

**BILATERAL MASTECTOMY IS NOT ROUTINELY
JUSTIFIED IN PATIENTS WITH BILATERAL
AXILLARY LYMPHADENOPATHY AND ONLY ONE
DETECTABLE PRIMARY BREAST CANCER LESION**

**16TH UP CONTROVERSIES AND PROBLEMS IN SURGERY
SYMPOSIUM**

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“To do or not to do –

Bilateral mastectomy for the treatment of bilateral axillary lymphadenopathy but detectable primary lesion in only one breast

that is the question”

But what is the answer?

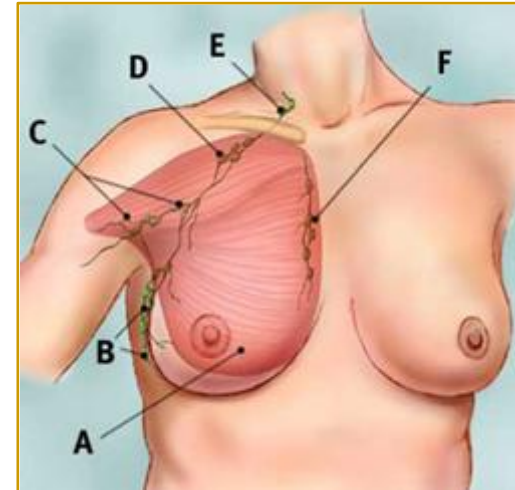
INTRODUCTION

- Contralateral axillary involvement
 - ❑ Systemic disease (M1) – Stage IV
 - ❑ Regional metastasis (T0N1) – Stage II
- Uncertain laterality
 - ❑ Complicates staging
 - ❑ Management dilemma
- Systematic evaluation



BREAST LYMPHATIC DRAINAGE

- Ipsilateral axilla
 - ❑ Extra-axillary areas: 25%
 - ❑ Contralateral axilla: 2 routes
- Alternate routes of drainage
 - ❑ Blockage/ damage
 - ❑ Physiological alternative
- CAM: lymphatic spread



A: pectoralis major muscle

B: axillary lymph nodes: levels I

C: axillary lymph nodes: levels II

D: axillary lymph nodes: levels III

E: supraclavicular lymph nodes

F: internal mammary lymph nodes

INCIDENCE

- Occult primary BC
 - 1% operable breast cancer
 - 75% detected by conventional imaging

- Contralateral axillary metastasis (CAM)
 - Recent study
 - Excluded other systemic metastasis; used MRI
 - Synchronous and metachronous CAM: 1.9%

(Morcos et al, *EJSO*, 37: 2011)

APPROACH

- Clinical assessment
 - Contralateral breast
 - Other organs
- Pathological proof
 - Malignant nodal involvement → further evaluation
- Radiological evaluation
 - Occult contralateral 1° breast cancer

APPROACH: PATHOLOGY

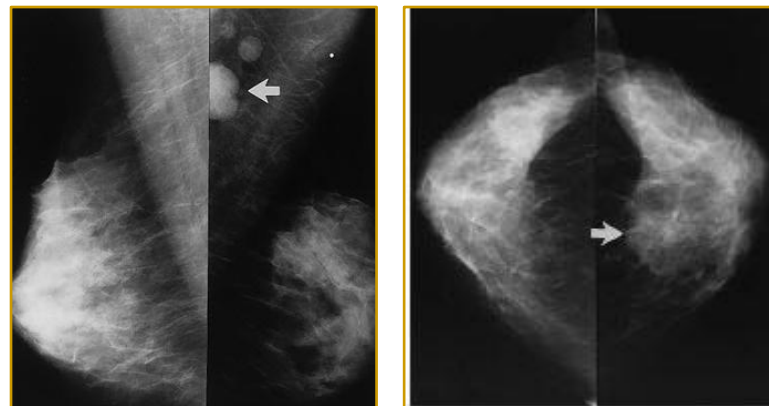
- Ultrasound-guided FNAC
 - Atypical or malignant cells
- Ultrasound-guided CNB
 - Confirm origin of metastasis
 - Breast or other adenocarcinomas
 - Prognostic and predictive markers
 - Difference: occult c/I 1°
 - Concordance: synchronous CAM



