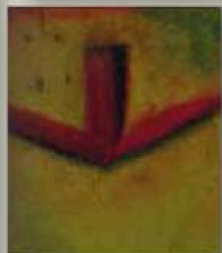
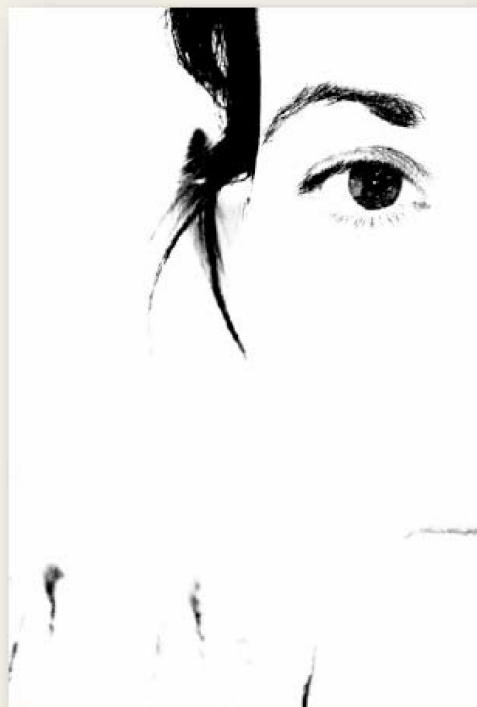


gis
ma
gruppoitalianoscreening
mammografico

Con il Patrocinio di:



Patrocini richiesti:
Ordine dei Medici
e degli Odontoiatri
della Provincia di Salerno
ASL Salerno
Osservatorio Nazionale
Screening



CONVEGNO NAZIONALE **GISMA 2014**

ATTITUDINE/LATITUDINE

L'estensione dei programmi
di screening mammografico
in Italia

*"dicette o pappece 'nfaccia a noce...
damme o tiempo ca te spertoso"*

Salerno

26-27 giugno 2014

Salone dei Marmi
Palazzo di Città

Programma Regionale di Screening
Mammografico Prevenzione Serena

WORKSHOP 2014

Torino, 3 Dicembre 2014

NOVITA' E AGGIORNAMENTI
DAL CONVEGNO GISMA E
DALLA LETTERATURA:

Trattamento

Adriana Paduos - Massimiliano Bortolini



Questioni di età

Paziente anziana

Facile sovratrattamento = chirurgia demolitiva

e sottotrattamento = terapia sistemica

Paziente anziana

<http://www.sciencedirect.com/science/journal/14702045>

2012

Review

Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA)

Laura Biganzoli, Hans Wildiers, Catherine Oakman, Lorenzo Marotti, Sibylle Loibl, Ian Kunkler, Malcolm Reed, Stefano Clatto, Adri C Voogd, Etienne Brain, Bruno Cutuli, Catherine Terret, Manjot Gosney, Matti Aapro, Riccardo Audino

Surgery

Patients 70 years or older should be offered the same surgery as younger patients
Standard of care is BCS plus WBRT, or mastectomy with or without postoperative radiotherapy
Mastectomy is indicated for large or multifocal tumours not amenable to conservative excision, patients who are not fit for WBRT, and patients who prefer mastectomy to BCS plus WBRT
ALND is indicated for clinically positive or highly suspected nodes, since nodal status can affect adjuvant therapy
SLNB is a safe alternative to primary ALND in patients with clinically node negative disease. Need for ALND after positive SLNB is controversial

Patients 70 years or older should be offered the same surgery as younger patients
Standard of care is BCS plus WBRT, or mastectomy with or without postoperative radiotherapy
Mastectomy is indicated for large or multifocal tumours not amenable to conservative excision, patients who are not fit for WBRT, and patients who prefer mastectomy to BCS plus WBRT; ALND is indicated for clinically positive or highly suspected nodes
In clinically node negative disease, axillary staging by SLNB with completion ALND for tumour-positive SLNB remains the standard of care. Omission of SLNB and completion ALND might be reasonable in some older patients (see text)

Paziente anziana

- 1. L'età cronologica "di per se' " non deve essere considerata il fattore decisionale nella scelta del trattamento chirurgico*
2. La decisione del trattamento chirurgico non è solo del chirurgo, ma del team multidisciplinare, comprensivo della valutazione geriatrica globale (CGA)
3. Nella paziente in buone condizioni generali, con nessuna tara rilevante o con poche tare, indipendentemente dall'età, stesso trattamento locale, rispetto alla giovane , compatibilmente con la scelta della donna.





