

Con il Patrocinio di



Sistema Socio Sanitario

Regione Lombardia

ASST Sette Laghi

Polo Universitario



A.N.I.S.C.

Associazione Nazionale Italiani Senologi Chirurghi



Convegno Nazionale Senonetwork: Incontro dei Centri di Senologia 9.0

VARESE

Venerdì, 23 Gennaio 2026

UNA HOTELS VARESE



**Survey Senonetwork
sugli esiti del
questionario
Chirurgia
Oncoplastica**

Matteo Ghilli

dir. ff UOC SENOLOGIA

AOU PISA

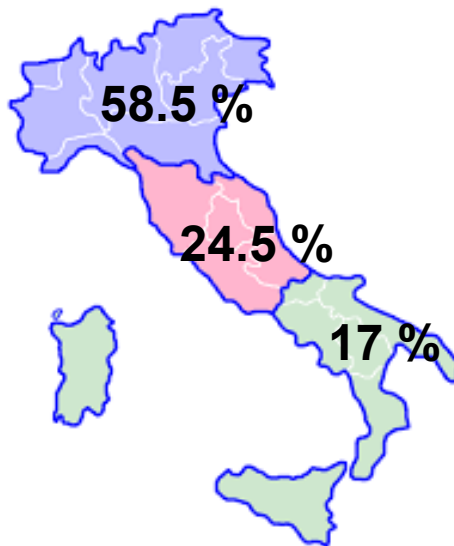
dir. CENTRO SENOLOGICO

AOU PISA

membro CD ANISC 

Chirurgia Oncoplastica

85/144 Breast Unit rispondenti (59%)
 well-distributed throughout the
 country, involved in the management of
35,000 of the 52,000 new BC cases
 estimated each year in Italy.



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

The Breast

journal homepage: www.journals.elsevier.com/the-breast



Oncoplastic and reconstructive surgery in SENONETWORK Italian breast centers: lights and shadows

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 Mario Rietjens ^e, Secondo Folli ^f, Annalisa Curcio ^g, Guglielmo Ferrari ^h, Francesco Caruso ⁱ,
 Vittorio Altomare ^j, Daniele Friedman ^k, Maria Carmen De Santis ^l, Fiorenza De Rose ^m,
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[Stefano Mori](#)^{26x}, [Roy De Vita](#)^{27y}, [Loredana Defilippi](#)^{28z}, [Samantha Marcuzzi](#)^{29aa},
[Stefano Drago](#)^{30ab}, [Giovanni Battista](#)^{31ac}, [Loredana Burgoa](#)^{32ad}, [Paolo Cristofolini](#)^{33ae},
[Giovanna Romanucci](#)^{34af}, [Andrea Loret](#)^{35ag}, [Valerio Prosperi](#)^{36ah}, [Paolo Carcofora](#)^{37ai},
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[Alba Di Leone](#)^{51aw}, [Samuele Massarut](#)^{52ax}, [Alberto Massocco](#)^{53ay}, [Monica Cramarossa](#)^{54az},
[Graziano Meneghini](#)^{55ba}, [Luca Fabiocchi](#)^{56bb}, [Anna Maria Miglietta](#)^{57bc}, [Francesco Milla](#)^{58bd},
[Antonella Ciabattini](#)^{59be}, [Francesca Pellini](#)^{60bf}, [Marco Maschetta](#)^{61bg}, [Antonino Musolino](#)^{62bh},
[Dante Palli](#)^{63bi}, [Giulia Paaura](#)^{64bj}, [Mariagrazia Pieraccini](#)^{65bk}, [Davide Morenco](#)^{66bl}, [Romano Polato](#)^{67bm},
[Maria Renne](#)^{68bn}, [Cosmo Maurizio Ressa](#)^{69bo}, [Fabio Ricci](#)^{70bp}, [Raffaella Ridolfo](#)^{71bq},
[Francesca Angela Rovera](#)^{72br}, [Francesco Barberini](#)^{73bs}, [Marina Vinciguerra](#)^{74bt}, [Marco Furci](#)^{75bu},
[Maria Sciamannini](#)^{76bv}, [Daniela Gianquinto](#)^{77bw}, [Silvia Petrucci](#)^{78bx}, [Angelica Della Valle](#)^{79by},
[Pietro Stancampiano](#)^{80bz}, [Andrea Lippi](#)^{81ca}, [Giovanni Tozzioli](#)^{82cb}, [Davide Lombardi](#)^{83cc},
[Martino Trunfio](#)^{84cd}, [Luca Valieri](#)^{85ce}, [Carla Vecchio](#)^{86cf}, [Paolo Veronesi](#)^{87cg}, [Gretha Grilz](#)^{88ch}

Chirurgia oncoplastica conservativa

- OPS I livello utilizzata in **>50% in BCS**
- OPS di II livello usata nel 11-30% in BCS

Chi esegue la chirurgia oncoplastica

- OPS I livello: breast surgeon solo **56%**, team BS+PS **~38%**
- OPS II livello: team BS+PS nel **~50%** dei centri

Quando scegliamo l'OBCS

- Tumor size / breast **volume ratio: 94%**
- **Sede sfavorevole: 72%**
- **Ptosi/macromastia: 63%**
- Aspettative della **paziente: 57%**

OBCS e multifocalità

- OPS usata in multifocalità estesa/multicentricità nel **57% dei centri**
- **extreme oncoplasty**

Symmetrization of the contralateral breast is carried out by the plastic surgeon in the vast majority (69.33 %) of cases.



I livello II livello

Mastectomia + ricostruzione: quanto è diffusa

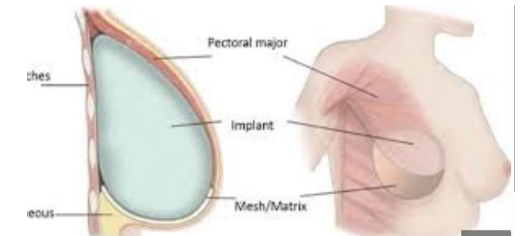
- Ricostruzione post-mastectomia **>70%** nel **~60% dei centri**
- Ricostruzione **immediata >90%** delle ric nella maggioranza
- **Nipple-sparing** mastectomy ~50% delle mastectomie

Tipologia di ricostruzione

- DTI pre-pettorale usata **>50%** dei casi nel **23% dei centri**
- **2 stage sub-pettorale** ancora molto presente
- **Prepectoral expanders** non comune.
- Dual plane +/- ADM molto diffuso
- Ricostruzione **autologa** immediata **<15%** nella maggioranza

ADM, mesh, poliuretano

- ADM usata **circa 50%** delle ricostruzioni pre-pettorali
- Mesh titanizzate nel **25%**
- Poliuretano nel **31%**



la **chirurgia oncoplastica conservativa e demolitiva** rappresenta lo standard per la **gran parte degli interventi senologici oggi**.

la restante parte è rappresentata da **chirurgia conservativa tradizionale con approcci semplici** e, sul fronte mastectomie, dagli approcci non conservativi e/o senza ricostruzione.

Questa **chirurgia, più rispettosa, meno demolitiva, meno impattante ma più complessa** rispetto a quella utilizzata 20 anni fa si associa alla necessità di **attenta integrazione con (e ad un potenziale impatto con) le terapie adiuvanti oncologiche mediche e radianti** e alla necessità di uno **studio radiologico molto più dettagliato** sia in fase preoperatoria che nel follow-up.