APPROACH: IMAGING

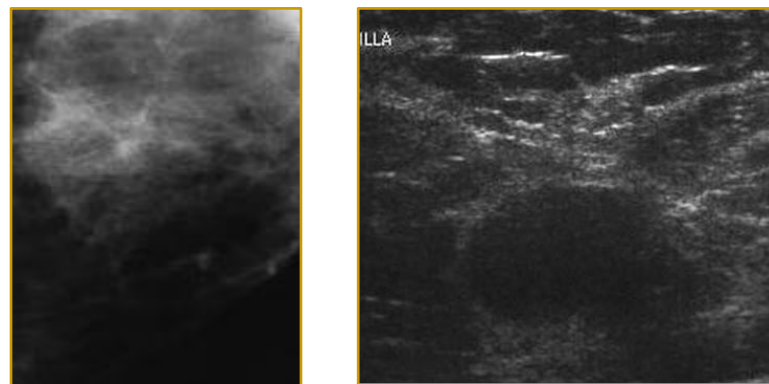
■ Occult contralateral 1° breast cancer

- ❑ Invasive lobular carcinoma
- ❑ Hereditary breast cancer
- ❑ Different biomarkers



■ Review MMG and US

- ❑ Additional MMG views
- ❑ Repeat US



■ MRI

- ❑ Detect 70% lesions evading conventional imaging

TREATMENT

Occult breast primary

■ Lesion identified and localised

- ❑ Breast conservation + ALND
- ❑ **Mastectomy**
- ❑ Adjuvant therapy



■ Not identified: microscopic disease

- ❑ **Mastectomy** (20% yield)
- ❑ ALND + Radiotherapy (whole breast)
 - Good local control

TREATMENT

Contralateral axillary metastasis

- Aggressive 1° tumours; poor pathological features
 - ❑ High grade; LVI
 - ❑ Hormone receptor negative; Her-2 overexpressing
- Management complex
 - ❑ No clear guidelines
 - ❑ Treatment individualized
 - ❑ Options: surgery, systemic therapy

TREATMENT

CAM and other metastatic sites

- Systemic treatment
- Axillary dissection selectively
 - ❑ Local control
 - ❑ Palliation

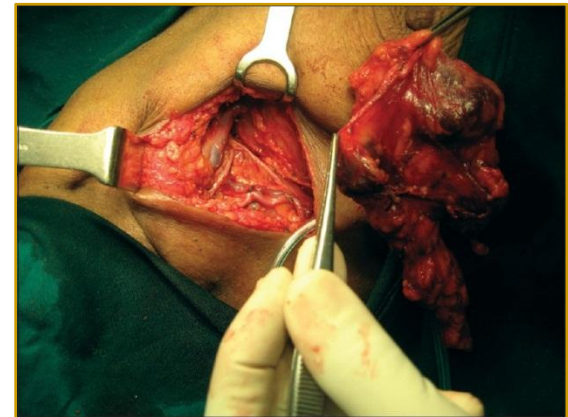


TREATMENT

CAM as only site of metastasis

■ **Contralateral axillary dissection**

- Who?
 - Early stage tumours
 - No response to systemic therapy (C/L nodes)
- Why?
 - Excellent axillary control; no axillary recurrences
- Long-term DFS and cure?
 - Unknown



TREATMENT

CAM as only site of metastasis

■ **Contralateral mastectomy**

- ❑ Not routinely indicated

- ❑ Who?
 - Different pathology
 - Hereditary breast cancer

TREATMENT

CAM as only site of metastasis

■ Systemic therapy

□ Who?