Pazienti Giovani

Chirurgia demolitiva in funzione dell'età???

La giovane età (<40aa) è sicuramente un importante fattore di rischio per la recidiva mammaria

Diventa fondamentale la valutazione preoperatoria multidisciplinare del singolo caso per decidere il più corretto iter terapeutico con esauriente comunicazione alla paziente



ORIGINAL ARTICLE



Comparison of recurrence and survival rates after breast-conserving therapy and mastectomy in young women with breast cancer

J.Q. Cao MD MBA, R.A. Olson MD MSc,^{†‡}
and S.K. Tyldesley MD MPA^{*‡}*

Breast-conserving therapy is not contraindicated in young women (<40 years of age) and can be used cautiously; however, those women should be advised about the lack of unequivocal data proving that survival is equivalent to mastectomy in their age group.



Breast cancer: from “maximum tolerable” to “minimum effective” treatment

Umberto Veronesi*, Vaia Stafyla, Alberto Luini and Paolo Veronesi

Department of Senology, European Institute of Oncology, Milan, Italy

The study update with a 20-years follow up confirmed the preliminary findings, establishing the concept of breast conservation as a standard of care (Veronesi et al., 2002).

Radiotherapy is nowadays considered a component of breast conservation, at least in women who are younger than 60 years old. For patients over 60 years old, a multicenter prospective randomized trial was conducted, in order to assess the necessity of radiotherapy



Research

Original Investigation

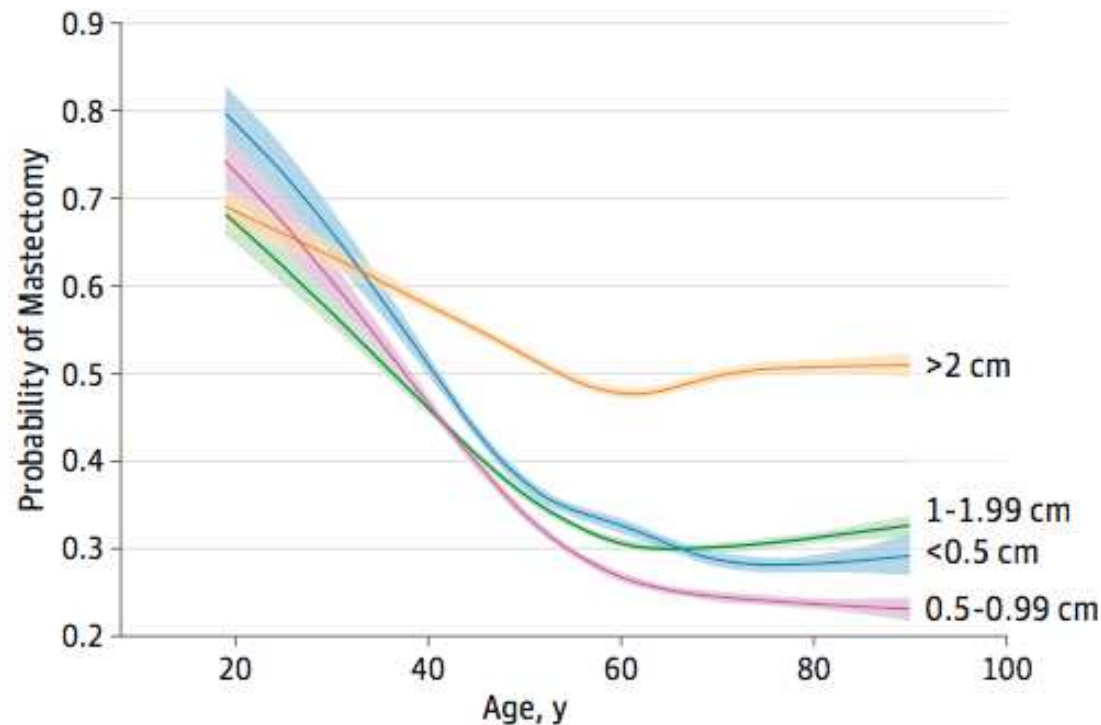
Nationwide Trends in Mastectomy for Early-Stage Breast Cancer