Cosa racchiude il concetto di chirurgia oncoplastica

Radicalità
oncologica

estetica

QoL

funzione complicanze

Interferen
za tp ad

Incremento della **complessità
tecnica e decisionale**

Maggiore importanza della
pianificazione preoperatoria

Necessità di **team multidisciplinare
strutturato**

Centralità di **estetica, funzione e
qualità di vita**

Aumento di **tempi operatori
eprevenzione e gestione complicanze**

Review Article



Page 1 of 18

Oncoplastic surgery in the treatment of breast cancer: a review of evolution and surgical training

Francisco Pimentel Cavalcante^{1,2,3^}, Felipe Pereira Zerwes^{3,4^}, Eduardo Camargo Millen^{3,5^}, André Mattar^{3,6,7^}, Marcelo Antonini^{3,8^}, Fabrício Palermo Brenelli^{3,9^}, Antonio Luiz Frasson^{3,10^}, René Aloisio da Costa Vieira^{2,11^}

Journal of
Clinical Medicine



Review

Optimizing Outcomes in Oncoplastic Breast-Conserving Surgery

Aileen Gozali¹ and Merisa Piper^{2,*}

¹ School of Medicine, University of California San Francisco, S-245, 513 Parnassus Ave. Suite, San Francisco, CA 94143, USA; aileen.gozali@ucsf.edu

² Division of Plastic and Reconstructive Surgery, Department of Surgery, University of California San Francisco, 3rd Floor, 1825 Fourth Street, San Francisco, CA 94158, USA

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Verso la prossima survey



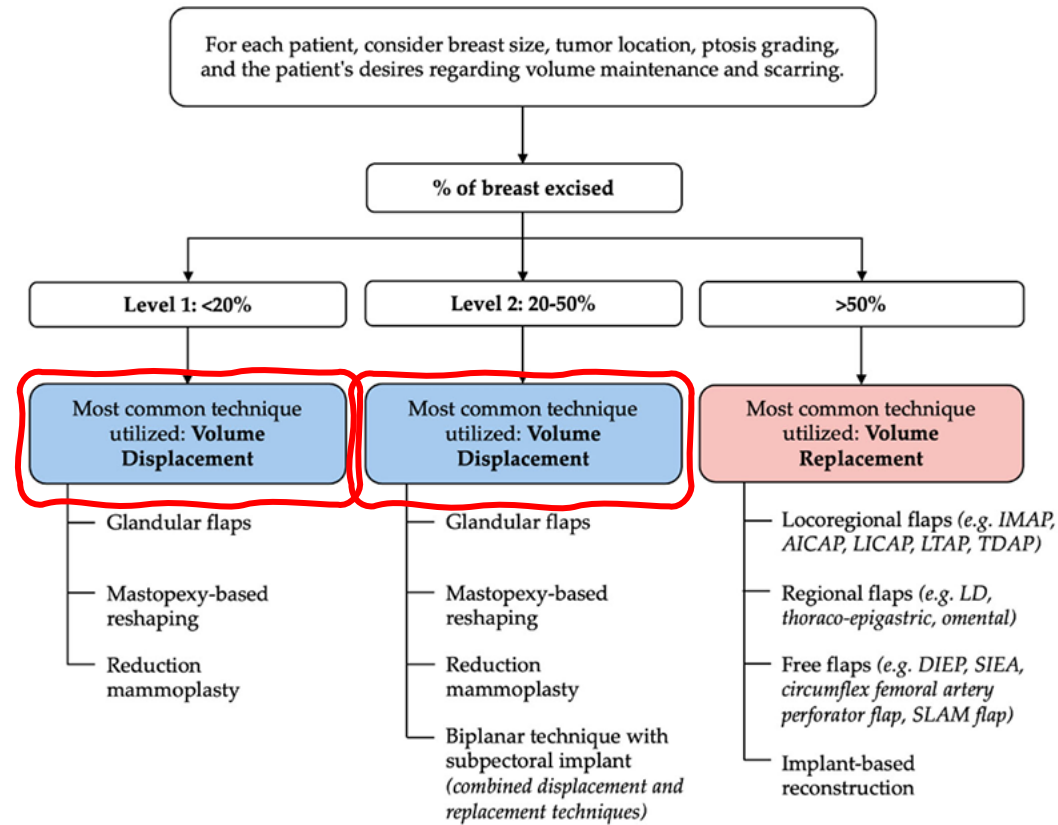
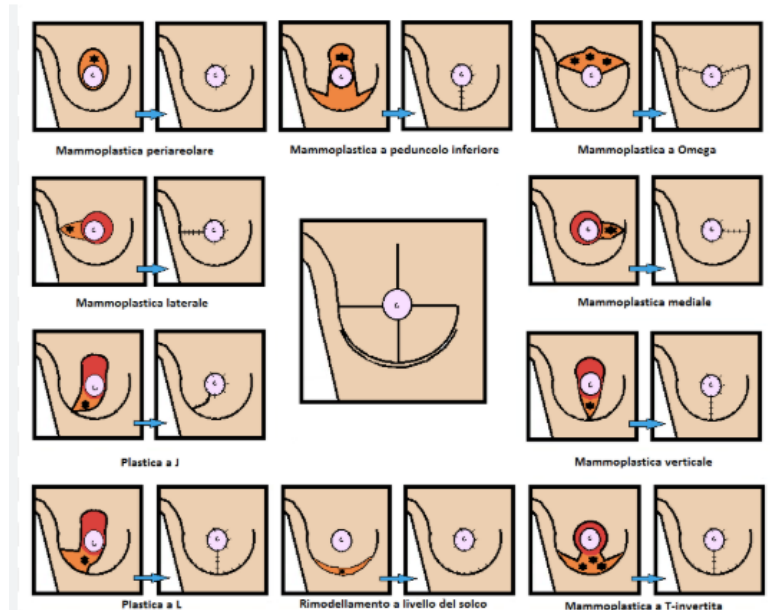
Review

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- Incremento della **complessità tecnica e decisionale**
- Incremento della **complessità tecnica e decisionale**



