

A quali condizioni la donna potrebbe rientrare in un programma di screening?

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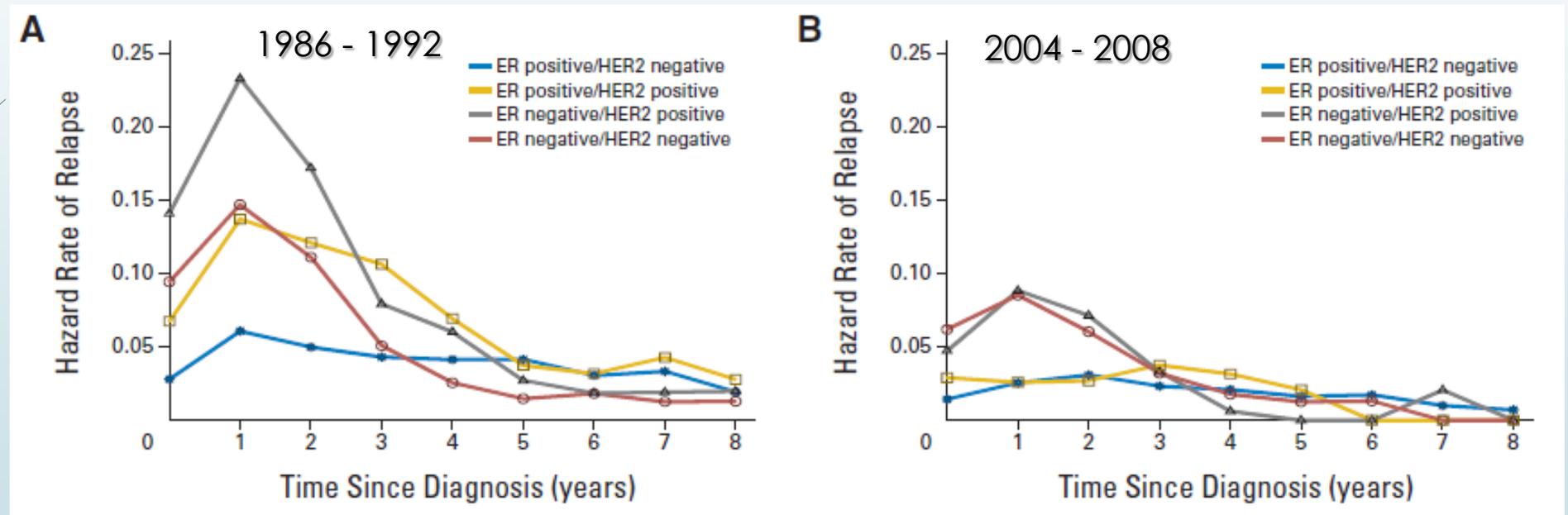
**Focus sul rientro a screening mammografico dopo follow up
e aggiornamenti sul trattamento dei tumori mammari
Webinar 30 marzo 2021**

La carenza di informazioni

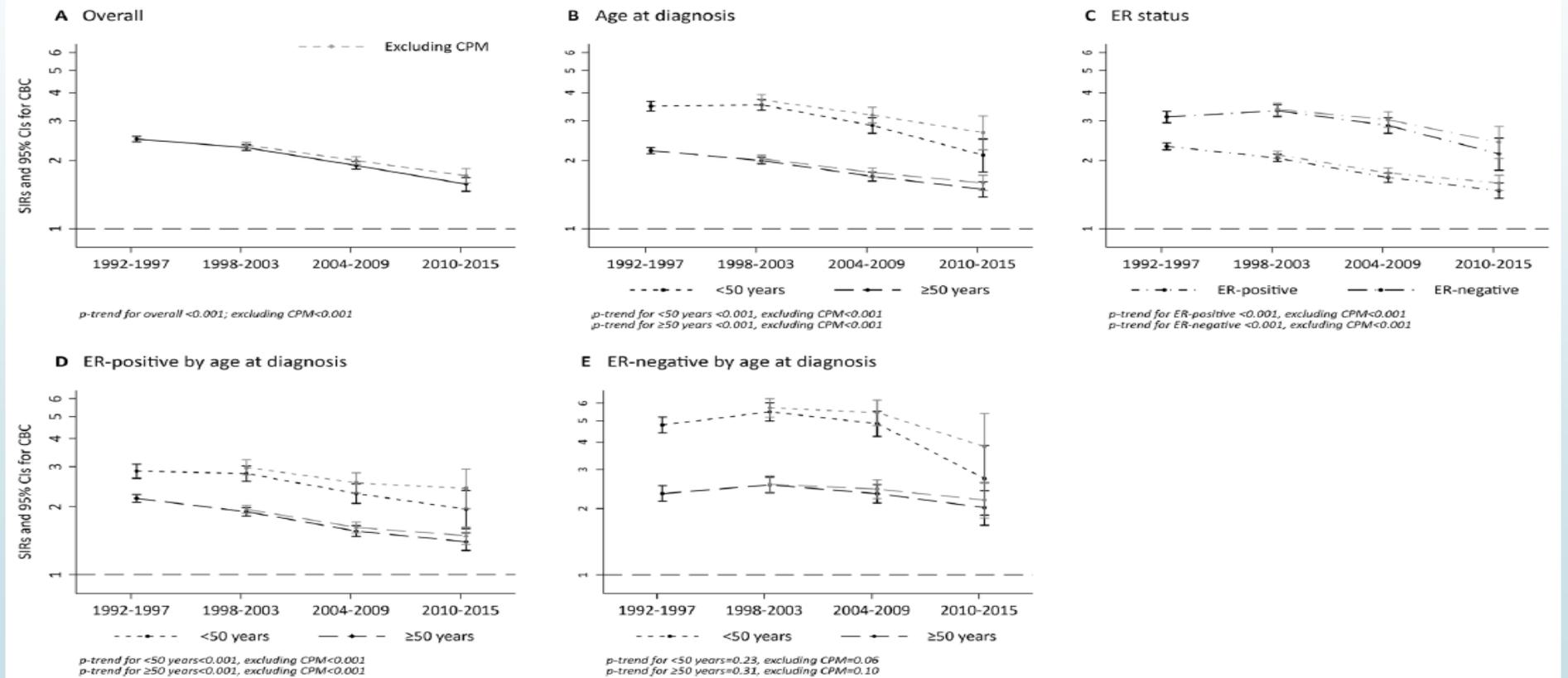


- ▶ Le pazienti con BC sono a rischio di secondi tumori, in particolare tumori controlaterali della mammella
 - ▶ Rischio stimato 0.5% per anno
 - ▶ RCT e le meta-analisi: riduzione del rischio connessa alle terapie endocrine adiuvanti
- ▶ Mancano trial prospettici per valutare beneficio e rischi associati a mammografia in con pregresso BC
- ▶ Poche informazioni su eventi tardivi
- ▶ Studi precedenti e modificazioni del rischio connesso alle terapie

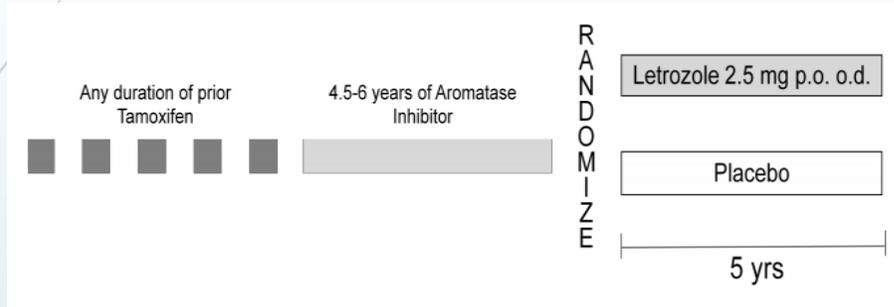
Rischio di recidiva in rapporto a tipo tumorale in 2 coorti temporali



Trend temporale del rischio di BC controlaterale 12 registri SEER USA 1992–2016.



Terapia ormonale extended (MA17.R)



Recurrence *†	Letrozole (N=959)	Placebo (N=959)
Local breast	8 (0.8%)	10 (1.0%)
Local chest wall	6 (0.6%)	7 (0.7%)
Regional	5 (0.5%)	13 (1.4%)
Contralateral†	13 (1.4%)	31 (3.2%)

* Patients may have had more than one site of recurrence. † One patient in each group had both local recurrence and contralateral breast cancer

