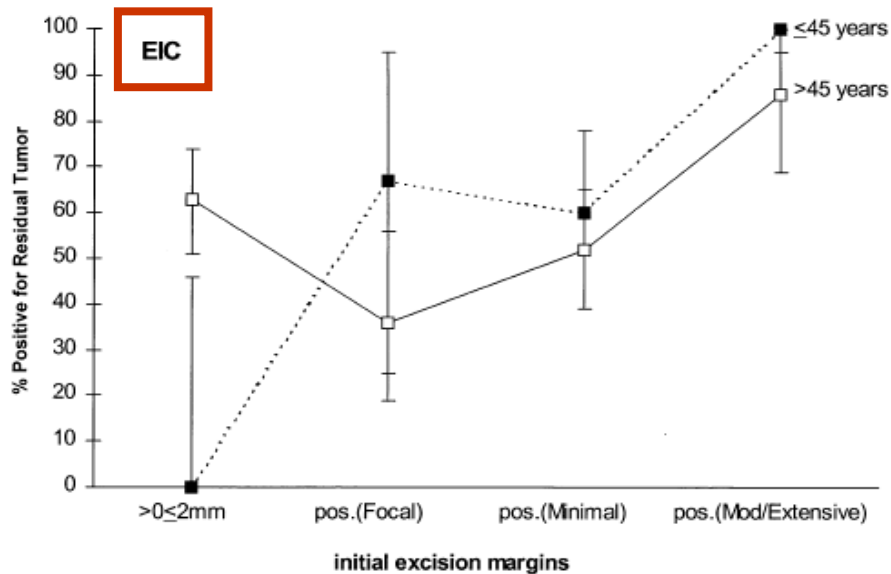
Wazer & al. IJRBP 1999

**265 KS Stade I-II / Marge initiale  $\leq 2$  mm  $\Rightarrow$  Réexcision**



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Wazer & al. IJRBP 1999





**TEN-YEAR RECURRENCE RATES IN YOUNG WOMEN WITH BREAST  
CANCER BY LOCOREGIONAL TREATMENT APPROACH**

BETH M. BEADLE, M.D., PH.D.,\* WENDY A. WOODWARD, M.D., PH.D.,\* SUSAN L. TUCKER, PH.D.,†  
 ELESYIA D. OUTLAW, M.D.,\* PAMELA K. ALLEN, PH.D.,\* JULIA L. OH, M.D.,\* ERIC A. STROM, M.D.,\*  
 GEORGE H. PERKINS, M.D.,\* WELELA TEREFFE, M.D.,\* TSE-KUAN YU, M.D., PH.D.,\*  
 FUNDA MERIC-BERNSTAM, M.D.,† JENNIFER K. LITTON, M.D.,§ AND THOMAS A. BUCHHOLZ, M.D.\*