Kristy L. Kummerow, MD; Liping Du, PhD; David F. Penson, MD, MPH; Yu Shyr, PhD; Mary A. Hooks, MD, MBA

The team examined data from the National Cancer Data Base on 1,216,820 women with primary breast cancer who underwent resection of the primary tumor between 1998 and 2011. Of those, 64.2% underwent BCS, and 35.5% had mastectomy.

JAMA Surg. doi:10.1001/jamasurg.2014.2895
Published online November 19, 2014.

Figure 2. Adjusted Probability of Mastectomy by Age and Tumor Size



Multivariable logistic regression model adjusted for race, ethnicity, insurance, urban/rural residence, educational level, facility type, facility region, Charlson-Deyo score, positive nodes, invasive vs in situ, tumor grade, and estrogen receptor status. Each curve represents a different tumor size category (in centimeters).

La mastectomia è eseguita più frequentemente nelle donne giovani con qualsiasi dimensione della neoplasia. Evidente invece l'associazione mastectomia-dimensioni >2 cm della neoplasia nelle donne anziane.

ORIGINAL ARTICLE – BREAST ONCOLOGY

Women's Impression of the Expected Breast Appearance and its Association with Breast Cancer Operations

Ian K. Komenaka, MD^{1,2}, Lisa M. Winton, MD¹, Marcia E. Bouton, PA-C¹, Chiu-Hsieh Hsu, PhD^{2,3}, Jesse N. Nodora, DrPH⁴, Loyd Olson, MD¹, Terry R. Maffi, MD⁵, Elizabeth M. Nasset, MD¹, and Maria Elena Martinez, PhD⁴

¹Maricopa Medical Center, Phoenix, AZ; ²Arizona Cancer Center, University of Arizona, Tucson, AZ; ³Mel and Enid Zuckerman Arizona College of Public Health, University of Arizona, Tucson, AZ; ⁴University of California San Diego Moores Cancer Center, San Diego, CA; ⁵Maffi Plastic Surgery, Scottsdale, AZ

Most women felt that the augmented appearance of breasts is currently expected, and this impression was more common in young women. This impression may be another factor contributing to the current trend of more extensive breast cancer operations and implant-based reconstructions.



*World Journal of
Clinical Oncology*

Submit a Manuscript: <http://www.wjgnet.com/esps/>
Help Desk: <http://www.wjgnet.com/esps/helpdesk.aspx>
DOI: 10.5306/wjco.v5.i3.359

World J Clin Oncol 2014 August 10; 5(3): 359-373
ISSN 2218-4333 (online)

© 2014 Baishideng Publishing Group Inc. All rights reserved.

TOPIC HIGHLIGHT

WJCO 5th Anniversary Special Issues (2): Breast Cancer

Main controversies in breast cancer

**AFTER CONSERVATIVE SURGERY, IN
PATIENTS WITH POSITIVE SENTINEL
LYMPH NODES, SHOULD AXILLARY
DISSECTION BE PERFORMED OR NOT?**

ACOSOG Z0011:

IBCSG 23-01:

**Omettere Dissezione Ascellare in Early Breast Cancer
anche con 1 o 2 linfonodi sentinella positivi**

Galimberti V, et al Axillary dissection versus no axillary dissection in patients with sentinel-node micrometastases (IBCSG 23-01): a phase 3 randomised controlled trial. *Lancet Oncol* 2013; **14**: 297-305

Giuliano AE, et al. Locoregional recurrence after sentinel lymph node dissection with or without axillary dissection in patients with sentinel lymph node metastases: the American College of Surgeons Oncology Group Z0011 randomized trial. *Ann Surg* 2010; **252**: 426-432; discussion 432-433



Radioterapia è efficace nel controllo ascellare nei pazienti linfonodi sentinella positivi

ST GALLEN:

Harbeck N, Thomssen C, Gnant M. St. Gallen 2013: brief preliminary summary of the consensus discussion. *Breast Care* (Basel) 2013; **8**: 102-109