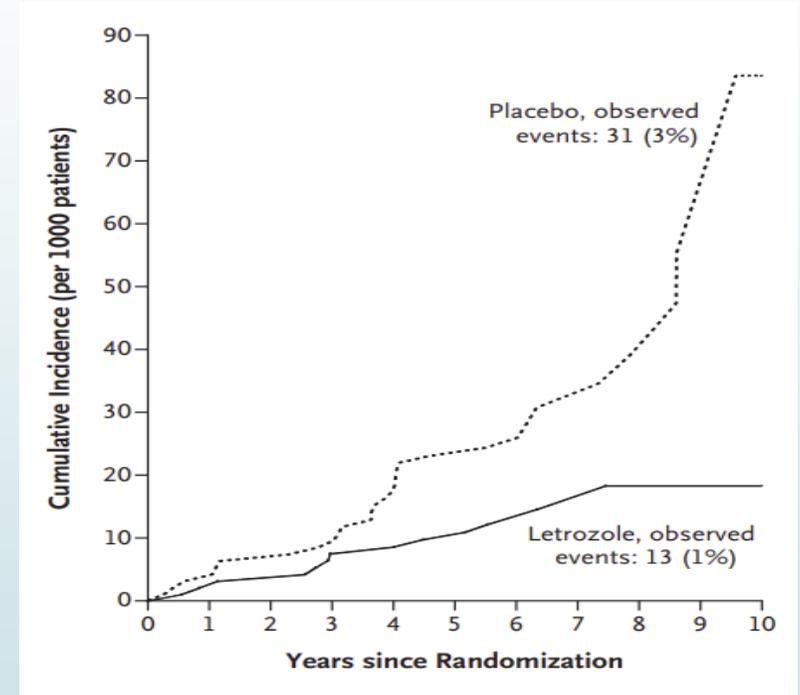
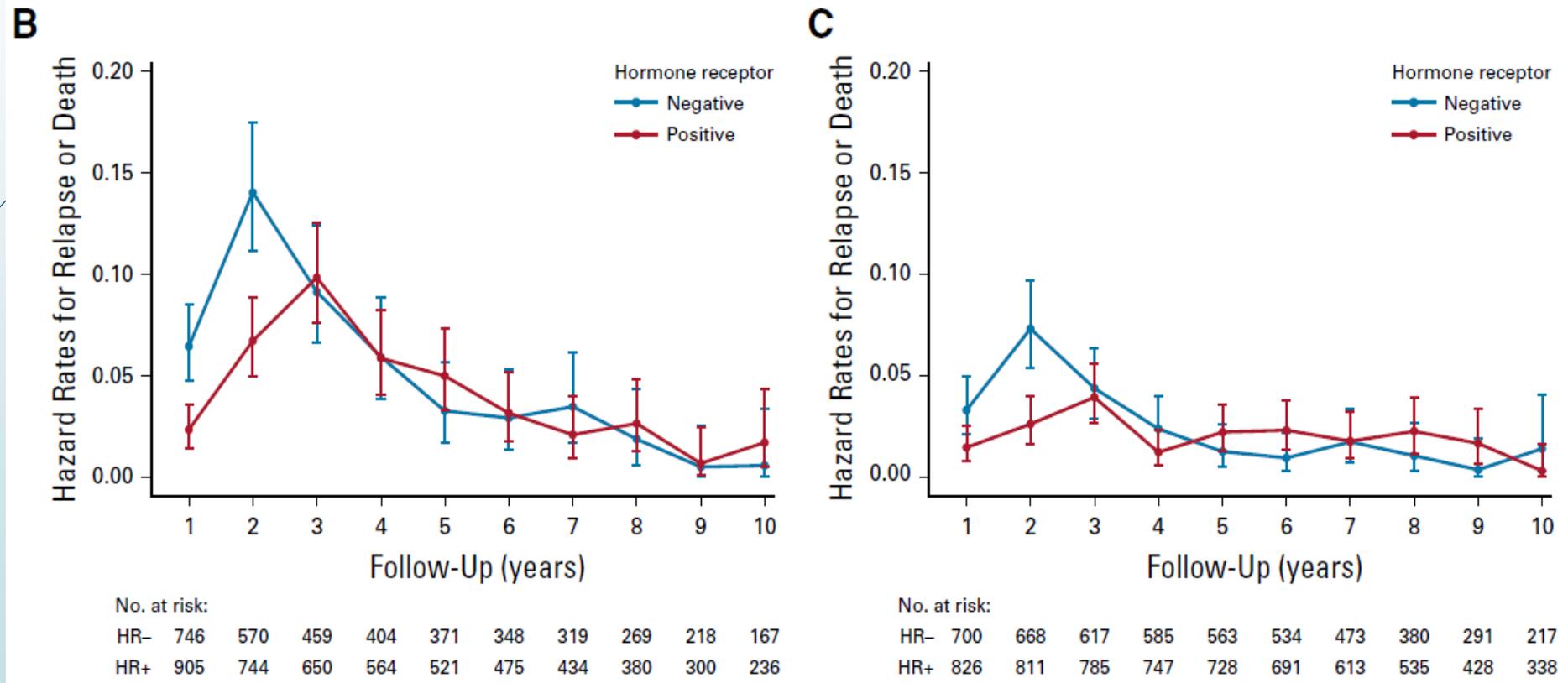
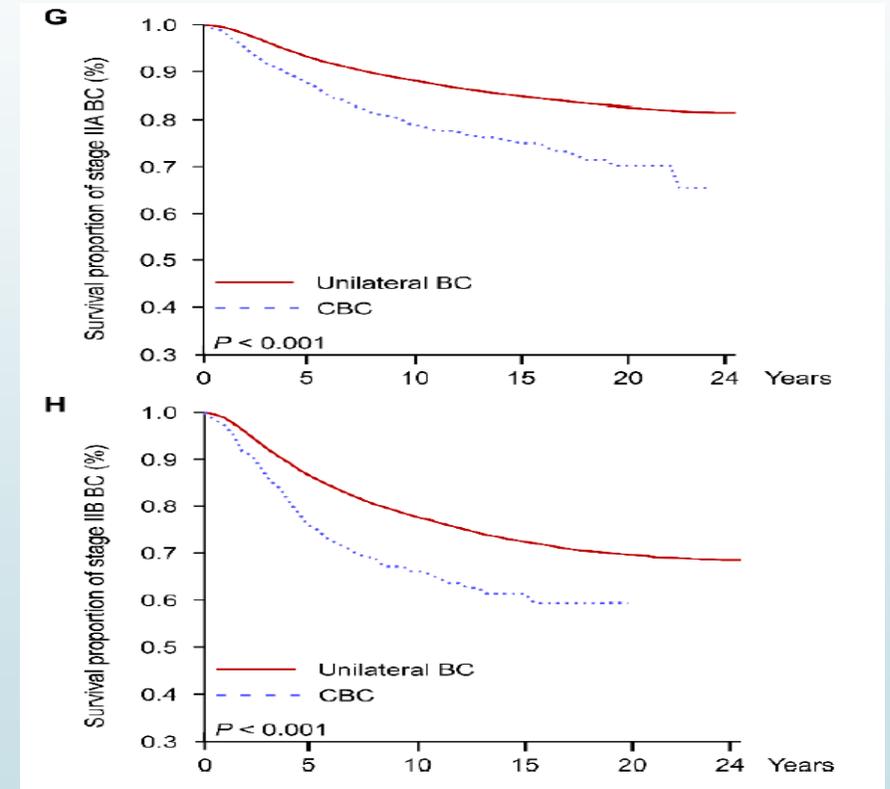
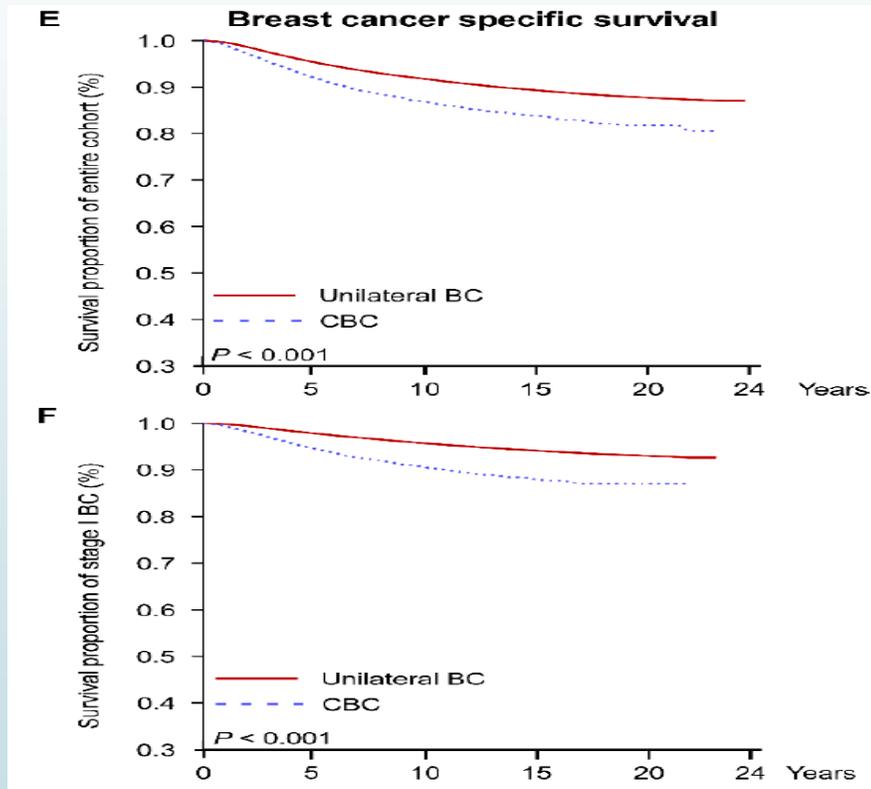


Figure 2. Cumulative Incidence of Contralateral Breast Cancer.