Oncoplastica nella chirurgia conservativa

Review

Optimizing Outcomes in Oncoplastic Breast-Conserving Surgery

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¹ School of Medicine, University of California San Francisco, S-245, 513 Parnassus Ave. Suite, San Francisco, CA 94143, USA; aileen.gozali@ucsf.edu
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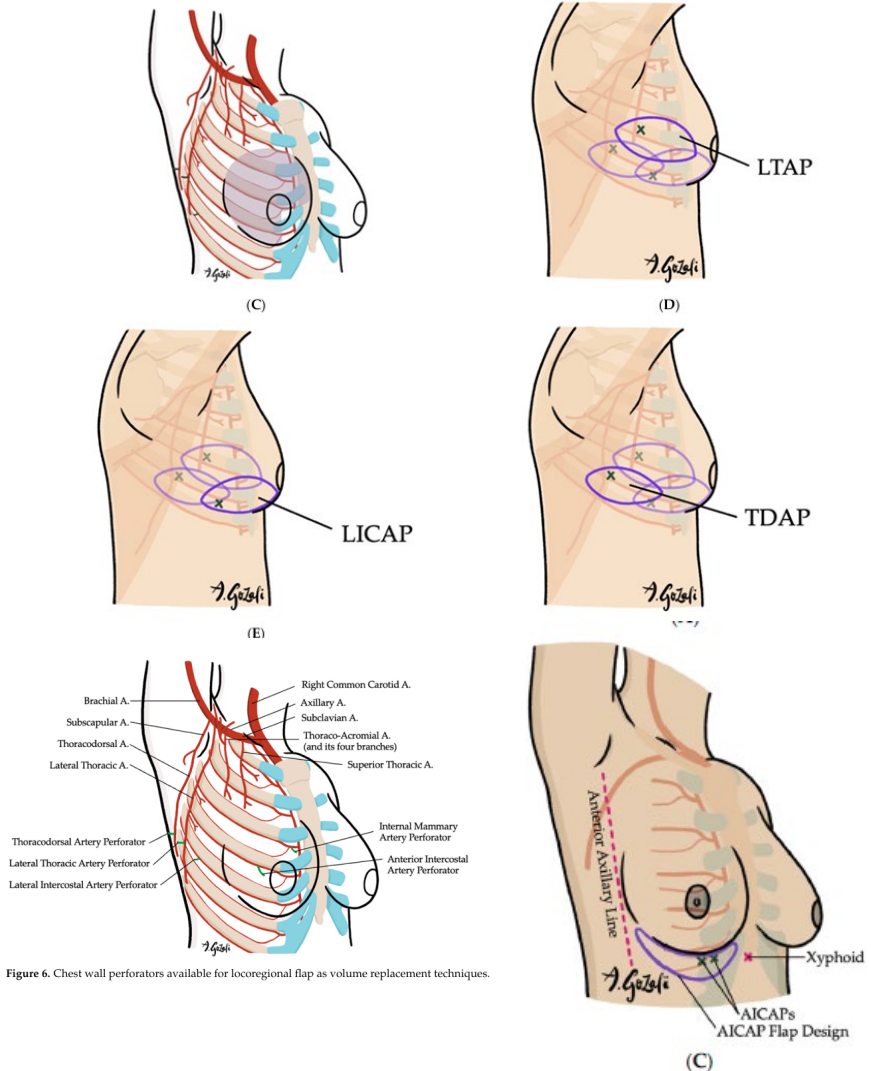
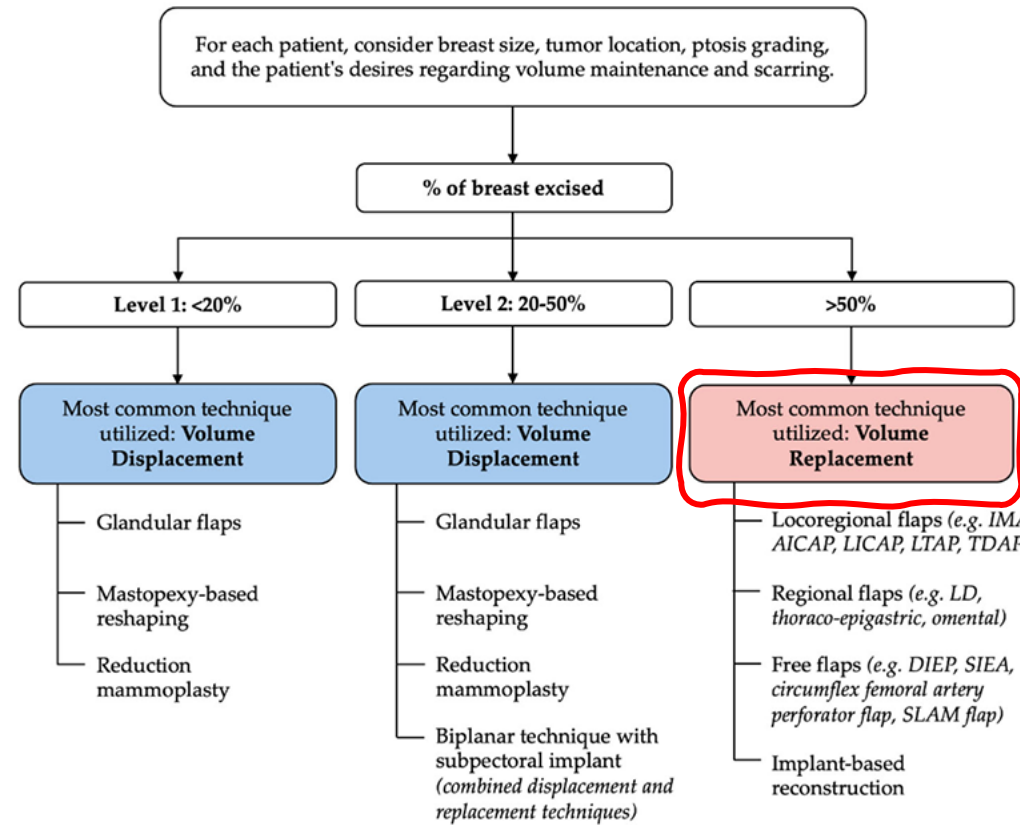


Figure 6. Chest wall perforators available for locoregional flap as volume replacement techniques.



- small-to-moderate-sized breasts,
- high tumor-to-breast size ratios, or
- insufficient residual breast tissue.

Most beneficial when more than 50% of the breast volume is removed, or in cases of 20- 50% volume loss when the patient desires preservation of breast size.

Radicalità oncologica dell'OBCS

- **Margini negativi** elevati
- **Re-excision** rate ~5%
- **Tasso conversione a mastectomie**
- **Recidiva locale** ~2-3%

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Cavalcante et al. OBS: evolution and surgeon training

Table 1 Oncoplasty studies and oncological outcomes

| Study | Period | Follow-up | Oncoplasty, n | Control, n | Recurrence oncoplasty (%) | Recurrence control (%) |
|------------------|-----------|-------------|-------------------------|--------------------|---------------------------|-----------------------------|
| Clough (65) | 2004–2016 | 55 months | 350 | – | LR: 2.2 | – |
| Mansell (64) | 2009–2012 | 56 months | 104 | 558 (BCS)/318 (TM) | LR: 2.0 | LR: 3.4 (BCS), 2.6 (TM) |
| Fitoussi (59) | 1986–2007 | 49 months | 540 | – | LR: 6.8 | – |
| Rose (63) | 2008–2013 | 4.1 years | 197 | 1,399 (BCS) | Recurrence: 6.0 | Recurrence: 3.6 (BCS) |
| André (56) | 2010–2016 | 64 months | 243 simple, 215 complex | 3,720 (BCS) | LR: 1.4 (complex) | LR: 1.0 (simple), 1.5 (BCS) |
| Hing (61) | 2009–2013 | 82 months | 174 | 365 (BCS) | LR: 1.7 | LR: 2.2 (BCS) |
| De Lorenzi (58) | 2000–2008 | 7.2 years | 454 | 908 (BCS) | LR: 6.7 | LR: 4.2 (BCS) |
| Fitzal (60) | 2010–2013 | 74.5 months | 297 (level II) | 2,217 (BCS) | LR: 3.6 | LR: 2.7 (BCS) |
| Kelemen (62) | 2010–2017 | 51 months | 350 | 350 (BCS) | LR: 1.1 | LR: 3.1 (BCS) |
| Almeida (55) | 2011–2015 | 50.4 months | 98 | 768 (BCS) | LR: 6.1 | LR: 3.9 (BCS) |
| Chakravorty (57) | 2003–2010 | 28 months | 150 | 440 (BCS) | LR: 2.7 | LR: 2.2 (BCS) |
| Carter (66) | 2007–2014 | 3.4 years | 1,177 | 3,559 | RFS: 94.6 | RFS: 96.1 (BCS) |

BCS, breast-conserving surgery; LR, local recurrence; RFS, recurrence-free survival; TM, mastectomy.