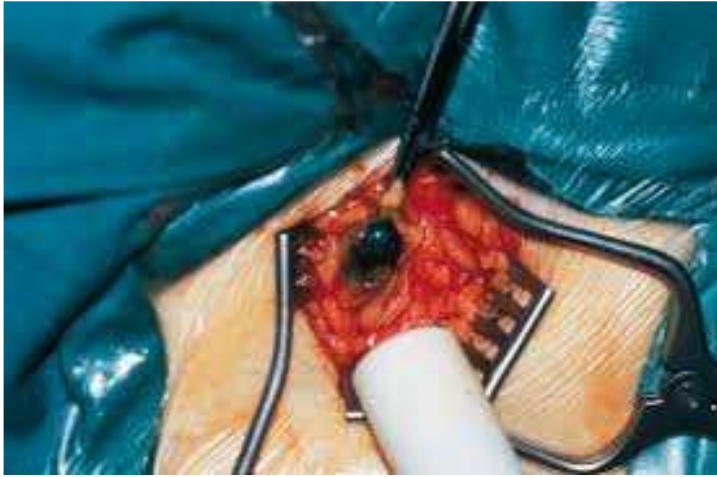
Raccomanda di evitare dissezione ascellare nei pazienti con linfonodo sentinella macrometastatico che si sottopone a radioterapia

Pepels MJ, et Al. Regional recurrence in breast cancer patients with sentinel node micrometastases and isolated tumor cells. *Ann Surg* 2012; 255: 116-121

Linfonodi micrometastatici senza dissezione ascellare è correlato con recidiva a 5 anni aumentata

The screenshot shows the UpToDate website interface. At the top, there is a search bar with the text 'Search UpToDate', a magnifying glass icon, and the Wolters Kluwer Health logo. Below the search bar are navigation links: 'Languages', 'About Us', 'News & Events', 'Contact Us', 'Help', and a 'Log in' button. A green navigation bar contains several menu items: 'WHY UPTODATE?', 'PRODUCT', 'EDITORIAL', 'SUBSCRIPTION OPTIONS', 'SUBSCRIBE', and 'WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS'. The main content area features the article title 'Sentinel lymph node dissection for breast cancer: Indications and outcomes'. Below the title, there are three columns of author information: 'Authors' (Seth P Harlow, MD and Donald L Weaver, MD), 'Section Editors' (Anees B Chagpar, MD, MSc, MA, MPH, MBA, FACS, FRCS(C), Daniel F Hayes, MD, and Lori J Pierce, MD), and 'Deputy Editor' (Don S Dizon, MD, FACP). To the right of the article information is a green box with the heading 'Smarter Decisions, Better Care' and a paragraph stating: 'UpToDate synthesizes the most recent medical information into evidence-based practical recommendations clinicians trust to make the right point-of-care decisions.' Below this paragraph is a checkmark icon and the text: 'Rigorous editorial process: Evidence-based treatment recommendations'.

Micro o macrometastasi in 3 o più linfonodi richiedono la dissezione ascellare per stadiazione o controllo locale



CONCLUSIONI

In conclusion, according to the above data, the recent tendency is the shift from axillary dissection to axillary conserving strategies in selected patients with positive sentinel lymph nodes.

**WHICH IS THE IMPACT OF
MICROMETASTASIS IN SENTINEL NODE
ON DFS AND OS?**

Gobardhan PD ET AL. Prognostic value of lymph node micrometastases in breast cancer: a multicenter cohort study. *Ann Surg Oncol* 2011; **18**: 1657-1664

Micrometastasi nel linfonodo sentinella non comportano differenze nel DFS e OS rispetto a linfonodi negativi

Hansen NM, altri e Giuliano AE. Impact of micrometastases in the sentinel node of patients with invasive breast cancer. *J Clin Oncol* 2009; **27**: 4679-4684

e

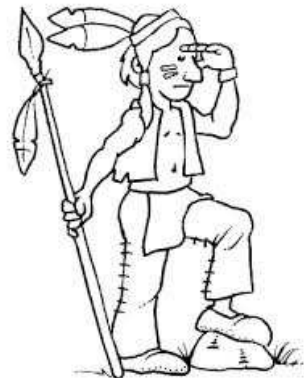
Maaskant-Braat AJ et al. Sentinel node micrometastases in breast cancer do not affect prognosis: a population-based study. *Breast Cancer Res Treat* 2011; **127**: 195-203

pN0(i+) vs pN1mi non presentano differenze nel DFS e OS

Cox CE, et al. Significance of sentinel lymph node micrometastases in human breast cancer. *J Am Coll Surg* 2008; **206**: 261-268

