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21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE

MAY 3-6, 2023 | RHODES ISLAND - GREECE

INTERNATIONAL CONFERENCE CENTER - RODOS PALACE HOTEL

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President of the Scientific Committee
Schlomo Schneebaum *(IL)*

Vice-Presidents of the Scientific Committee
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Final Programme - Book of Abstracts

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Current margin assessment methods cannot fully address need

Gross Assessment, Specimen X-Ray

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- Low sensitivity for ILC

Frozen Section

- Difficult due to fatty nature of breast tissue
- May add significant time to procedure

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WELCOME ADDRESS

Dear Colleagues,

It is with great pleasure that, we are inviting you to the **21st SIS World Congress on Breast Cancer and Breast Healthcare,** which will take place in **Rhodes Island – Greece** on **May 3–6, 2023**, at the Rodos Palace International Conference Center. The Congress will be realized exclusively with on site participation.

The Congress is under the Patronage of the H.E. the President of the Hellenic Republic Ms. Katerina Sakellaropoulou and His All Holiness the Ecumenical Patriarch Mr Vartholomeos 1st.

The core framework of the Congress will be the Scientific Program, which has been developed by a dedicated Scientific Committee.

The 21st SIS World Congress in Rhodes Island will help all attending delegates and participants to advance their knowledge and navigate the complex world of today's most effective initiatives and best practices across the full spectrum of Breast Cancer and Breast Healthcare.

Healthcare should not be seen as an expense, but as an investment.

The Congress will deal with the latest and most recent scientific results both in the diagnostic and therapeutic issues of breast diseases and especially in the treatment of Breast Cancer. It's the first time that a SIS Congress deals with Breast Healthcare.

After three years of continuous postponements of the Congress due to COVID-19 pandemia is finally taking place live with recognised Lecturers from all over the world. It is a great opportunity for exchanging views between specialised physicians and for younger participants to learn from the more experienced ones.

We would like to thank all participants in the Scientific Program and each one of them separately for their contribution and excellent collaboration.

Best wishes,

Pr Lydia Ioannidou-Mouzaka MD, PhD
President of the Congress



Pr Schlomo Schneebaum MD, PhD
President of the Scientific Committee



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SCIENTIFIC PROGRAM

REGISTRATIONS 08.00-18.00

Wednesday, May 3, 2023
"NAFSIKA A" HALL

BHWGI SESSION

08.30-08.45 BHWGI Session's Opening

Atilla Soran *(US)*, BHWGI Chair

08.45-10.45 2023 Update, BHWGI Session 1

Moderator: **Serdar Özbaş** *(TR)*, **Melis Gültekin** *(TR)*

Contralateral mastectomy in Gene positive patients
Hasan Karanlık *(TR)*

Targeted axillary LN dissection in sentinel node positive patients
Özgür Aytaç *(TR)*

Pregnancy-associated breast cancer; timing of surgery
Didem Can Trabulus *(TR)*

Is breast surgery necessary in patient with a pathologic complete response?
Ebru Şen *(TR)*

Intermediate and malignant Phyllodes tumors; what is the current guidelines for local therapy?
Hagigat Veliyeva *(AZ)*

NSM indications and contraindications
Şehsuvar Gökgöz *(TR)*

Hypofractionated/ultrahypofractionated RT for non-radiation oncologists
Ferah Yıldız *(TR)*

Do we have a group of patients to omit RT?
Ferah Yıldız *(TR)*

10.45-13.00 2023 Update, BHWGI Session 2

Moderator: **Vahit Özmen** *(TR)*, **Ferah Yıldız** *(TR)*

Role of RT to metastatic sites in on Stage IV breast cancer
Melis Gültekin *(TR)*

De-escalation of radiotherapy in patient with pathologic complete response
Evrim Tezcanlı *(TR)*

Breast cancer surgery in women younger than 40 yrs old
Enver Özkurt *(TR)*

DCIS; Surgery vs No Surgery
Göktürk Maralcan *(TR)*

LCIS types and surgery indications
Levent Yeniay *(TR)*

Level I oncoplastic breast surgery; Basics
Berk Göktepe *(TR)*

Genomic assays do we need this in all ER + and Her 2 (-) patients?
Sıtkı Tuzlalı *(TR)*