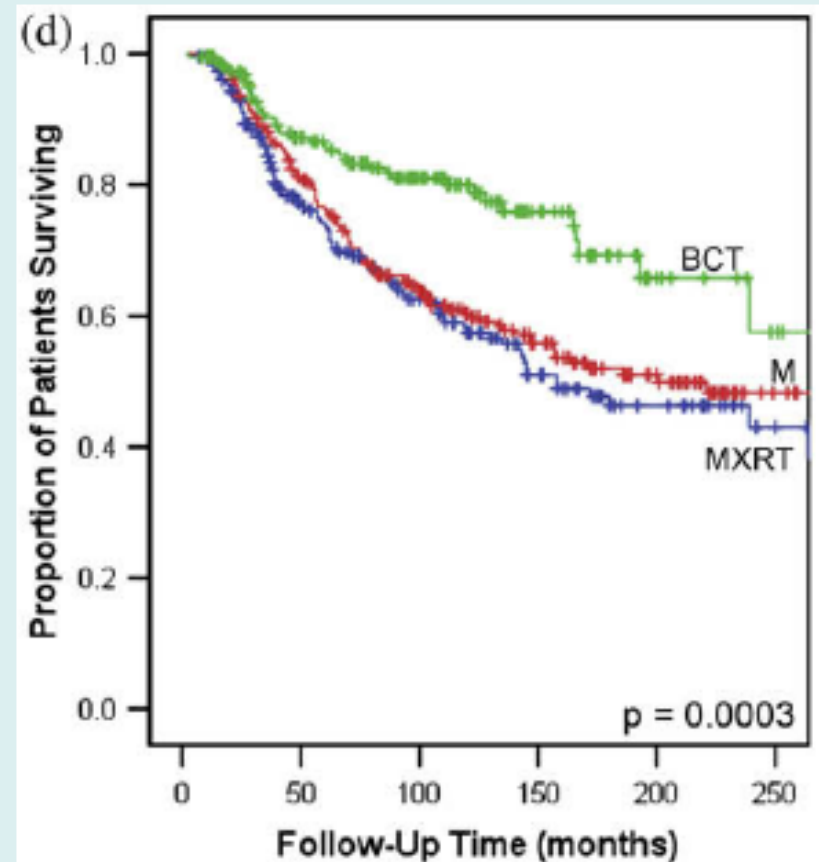
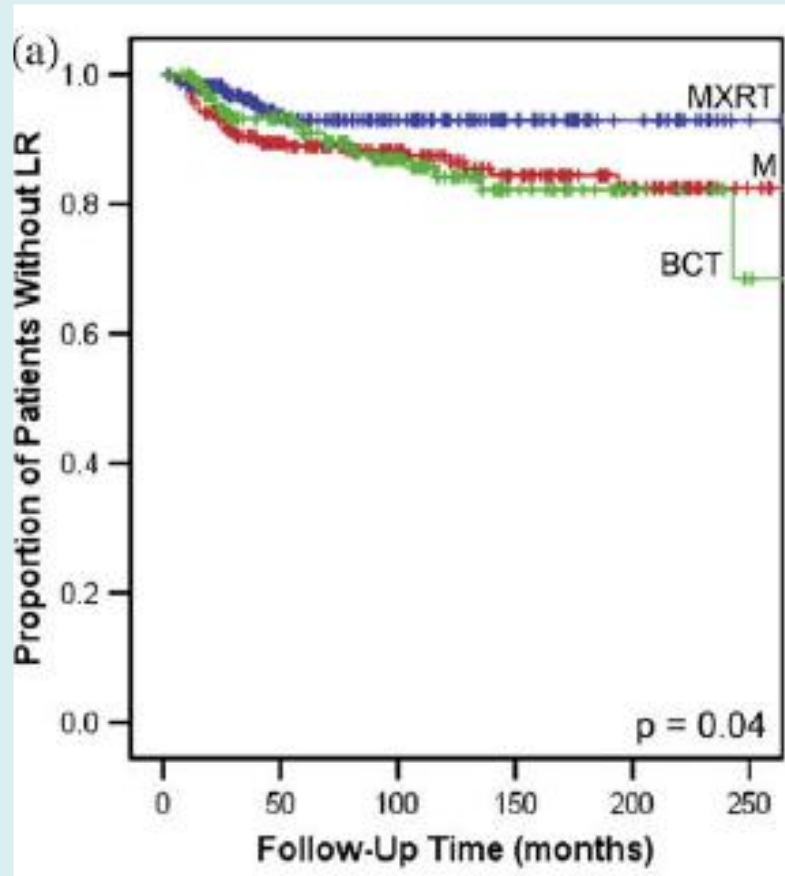
Departments of \*Radiation Oncology, †Biostatistics and Applied Mathematics, ‡Surgical Oncology, and §Medical Oncology,  
 The University of Texas M. D. Anderson Cancer Center, Houston, TX

- **652 FJ de moins de 35 ans / FU: 114 mois**
- **3 groupes:**

	<b>CS et RT</b>	<b>M</b>	<b>M et RT</b>	
	<b>197</b>	<b>237</b>	<b>234</b>	
<b>RL10</b>	<b>16%</b>	<b>12%</b>	<b>7%</b>	<b>p:0.04</b>
<b>RLR</b>	<b>20%</b>	<b>24%</b>	<b>15%</b>	<b>p:0.05</b>
<b>OS10</b>	<b>80%</b>	<b>60%</b>	<b>57%</b>	<b>p:0.0003</b>