Hindié E, et al. The sentinel node procedure in breast cancer: nuclear medicine as the starting point. *J Nucl Med* 2011; **52**: 405-414

mMTS sono associate a minor DFS e OS





CONCLUSIONI

Summarizing, the influence of micrometastasis on BC outcomes remains uncertain, enhancing plenty of controversy among investigators.

IS SENTINEL NODE AFTER NEOADJUVANT CHEMOTHERAPY ACCURATE?

UpToDate®

Search UpToDa

[Languages](#) [About Us](#)

WHY UPTODATE?

PRODUCT

EDITORIAL

SUBSCRIPTION OPTIONS

SUBSCRIBE

WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS

Neoadjuvant therapy for breast cancer: Rationale, pretreatment evaluation, and therapeutic options

Authors

William M Sikov, MD, FACP
Antonio C Wolff, MD, FACP

Section Editors

Julie R Gralow, MD
Daniel F Hayes, MD

Deputy Editor

Don S Dizon, MD, FACP

Nelle pazienti con ascella positiva, negativizzata dopo chemioterapia neoadiuvante, il ruolo del linfonodo sentinella è controverso a causa di un alto FNR rispetto all' asportazione del LS prima della chemio neoadiuvante

Original Investigation

Sentinel Lymph Node Surgery After Neoadjuvant Chemotherapy in Patients With Node-Positive Breast Cancer

The ACOSOG Z1071 (Alliance) Clinical Trial

OBJECTIVE To determine the false-negative rate (FNR) for SLN surgery following chemotherapy in women initially presenting with biopsy-proven cN1 breast cancer.

MAIN OUTCOMES AND MEASURES The primary end point was the FNR of SLN surgery after chemotherapy in women who presented with cN1 disease. We evaluated the likelihood that the FNR in patients with 2 or more SLNs examined was greater than 10%, the rate expected for women undergoing SLN surgery who present with cN0 disease.

RESULTS In 39 patients, cancer was not identified in the SLNs but was found in lymph nodes obtained with ALND, resulting in an FNR of 12.6% (90% Bayesian credible interval, 9.85%-16.05%).