Chemotherapy indications in Luminal B tumors
Mutlu Doğan *(TR)*

13:00-13:30 Break

13:30-15:00 CASE PRESENTATIONS

Moderators: **Atilla Soran** *(US)* / **Türkkan Evrensel** *(TR)*

Case Presenters:
Berkay Demirörs *(TR)*
Arda Işık *(TR)*

Discussants: **Aykut Söyder** *(TR)*, **Ahmet Dağ** *(TR)*, **Erkin Aribal** *(TR)*,
Ozan Küçük *(TR)*, **Mutlu Doğan** *(TR)*,
Ali Uzunköy *(TR)*, **M. Ali Nazlı** *(TR)*

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IBUS SESSION

**15.00-17.00 IBUS meets SIS/ISS –
Update and Advancements in Breast Imaging and Interventions**

Chairs: **Erkin Aribal** *(TR)*, **Lydia Ioannidou-Mouzaka** *(GR)*

Speakers:

State of the art and advancements in multimodality breast imaging
Fritz Schaefer *(DE)*

Elastography in mass and non-mass lesions
Ei Ueno *(JP)*

Pre-treatment local and regional staging by ultrasound
Enzo Durante *(IT)*

Neoadjuvant –treatment imaging to assist the Oncologist Surgeon
Erkin Aribal *(TR)*

Update and advancements in interventional breast ultrasound
Alexander Mundinger *(DE)*

Future horizons of ultrasound and optical imaging
Jeff Bamber *(UK)*

Breast cancer recurrence or not?
Salete Rego *(BR)*

Discussion

19:00-20:30 OPENING CEREMONY "DELPHI AMPHITHEATER"

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OPENING CEREMONY

- President of the Congress: **Pr Lydia Ioannidou-Mouzaka**
- President of the Scientific Committee: **Pr Schlomo Schneebaum**

Have been Invited:

- President of the Medical Association of Rhodes: **Dr Ilias Tserkis**
- President of the Medical Association of Athens: **Dr Georgios Patoulis**
- Rector of Medical School of University of Athens: **Pr Athanasios-Meletios Dimopoulos**
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- Minister of Health: **Mr Athanasios Plevris**
- Commissioner for Health and Food Safety of European Union: **Mrs Stella Kyriakides**
- Archbishop of Rhodes: **His Excellency Mr Kyrillos B'**

Opening Lecture:

"Birth, life, sickness and death" a Philosophical Approach Through the art
George Samonis *(GR)*
Medical Oncologist-Infectious Diseases Specialist, Emeritus Professor of Medicine, University of Crete, Greece

20.30 Get together Reception

Thursday, May 4, 2023
"DELPHI AMPHITHEATER"

08.00-08.30 Registrations

08:30-09:00 LECTURE 1: Quality Assurance in Screening Mammography

In Memory of Charles Marie Gros *(FR)*

Chairs: **Miri Sclair Levy** *(IL)*, **Irini Georgiou** *(GR)*

Speaker: **Solveig Hofvind** *(NO)*

09:00-10:30 ROUND TABLE 1: Breast Cancer Screening in 2023

Moderators: **Ezio Novais Dias** *(BR)*, **Spyros Lazarou** *(GR)*

Speakers:

Tomoscreening to all women
Filiz Elbuken *(TR)*

Screening for specific groups
Luiz Henrique Gebrim *(BR)*

Cost-effectiveness of screening
Alexander Mundinger *(DE)*

Discussion

10:30-11:00 LECTURE 2: The Value of MRI in Breast Cancer

In Memory of Dimitrios Kelekis *(GR)*

Chairs: **Sébastien Molière** *(FR)*, **Arkadios Roussakis** *(GR)*

Speaker: **Miri Sclair Levy** *(IL)*

11:00-11:30 Coffee Break

11:30-12:00 LECTURE 3: Imaging Risk Assessment

Chairs: **Alexander Mundinger** *(DE)*, **Panagiotis Prassopoulos** *(GR)*

Speaker: **Sébastien Molière** *(FR)*

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12:00-14:00 ROUND TABLE 2: Senology as Specialty - Voting