JPRAS Open 29 (2021) 184–194

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JPRAS Open

journal homepage: www.elsevier.com/locate/jpra

ELSEVIER

An International Open Access Journal of Surgical Reconstruction

Original Article

Comparative study of surgical and oncological outcomes in oncoplastic versus non oncoplastic breast-conserving surgery for breast cancer treatment[☆]

Natalie R. Almeida, MD^{a,c}, Fabrício P. Brenelli, MD PhD^{a,c}, Cesar C. dos Santos, MD PhD^b, Renato Z. Torresan, MD PhD^a, Júlia Y. Shinzato, MD PhD^c, Cassio Cardoso-Filho, MD PhD^c, Giuliano M. Duarte, MD PhD^a, Nicoli S. de Azevedo, MD^a, Luiz Carlos Zeferino, MD PhD^{d,*}

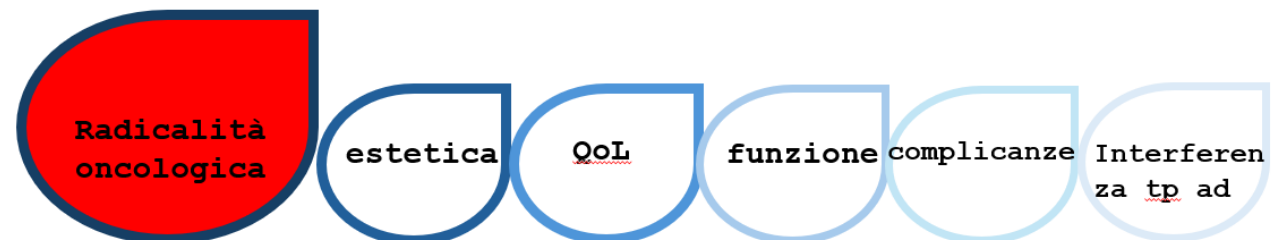
Although used for the treatment of larger and multifocal tumors, **re-excisions were performed less often in the oncoplastic group, and there was no increase in conversion to mastectomy or local recurrence.** In spite of the **higher rate of overall complications in the oncoplastic group, major complications were similar in both groups.**

Review Article

Check for updates
Page 1 of 18

Oncoplastic surgery in the treatment of breast cancer: a review of evolution and surgical training

Francisco Pimentel Cavalcante^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, Felipe Pereira Zerwes^{3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, Eduardo Camargo Millen^{3,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, André Mattar^{3,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, Marcelo Antonini^{3,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, Fabrício Palermo Brenelli^{3,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, Antonio Luiz Frasson^{3,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}, René Aloísio da Costa Vieira^{2,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100}



- Studio prospettico multicentrico ANTHEM donne a cui offerta **OBCS** come alternativa alla mastectomia con/senza ricostruzione immediata
- **l'81.2% ha scelto OBCS, e tra queste più del 95% ha evitato la mastectomia**, con solo il **3.9%** che ha richiesto mastectomia di completamento per margini non liberi.
- le **complicanze maggiori** si sono verificate più frequentemente nei casi di mast + **ricostruzione immediata** rispetto alla chirurgia oncoplastica conservativa.
- **BREAST-Q**: le pazienti sottoposte a **OBCS** hanno mostrato **miglioramenti** significativi nei punteggi di **soddisfazione per il seno e benessere psicosociale** a 3 e 12 mesi.

Breast Cancer Research and Treatment (2023) 200:163–170
<https://doi.org/10.1007/s10549-023-06924-0>

PRECLINICAL STUDY



Current practice and provision of oncoplastic breast-conserving surgery in the UK: results of the ANTHEM national practice questionnaire

Charlotte Davies¹ · Lisa Whisker² · Joanna Skillman³ · Douglas Macmillan² · Christopher Holcombe⁴ · Patricia Fairbrother⁵ · Shelley Potter^{6,7} · on behalf of the ANTHEM Study Steering Group



BJS, 2025, znae306

<https://doi.org/10.1093/bjs/znae306>

Original Article

Clinical and patient-reported outcomes in women offered oncoplastic breast-conserving surgery as an alternative to mastectomy: ANTHEM multicentre prospective cohort study

Charlotte Davies¹, Leigh Johnson², Carmel Conefrey², Nicola Mills², Patricia Fairbrother³, Chris Holcombe⁴, Lisa Whisker⁵, William Hollingworth², Joanna Skillman⁶, Paul White⁷, Douglas Macmillan⁵, Charles Comins⁸ and Shelley Potter^{1,9,*}

Radicalità oncologica

estetica

QoL

funzione complicanze

Interferenza tp ad

The Breast 35 (2017) 32–33



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journal homepage: www.elsevier.com/brst



Viewpoints and debate

Less is more. Breast conservation might be even better than mastectomy in early breast cancer patients

Oreste D. Gentilini ^{a,*}, Maria-Joao Cardoso ^b, Philip Poortmans ^c

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^c Department of Radiation Oncology, Institut Curie, Paris, France



Ann Surg Oncol (2022) 29:6163–6188
<https://doi.org/10.1245/s10434-022-12133-8>

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY



ORIGINAL ARTICLE – BREAST ONCOLOGY

Does Breast-Conserving Surgery with Radiotherapy have a Better Survival than Mastectomy? A Meta-Analysis of More than 1,500,000 Patients

Gabriel De la Cruz Ku, MD^{1,2}, Manish Karamchandani, MD³, Diego Chamberg-Michilot, BS², Alexis R. Narvaez-Rojas, MD⁴, Michael Jonczyk, MD⁵, Fortunato S. Principe-Meneses, BS⁶, David Posawatz, MS³, Salvatore Nardello, DO, MBS⁷, and Abhishek Chatterjee, MD, MBA^{7,8}

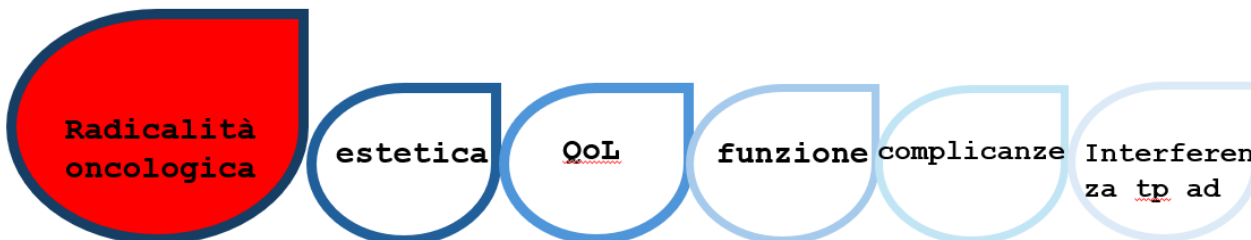
¹Department of General Surgery, University of Massachusetts, Worcester, MA; ²Universidad Científica del Sur, Lima, Peru; ³Department of General Surgery, Tufts Medical Center, Boston, MA; ⁴Universidad Nacional Autónoma de Nicaragua, Nicaragua; ⁵Lahey Hospital and Medical Center, Burlington, MA; ⁶Universidad Peruana de Ciencias Aplicadas, Lima, Peru; ⁷Division of Surgical Oncology, Tufts Medical Center, Boston, MA; ⁸Division of Plastic and Reconstructive Surgery, Division of Surgical Oncology, Tufts Medical Center, Boston, MA

30 studi (6 RCT e 24 di coorte), circa 1,6 milioni pazienti

46% Europa
40% Nord America

Low risk of bias
Non riportati i sottogruppi

Diminuzione del rischio di morte del 36% per BCS!