# Ten-year recurrence rates in young women with breast cancer by loco-regional treatment approach.

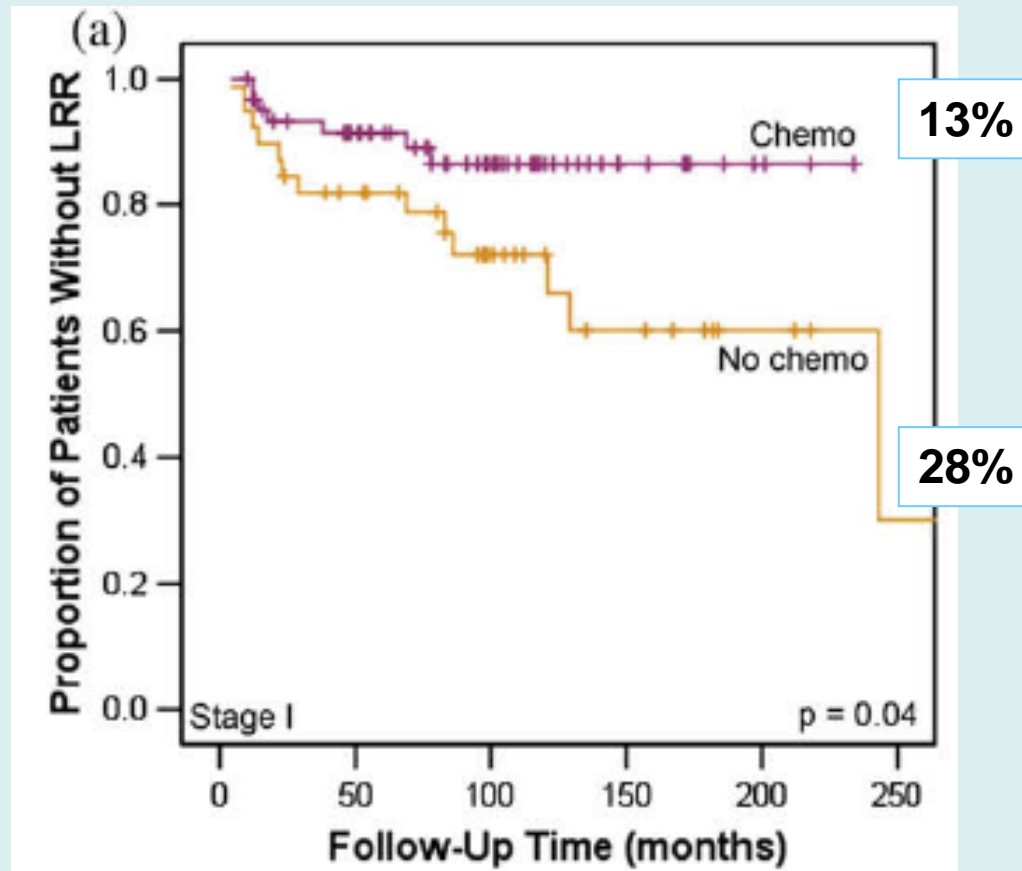
Beadle & al. IJRB 2009.



« The choice of BCT should be made with an understanding of the risks and benefits »

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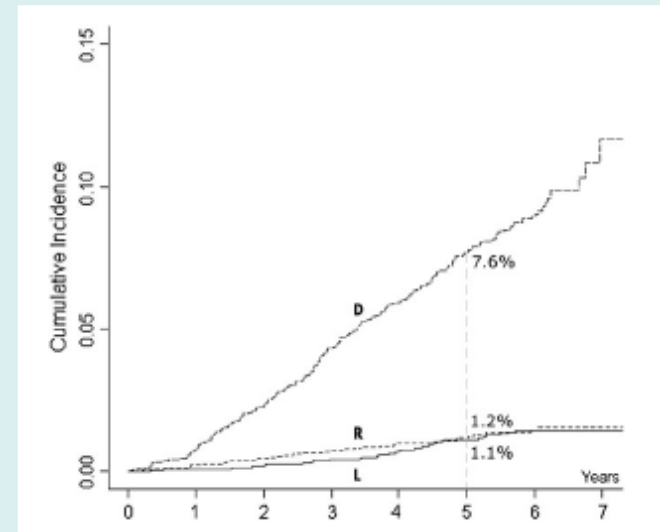
Beadle & al. IJRB 2009.