- Locally advanced/ aggressive tumours
 - High risk distant metastases

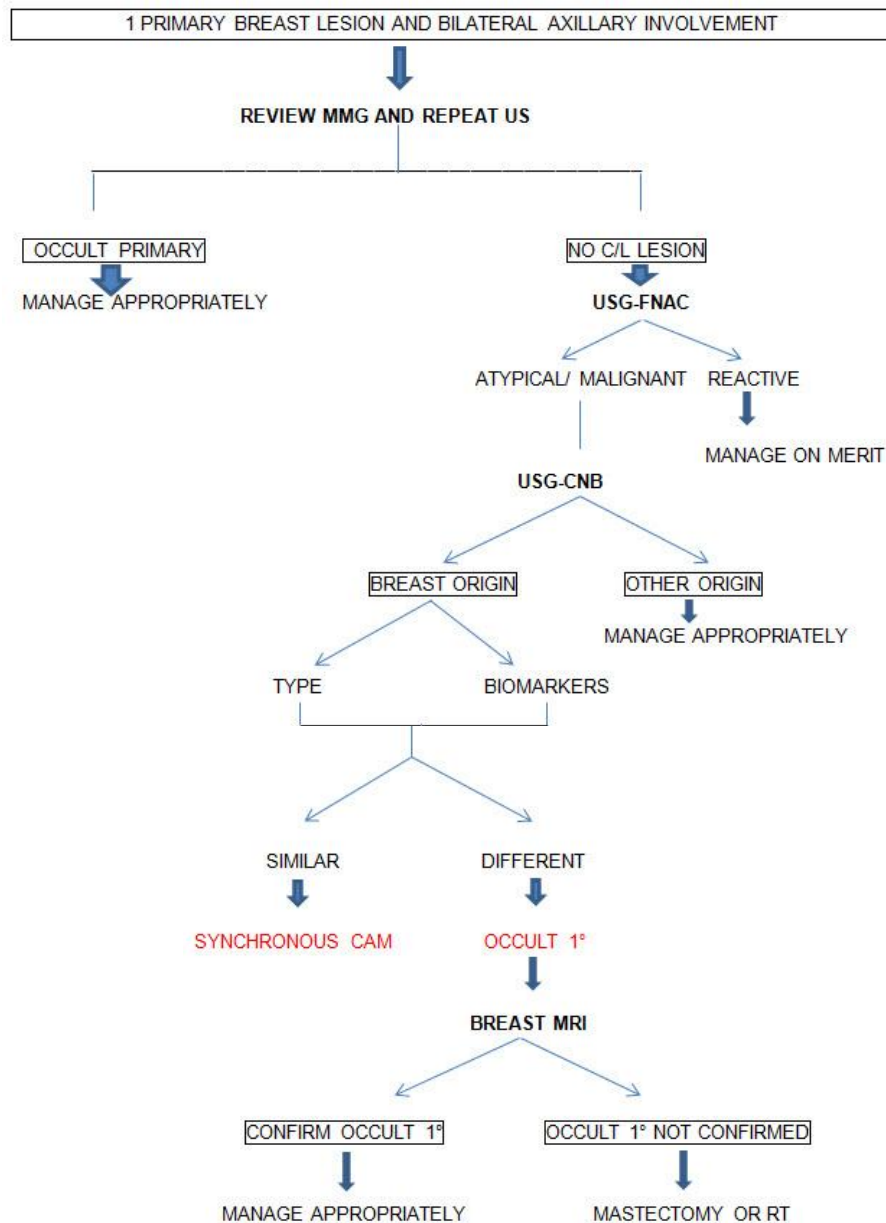
□ Why?