Outcomes oncologici della chirurgia conservativa vs mastectomia

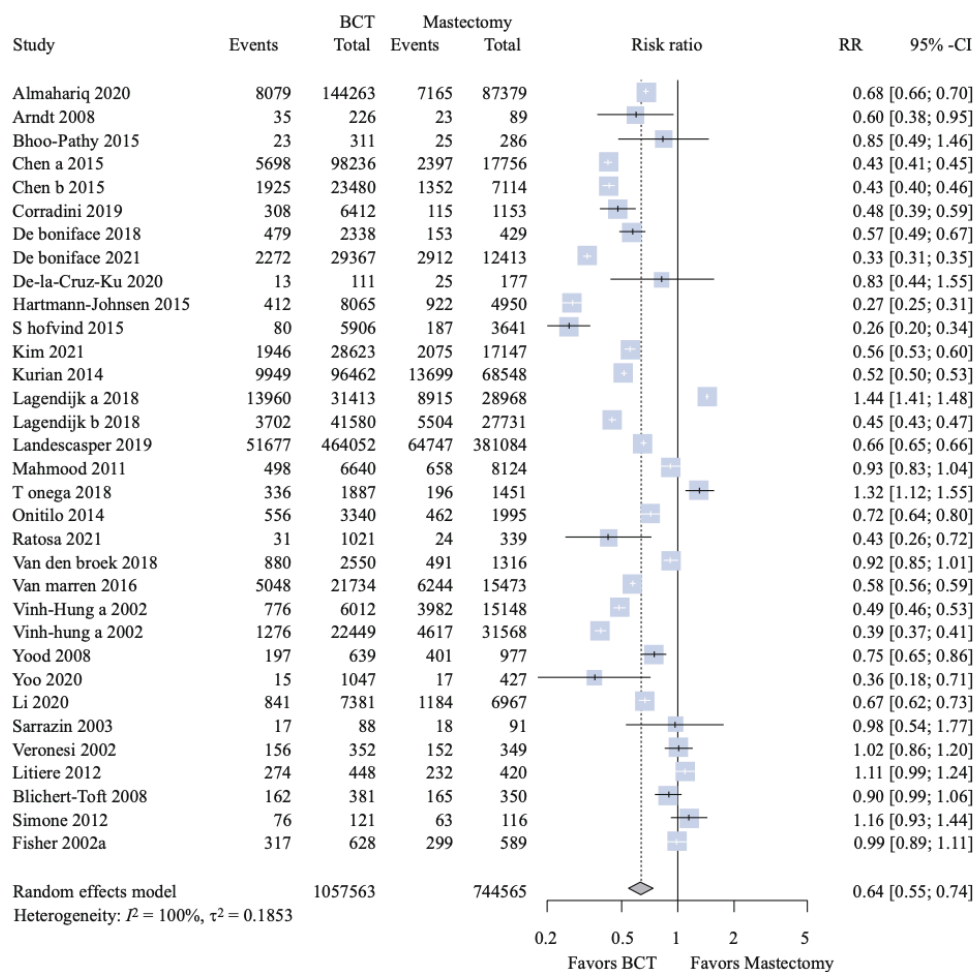


FIG. 4 Meta-analyses comparing overall survival of breast conservative surgery with radiotherapy versus mastectomy

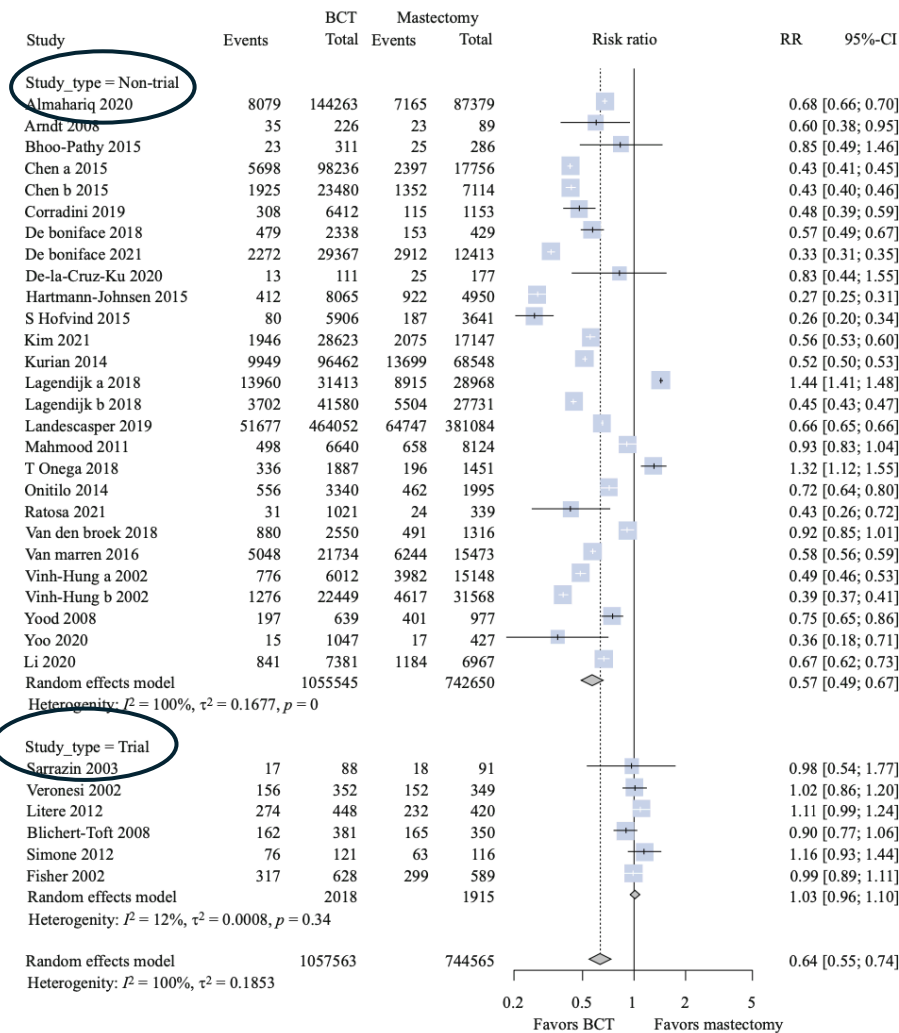


FIG. 5 Meta-analyses comparing overall survival of breast conservative surgery with radiotherapy versus mastectomy according to study type

De la Cruz K et al. Does Breast-Conserving Surgery with Radiotherapy have a Better Survival than Mastectomy? A Meta-Analysis of More than 1,500,000 Patients. *Ann Surg Oncol*. 2022 Oct;29(10):6163-6188. doi: 10.1245/s10434-022-12133-8. Epub 2022 Jul 25. PMID: 35876923.