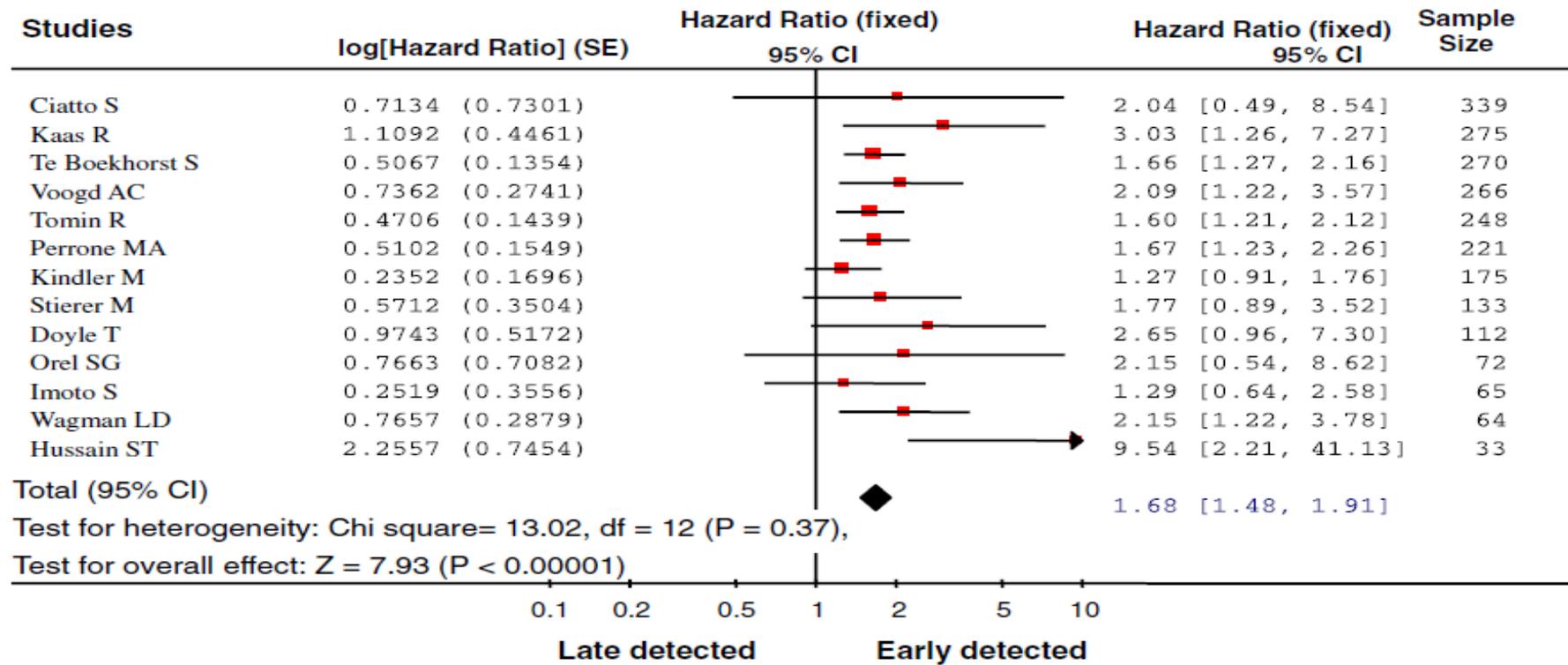
Recidiva trasdiva: NCCTG N9831 e NSABP B-31: CHT +/- trastuzumab



BC specific survival: unilateral vs bilateral: Analisi dei dati SEER.



Impatto sulla sopravvivenza del rilievo precoce della recidiva locale



Rischio di tumore controlaterale: Analisi dei dati SEER.

Variable	Univariate			Multivariate ^a		
	HR	95% CI	P Value	HR	95% CI	P Value
Age						
<40	1			1		
40-49	0.708	0.656-0.763	<0.001	0.707	0.652-0.768	<0.001
50-59	0.706	0.656-0.760	<0.001	0.709	0.654-0.768	<0.001
60-69	0.747	0.694-0.805	<0.001	0.759	0.700-0.824	<0.001
≥70	0.703	0.652-0.758	<0.001	0.746	0.686-0.811	<0.001
Race						
Black	1			1		
White	0.739	0.693-0.788	<0.001	0.762	0.709-0.819	<0.001
Other	0.734	0.670-0.803	<0.001	0.744	0.674-0.822	<0.001
Year of diagnosis						
1990-1994	1			1		
1995-1999	1.062	1.011-1.115	0.016	1.038	0.983-1.095	0.181
2000-2004	1.04	0.985-1.097	0.158	0.994	0.937-1.055	0.85
2005-2009	0.867	0.808-0.930	<0.001	0.837	0.775-0.903	<0.001
Stage						
I	1			1		
IIA	0.928	0.889-0.969	0.01	0.91	0.868-0.954	<0.001
IIB	0.935	0.872-1.002	0.056	0.936	0.868-1.008	0.079
Hormone receptor status						
+ vs. -	0.814	0.775-0.855	<0.001	0.839	0.797-0.883	<0.001
Radiotherapy						
Yes vs. No/Refused	1.261	1.213-1.310	<0.001	1.258	1.206-1.312	<0.001
Sex						
Male vs. Female	0.332	0.209-0.526	<0.001	0.363	0.215-0.613	<0.001

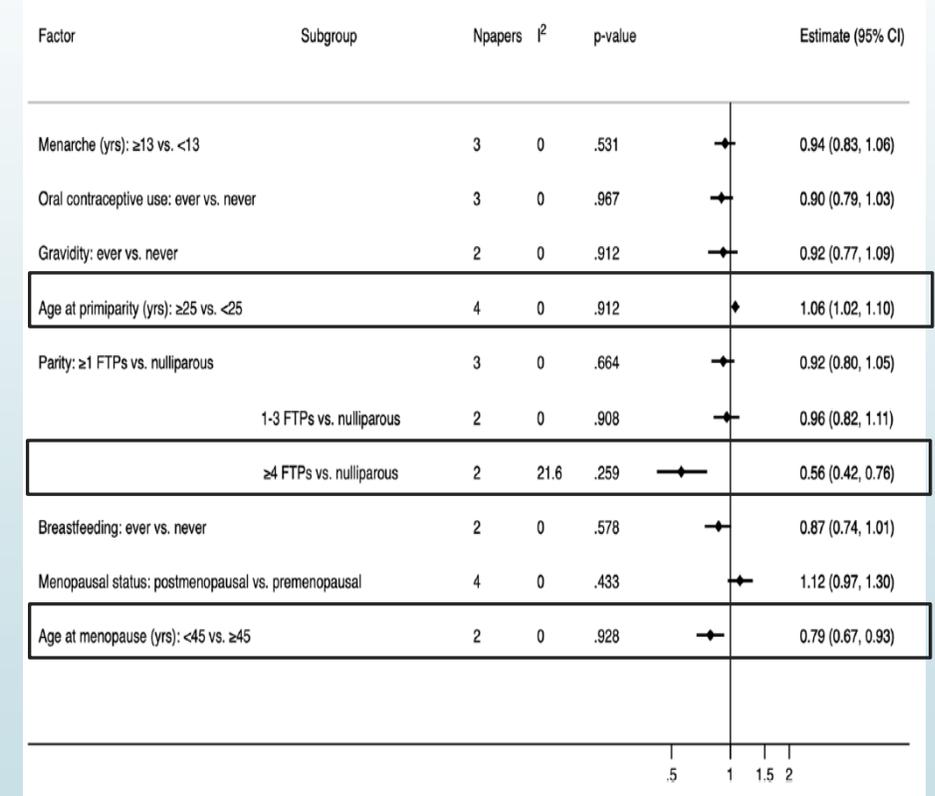
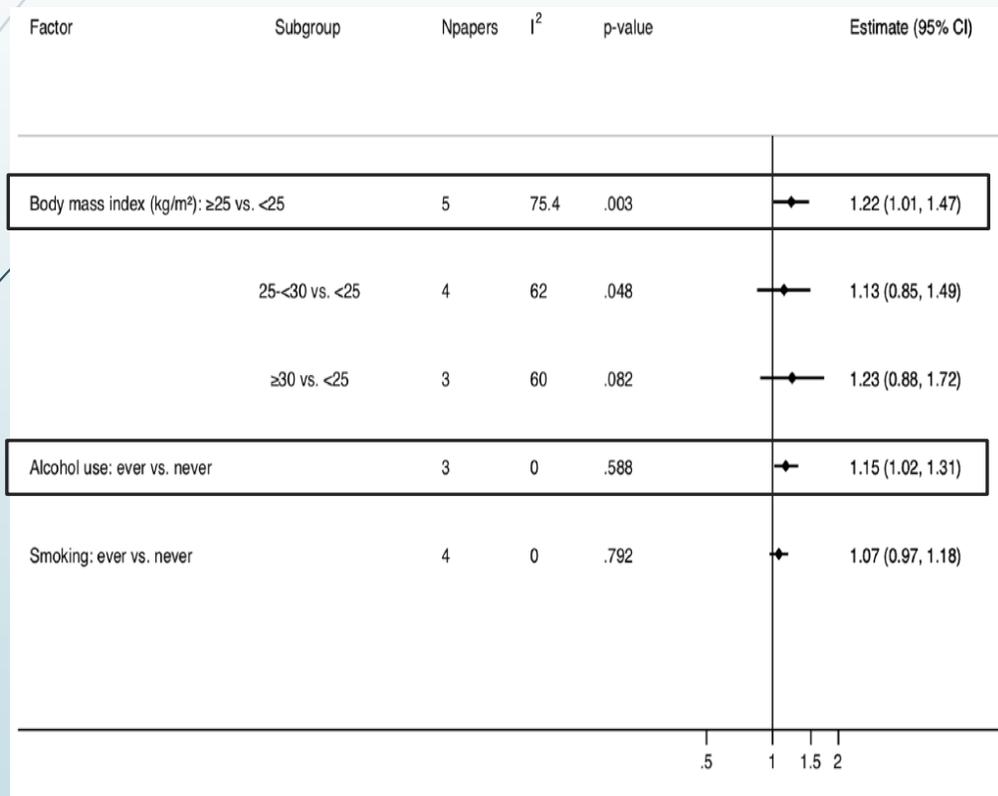
^a Co-variables for multivariate adjustment: age, Hispanic origin, race, sex, marital status, year of diagnosis, tumor grade, stage, hormone receptor status, and RT. BC = breast cancer; CBC = contralateral breast cancer; RT = radiotherapy; HR = hazard ratio; 95% CI = 95% confidence interval.

