Diagnostik und Therapie früher und fortgeschrittener Mammakarzinome

Onkoplastische und rekonstruktive Mammachirurgie
**Plastisch-rekonstruktive Aspekte nach Mastektomie**

- **Versionen 2002–2018:**
  Audretsch / Bauerfeind / Blohmer / Brunnert / Dall / Ditsch / Fersis / Gerber / Hanf / Kümmel / Lux / Nitz / Rezai / Rody / Scharl / Solbach / Thomssen /

- **Version 2019:**
  Kümmel / Friedrich

Pubmed 2003 - 2017
Cochrane data base (z.B. Cochrane Breast Cancer Specialised Register)
Suchbegriffe: breast reconstruction; ... AND random allocation, ... AND cohort study

**Einteilung in EBM-Grade nach**

**Verwendete Guidelines zu Diagnostik und Therapie des Mammakarzinoms**
National Institute of Health (NIH) – National Cancer Institute:
http://www.cancer.gov/cancertopics/pdq/treatment/breast/HealthProfessional/
American Association of Clinical Oncology (ASCO) and Technology Assessments: http://www.asco.org/portal/site/ASCO/menuitem.(Practice Guidelines),


3. Optimizing breast cancer adjuvant radiation and integration of breast and reconstructive surgery. Kuerer H, et al. ASCO Educational Book 2017; Memorial Sloan Kettering Cancer Center, Fig. 2 und 3

<table>
<thead>
<tr>
<th></th>
<th>Brustrekonstruktion Grundsätze</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGO</td>
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<tr>
<td></td>
<td>• Planung der Rekonstruktion im interdisziplinären Tumorboard vor einer Mastektomie</td>
</tr>
<tr>
<td></td>
<td>• Beratung hinsichtlich aller OP-Techniken, sowie deren Vor- und Nachteile</td>
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<td></td>
<td>• Möglichkeit zum Einholen einer Zweitmeinung</td>
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<td></td>
<td>• Besprechung einer neoadjuvanten Systemtherapie bei ungünstiger Tumor-Brust-Relation</td>
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<td></td>
<td>• Berücksichtigung der kontralateralen Brust;</td>
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<tr>
<td></td>
<td>• mögliche Angleichung-/Folge-OPs zur Symmetrieherstellung besprechen; i.d.R. sekundär nach</td>
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<td></td>
<td>• Abstand von mindestens 3-6 Monate (Cave: Notwendigkeit Nachresektionen, Effekte der</td>
</tr>
<tr>
<td></td>
<td>• Radiotherapie der betroffenen Seite berücksichtigen)</td>
</tr>
<tr>
<td></td>
<td>• Bevorzugung einer die Patientin wenig belastenden OP-Technik mit langfristig stabilem</td>
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<td></td>
<td>• ästhetischen Ergebnis (BET gegenüber Mastektomie zu präferieren)</td>
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<tr>
<td></td>
<td>• Cave: keine Verzögerung in der adjuvanten Therapie durch die Rekonstruktion</td>
</tr>
</tbody>
</table>

1. AWMF Leitlinien: S3-LL. Brustrekonstruktion mit Eigengewebe. Registernummer 015 – 075, Stand: 01.04.2015, gültig bis 31.03.2020


**Statistical Analysis:**

LPAS data is expressed relative to normative population rates using standardized incidence ratios (SIRs).

Systemic harm rates in the study population are calculated per 10,000 person-years.

Normative population rates for systemic harms, self-harm, and reproductive outcomes are obtained from the literature; rates reflect LPAS demographics for female sex, age, and race in the United States.