OBCS vs mastectomia + ricostruzione: PROMs

PROMs in O-BCS vs M-R



OBCS

- Outcomes oncologici migliori (setting NACT)
- Migliore soddisfazione per il seno
- Miglior benessere psicosociale e sessuale
- Physical well-being migliore

Ref: Harris et al., Arch Breast Cancer 2025

Table 3. Postoperative patient-reported outcomes according to raw unadjusted median BREAST-Q scores

| First author | Satisfaction with breasts | | Psychosocial well-being | | Physical well-being | | Sexual well-being | |
|-------------------------------|---------------------------|---------------------|-------------------------|-------------------|---------------------|-------------------|-------------------|-------------------|
| | O-BCS | M-R | O-BCS | M-R | O-BCS | M-R | O-BCS | M-R |
| Davies ^{*30} | 67 (95% CI 64-70) | 65.5 (95% CI 58-73) | 66 (95% CI 63-69) | 64 (95% CI 56-72) | 64 (95% CI 61-67) | 72 (95% CI 66-78) | 53 (95% CI 46-60) | 48 (95% CI 33-63) |
| Foley ³¹ | 71.5 | 58 | 72.5 | 68.5 | N/A | N/A | 52 | 53 |
| Lisboa ¹⁵ | 75 (IQR 62-91) | 69 (IQR 58-81) | 86 (IQR 67-100) | 82 (IQR 65-100) | 66 (IQR 57-74) | 68 (IQR 55-77) | 72 (IQR 54-100) | 63 (IQR 49-83) |
| Koppiker ³² (mean) | 81 ± 14 SD | 68 ± 16 SD | 87 ± 17 SD | 83 ± 16 SD | 73 ± 13 SD | 72 ± 17 SD | 80 ± 25 SD | 52 ± 37 SD |
| Mason ¹⁶ | 64 (IQR 48-82) | 71 (IQR 53-100) | 71 (IQR 51-100) | 62 (IQR 47-82.3) | 26 (IQR 8-43) | 31 (IQR 20-45) | 60.5 (IQR 43-79) | 48 (IQR 41-59) |
| Di Leone ¹⁰ | 61 | 51.6 | 64.2 | 58.1 | 28.6 | 40.3 | N/A | N/A |

* O-BCS group shown underwent therapeutic mammoplasty.

O-BCS, oncoplastic breast conservation surgery; M-R, mastectomy with reconstruction; CI, confidence interval; IQR, interquartile range; SD, standard deviation.

È una **systematic review** delle evidenze disponibili che confrontano **Oncoplastic Breast-Conserving Surgery (O-BCS)** con **mastectomia con ricostruzione** per tumore della mammella, in termini di:

- **Outcomes oncologici** (sicurezza oncologica, recidive, sopravvivenza)
- **Patient-reported outcomes** (soddisfazione estetica, benessere fisico, psicosociale e sessuale)

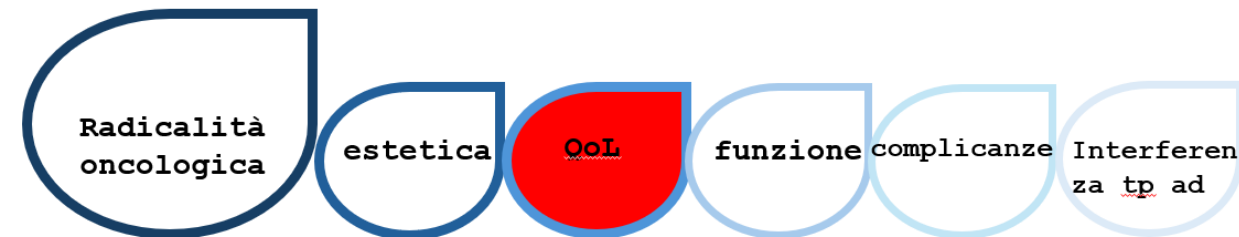
Radicalità oncologica

estetica

QoL

funzione

complicanze Interferenza tp ad



2021/2022: complicitanze in OBCS vs mastectomia

complicitanze dell'OBCS

- Complicitanze minori incidenza 5-10% nella maggioranza dei centri
- **Complicitanze maggiori <5% nel 91.6% dei centri**
- Complicitanze più frequenti: sieroma, ematoma

Le OBCS hanno tassi inferiori rispetto a M+IBR

Complicitanze dopo mastectomia + IBR

- Complicitanze minori 5-10% nel **51%**
- **Complicitanze maggiori <5% nel 62% dei centri**

Contents lists available at ScienceDirect

The Breast

journal homepage: www.journals.elsevier.com/the-breast

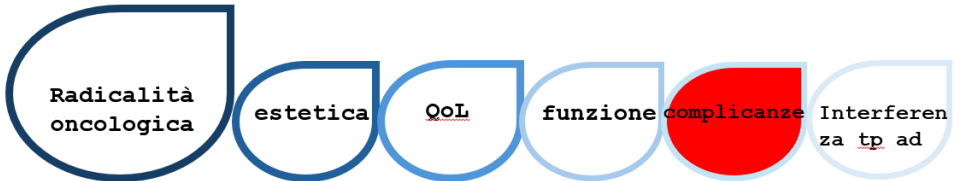
Oncoplastic and reconstructive surgery in SENONETWORK Italian breast centers: lights and shadows

Matteo Ghilli^{a,*}, Andrea Vittorio Emanuele Lisa^{b,1}, Marzia Salgarello^c, Giovanni Papa^d, Mario Rietjens^e, Secondo Folli^f, Annalisa Curcio^g, Guglielmo Ferrari^h, Francesco Carusoⁱ, Vittorio Altomare^j, Daniele Friedman^k, Maria Carmen De Santis^l, Fiorenza De Rose^m, Bruno Meduriⁿ, Francesca De Felice^o, Lorenza Marino^p, Francesca Cucciarelli^q, Stefania Montemezzi^r, Pietro Panizza^s, Paolo Belli^t, Francesca Caumo^u, Valeriano Vinci^{b,v}, Giorgio De Santis^w, Marco Klinger^b, Manuela Roncella^a, the Senonetwork working group



Focus infezioni (dato chiave della survey)

- Dopo sieroma (86%) ed ematoma (53%)
- Infezione = **3^a complicitanza più frequente**
- Infezioni rilevanti clinicamente ma prevenibili



OXFORD

BJS Open, 2022, zrac096

<https://doi.org/10.1093/bjsopen/zrac096>

Original Article

Delay in the initiation of adjuvant chemotherapy in patients with breast cancer with mastectomy with or without immediate breast reconstruction

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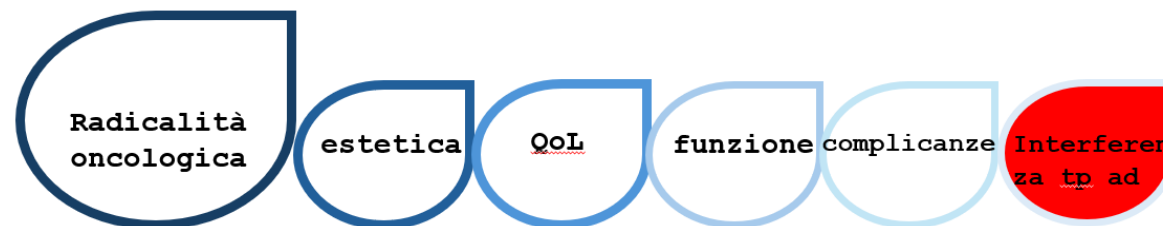
³Comprehensive Cancer Center, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

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35.5% patients in the IBR group and 22.2% patients in the no-IBR group received their first chemotherapy cycle later than 6 weeks after surgery (P < 0.001).

IBR significantly increased the risk of postoperative complications in comparison with mastectomy alone. The complications, in turn, were a significant risk factor for delay in adjuvant chemotherapy

Risultato: le complicanze post-operatorie erano un **fattore di rischio significativo per il ritardo nell'inizio della chemioterapia adiuvante**; pazienti con complicanze avevano frequentemente ritardi >6-8 settimane



Impatto delle complicanze chirurgiche sulle terapie adiuvanti



BJS Open, 2024, zrae137
<https://doi.org/10.1093/bjsopen/zrae137>
 Original Article

Postoperative complications after breast cancer surgery and effect on recurrence and survival: population-based cohort study

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⁵Department of Surgical Sciences, Section of Plastic Surgery, Uppsala University, Uppsala University Hospital, Uppsala, Sweden

⁶Department of Surgical Sciences, Uppsala University, Uppsala University Hospital, Uppsala, Sweden

Results: Of 82 102 patients included in the study, 15.7% experienced a surgical site infection within 90 days of surgery.