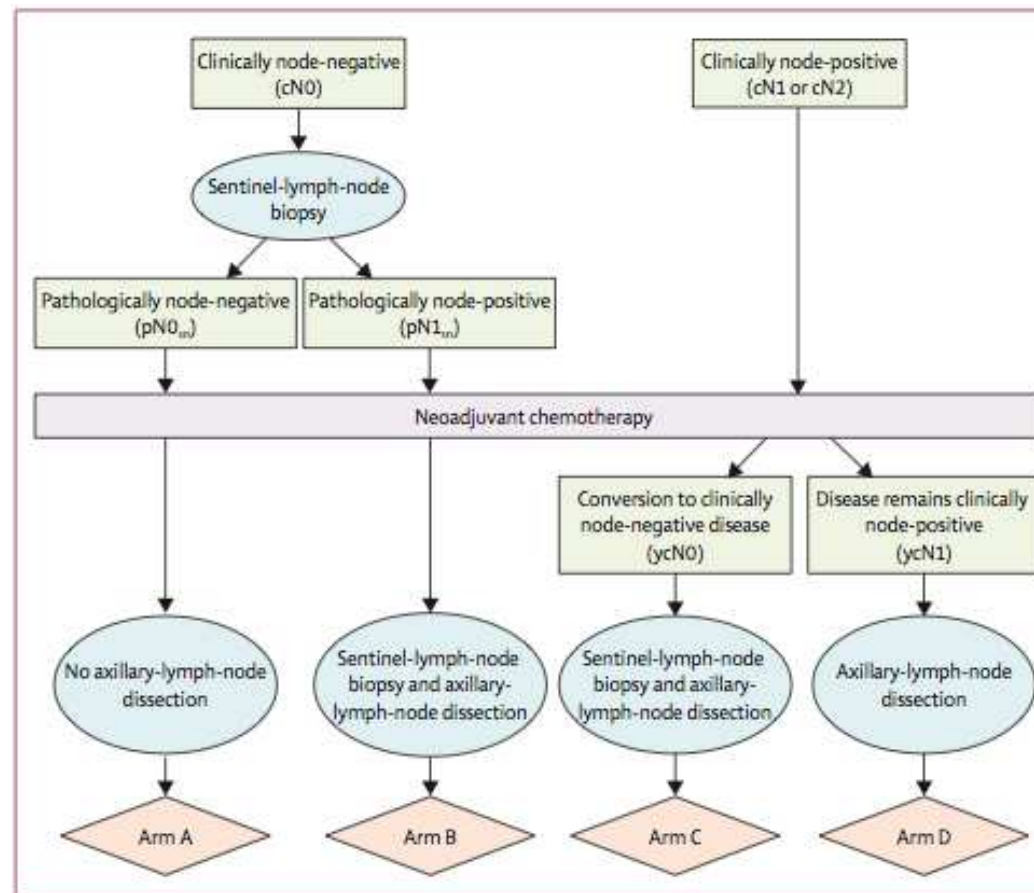
CONCLUSIONS AND RELEVANCE Among women with cN1 breast cancer receiving neoadjuvant chemotherapy who had 2 or more SLNs examined, the FNR was not found to be 10% or less. Given this FNR threshold, changes in approach and patient selection that result in greater sensitivity would be necessary to support the use of SLN surgery as an alternative to ALND.

Boughey JC et Al. Sentinel lymph node surgery after neoadjuvant chemotherapy in patients with node-positive breast cancer: the ACOSOG Z1071 (Alliance) clinical trial. *JAMA* 2013; **310**: 1455-1461

Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective, multicentre cohort study



Thorsten Kuehn, Ingo Bauerfeind, Tanja Fehm, Barbara Fleige, Maik Hausschild, Gisela Helms, Annette Lebeau, Cornelia Liedtke, Gunter von Minckwitz, Valentina Nekljudova, Sabine Schmatloch, Peter Schrenk, Annette Staebler, Michael Untch



Kuehn T et Al. Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective, multicentre cohort study. *Lancet Oncol* 2013; **14**: 609-618



Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective, multicentre cohort study

Thorsten Kuehn, Ingo Bauerfeind, Tanja Fehm, Barbara Fleige, Maik Hausschild, Gisela Helms, Annette Lebeau, Cornelia Liedtke, Gunter von Minckwitz, Valentina Nekljudova, Sabine Schmatloch, Peter Schrenk, Annette Staebler, Michael Untch

	Arm B (n=64)	Arm C (n=226)
Overall false-negative rate (n/N; 95% CI)	51.6% (33/64; 38.7–64.2)	14.2% (32/226; 9.9–19.4)
False-negative rate, according to number of sentinel nodes removed		
1	66.7% (16/24)	24.3% (17/70)
2	53.8% (7/13)	18.5% (10/54)
3	50.0% (5/10)	7.3% (3/41)
4	50.0% (3/6)	0.0% (0/28)
5	18.2% (2/11)	6.1% (2/33)
False-negative rate, according to detection technique		
Radiocolloid alone	46.2% (18/39)	16.0% (23/144)
Radiocolloid and blue dye	60.9% (14/25)	8.6% (6/70)

Data are rate (number of patients), unless otherwise stated.

Table 4: False-negative rate of sentinel-lymph-node resection in patients with positive nodes, according to selected factors

Kuehn T et Al. Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective, multicentre cohort study. *Lancet Oncol* 2013; **14**: 609-618



92470||

Review

Accuracy of sentinel node biopsy after neoadjuvant chemotherapy in breast cancer patients: A systematic review

Carolien H.M. van Deurzen^a, Birgit E.P.J. Vriens^f, Vivianne C.G. Tjan-Heijnen^f, Elsken van der Wall^b,
Mirjam Albrechts^c, Richard van Hilligersberg^d, Evelyn M. Monninkhof^e, Paul J. van Diest^a  

[Show more](#)

Review su 2148 pazienti.