Incidenza e rischio di CBC dalla prima diagnosi di BC

Years Since First Breast Cancer Diagnosis	No. of Women Contributing in Category	No. of Person-Years	No. of Events	Incidence Rate per 1000 Person-Years (95% CI)	Cumulative Risk, % (95% CI)
BRCA1					
≤5	827	2107	60	28.5 (22.1-36.7)	13 (10-16)
>5-10	618	2071	53	25.6 (19.6-33.5)	23 (20-27)
>10-15	435	1438	33	22.9 (16.3-32.3)	32 (28-36)
>15-20	236	675	17	25.2 (15.7-40.5)	40 (35-45)
>20-45	132	661	10	15.1 (8.1-28.1)	53 (44-62)

Years Since First Breast Cancer Diagnosis	No. of Women Contributing in Category	No. of Person-Years	No. of Events	Incidence Rate per 1000 Person-Years (95% CI)	Cumulative Risk, % (95% CI)
BRCA2					
≤5	565	1468	27	18.4 (12.6-26.8)	8 (6-12)
>5-10	476	1543	26	16.9 (11.5-24.8)	16 (12-21)
>10-15	285	880	11	12.5 (6.9-22.6)	21 (17-26)
>15-20	138	355	5	14.1 (5.9-33.8)	26 (20-33)
>20-43	68	290	3	10.3 (3.3-32.1)	65 (25-98)

Rischio di CBC: ruolo stile di vita e fattori riproduttivi



Predittori di CBC occulto alla mastectomia controlaterale profilattica

Variable	Patients With No or Low-risk Findings n = 435 (%*)	Patients With Malignant Findings n = 25 (%*)	Univariate P Value	Univariate Odds Ratio	Multivariate Odds Ratio (P)
Age at index tumor, y			.01		
Mean	48.2	54.3			
Median (range)	47 (22-85)	56 (26-76)			
Age, y			.02	2.8	
<50	247 (86.7)	8 (2.8)			
≥50	188 (73.2)	17 (6.6)			
Ipsilateral tumor stage					
0	77 (77.8)	5 (5.0)			
I	153 (76.5)	12 (6.0)	.73	1.2	
II	151 (83.4)	6 (3.3)	.43	.6	
III	54 (87.1)	2 (3.2)	.51	.6	
Ipsilateral invasive lobular histology			.006	3.5	3.4 (.01)
No	383 (81.8)	17 (3.6)			
Yes	52 (70.3)	8 (10.8)			
Additional ipsilateral moderate to high-risk lesions			<.0001	5.1	
No	392 (84.5)	16 (3.5)			
Yes	43 (55.1)	9 (11.5)			
Ipsilateral multicentric tumor			.06	2.7	3.1 (.04)
No	398 (80.7)	20 (4.1)			
Yes	37 (75.5)	5 (10.2)			
ER status ipsilateral tumor			.30		
Positive	233 (77.2)	16 (5.3)			
Negative	126 (88.1)	5 (3.5)			
Unknown	45 (80.4)	4 (7.1)			
PR status ipsilateral tumor			.59		
Positive	198 (77.3)	13 (5.1)			
Negative	156 (85.7)	8 (4.4)			
Unknown	51 (80.0)	4 (6.3)			
Gail risk			0.003	3.7	3.5 (.005)
<1.67%	286 (82.2)	10 (2.9)			
≥1.67%	101 (70.1)	13 (9.0)			
Hormone replacement			.17		
Yes	135 (75.4)	11 (6.2)			
No	285 (82.6)	13 (3.8)			
Unknown	15 (83.3)	1 (5.6)			

Fattori di rischio anatomo-clinici per recidiva locoregionale

Multivariate	<i>p</i>	HR (95% CI)
Age < 50 years	0.823	1.1 (0.4-2.8)
Positive surgical margins	0.2	2.163 (0.6-7.1)
Positive lymphovascular permeations	0.213	2.171 (0.6-7.3)
Stage I vs.	—	—
Stage II	0.923	1.06 (0.3-4)
Stage III	0.099	3.246 (0.8-13.1)
Stage IV	0.152	5.45 (0.5-55-5)
Luminal A	0.193	0.482 (0.2-1.4)
No adjuvant RT	0.001	6.588 (2.1-19.9)

Table 3 Significant prognostic factors for 5-year LRR by multivariate regression analyses

Variables	Multivariate analyses		
	HR	95%CI	<i>p</i>
1999–2007 vs. 2008–2014	1.923	1.380–2.688	< 0.001
Age ≤ 40 years old vs. > 40 years old	2.262	1.646–3.107	< 0.001
Inner location vs. Non-inner location	2.236	1.787–2.798	< 0.001
T2 stage vs. T1 stage	1.419	1.061–1.898	0.018
ER/PR (–) vs. ER and PR(+)	1.485	1.042–2.117	0.029
LVI vs. without LVI	1.053	0.879–1.262	0.575
Grade III vs. Grade I and II	1.237	0.886–1.726	0.212
IDC vs. other pathology type	0.848	0.715–1.006	0.059
Adjuvant chemotherapy vs. non-adjuvant chemotherapy	1.429	0.951–2.147	0.086
Endocrine therapy vs. non- Endocrine therapy	0.728	0.524–1.012	0.059
Anti-Her2 target therapy vs. non- Anti-Her2 target therapy	0.606	0.246–1.492	0.276

ER Estrogen receptor, Her2 Human epidermal growth factor receptor 2, HR Hazard ratio, IDC Invasive ductal carcinoma, LRR Locoregional recurrence, LVI Lymphovascular invasion, PR Progesterone receptor

Fattori di rischio anatomo-clinici per recidiva locoregionale

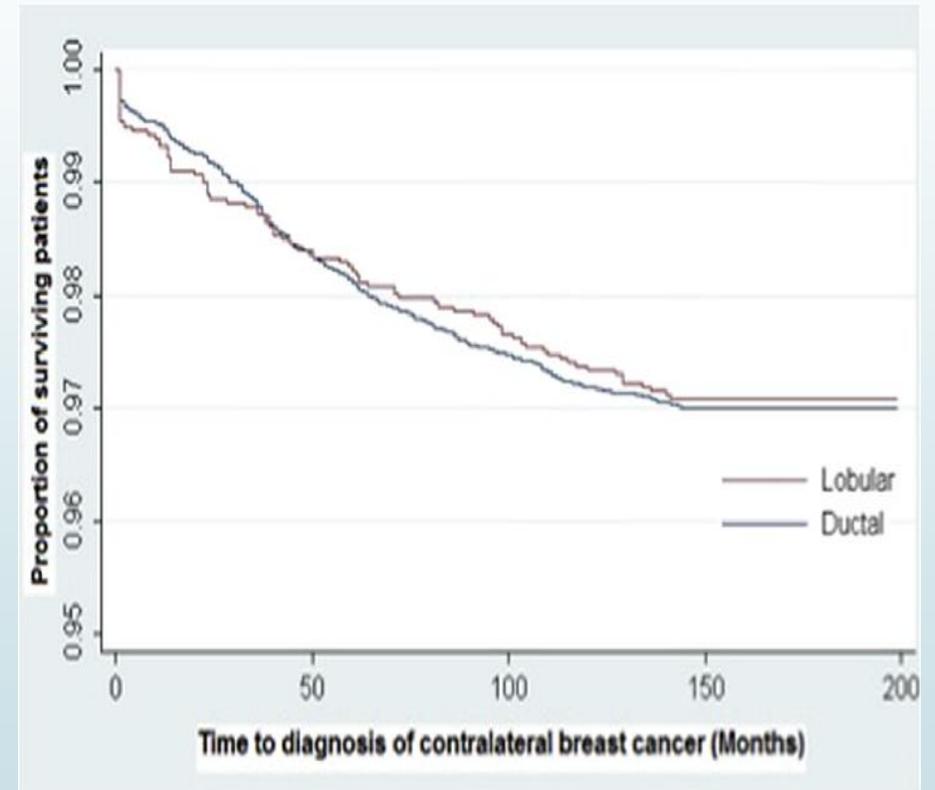
TABLE 2. Multivariable Analysis

Characteristic	OR (95% CI)	P
Breast density		
Nondense	Reference	
Dense	1.80 (1.22-2.64) ^a	<.01
Body mass index	1.04 (1.00-1.07)	.02
Histologic subtype		
Ductal	Reference	
Other ^b	1.84 (1.19-2.84)	<.01
Chemotherapy		
Not received	Reference	
Received	0.50 (0.34-0.75)	<.01
Endocrine therapy		
Not received	Reference	
Received	0.14 (0.06-0.32)	<.01