- Response to treatment monitored

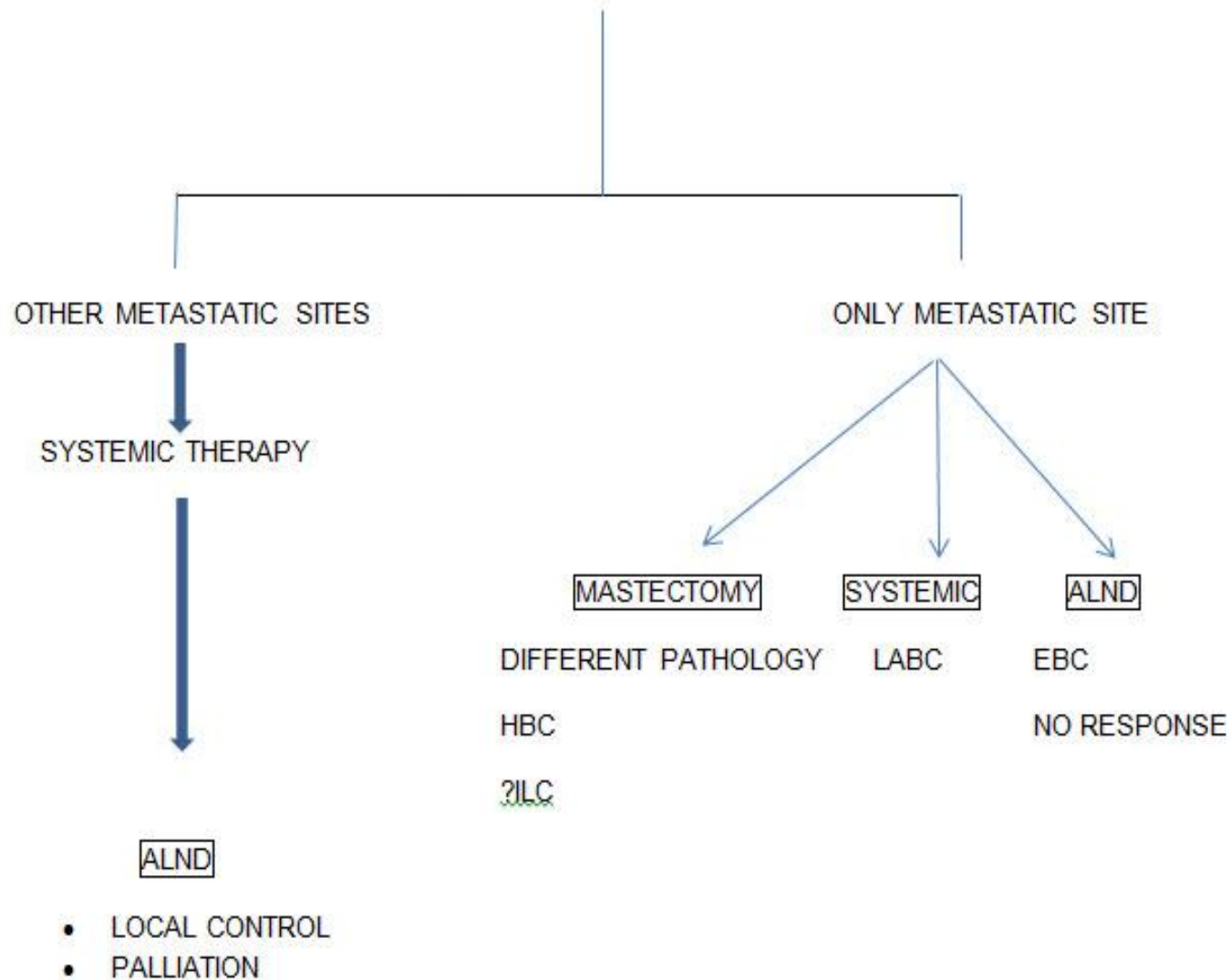
□ What?

- Endocrine therapy: 1st line → hormone receptor positive
- Chemotherapy: Hormone receptor negative; no response
- Trastuzumab: HER-2 overexpression





SYNCHRONOUS CONTRALATERAL AXILLARY METASTASIS (CAM)



CONCLUSION

- Contralateral axillary involvement rare
- Systematic approach
 - Regional metastasis or systemic disease
- Synchronous occult c/I 1°
 - Treated on own merits
 - BCT option

CONCLUSION

■ CAM

- ❑ Management individualized
- ❑ CAM only metastasis
 - Axillary dissection
 - ❑ Early stage disease
 - ❑ No response to systemic therapy
 - ❑ Palliation
 - Mastectomy: specific indications