Moderators: **Maurício Magalhães Costa** *(BR)*,
Lydia Ioannidou-Mouzaka *(GR)*

Speakers:

Japanese View
Shigeru Imoto *(JP)*

Chinese View
Xishan Hao *(CN)*

Quality in breast practice
Ayfer Kamali Polat *(TR)*

Indian view
Chaitanyan Koppiker *(IN)*

Brazilian experience with Senology with Residency program
Alfredo Barros *(BR)*

Discussion - Electronic Voting

14:00-15:00 Lunch Break (Standing Committee Meeting)

15:00-15:30 LECTURE 4: Accreditation of Breast Clinics

Chairs: **Banu Arun** *(US)*, **Ezio Novais Dias** *(BR)*

Speaker: **Tadeusz Pienkowski** *(PL)*

15:30-17:00 ROUND TABLE 3: Benign Breast Diseases

Moderators: **Stanley Anyanwu** *(NG)*, **Christos Markopoulos** *(GR)*

Speakers:

Histological varieties B3 Lesions
Kallirroi Goula *(GR)*

When surgery is of value
Carol-Ann Benn *(SA)*

Follow-up and relation to malignancy
Mehmet Ali Gülçelik *(TR)*

Discussion

17:00-17:30 Coffee Break

17:30-18:00 LECTURE 5: **An Overview of Cancer Initiatives in the European Commission**

In Memory of Dimitrios Trichopoulos *(GR)*

Chairs: **Schlomo Schneebaum** *(IL)*, **Lydia Ioannidou-Mouzaka** *(GR)*

Speaker: **Nicholl Ciaran** *(IT)*

18-00-19:30 ROUND TABLE 4: **Early Breast Cancer**

Moderators: **Schlomo Schneebaum** *(IL)*, **Antigoni Sourla** *(GR)*

Speakers:

Surgery: State of the art
Terry Mamounas *(US)*

Systemic Treatment: Is more, better?
Cleopatra Rapti *(GR)*

Radiation therapy - state of the art
Merav Ben-David *(IL)*

Discussion

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

Thursday, May 4, 2023
"NAFSIKA A" HALL

08:30-09.10 ORAL PRESENTATIONS - SESSION 1

Chairs: **Simona Bortsnar** *(SI)*, **Lina Florentin** *(GR)*

Basic Science (G):

1 **KLHL29 PROMOTES UBIQUITIN–PROTEASOMAL DEGRADATION OF DDX3X TO MEDIATE CELL CYCLE PROGRESSION IN TRIPLE-NEGATIVE BREAST CANCER**
Litong Yao, Yingying Xu
Department of Breast Surgery, the First Hospital of China Medical University, Shenyang, Liaoning, China

Clinical research (K):

2 **MOLECULAR DETECTION OF EPSTEIN-BARR VIRUS AND BOVINE LEUKEMIA VIRUS IN FINE-NEEDLE ASPIRATION SPECIMENS OF BREAST CANCER LESIONS: PRIMARY RESULTS OF A CASE-CONTROL STUDY IN GREEK POPULATION**
Georgia Margioula-Siarkou[1], Stamatios Petousis[1], Eleftherios Vavoulidis[1], Constantinos Haitoglou[2], George Mavromatidis[1], Konstantinos Dinas[1]
[1]2nd Department of Obstetrics and Gynaecology, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece, [2]Laboratory of Biochemistry, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece

3 **GIANT INFLAMMATORY TRIPLE NEGATIVE BREAST CANCER AND QUALITY OF LIFE**
Eirini Angelidou[1], Georgios Papadopoulos[1], Michael Paraskevaides[2]
[1]Breast Unit Euromedica General Clinic Dodecanese Rhodes Greece, [2]2nd Radiation Oncology Department Metaxas Oncologic Hospital Piraeus Greece

09.10-10.30 ROUND TABLE 5: **Treatment of Young Women Around the World**

Moderators: **Simona Bortsnar** *(SI)*, **Constantinos Dimitrakakis** *(GR)*

Speakers:

Clinical features and genomic characteristics
Hong Liu *(CN)*

Management of women with mutant genes with high penetrance
Simona Bortsnar *(SI)*, **Maira Caleffi** *(BR)*

Breast cancer in pregnancy
Jose Roberto Filassi *(BR)*

Discussion

10:30-11:00 LECTURE 6: The Senologic International Society Survey on Ductal Carcinoma In Situ: Present and Future

Chairs: **Vahit Özmen** *(TR)*, **Christina Tsionou** *(GR)*

Speaker: **Carole Mathelin** *(FR)*

11:00-11:30 Coffee Break

11:30-12:00 LECTURE 7: Artificial Intelligence in Medicine

In Memory of Pierre Alain Goumot *(FR)*

Chairs: **Massimo Lodi** *(FR)*, **Georgia Giannakopoulou** *(GR)*

Speakers:

Artificial Intelligence in Breast Cancer
Ioannis Sechopoulos *(NL)*

Real world impact of AI on individual readers and program performance in mammography screening
Axel Gräwingholt *(DE)*

12:00-12:30 LECTURE 8: Use of Hormone Replacement Treatment in Woman of Reproductive Age and Potential Risk of Breast Cancer

Chairs: **Nathalie Chabbert-Buffet** *(FR)*, **Apostolos Zavos** *(GR)*

Speaker: **Mutlu Doğan** *(TR)*

12:30-13:00 LECTURE 9: Hereditary Breast Cancer BRCA 1 & 2 and Assisted Reproduction Increase the Breast and Ovarian Cancer?

Chairs: **Einav Gal Yam** *(IL)*, **Nikos Spanakis** *(GR)*

Speaker: **Drakoulis Yannoukakos** *(GR)*

13:00-13:30 LECTURE 10: The Impact of Systemic Therapy (ST) on the Evolution of Breast Cancer Surgery

Chairs: **Nazim Serdar Tűrhal** *(TR)*, **Dimitris Grosomanidis** *(GR)*

Speaker: **Vahit Özmen** *(TR)*

13:30-14:00 LECTURE 11: Borderline Breast Lesions: An Entry to Minimize Overdiagnosis of Low Grade Ductal Carcinoma in Situ

Chairs: **Massimo Lodi** *(FR)*, **Antigoni Sourla** *(GR)*

Speaker: **Shahla Masood** *(US)*

14:00-15:00 Lunch Break (Standing Committee Meeting)

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

15:00-15:30 LECTURE 12: How to Use Genomic Tests

Chairs: **Rinat Yerushalmi** *(IL)*, **George Nasioulas** *(GR)*

Speaker: **Amir Sonnenblick** *(IL)*

15:30-17:00 ROUND TABLE 6: The Global Status and Future of Oncoplastic Surgery

Moderators: **Burcu Celet Özden** *(TR)*, **Philippos Papatheodorakis** *(GR)*

Speakers:

Lipofilling following Breast Reconstruction
Anastasios Tsekouras *(GR)*

Oncoplastic Surgery
Verónica Avilés *(NI)*

The future of the Oncoplastic Surgery
Gustavo Zucca-Matthes *(BR)*

Discussion

17:00-17:30 Coffee Break

17:30-18:30 ROUND TABLE 7: Breast Reconstruction

Moderators: **Marcello Galli** *(PY)*, **Anastasios Tsekouras** *(GR)*

Speakers:

Breast Reconstruction. Vertical Scar Mammoplasty
Andrei Ioan Razvan *(RO)*

Radiotherapy and Reconstruction
Dean D. Ad El *(IL)*

Discussion

18:30-19:00 LECTURE 13: Lymphedema Precautions and Treatment

Chairs: **Massimo Lodi** *(FR)*, **Evangelos Dimakakos** *(GR)*

Speaker: **Evangelos Dimakakos** *(GR)*

19:00 -19:30 LECTURE 14: Particularities of Breast Cancer in Young women

Chairs: **Einav Gal Yam** *(IL)*, **Lazaros Papadopoulos** *(GR)*

Speaker: **Apostolos Zavos** *(GR)*

Friday, May 5, 2023
"DELPHI AMPHITHEATER"