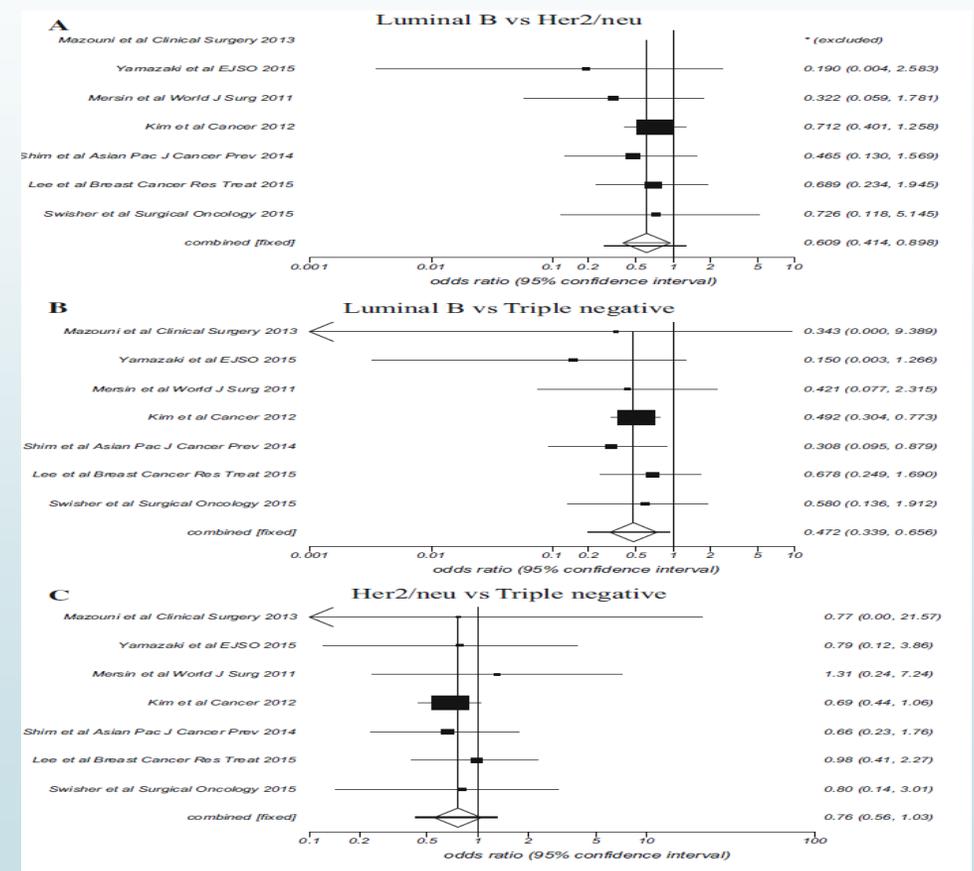
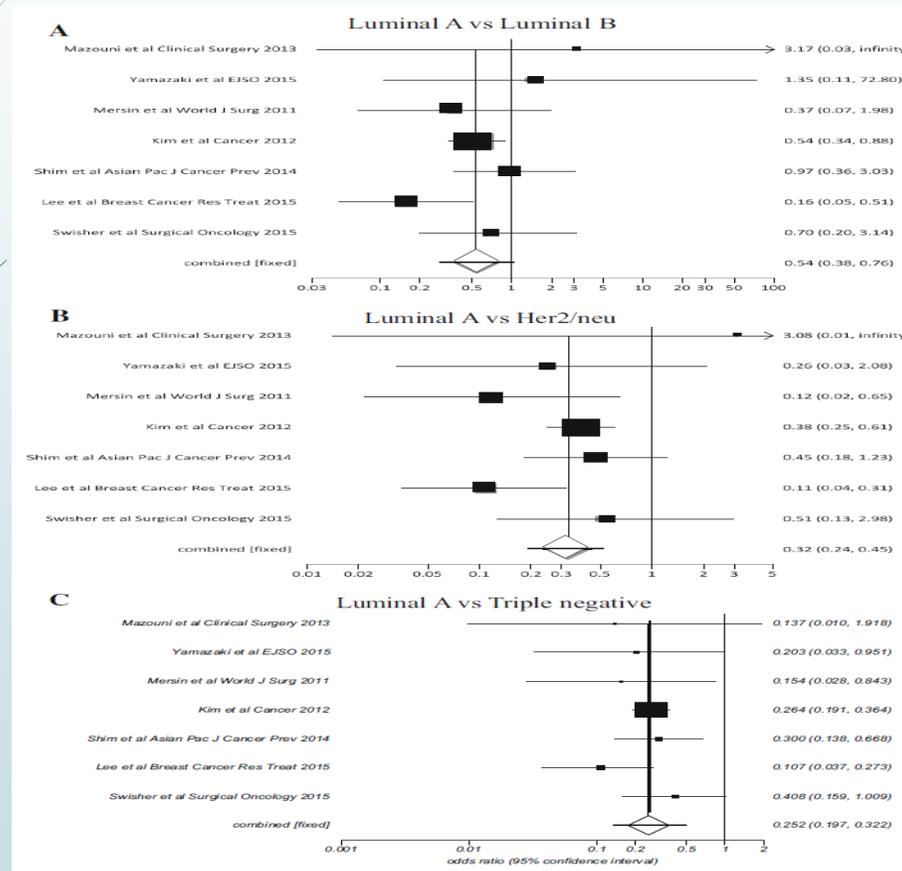
Abbreviations: 95% CI, 95% confidence interval; OR, odds ratio.

^a Adjusted for body mass index, histologic subtype, receipt of chemotherapy, and receipt of endocrine therapy.

^b Other includes invasive lobular, invasive mucinous, and invasive tubular.



Sottotipo biologico e rischio recidiva locoregionale



Rischio recidiva locoregionale dopo CHT neoadiuvante

Variable	Level	Patients	Events	Univariate				Multiple			
				HR	95% CI	p value	HR	95% CI	p value		
Age	–41	118	18	Ref.			0.05	Ref.			0.12
	42–47	100	9	0.60	0.27	1.34		0.62	0.27	1.44	
	48–56	111	8	0.50	0.22	1.16		0.60	0.25	1.40	
	57+	103	4	0.24	0.08	0.72		0.27	0.09	0.82	
ER	0	173	20	Ref.			0.04				
	1	259	19	0.52	0.28	0.97					
L-status	0	355	26	Ref.			0.01				
	1	77	13	2.39	1.22	4.66					
Multifocal	0	360	28	Ref.			0.03	Ref.			0.01
	1	72	11	2.14	1.06	4.31		2.50	1.20	5.20	
CPS + EG	0	39	0	–	–	–	0.02	–	–	–	0.01
	1	78	2	0.18	0.04	0.81		0.20	0.04	0.87	
	2	160	14	0.65	0.31	1.34		0.74	0.36	1.55	
	3	108	15	Ref.				Ref.			
	4	44	6	1.08	0.42	2.79		1.20	0.45	3.17	
	5	3	2	5.43	1.24	23.8		8.25	1.80	37.9	

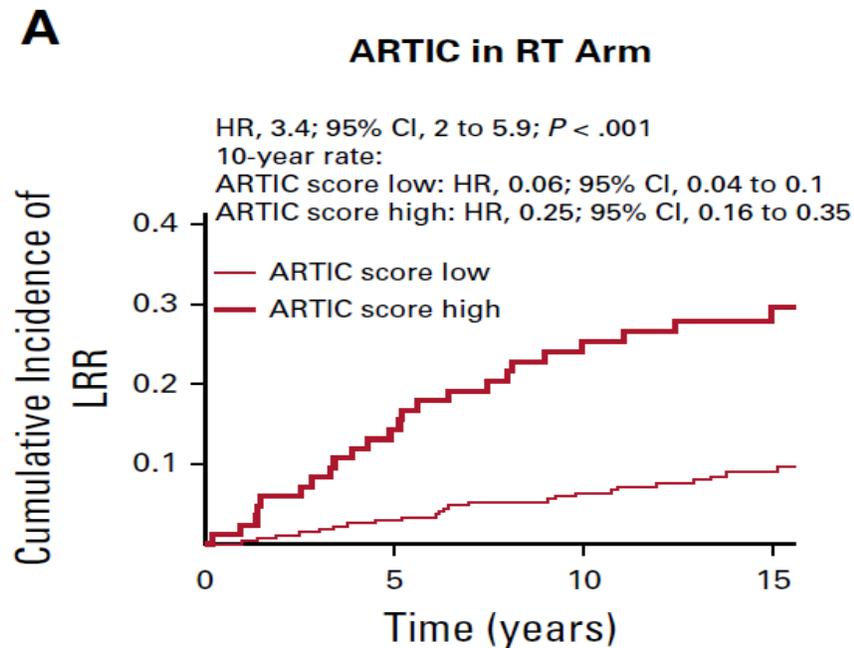
Bold represents probability values under 0.05

HR hazard ratio, *CI* confidence interval, *ER* estrogen receptor

Rischio recidiva: signature prognostiche e stato nodale negli anni 5 -10 dalla diagnosi

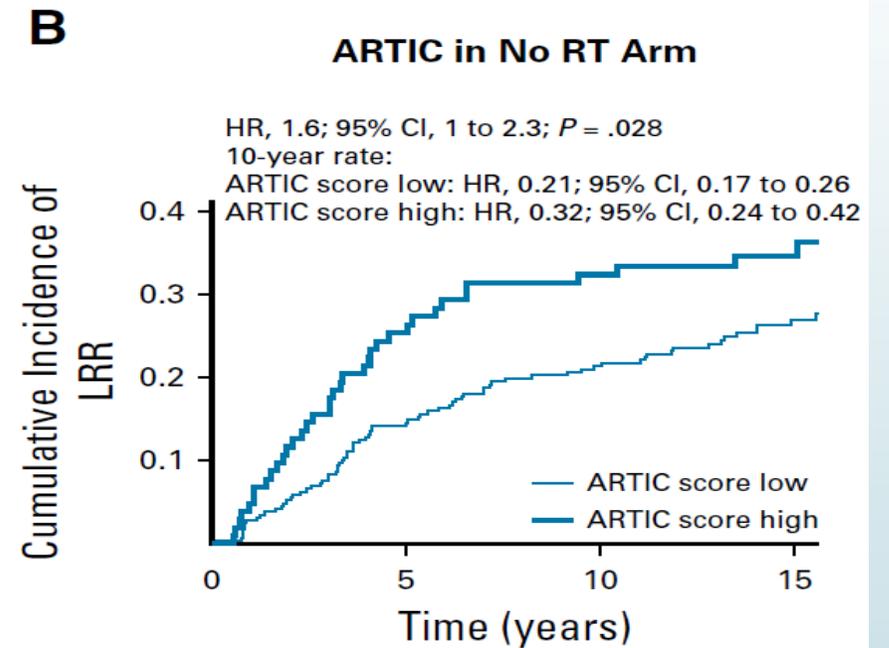
Gene Signature	Patient Group			
	Node-Negative Disease (n = 535)		Node-Positive Disease (n = 154)	
	HR (95% CI) ^a	C Index (95% CI)	HR (95% CI) ^a	C Index (95% CI)
CTS	1.95 (1.43-2.65)	0.721 (0.654-0.788)	1.61 (1.05-2.47)	0.644 (0.534-0.753)
IHC4	1.59 (1.16-2.16)	0.660 (0.576-0.745)	1.20 (0.79-1.81)	0.579 (0.460-0.697)
RS	1.46 (1.09-1.96)	0.585 (0.467-0.702)	1.24 (0.81-1.90)	0.555 (0.418-0.693)
BCI	2.30 (1.61-3.30)	0.749 (0.668-0.830)	1.60 (1.04-2.47)	0.633 (0.514-0.751)
ROR	2.77 (1.93-3.96)	0.789 (0.724-0.854)	1.65 (1.08-2.51)	0.643 (0.528-0.758)
EPclin	2.19 (1.62-2.97)	0.768 (0.701-0.835)	1.87 (1.27-2.76)	0.697 (0.594-0.799)

Predittori molecolari di recidiva locoregionale.