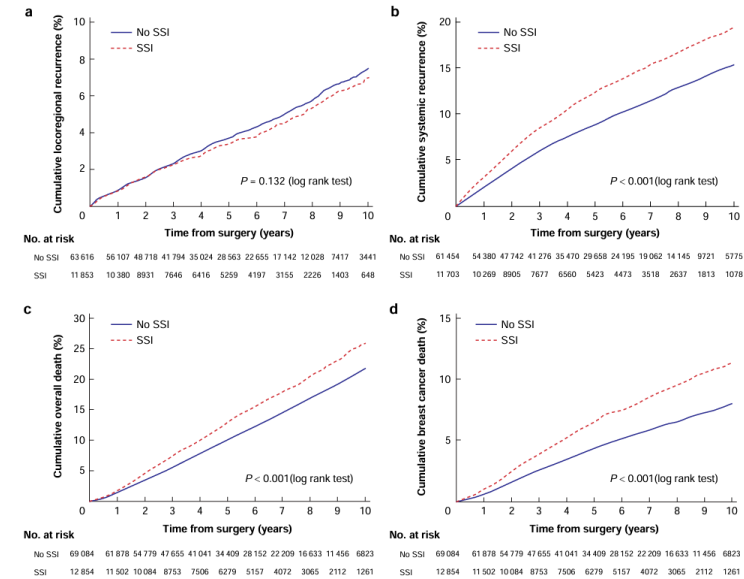


Fig. 2 Kaplan-Meier analysis of patients with and without SSI
 a Locoregional recurrence. b Systemic recurrence. c Overall death. d Breast cancer death. SSI, surgical site infection.

Systematic review e meta-analisi sulla relazione tra complicanze chirurgiche e outcomes oncologici.

- Risultato: complicanze come infezioni e problemi di guarigione sono state associate in vari studi a minore recurrence-free survival (RFS) e potenzialmente ad inferiori risultati oncologici (anche se con risultati contrastanti).

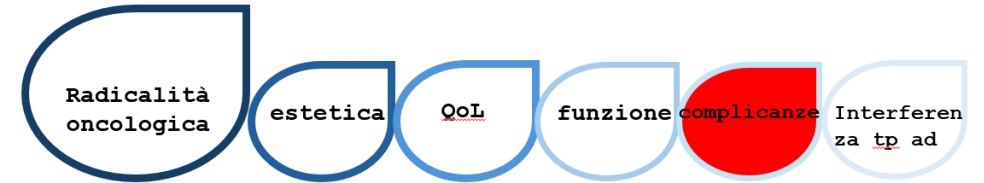
SSI was not significantly associated with systemic recurrence, locoregional recurrence or breast cancer-specific survival after adjustment for confounding variables. **Surgical site infection was significantly associated with worse overall survival**

Survey Senonetwork 2021/22: medicazioni

Medicazioni avanzate / NPWT

- Dispositivi usati nel **46% dei centri**
- Più frequenti in ricostruzione pre-pettorale (**57%**)
- Non disponibili nel **60%** dei centri che non li usano

Messaggio: problema organizzativo, non clinic



- Prevenzione delle complicanze non finisce in sala operatoria
- Importanza della gestione delle medicazioni
- Fondamentale individuazione precoce della complicanza

negative pressure wound therapy (NPWT) devices

• It's particularly beneficial for complex or difficult-to-heal wounds, such as diabetic ulcers, pressure ulcers, and large surgical incisions.

How does NPWT works?

- decreasing the lateral tension around the incision ¹
- increasing local angiogenesis (blood flow and oxygenation) and the production of granulation tissue ^{3 4}
- encouraging reduction of bacterial contamination, oedema and exudate in wound's environment ^{2 5}
- increasing fibrocytes and EGF receptors (demonstrated in animal models) ^{6 7}

OPEN



ORIGINAL ARTICLE

Breast

Closed Incision Negative Pressure Therapy in Oncological Breast Surgery: Comparison with Standard Care Dressings

Pietro M. Ferrando, MD, PhD*
 Ada Ala, MD†
 Riccardo Bussone, MD†
 Laura Bergamasco, PhD‡
 Federica Actis Perinetti, MD†
 Fabrizio Malan, MD*

Background: Negative pressure wound therapy was developed for treating wounds associated with unfavorable healing factors. The principles of the negative pressure wound therapy applied on clean and closed surgical incision originate the closed incision negative pressure therapy (ciNPT). We evaluated the use of ciNPT in the setting of oncological breast surgery.

Conclusion: The results of our study support the use of ciNPT in oncological breast surgery: it showed to be a well-tolerated, adaptable, and reliable dressing capable of reducing postsurgical complications and improving scar outcomes in patients presenting with high risk factors. (*Plast Reconstr Surg Glob Open* 2018;6:e1732; doi: 10.1097/GOX.0000000000001732; Published online 15 June 2018.)



RM mammaria preoperatoria

- Ruolo crescente della **CEM**
- Migliore definizione dell'estensione di malattia
- **Importanza delle localizzazioni**
- Supporto alla scelta OBCS vs mastectomia
- *Ref: Kuhl et al., Radiology 2017*

Nel follow-up

- Alterazioni post-oncoplastiche frequenti
- Aumento di esami e biopsie iniziali
- Necessaria expertise radiologica dedicata
- *Ref: Dolan et al., Ann Surg Oncol 2015*

Imaging preoperatorio (dato sorprendente)

- MRI NON usata in >50% dei casi:
 - nel 41% delle OPS
 - nel 34% delle mastectomie

Messaggio: chirurgia complessa senza imaging adeguato?

Follow-up radiologico

- Follow-up fino a 10 anni nel 59% dei centri
- MRI post-operatoria solo in caso di dubbio (89%)

Survey Senonetwork 2021/22



BreastCare

Original Article

Breast Care 2015;10:325-329
DOI: 10.1159/000437105

Published online: August 21, 2015

Imaging Results Following Oncoplastic and Standard Breast Conserving Surgery

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^cDepartment of Surgery, Western Infirmary Glasgow, UK

Radiation therapy in the setting of breast reconstruction is **challenging**.

heterogeneous behavior emerges with respect to the PMRT modalities.

PMRT: it is surprising how about 40 % BUs irradiate only the lymph nodes excluding the chest wall in case of 4 or more nodes positive.

PMRT: impatto sulla scelta chirurgica

- PMRT (indicaz già nel preop) modifica la ricostruzione nel **67% dei centri**
- Espansore preferito quando PMRT è prevista
- Se PMRT emerge dopo: **83% non cambia strategia**

Messaggio: timing RT ancora critico

Tecniche radioterapiche

- 3D-CRT ancora prevalente (**55%**)
- VMAT (**38%**), IMRT (**26%**)
- Ipofrazionamento solo nel **42%**

Messaggio: eterogeneità in RT

Survey Senonetwork 2021/22

Hindawi
The Breast Journal
Volume 2023, Article ID 6688466, 11 pages
<https://doi.org/10.1155/2023/6688466>