08:30-09:30 ORAL PRESENTATIONS - SESSION 2

Chairs: **Michalis Kailidis** *(CY)*, **Panagiotis Prassopoulos** *(GR)*

Survival (I): No 4, 5, 6, 7

4 BREAST CANCER STAGE, MOLECULAR SUBTYPE AND SURVIVAL IN PATIENTS WITH OBESITY: A BRAZILIAN COHORT STUDY
André Mattar, Larissa Crispim, Felipe Cavagna, Luis H. Gebrim
Centro de Referência da Sáude da Mulher - Hospital Pérola Byington, São Paulo, Brazil

5 CLINICAL AND PATHOLOGICAL DIFFERENCES BETWEEN HER2 LOW AND OTHER CANCER SUBTYPES IN BREAST CANCER
André Mattar, Andressa Amorim, Marina Diógenes, Jorge Y. Shida, Luiz H. Gebrim
Centro de Referência da Sáude da Mulher - Hospital Pérola Byington, São Paulo, Brazil

6 PREGNANCY-ASSOCIATED BREAST CANCER: PATHOPHYSIOLOGICAL MECHANISMS, MATERNAL AND FETAL ADVERSE OUTCOMES
Georgia Margioula-Siarkou[1], Stamatios Petousis[1], Eleftherios Vavoulidis[1], Kosmas Margaritis[2], Aristarchos Almperis[1], Constantinos Haitoglou[3], George Mavromatidis[1], Konstantinos Dinas[1]
[1]2nd Department of Obstetrics and Gynaecology, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece, [2]2nd Department of Paediatrics, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece, [3]Laboratory of Biochemistry, School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Thessaloniki, Greece

7 SURVIVAL RESULTS ACCORDING TO ONCOTYPE-DX RECURRENCE SCORE IN PATIENTS WITH HORMONE RECEPTOR POSITIVE HER-2 NEGATIVE EARLY-STAGE BREAST CANCER: FIRST MULTICENTER ONCOTYPE DX RECURRENCE SCORE SURVIVAL DATA OF TÜRKIYE
Çağlar Ünal[1], Tolga Özmen[2,3], Çetin Ordu[4], Kezban Nur Pilanci[5], Ahmet Serkan İlgün[6], Erhan Gökmen[7], Elvina Almuradova[8], Mustafa Özdoğan[9], Nilüfer Güler[10], Cihan Uras[11], Halil Kara[11], Orhan Demircan[12], Selver Işık[13], Gül Alço[14], Pınar Saip[15], Esra Aydın[15], Tomris Duymaz[16], Filiz Elbüken Çelebi[17], Kanay Yararbaş[18], Gürsel Soybir[19], Enver Özkurt[20], Vahit Özmen[20]
[1]Division of Medical Oncology, Department of Internal Medicine, Kartal Dr. Lütfi Kırdar Research and Training Hospital, İstanbul, Türkiye, [2]Division of Gastrointestinal and Oncologic Surgery, Harvard Medical School, Boston, MA, USA, [3]Division of Gastrointestinal and Oncologic Surgery, Massachusetts General Hospital, Boston, MA, USA, [4]Division of Medical Oncology, Department of Internal Medicine, Gayrettepe Florence Nightingale Hospital, İstanbul, Türkiye, [5]Division of Medical Oncology, Department of Internal Medicine,Memorial Bahçelievler Hospital, İstanbul, Türkiye, [6]Department of Surgery, Mater Dei Hospital, Msida, Malta, [7]Division of Medical Oncology, Department of Internal Medicine, Ege University School of Medicine, İzmir, Türkiye, [8]Division of Medical Oncology, Department of Internal Medicine, Tınaztepe Galen Bayraklı Hospital, İzmir, Türkiye, [9]Division of Medical Oncology, Department of Internal Medicine, Akdeniz University, Antalya, Türkiye, [10]Division of Medical Oncology, Department of Internal Medicine, Hacettepe University Institute of Oncology, Ankara, Türkiye, [11]Department of General Surgery, Acıbadem University, İstanbul, Türkiye, [12]Department of General Surgery, Çukurova University School of Medicine, Adana, Türkiye, [13]Division of Medical Oncology, Department of Internal Medicine, Marmara University Hospital, İstanbul, Türkiye, [14]Department of Radiation Oncology, Gayrettepe Florence Nightingale Hospital, İstanbul, Türkiye, [15]Division of Medical Oncology, Department of Internal Medicine, İstanbul University Institute of Oncology, İstanbul, Türkiye, [16]Department of Physiotherapy and Rehabilitation, Faculty of Health Sciences, Istanbul Bilgi University, Istanbul, Türkiye, [17]Department of Radiology, Yeditepe University Hospital, İstanbul, Türkiye, [18]Department of Medical Genetics, Demiroglu Bilim University, Istanbul, Türkiye, [19]Department of General Surgery, Memorial Şişli Hospital, İstanbul, Türkiye, [20]Department of General Surgery, İstanbul Florence Nightingale Hospital, İstanbul, Türkiye