Non c'è sufficiente evidenza per raccomandare la biopsia del linfonodo sentinella dopo chemioterapia neoadiuvante

CONCLUSIONI

EDITORIAL

Editorials represent the opinions of the authors and JAMA and not those of the American Medical Association.

Sentinel Node Biopsy After Neoadjuvant Chemotherapy A New Standard for Patients With Axillary Metastases?

Monica Morrow, MD; Chau T. Dang, MD

- Entrambi gli studi confermano un FNR < 10% se BLS dopo NACT comprende 3 o +LN
- NSABP-32 con FNR 9,8% aveva 0,7% di recidiva ascellare
- ACOSOG Z0011 27% di mts linfonodali non rimossa con 0,9% di recidiva.

Ma

- pazienti con tumore residuo dopo chemioterapia sviluppano resistenza alla terapia sistemica
- Necessitano terapie più aggressive
- Presentano 20-30% di tumore residuo e non conosciamo DFS nè OS

Attualmente non può essere considerato un protocollo standard (con qualsiasi N di LS rimossi)

Morrow M, Dang CT. Sentinel node biopsy after neoadjuvant chemotherapy: a new standard for patients with axillary metastases? JAMA 2013; 310: 1449-1450

IS SENTINEL NODE IN SECOND BC SURGERY (PRIOR CONSERVATIVE SURGERY) ACCURATE?

Taback B, al and Giuliano AE. Sentinel lymph node biopsy for local recurrence of breast cancer after breast-conserving therapy. *Ann Surg Oncol* 2006; **13**: 1099-1104

Roumen RM, Kuijt GP, Liem IH. Lymphatic mapping and sentinel node harvesting in patients with recurrent breast cancer. *Eur J Surg Oncol* 2006; **32**: 1076-1081

Tecnica affidabile e accurata

CONCLUSIONI

Breast Cancer Res Treat (2013) 138:13–20
DOI 10.1007/s10549-013-2409-1

REVIEW

Repeat sentinel node biopsy in patients with locally recurrent breast cancer: a systematic review and meta-analysis of the literature

Adriana J. G. Maaskant-Braat · Adri C. Voogd ·
Rudi M. H. Roumen · Gerard A. P. Nieuwenhuijzen

L'identification rate del BLS nella recidiva di tumore mammario è bassa: 65,3%. La possiamo comunque considerare accettabile come tentativo considerando I benefici potenziali nell'omissione di dissezioni ascellari inutili

I risultati cambiano con l'intervallo di tempo tra i due atti chirurgici (almeno 6 mesi? Di più?)
Da valutare accuratamente il miglior intervallo prima di ripetere la BLS



INTERNAL MAMMARY NODE SAMPLING IN CENTRAL AND INTERNAL QUADRANT BC: USEFUL OR NOT?

Original article

Clinical relevance of sentinel lymph nodes in the internal mammary chain in breast cancer patients

Pilar Paredes¹, Sergi Vidal-Sicart^{1, 2}, Gabriel Zanón³, Jaume Pahisa³, Pedro Luís Fernández^{2, 4}, Martín Velasco^{2, 5}, Gorane Santamaría^{2, 5}, Jaime Ortín¹, Joan Duch¹, Francesca Pons^{1, 2}

Il quadrante del tumore è un fattore predittivo importante per valutare l'interessamento della catena mammaria interna

Paredes P, et al. Clinical relevance of sentinel lymph nodes in the internal mammary chain in breast cancer patients. *Eur J Nucl Med Mol Imaging* 2005; **32**: 1283-1287

- **Contestati i dati prelevati da mastectomie radicali (non possono essere confrontati con pazienti candidati a BLS)**

Original article

Clinical relevance of sentinel lymph nodes in the internal mammary chain in breast cancer patients

Pilar Paredes¹, Sergi Vidal-Sicart^{1, 2}, Gabriel Zanón³, Jaume Pahisa³, Pedro Luís Fernández^{2, 4}, Martín Velasco^{2, 5}, Gorane Santamaría^{2, 5}, Jaime Ortín¹, Joan Duch¹, Francesca Pons^{1, 2}