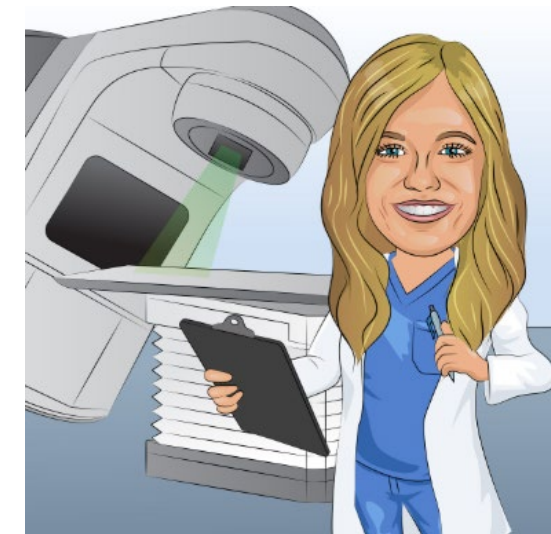
WILEY |  Hindawi

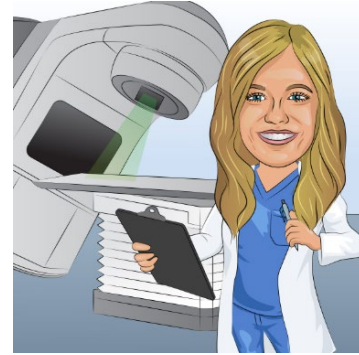
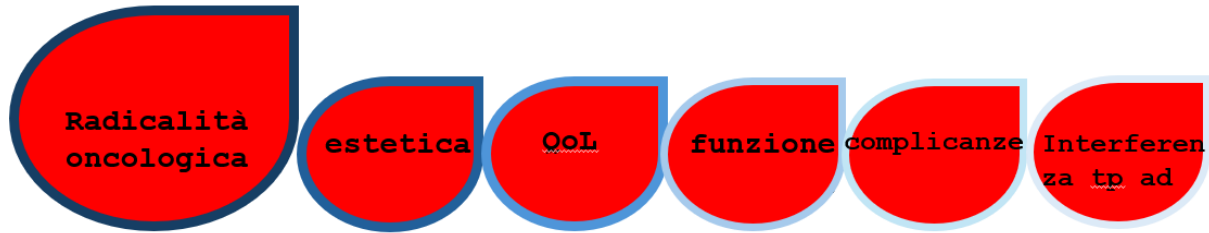
Research Article | Open Access

Volume 2023 | Article ID 6688466 | <https://doi.org/10.1155/2023/6688466>

The Effect of Adjuvant Radiotherapy on One- and Two-Stage Prosthetic Breast Reconstruction and on Autologous Reconstruction: A Multicenter Italian Study among 18 Senonetwork Breast Centres

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- Nuovo gruppo di lavoro
- Finanziamento non condizionante di **Smith & Nephew**
- Il GdL sta approntando il nuovo questionario (iniziato a 11/2025)
- Circa 50 domande
- Idea di trasmetterlo alle breast units italiane Senonetwork in marzo-aprile e lasciare 1-2 mesi di tempo per rispondere
- Pubblicarlo in estate

Carter et al. compared complication rates in 9861 patients treated with BCS, OPS, mastectomy only, and mastectomy plus immediate reconstruction (M+IR).

JPRAS Open 29 (2021) 184–194



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

JPRAS Open

journal homepage: www.elsevier.com/locate/jpra



Original Article

Comparative study of surgical and oncological outcomes in oncoplastic versus non oncoplastic breast-conserving surgery for breast cancer treatment [☆]

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Trends and Perspectives in Oncoplastic Breast Surgery: Findings From a Web-Based Survey With the Korean Breast Cancer Society

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ABSTRACT

Purpose: Oncoplastic breast surgery (OPS) is a crucial component of breast cancer surgery that combines oncological safety with improved cosmetic outcomes. OPS is increasingly being adopted worldwide, although the techniques and concepts vary based on patient demographics and surgeons' expertise. This study aimed to evaluate the evolving OPS concept among Korean breast surgeons and assess the current trends in OPS techniques.

Methods: A web-based survey was conducted among members of the Korean Breast Cancer Society and Korean Oncoplastic Breast Surgery Study Group. The questionnaire included seven questions that explored opinions on the scope and practical trends of OPS. Respondents were stratified according to hospital type, position, and age. Data were analyzed to identify trends and differences based on demographic factors.

Results: A total of 122 surgeons responded, with a majority (78.7%) working in academic or tertiary hospitals. Most respondents (77.9%) considered OPS to include volume displacement/replacement and implant-based reconstruction, regardless of the resection volume. In addition, 70.5% agreed that robotic or endoscopic surgery fell within the scope of the OPS. Autologous reconstruction after a partial mastectomy is preferred for achieving

Uso dell'oncoplastica: quantità ≠ qualità

- OPS (I e II livello) e con tecniche di **volume replacement**
- uso dell'**oncoplastica estrema** in multifocalità/multicentricità
- **Tassi di chirurgia conservativa rispetto alla mastectomia** sia nel setting chirurgia upfront che post-NACT

Mastectomia nipple-sparing + IBR

- percentuale di NSM
- percentuale di **IBR**
- **fattori di rischio** e poi di esclusione condivisi (fumo, BMI, ptosi, RT)?
- **assessment** preoperatorio e intraoperatorio della **qualità dei lembi**

Oncoplastica e outcome oncologici

- **re-excision rate**
- **conversione a mastectomia**
- **ritardo alle terapie adiuvanti**
- necessità di reinterventi correttivi

ADM, mesh, poliuretano, niente

- percentuale di utilizzo dei **vari dispositivi nelle diverse situazioni** (mammelle di varia dimensione e ptosi)
- **indicazioni** cliniche definite o "preferenza del chirurgo"?
- monitoraggio specifico delle **complicanze correlate?**

Infezioni e complicanze: il "core problem"

- tasso di infezioni
- ranking delle complicanze
- infezioni che portano a:
 - **explant**
 - **ritardo RT/chemioterapia**
 - **reintervento** chirurgico

Prevenzione delle complicanze: da reattivi a proattivi

- uso di risk stratification preoperatoria
- criteri per usare **NPWT/medicazioni avanzate**
- protocolli per gestione precoce di sieroma/infezione
- Gestione drenaggi
- Gestione profilassi antibiotica

PROs: non più opzionali

- il centro raccoglie **PROs in modo strutturato?**
- quali strumenti (BREAST-Q o altri)?
- **PROs influenzano le scelte chirurgiche? E le scelte organizzative del reparto?**

Imaging preoperatorio: nodo critico

- RM/CEM obbligatoria in OPS II livello?
- RM/CEM in candidate a NSM?
- imaging discusso in MDT prima della decisione chirurgica?

Follow-up radiologico dopo oncoplastica

- esistono percorsi di follow-up dedicati post-OBCS?
- **aumento di biopsie "di incertezza" nei primi 2 anni?**

Qualità non è solo l'intervento, ma il *dopo*.

Integrazione con radioterapia

- **la strategia chirurgica cambia se PMRT è prevista?**
- esiste un percorso condiviso con RT?

Dalla Survey Senonetwork 2021/2022 a quella 2026



- Survey condotta tra MDT di numerosi centri Senonetwork, con **case load ≥ 150 nuovi BC/anno** e **standard qualitativi monitorati** → **bassa variabilità** e livello medio-alto del campione.
- valore nel **promuovere il lavoro multidisciplinare** (breast surgeons, plastici, oncologi, radioterapisti, radiologi) e nel favorire **auto-valutazione** sulle complicitanze.
- Fornisce una **istantanea real-world** dello stato dell'arte, **replicabile nel tempo** per monitorare i cambiamenti.
- focus pratico su **medicazioni avanzate** e **terapia a pressione negativa** nella **prevenzione e gestione** delle complicitanze post-operatorie.

...Siete pronti a dare il vostro contributo?

Grazie