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7th April 2020

HOW TO DEFINE PRIORITIES

RED group (<2weeks): high aggressiveness or complications

- Premenopausal women with high grade, high ki67, Her2+, TN, N1 tumors for whom primary systemic therapy was not indicated
- Patients with tumours that are unresponsive or in progression during chemotherapy
- Patients with tumours greater than 3 cm who are not eligible for PST
- Patients with isolated loco-regional recurrence within 48 months from primary surgery
- Patients with ulcerated and bleeding tumours.
- All neoadjuvant patients (4-6 weeks)
- Pregnant patients with breast cancer

YELLOW group (<2months): intermediate aggressiveness

- Patients with G2, T<3cm, N0 tumours

GREEN group (>2 months): low aggressiveness

- Patients with G1 tumours, DCIS, benign disease

WHICH TYPE OF SURGERY

- to dedicate as much time as possible to therapeutic procedures
- to reduce complications to the fewest possible number
- to reduce recovery time
- to reduce invasiveness and complex oncoplastic surgery
- NO risk-reducing and reconstructive procedures (i.e. second-step and symmetrising procedures)

HOW TO USE PRIMARY SYSTEMIC THERAPY

- PST represents the first way to escape from the waiting list
- Following the common indications to neoadjuvant chemotherapy
- Starting a “bridge” hormone therapy in postmenopausal patients with luminal T1-2 N0 breast cancer that would have waited more than 30 days.
- All patients are discussed in a multidisciplinary setting.

PLANNING CONSULTATIONS AND THEATRE LIST

- NO Breast Reconstruction Clinic
- Breast Surgery clinic is only open for “urgent” and postoperative consultations.
- Each hospital should consider resources available, our surgical activity is reduced to 20-30%. When possible we privilege monolateral procedures, theatre lasting half-a day rather than one-day long lists.

G.RE.T.A.