- **Difficoltà di tecnica: la radioattività dell'iniezione peritumorale interferisce con la ricerca del LS**

The screenshot shows the UpToDate website interface. At the top, there is a search bar and the UpToDate logo. Below the search bar, there are navigation links for 'Languages', 'About Us', 'News & Events', 'Contact Us', 'Help', and 'Log In'. A green navigation bar contains buttons for 'WHY UPTODATE?', 'PRODUCT', 'EDITORIAL', 'SUBSCRIPTION OPTIONS', 'SUBSCRIBE', and 'WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS'. The main content area features the article title 'Sentinel lymph node dissection for breast cancer: Indications and outcomes'. Below the title, there are sections for 'Authors' (Seth P Harlow, MD; Donald L Weaver, MD), 'Section Editors' (Anees B Chagpar, MD, MSc, MA, MPH, MBA, FACS, FRCS(C); Daniel F Hayes, MD; Lori J Pierce, MD), and 'Deputy Editor' (Don S Dizon, MD, FACP). To the right of the article title, there is a green box with the text 'Smarter Decisions, Better Care' and a description of UpToDate's evidence-based recommendations.

- **La positività del LS è predittivo dell'interessamento del IMN**
(Chen RC, et al. Internal mammary nodes in breast cancer: diagnosis and implications for patient management -- a systematic review. *J Clin Oncol* 2008; **26**: 4981-4989)
- **Non è vero il contrario**
(Ramsay SC, et al. Clinically node-negative breast cancer, internal mammary lymph nodes, and sentinel lymph node biopsy. *Clin Nucl Med* 2008; **33**: 391-393)

- **Pazienti con IMN positivo hanno peggior prognosi**

(Cserni G, Szekeres JP. Internal mammary lymph nodes and sentinel node biopsy in breast cancer. *Surg Oncol* 2001; **10**: 25-33)

- **IMN positivo influenza la terapia sistemica adiuvante e la radioterapia**

(Chen RC, Lin NU, Golshan M, Harris JR, Bellon JR. Internal mammary nodes in breast cancer: diagnosis and implications for patient management -- a systematic review. *J Clin Oncol* 2008; **26**: 4981-4989)

CONCLUSIONI

Pathol. Oncol. Res. (2014) 20:169–177
DOI 10.1007/s12253-013-9680-7

RESEARCH

Internal Mammary Sentinel Node Biopsy in Breast Cancer. Is it Indicated?

**R. Maráz · G. Boross · J. Pap-Szekeres · M. Rajtár ·
E. Ambrózay · G. Cserni**

WHICH IS THE IMPACT ON RECURRENCE IN IMMEDIATE OR DELAYED RECONSTRUCTION AFTER MASTECTOMY?



The Breast

Volume 21, Issue 3, June 2012, Pages 230–236



Review

Local breast cancer recurrence after mastectomy and immediate breast reconstruction for invasive cancer: A meta-analysis

M. Gieni, R. Avram, L. Dickson, F. Farrokhyar, P. Lovrics, S. Faidi, N. Sne   

Nessun studio ha confrontato le recidive nella ricostruzione immediata o differita,
Ma diversi hanno confrontato la ricostruzione con la mastectomia senza
ricostruzione:
Non c'è differenza nelle recidive locali

La ricostruzione posticipata non influenza il decurso della patologia

World J Surg (2013) 37:2872–2882
DOI 10.1007/s00268-013-2212-5

World Journal
of Surgery

Effect of Delayed Autologous Breast Reconstruction on Breast Cancer Recurrence and Survival

Andrew J. Lindford · Elina T. Siponen ·
Tiina A. Jahkola · Marjut H. K. Leidenius

Controversa invece la tempistica della radioterapia rispetto alla ricostruzione:

Sembra che la radioterapia effettuata dopo la ricostruzione aumenti le recidive e diminuisca la OS delle pazienti

C'è una forte tendenza alla ricostruzione immediata, rispetto alla ricostruzione differita e diversi studi hanno confermato i benefici psicofisici

Nahabedian MY, Momen B. The impact of breast reconstruction on the oncologic efficacy of radiation therapy: a retrospective analysis. *Ann Plast Surg* 2008; **60**: 244-250