# Analysis of local and regional recurrences in breast cancer after conservative surgery.

Botteri & al. Ann Oncol 2010

- 2784 KS précoce
- « Quadrantectomie 1° – RT », EIO Milan
- FU: 72 mois
- 33 R Locale 1.1% !
- 35 R Régionale 1.2%
- 222 Mt 8%
- Facteurs de risque :
  - aux 3 évènements: Taille / RE / Her2 / Ki67
  - Aux Mt : pN+ / Emb LV +
  - Aux RL : jeune Age



# Breast-conserving surgery in 201 very young patients (<35 years).

Gentilini & al. Breast 2010

- 201 FJ (< 35 ans) avec une CS , 97-04, FU: 72 mois
- Série consécutive 273 FJ => 201 CS (73%) / 72 M
- 12% de F+ 1°
- 59% de T1 / 21% de CICE / 57% de Gr III
- 45% de pN+ (30% de GS+) / 20% de LV+ / 71% de RE+
- Aucune réexcision post op (mais quadrantectomie initiale !!)
- 166 ont une CT post op (82%) / 113 une HT / 109 les 2
- RL5 : 9% - RL10 : 12.3%
- 11% de Mt
- Cox: aucun facteur de RL individualisé +++

# Commentaires sur le risque RL

- **Bilan pré opératoire sans IRM**
- **Chirurgie non systématisée**
- **Evaluation AP des marges hétérogène**
- **Apport de la RT adjuvante (CS ou M)**
- **Apport des ttt systémiques (CT)**

**=> L'âge jeune reste un facteur péjoratif !**

# FJ et type de Chirurgie

- **Mastectomie**
  - Seule, n'est pas la meilleure solution pour les Inf
- **Association Conservatrice (Chir et RT)**
  - Type d'exérèse à systématiser !
    - FJ = Exérèse Large ; Quadrantectomie?
  - Adaptée si marges saines
  - Pas de sous groupe à risque, individualisé
    - Gr III => RL8 18% / 7%\* ?
  - Impact des traitements systémiques

# **Breast conservation for the very young ?**

**Rutgers EJ. The Breast 2009**

**« The choice for breast-conserving therapy in the young patient is difficult and the choice and ultimate decision depends on the availability of all relevant information**

**In the end, it is the patient who takes the decision**

**it is the task of the treating specialist to provide her with all relevant information and to come with her to the best choice for her. »**



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# « Processus de révélation des préférences des patients » A Bremond.

- **Qualité de l'information => Outils d'aide à la décision (*decision aids*)**
- **Processus de décision partagée (*shared making-decision*)**

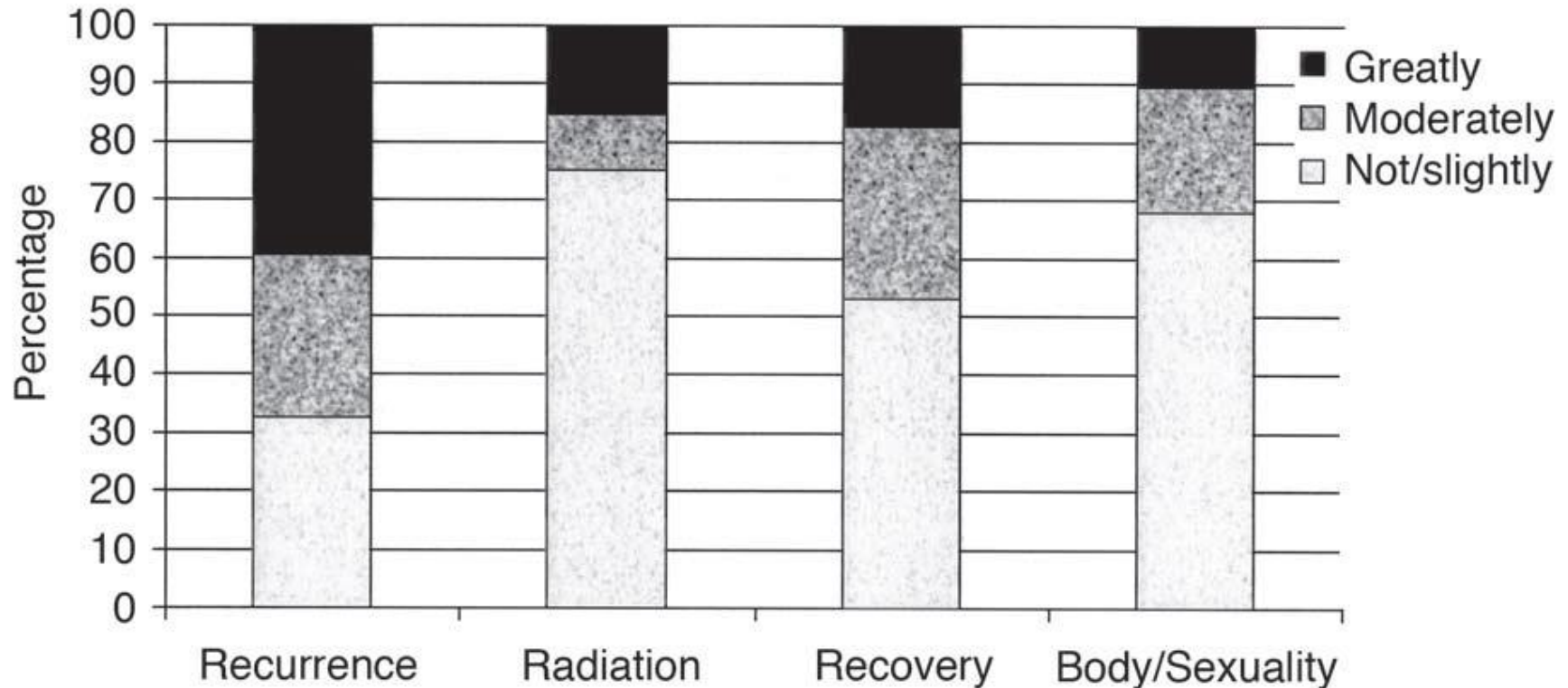
# FJ et Information éclairée ?