### Possible Associations between Implants and rare Diseases

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Study Events</th>
<th>Study Event Rate (Per 10,000 Person Yr)</th>
<th>General Population Event Rate (Per 10,000 Person Yr)</th>
<th>SR</th>
<th>95% CI</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibromyalgia</td>
<td>Allergan 9</td>
<td>1.8</td>
<td>112.8</td>
<td>0.02</td>
<td>0.01-0.03</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Mentor 307</td>
<td>26.4</td>
<td>112.8</td>
<td>0.25</td>
<td>0.22-0.28</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Allergan 4</td>
<td>0.8</td>
<td>5.4</td>
<td>0.15</td>
<td>0.06-0.38</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Mentor 349</td>
<td>32.2</td>
<td>5.4</td>
<td>5.96</td>
<td>5.35-6.62</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Scleroderma</td>
<td>Allergan 46</td>
<td>4.2</td>
<td>0.6</td>
<td>7.00</td>
<td>5.12-9.34</td>
<td>&lt;0.001</td>
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<tr>
<td></td>
<td>Mentor 62</td>
<td>3.7</td>
<td>0.7</td>
<td>8.14</td>
<td>6.28-10.44</td>
<td>&lt;0.001</td>
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<tr>
<td>Systemic lupus erythematosus</td>
<td>Allergan 3</td>
<td>0.6</td>
<td>5.4</td>
<td>0.11</td>
<td>0.02-0.32</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Mentor 66</td>
<td>6.0</td>
<td>5.4</td>
<td>1.11</td>
<td>0.86-1.41</td>
<td>0.398</td>
</tr>
<tr>
<td>Cancer</td>
<td>Allergan 80</td>
<td>16.0</td>
<td>41.3</td>
<td>0.39</td>
<td>0.31-0.48</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Mentor 512</td>
<td>63.8</td>
<td>41.3</td>
<td>1.54</td>
<td>1.42-1.68</td>
<td>&lt;0.001</td>
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<tr>
<td>Breast cancer</td>
<td>Mentor 586</td>
<td>15.9</td>
<td>12.5</td>
<td>1.11</td>
<td>0.92-1.33</td>
<td>0.26</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Mentor 5</td>
<td>0.6</td>
<td>5.2</td>
<td>0.12</td>
<td>0.04-0.27</td>
<td>&lt;0.001</td>
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<tr>
<td>Brain cancer</td>
<td>Mentor 3</td>
<td>0.4</td>
<td>0.6</td>
<td>0.37</td>
<td>0.14-0.95</td>
<td>0.339</td>
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<tr>
<td>Melanoma</td>
<td>Mentor 65</td>
<td>7.8</td>
<td>2.1</td>
<td>3.71</td>
<td>2.87-4.73</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Neurological disorder</td>
<td>Allergan 18</td>
<td>3.6</td>
<td>22.5</td>
<td>0.16</td>
<td>0.09-0.25</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Allergan 18</td>
<td>3.6</td>
<td>22.5</td>
<td>1.39</td>
<td>1.44-1.79</td>
<td>&lt;0.001</td>
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<tr>
<td>Myasthenia</td>
<td>Mentor 47</td>
<td>4.3</td>
<td>2.5</td>
<td>1.72</td>
<td>1.36-2.29</td>
<td>0.001</td>
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<tr>
<td>Allergan follow-up 2 years</td>
<td>Mentor 512</td>
<td>63.8</td>
<td>41.3</td>
<td>1.54</td>
<td>1.42-1.68</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

New Background slide


7. Clinical outcome and patient satisfaction with the use of bovine-derived acellular dermal matrix (SurgiMend™) in implant based immediate reconstruction following skin sparing mastectomy: A prospective observational study in a single centre. Headon H, et


1. AWMF-Leitlinie „Autologe Fetttransplantation“, Klasse: S2k Registernummer: 009/017, 11/2015

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**Lipotransfer**

- Lipotransfer nach ME und Rekonstruktion
- Lipotransfer nach brusterhaltender Therapie
- Mit Stammzellen (ACS) angereicherte, autologe Fettgewebstransplantation

<table>
<thead>
<tr>
<th>Oxford LoE</th>
<th>GR</th>
<th>AGO</th>
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<tbody>
<tr>
<td>2a</td>
<td>B</td>
<td>+</td>
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<tr>
<td>2a</td>
<td>B</td>
<td>+</td>
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<tr>
<td>4</td>
<td>C</td>
<td>-</td>
</tr>
</tbody>
</table>


7. Perfusion-related complications are similar for DIEP and muscle-sparing free TRAM flaps harvested on medial or lateral deep


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