No. at risk

ARTIC score low	272	240	200	91
ARTIC score high	84	66	51	29



No. at risk

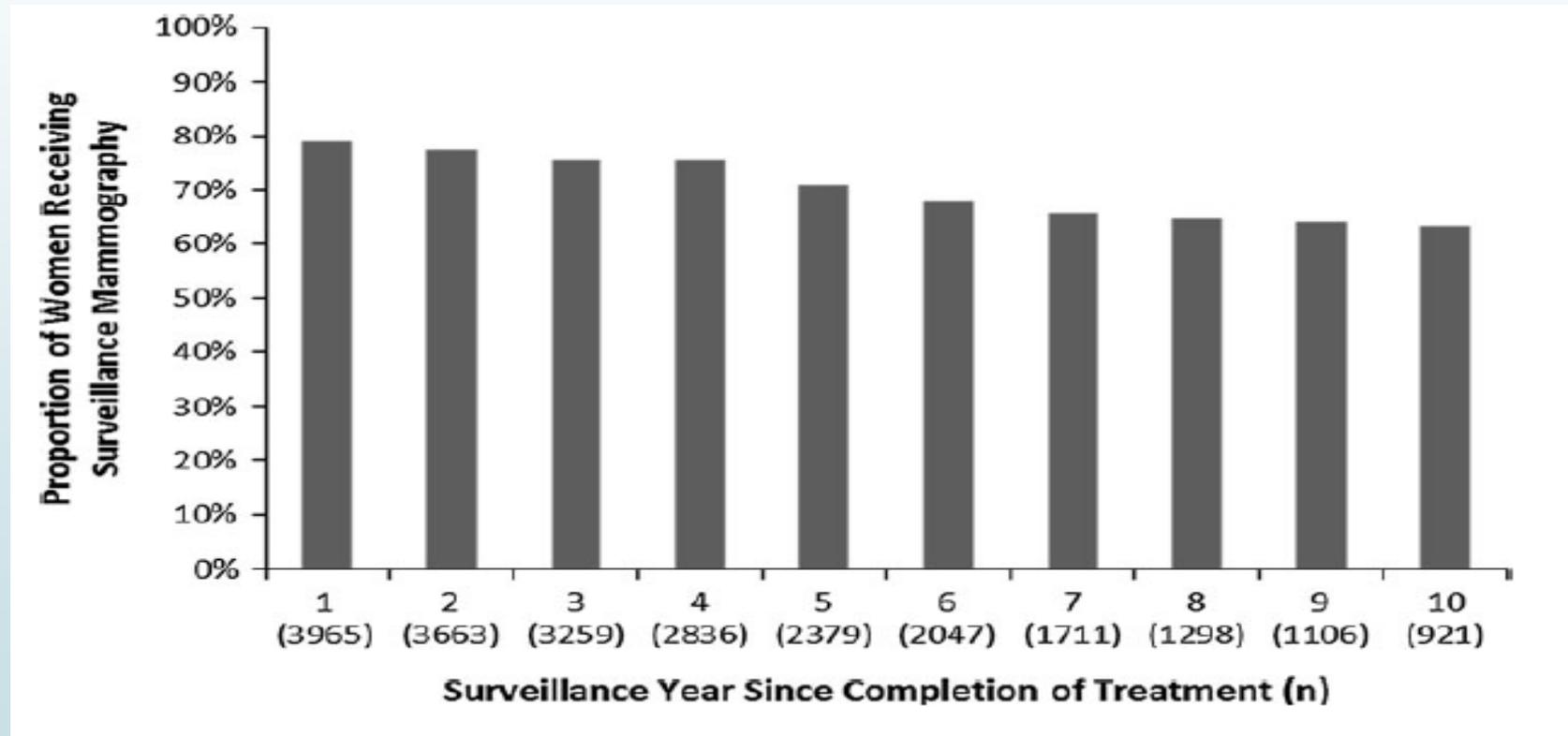
ARTIC score low	289	231	182	82
ARTIC score high	103	64	53	28

Cosa dicono le linee guida

Linee-guida	Raccomandazione MX	Raccomandazioni età specifiche e long term FU
ASCO 2013 ⁽¹⁾	Annuale	NO
ASCO survivorship 2016 ⁽²⁾	Annuale	NO
ESMO 2019 ⁽³⁾	Annuale	NO
ESMO 2020 (young) ⁽⁴⁾	Annuale	NO
AIOM 2020 ⁽⁵⁾	Annuale	Non soglia di età da consentire eventuale stop dell'imaging mammario (se ragionevole aspettativa di vita)
NCCN 2021 ⁽⁶⁾	Annuale	NO

1) Khatcheressian JL, et al. J Clin Oncol 2013;31(7):961-5. 2) Runowicz CD, et al. J Clin Oncol 2016; 20;34(6):611-35. 3) Cardoso F, et al. Ann Oncol 2019; 30: 1194-1220. 4) Paluch-Shimon S, et al. Ann Oncol. 2020;31(6):674-696. 5) <https://www.aiom.it/linee-guida-aiom-2020-neoplasie-della-mammella/>. 6) https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

Aderenza alla sorveglianza mammografica nel corso del FU



Partecipazione screening mammografico (Danish Quality Mammography Screening Database)

Years since previous breast cancer	Age group				
	Total	50–54 years	55–59 years	60–64 years	65–69 years
No previous breast cancer	80.3% [531,996/662,168]	78.6 [158,569/201,788]	79.8 [127,983/160,367]	81.8 [121,833/148,963]	81.6 [123,611/151,050]
2–4	63.3% [1617/2554]	57.1 [368/645]	68.6 [321/468]	66.2 [412/622]	63.0 [516/819]
4–6	71.9% [2352/3270]	59.7 [314/526]	74.6 [531/712]	74.5 [633/850]	73.9 [874/1182]
6–10	79.4% [3768/4743]	64.9 [466/718]	82.1 [851/1037]	82.5 [1031/1250]	81.7 [1420/1738]
>10	80.3% [5828/7255]	67.4 [477/708]	78.6 [914/1163]	82.4 [1739/2111]	82.4 [2698/3273]

Prognosi neoplasia e mammografia (biennale vs annuale), età.

Tumor Characteristic	Screening Interval ^a by Age Range, Years, %							
	40-49		50-59		60-69		70-85	
	Annual	Biennial	Annual	Biennial	Annual	Biennial	Annual	Biennial
Breast cancers, No. (n = 15 440)	1645	613	3579	923	3549	853	3297	981
DCIS (n = 3340)	26.3	27.4	24.4	22.0	20.7	18.6	18.6	16.0
Invasive (n = 12 100)	73.7	72.6	75.6	78.0	79.3	81.4	81.4	84.0
AJCC stage								
Invasive cancers, No.	1137	416	2460	665	2542	644	2429	735
Stage I	54.9	51.0	57.2	56.4	62.3	64.0	68.2	65.7
Stage IIA	23.6	24.3	22.7	24.4	21.0	20.8	17.9	21.6
Stage IIB	12.3	13.2	10.9	9.6	8.9	7.5	7.3	6.4
Stage III or IV	9.2	11.5	9.2	9.6	7.8	7.8	6.6	6.3
AJCC stage IIB or higher^b								
Invasive cancers, No.	1155	425	2532	680	2616	666	2506	782
Yes	21.3	24.2	19.7	19.0	16.4	14.7	13.6	12.1
No	78.7	75.8	80.3	81.0	83.6	85.3	86.4	87.9
Tumor size, mm								
Invasive cancers, No.	1171	426	2597	690	2673	668	2569	776
<10	23.7	20.2	27.8	23.9	30.6	25.9	33.8	28.2
10 to <15	22.6	17.1	22.9	24.2	24.3	23.8	24.8	26.3
15 to 20	23.0	28.6	21.0	24.1	20.4	26.2	20.0	24.2
>20	30.7	34.0	28.2	27.8	24.8	24.1	21.4	21.3
Lymph node, %								
Invasive cancers, No.	1189	435	2621	692	2725	672	2603	800
Positive	32.5	35.9	28.9	30.5	24.3	22.6	19.2	18.6
Negative	67.5	64.1	71.1	69.5	75.7	77.4	80.8	81.4
≥1 Less favorable characteristic^c								
Invasive cancers, No.	1171	425	2545	685	2627	662	2505	774
Any	59.1	63.1	54.0	53.7	48.6	49.7	44.0	44.6
None	40.9	36.9	46.0	46.3	51.4	50.3	56.0	55.4

Abbreviations: AJCC, American Joint Committee on Cancer; DCIS, ductal carcinoma in situ.

^a Annual includes cancers diagnosed within 12 months of screening examination performed 11 to 14 months after prior mammogram. Biennial includes cancers diagnosed within 24 months of screening examination performed 23 to 26 months after prior mammogram.