- **CCIS :** **CS / MRI**
  - **RL<sub>10</sub> :** **20% / 2%**
  - **OS<sub>10</sub> :** **NS**
  
- **C Infiltrant :** **CS / MRT**
  - **RL<sub>10</sub> :** **20% / 7%**
  - **OS<sub>10</sub> :** **NS**

# Facteurs influençant le choix de la chirurgie

Patient involvement in surgery treatment decisions for breast cancer. Katz SJ & al. JCO 2005

- 1844 F opérées d'un KS de stade précoce
- 1079 F (66%) qui ont eu le choix de leur chirurgie
- 30% de Mastectomie
- 73%  $\geq$  2 Cs preop / 50% choix  $>$  2° Cs preop

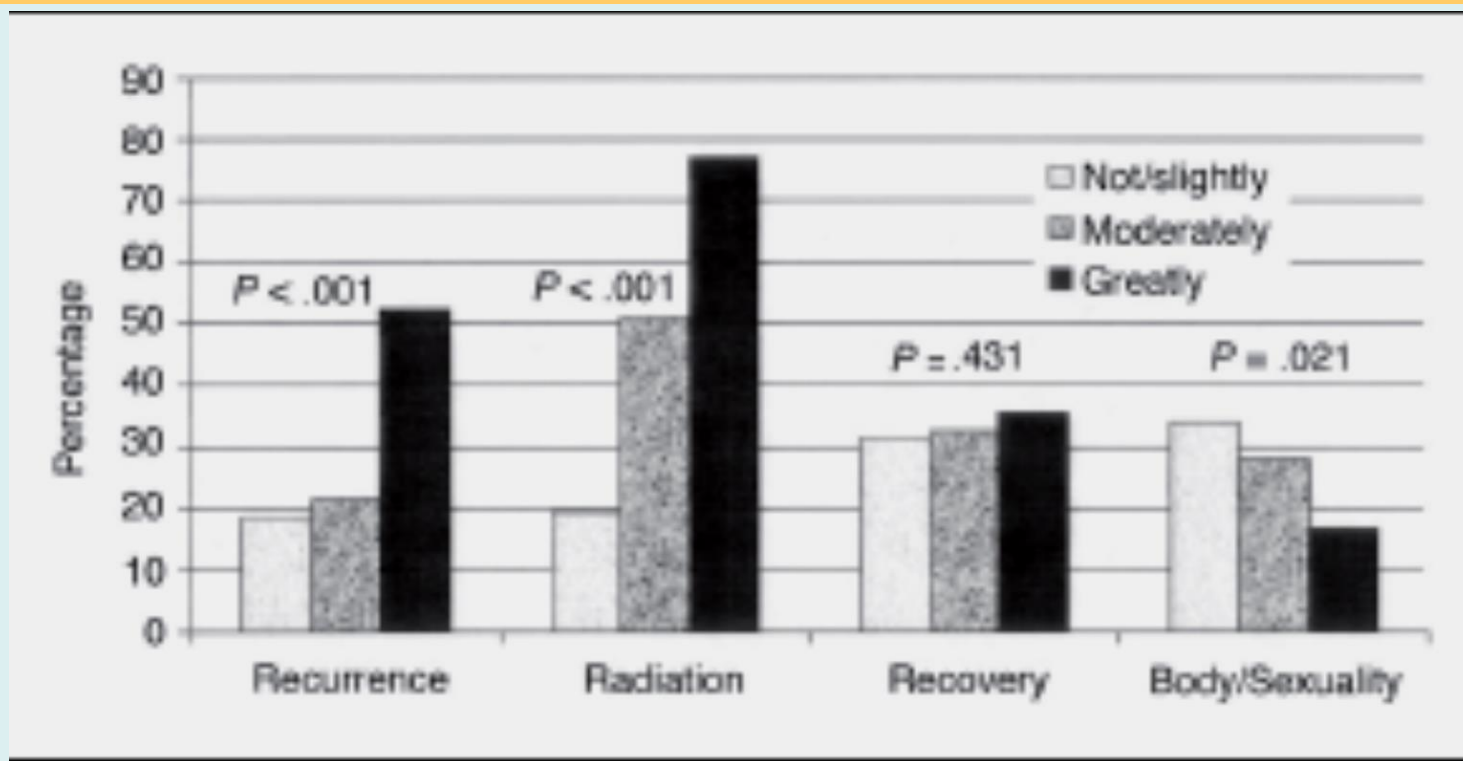


# Facteurs influençant la décision de Mastectomie

Patient involvement in surgery treatment decisions for breast cancer. Katz SJ & al. JCO 2005

Décision: F 41% / DP 37% / Chir 22%

M => 5.3% si Chir décide / 17% si DP / 27% si F décide  $p < 0.01$

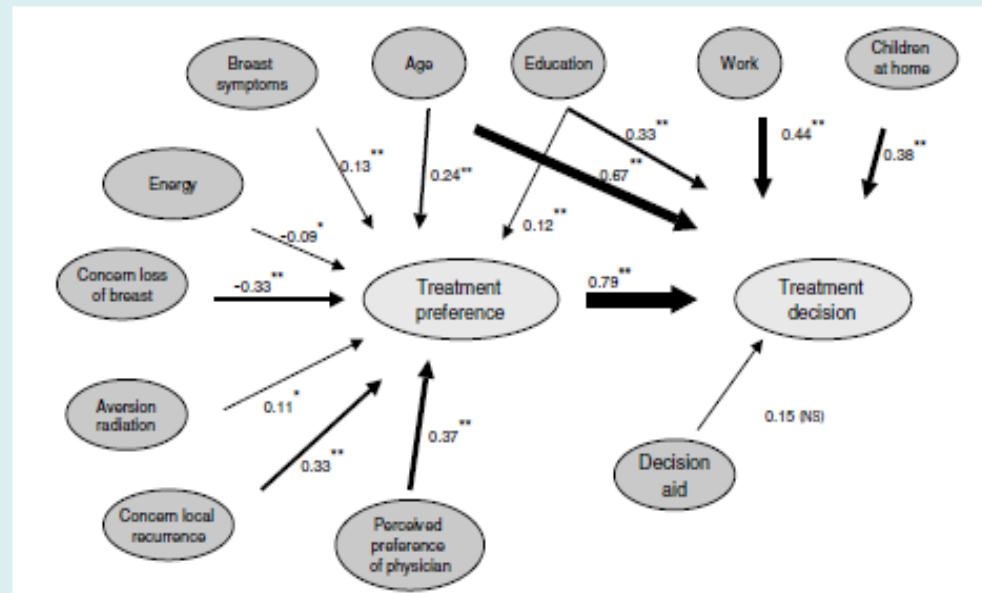


Population appariée pour l'âge, le TNM, éducation, ethnique, comorbidités  
KS pouvant bénéficier d'une CS, n: 1079