^b AJCC stage IIB or higher was imputed based on tumor size or extension, nodal status, metastasis, or Surveillance, Epidemiology, and End Results summary stage, when available, for women missing AJCC stage.

^c Stage IIB or higher, tumor size greater than 15 mm, or positive node status.

Prognosi neoplasia e mammografia (biennale vs annuale), stato menopausale

Tumor Characteristic	Menopausal Status						Type of HT Use ^b			
	Premenopausal		Postmenopausal		With HT Use		Estrogen + Progestogen Use		Estrogen Only Use	
	A	B	A	B	A	B	A	B	A	B
Breast cancers, % (n = 11 850)	1525	502	5130	1353	2632	708	584	273	676	236
DCIS, % (n = 2469)	24.1	27.7	21.6	16.9	18.9	18.4	14.4	15.4	20.3	19.9
Invasive, % (n = 9381)	75.9	72.3	78.4	83.1	81.1	81.6	85.6	84.6	79.7	80.1
AJCC stage, %										
Invasive cancers, No.	1074	339	3605	1027	1930	524	444	211	463	166
Stage I	54.2	46.9	64.4	63.5	61.9	61.6	61.0	62.1	60.0	60.8
Stage IIA	25.8	26.8	19.5	22.9	20.9	20.2	22.5	21.3	21.8	19.9
Stage IIB	10.5	13.6	9.0	6.8	8.7	8.4	8.8	8.5	9.9	9.0
Stage III or IV	9.5	12.7	7.1	6.8	8.5	9.7	7.7	8.1	8.2	10.2
AJCC stage IIB or higher, % ^c										
Invasive cancers, No.	1095	346	3720	1071	1982	547	454	224	482	174
Yes	19.8	25.7	15.8	13.2	16.9	17.6	16.1	16.1	17.6	18.4
No	80.2	74.3	84.2	86.8	83.1	82.4	83.9	83.9	82.4	81.6
Tumor size, mm, %										
Invasive cancers, No.	1123	349	3841	1073	2040	546	475	220	508	176
<10	22.4	21.2	33.2	29.1	28.0	23.1	29.3	25.5	25.8	15.3
10 to <15	23.1	13.5	23.6	25.0	26.5	27.1	24.0	25.0	26.4	31.2
15 to 20	24.1	26.9	18.6	22.6	22.2	27.5	22.5	27.3	21.1	30.1
>20	30.5	38.4	24.6	23.4	23.3	22.3	24.2	22.3	26.8	23.3
Lymph node, %										
Invasive cancers, No.	1130	355	3882	1088	2066	556	479	224	511	180
Positive	31.3	36.6	21.3	20.7	26.5	28.4	25.5	25.0	26.4	29.4
Negative	68.7	63.4	78.7	79.3	73.5	71.6	74.5	75.0	73.6	70.6
Composite measure of any less favorable characteristic, % ^d										
Invasive cancers, No.	1105	349	3735	1062	1995	547	462	222	483	176
Any	59.7	65.6	46.5	46.5	50.4	50.8	49.1	47.7	51.6	54.0
None	40.3	34.4	53.5	53.5	49.6	49.2	50.9	52.3	48.4	46.0

Abbreviations: AJCC, American Joint Committee on Cancer; DCIS, ductal carcinoma in situ; HT, hormone therapy.

^a Analysis restricted to women with known hysterectomy status. Women with a uterus were assumed to be using estrogen plus progestogen. Women without a uterus were assumed to be using estrogen only.

^b Annual includes cancers diagnosed within 12 months of screening examination performed 11 to 14 months after prior mammogram; biennial includes cancers

diagnosed within 24 months of screening examination performed 23 to 26 months after prior mammogram.

^c AJCC stage IIB or higher was imputed based on tumor size or extension, nodal status, metastasis, or Surveillance, Epidemiology, and End Results summary stage, when available, for women missing AJCC stage.

^d Stage IIB or higher, tumor size greater than 15 mm, or positive node.

Predittori dell'efficacia della sorveglianza mammografica nelle pz con storia personale di BC

	Odds ratio (95% CI) univariate	p value (Univariate)	Odds ratio (95% CI) multivariate ^a	p value (Multivariate ^a)
Age at diagnosis		<0.001		0.0012
< 50 years	4.1 (1.9–8.6)		4.0 (1.7–9.4)	
≥ 50 years	Referent		Referent	
Family history	0.63 (0.3–1.6)	0.31		
Breast density^b		0.04		0.33
Non-dense (referent)	Referent		Referent	
Dense	2.2 (1.0–4.9)		1.5 (0.6–3.7)	
Mode of detection of PBC		0.15		
Screen-detected	0.6 (0.3–1.2)			
Interval/clinically detected	Referent			
PBC subtype		0.57		
Triple negative	1.3 (0.52–3.2)			
Other subtypes	Referent			
T-stage		0.06		0.47
T1	Referent		Referent	
T2/T3	2.1 (1.0–4.4)		0.637 (0.2–2.2)	
Tumor grade		0.43		
Grade 1	Referent			
Grade 2/3	1.3 (0.7–2.8)			
Systemic treatment	0.6 (0.2–1.7)	0.38		
AJCC stage		0.007		0.17
Stage I	Referent		Referent	
Stage II	2.7 (1.3–5.5)		2.2 (0.7–6.8)	

PBC primary breast cancer

^aMultivariate regression model with age at diagnosis of primary BC, breast density, T-stage, and AJCC Stage of primary BC entered using forward selection

^bNon-dense breast patterns include almost entirely fat and scattered fibroglandular densities; dense breast patterns include heterogeneously dense and extremely dense

Screening mammografico in pz con EBC: fattori associati a misdiagnosi

Variables		Univariate			Multivariate		
		Odds ratio	95% CI	<i>P</i> value	Odds ratio	95% CI	<i>P</i> value
Mammographic breast density	Fatty	1		<0.001	1		0.001
	Dense	3.236	1.754–5.973		2.959	1.581–5.540	
Mammographic detectability of PBC	Positive	1			1		
	Negative	3.512	1.546–7.982	0.003	3.013	1.290–7.041	0.011
	NA	1.073	0.457–2.522	0.871	1.172	0.484–2.840	0.725

NA not available

Contributo dell'esame fisico rispetto alla mammografia nel follow-up del BC

Method of detection	CBC (n = 127)	LRR_BCS ^b (n = 35)	LRR_Mastectomy ^c (n = 23)
Routine physical examination alone	7 (6)	6 (17)	7 (30)
Routine mammography alone	42 (33)	7 (20)	-
Both	26 (20)	11 (31)	-
Symptoms reported by patients	52 (41)	11 (31)	16(70)

^a Recurrences-based analysis.

^b LRR_BCS: Loco regional recurrence in patients after breast conserving surgery.

^c LRR_Mastectomy: LRR in patients after mastectomy.

Individualizzazione delle raccomandazioni per le pazienti anziane

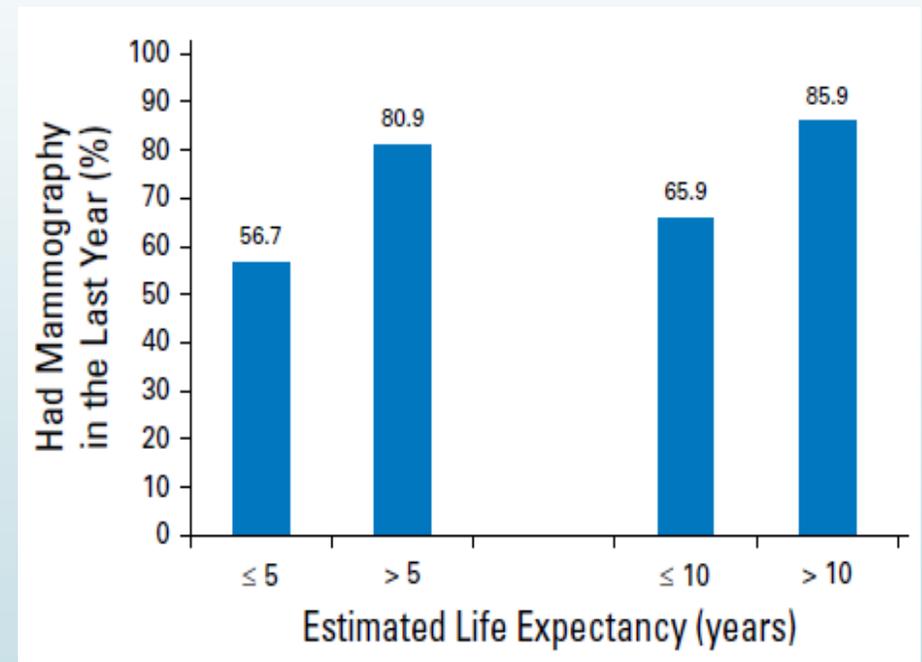
- ▶ Le pazienti anziane muoiono prevalentemente per cause diverse dal carcinoma mammario
- ▶ Molte delle loro neoplasie sono a basso rischio
 - ▶ ...Molte sono in terapia ormonale
 - ▶ Il rischio per molte rispecchia quello della popolazione generale (anche se molte pazienti non riconoscono questo fatto)
- ▶ Sospendere i test diagnostici è complicato
 - ▶ Tuttavia per la gran parte delle pz un beneficio è poco probabile (per età)
 - ▶ Effetti secondari della sorveglianza mammografica
 - ▶ La discussione è complessa: difficile affrontare question aspettativa di vita



Screening mammografico nelle donne anziane

- ▶ RCT di screening mammografico non hanno incluso pz > 74 anni
- ▶ Studi osservazionali e le linee guida USA favoriscono lo screening per donne sane con aspettativa di vita > 10 anni.
- ▶ Ci sono effetti collaterali: falsi positivi, over- diagnosi, ansia, disagio, costi:
Previsioni
 - ▶ 2 morti evitate per BC / 1000 donne > 70 sottoposte a screening bi-annuale
 - ▶ Falsi positivi: circa 200/1000
 - ▶ Over-diagnosi (diagnosi senza beneficio clinicO) Circa 13/1000

% Pz ≥ 65 aa con pregresso BC che hanno ricevuto mammografia in rapporto ad aspettativa di vita



Linee guida di sorveglianza mammografica nella popolazione anziana

Guideline Society	Year of Most Recent Guideline Update	Current Screening Guidelines for the Older Patient (Average Risk)
Screening Guidelines for Older Women		
United States Preventative Services Task Force (USPSTF) ^{8,16}	2016	Age 50-74 y: recommend biennial screening Age ≥75 y: current evidence is insufficient to assess the balance of benefits and harms of screening
American Cancer Society (ACS) ^{7,16,17}	2015	Women 55 y and old should transition to biennial screening or have the opportunity to continue screening annually Women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 y or longer
National Comprehensive Cancer Network (NCCN) ¹⁸	2015	Age ≥40 y: Annual screening mammogram With the high incidence of breast cancer in the elderly population, the same screening guidelines used for women who are age 40 y or older are recommended. Clinicians should always use judgment when applying screening guidelines
Canadian Task Force ¹⁹	2011	Age 50-74 y: Mammogram every 2-3 y No guidelines for mammography at 75 y and older
United Kingdom-National Health Service ²⁰	2015	Age 50-70 y: Mammogram every 3 y Routine screening not offered for age >70 y
Swiss Medical Board ^{21,22}	2014	No new screening programs; phase out all existing programs
Surveillance Mammography Guidelines for Older Women With a Personal History of Breast Cancer		
NCCN ²³	2015	Annual surveillance without age specific guidance
NCCN Senior Oncology Guidelines ²⁴	2016	"Decisions about mammograms for older survivors of breast cancer should incorporate discussions with patients about their risk of developing recurrent or new breast cancer, the potential benefits of mammography in improving outcomes, the potential harms of mammography, and patients' values and preferences...There likely is no benefit to regular mammograms for older women with a life expectancy of less than 5 years. In this group..harms likely outweigh any potential benefits"
American Society of Clinical Oncology (ASCO) and ACS Breast Cancer Survivorship Care Guidelines ²⁵	2015	Annual mammography

Rischio di recidiva ipsilaterale e CBC nelle pazienti anziane con pregresso CM

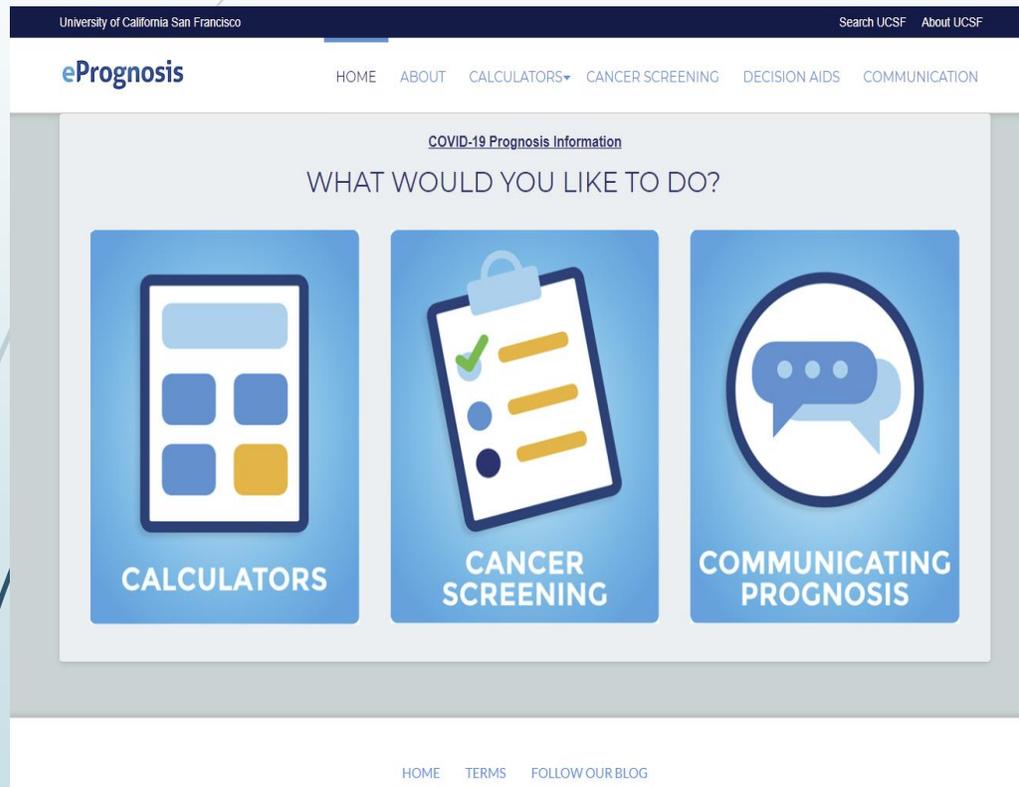
Clinical scenario for past diagnosis and treatment received ^a		Estimated cumulative risk of in-breast cancer events >10 y, %	
Surgery and cancer subtype	Adjuvant therapy	Ipsilateral breast	Contralateral breast
Unilateral mastectomy			
All cancer subtypes	No endocrine therapy	NA	3-5
	Endocrine therapy	NA	1-2
Breast-conserving surgery			
Hormone receptor-positive breast cancer ^a	Endocrine therapy	7-9	1-2
	Radiotherapy and endocrine therapy	1-2	1-2
	Radiotherapy only	4-6	3-5
<i>ERBB2</i> -positive breast cancer ^{a,b}	Chemotherapy or <i>ERBB2</i> -directed therapy and radiotherapy	3-4	3-5
	Radiotherapy only	10-15	3-5
Triple-negative breast cancer ^{a,b}	Chemotherapy and radiotherapy	3-5	3-5
	Radiotherapy only	10-15	3-5

Multidisciplinary Expert Panel and SIOG Consensus Statement for older BC survivors



Breast cancer history and risk considerations		Recommendations by age and life expectancy		
Clinical scenarios and definitions	Cancer risk	Ages 75-79 y ^b	Ages 80-84 y ^b	Ages 85 y or life expectancy <5 y at any age ^b
History of lower-risk cancers, such as most HR-positive and <i>ERBB2</i> -negative tumors and stage I <i>ERBB2</i> -positive or triple-negative tumors ^c	In-breast cancer risks are low but steady over time (for HR-positive disease in particular); overall risks are lower than the general population (especially with use of endocrine therapy)	If life expectancy is 10 y: continue annual or biennial surveillance mammography; if life expectancy is <10 y: consider discontinuation	If life expectancy is 10 y: continue annual or biennial surveillance mammography; if life expectancy is <10 y: consider discontinuation	Discontinue surveillance mammography unless patient is in extraordinary health or has a strong desire to continue
History of higher-risk cancers, such as stage II-III triple-negative or <i>ERBB2</i> -positive tumors and higher-risk HR-positive tumors ^c	Ipsilateral risk may be higher for the first 5 y but then becomes similar to the general population	Continue annual surveillance mammography unless life expectancy is <5 y	Consider discontinuation of surveillance mammography unless life expectancy is >5 y	Discontinue surveillance mammography unless patient is in extraordinary health or has a strong desire to continue

E-prognosis: intended as a rough guide to inform clinicians about possible mortality outcome



<https://eprognosis.ucsf.edu/index.php>

Decision Aids that Consider Prognosis



Decision aid for colon cancer screening:

For women 70-74: [English](#) For men 70-74: [English](#)
For women 75-79: [English](#) For men 75-79: [English](#)
For women 80-84: [English](#) For men 80-84: [English](#)

Purpose of this decision aid: This decision aid is designed to help patients decide whether getting screened for colon cancer is the right choice for them.



Decision aid for mammography screening for women aged 75 and older:

For women 75-84: [English](#) [Spanish](#) [English \(low Literacy\)](#)
For women 85 and older: [English](#) [Spanish](#)

Purpose of this decision aid: This decision aid is designed to help women aged 75 and older weigh the benefits and risks of mammography screening and to make a more informed decision with their doctor about whether or not to continue having mammograms.



Decision aid for device for patients with advanced heart failure:

Booklet: [English](#) [Spanish](#) [French](#)

Video: [English](#)

Purpose of this decision aid: LVADs are devices for patients with advanced heart failure. This page is designed to help you understand what an LVAD is and to help you, your family, and your doctors think about what is best for you. Your values and goals are the most important factors in making a decision.



Decision aid for patients considering ICD therapy for primary prevention:

Booklet: [English](#) [Spanish](#)

Video: [English](#)

Purpose of this decision aid: This decision aid is for patients with heart failure considering an ICD who are at risk for sudden cardiac death (primary prevention). This website will lead you step-by-step through some information on ICDs that may be helpful. We also hope this will make talking to your doctor easier.

A quali condizioni la donna potrebbe rientrare in un programma di screening?



- Assenza di recidive locoregionali precedenti.
- Possibilità individualizzazione
 - Età e stato menopausale
 - < 50 aa e premenopausa: non candidata ideale
 - 50-70 (e postmenopausa)
 - > 70 valutare *aspettativa di vità: ipotesi anche di sospendere sorveglianza mammografica se breve aspettativa*
 - Attesa aderenza allo screening
- Stima del rischio
 - *Stadio*
 - *Istologia: duttale vs lobulare?*
 - *Biologia*
 - Rischio stimato di 2° neoplasia (età e genetica)
 - Precedente terapia?
 - Quadro mammografico (bilanciare per rischio falsi positivi):
 - Densità & Mammary texture