# Predictors of patients' choices for breast-conserving therapy or mastectomy: a prospective study

Molenaar & al. BJC 2004

- 180 KS
  - 88 Info standard
  - 92 Décision aid
- 28% => choix de M
- Facteurs de Choix
  - Préférence du chir
  - Perte du sein
  - Risque de RL



# Can women with early-stage breast cancer make an informed decision for mastectomy ?

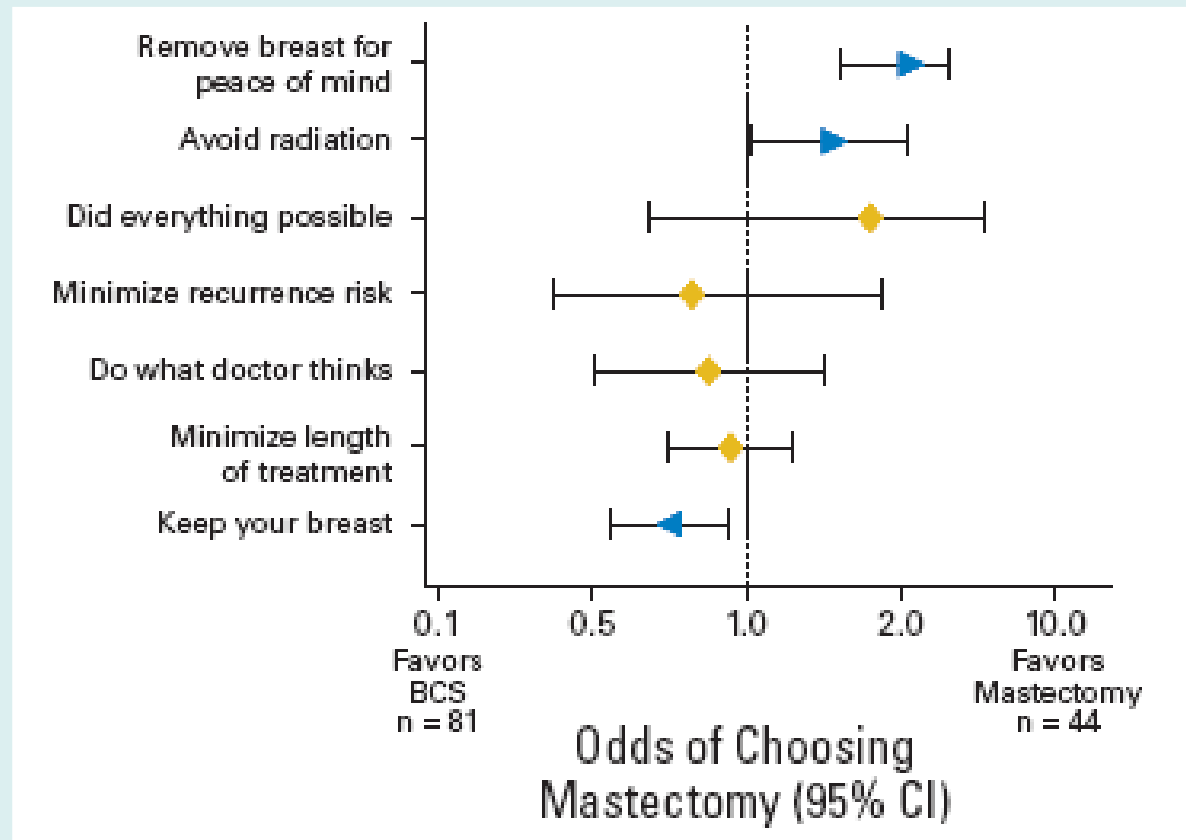
Collins & al. J Clin Oncol. 2009

245 F susceptibles de bénéficier d'un CS

125 utilisent l'Aide à la Décision => 35% de Mastectomie

FJ (55 ans) et mariée : choix de M / niveau d'éducation: NS

Rôle clé de la Cs chirurgicale : Choix du chirurgien



# Chirurgie des KS de la FJ

- **FJ => Stratégie Chirurgicale des CCIS, des Infiltrants avec CICE et des Multifocaux => Chirurgie Large.**
- **Risque Local et Information éclairée ?**
- **Décision partagée ... à standardiser**