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

Screeaning (F):

8 FEMALE BREAST CANCER RISK FACTORS, PREVENTIVE MEASURES, AND SCREENING PRACTICES IN A POPULATION AT CENTRAL-EASTERN PUERTO RICO
Felipe I. Barreras-Galindo[1], Pablo A. Barreras-Galindo[1], Bolívar Arboleda-Osorio[2], Migdalia Arce[2], Wilfredo E. De Jesus-Monge[1,2]
[1]San Juan Bautista School of Medicine, Caguas, Puerto Rico, [2]Office of Clinical Research, Hospitales HIMA, San Pablo, Caguas, Puerto Rico

09:30-10:30 CONTROVERSY 1: **Genetic Tests**

Moderators: **Lina Florentin** *(GR)*, **Drakoulis Yannoukakos** *(GR)*

Speakers:

Should every breast cancer patient be screened for genetic predisposition to cancer?: YES
Eitan Friedman *(IL)*

Every patient needs genetic tests: NO
Lina Florentin *(GR)*

10:30-11:00 LECTURE 15: **Breast Cancer Surgery: Past, Present and Future**

In the Memory of Umberto Veronesi *(IT)*

Chairs: **Carole Mathelin** *(FR)*, **Lydia Ioannidou-Mouzaka** *(GR)*

Speaker: **Schlomo Schneebaum** *(IL)*

11:00-11:30 **Coffee Break**

11:30-12:00 LECTURE 16: **Fine tuning of Adjuvant Endocrine Therapy for Patients with Luminal Breast Cancer**

Chairs: **Christos Sotiriou** *(BE)*, **Vasileios Barmpounis** *(GR)*

Speaker: **Einav Gal Yam** *(IL)*

12:00-13:30 ROUND TABLE 8: Management of the Axilla in Early Breast Cancer: Current Practice

Moderators: **Banu Arun** *(US)*, **Irene Karydas** *(GR)*

Speakers:

Surgical Approach
Armando Giuliano *(US)*

Role of Radiotherapy
Yvonne Zissiadis *(AU)*

Role of Chemotherapy
Banu Arun *(US)*

Discussion

13.30-14.30 Lunch Break (Board of Directors)

14:30-16:00 Lunch Break (General Assembly of SIS)

16:00-17:30 ROUND TABLE 9: Neoadjuvant Treatment in Specific Groups with Breast Cancer

Moderators: **Atilla Soran** *(US)*, **Stefanos Lampropoulos** *(GR)*

Speakers:

Surgical Controversies
Eran Sharon *(IL)*

Systemic Therapy
Gűl Başaran *(TR)*

Radiation Therapy
Pantelis Skarlos *(GR)*

Discussion

17:30-18:00 Coffee Break

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

18:00-19:30 ROUND TABLE 10: Advanced Breast Cancer Treatment: State of the Art

Moderators: **Marcello Galli** *(PY)*, **Vasileios Barmpounis** *(GR)*

Speakers:

Hormonal Treatment
Rinat Yerushalmi *(IL)*

Chemotherapy in Her-2 Negative Disease
Dimitris Matthaios *(GR)*

Treatment in Her-2 Positive Disease
Banu Arun *(US)*

Surgery for metastatic breast cancer
Lütfi Doğan *(TR)*

Discussion

Friday, May 5, 2023
"NAFSIKA A" HALL

08:00-09:00 ORAL PRESENTATIONS - SESSION 3

Chairs: **Tadeusz Pienkowski** *(PL)*, **Elissavet Patiraki-Kourbani** *(GR)*, **Konstantina Chronopoulou** *(GR)*

Medical Oncology (C):

9 SPATIAL IMMUNOPHENOTYPES ORCHESTRATE PROGNOSIS IN TRIPLE-NEGATIVE BREAST CANCER WITH MILLER-PAYNE GRADE 4

Jianli Ma[1,#], Yuwei Deng[2,#], Dawei Chen[1], Xiaomei Li[3], Zhiyong Yu[4], Haibo Wang[5], Lei Zhong[6], Yingjie Li[7], Chengqin Wang[8], Xiaoping Zhou[2], Xiang Li[2], Qingyuan Zhang[9,*], Jinming Yu[1,*]

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10 OBSERVATIONAL STUDY OF AXILLA TREATMENT FOR BREAST CANCER PATIENTS WITH 1 TO 3 POSITIVE MICROMETASTASES OR MACROMETASTASES IN SENTINEL LYMPH NODES

Shigeru Imoto[1], Hiroyuki Yasojima[2], Takeshi Nagashima[3], Tatsuya Ohnishi[4], Tsutomu Takashima[5], Masahiro Kitada[6], Masaya Kawada[7], Tetsu Hayashida[8], Yasuto Naoi[9], Tomohiko Aihara[10], Noriaki Wada[11], Hideaki Kawabata[12], Masayuki Yoshida[13], Mari Saito-Oba[14], Junichi Sakamoto[15]

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SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

11 SPATIAL IMMUNOPHENOTYPES ORCHESTRATE PROGNOSIS IN TRIPLE-NEGATIVE BREAST CANCER WITH MILLER-PAYNE GRADE 4

Jianli Ma[1,#], Yuwei Deng[2,#], Dawei Chen[1], Xiaomei Li[3], Zhiyong Yu[4], Haibo Wang[5], Lei Zhong[6], Yingjie Li[7], Chengqin Wang[8], Xiaoping Zhou[2], Xiang Li[2], Qingyuan Zhang[9,*], Jinming Yu[1,*]

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[#]The senior author
[#]Yuwei Deng, contributes equally in this study

12 EVALUATION OF LONG-TERM LYMPHEDEMA RATE IN PATIENTS WITH SUBCLINICAL LYMPHEDEMA DIAGNOSED IN THE PREOPERATIVE PERIOD VIA BIOIMPEDANCE METHOD

Zeynep Erdogan Iyigun[1], Tolga Ozmen[2], Ahmet Serkan Ilgun[3], Enver Özkurt[4], Cansu Nakipoglu[4], Filiz Celebi[5], Caglar Unal[6], Mehmet Alper Ozturk[7], Gul Alco[8], Çetin Ordu[8], Gürsel Soybir[9], Vahit Ozmen[4]

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Nursing (A):

13 **IMPLEMENTATION OF EMOTIONAL FREEDOM TECHNIQUES (EFT) IN CANCER CARE**
Christine Langenaeken[1], Laura Tack[2,3], Christel Fontaine[4], Florence Van Ryckeghem[5], Tom Boterberg[3], Jeroen Mebis[6], Philip R. Debruyne[1,7,8]
[1]Department of Medical Oncology, AZ Klina, Brasschaat, Belgium, [2]Cancer Centre, General Hospital Groeninge, Kortrijk, Belgium, [3]Department of Radiation Oncology and Experimental Cancer Research, Ghent University, Ghent, Belgium, [4]Department of Medical Oncology, UZ Brussel, Brussel, Belgium, [5]Department of Medical Oncology, AZ Glorieux, Ronse, Belgium, [6]Department of Medical Oncology, Jessa ziekenhuis, Hasselt, Belgium, [7]School of Nursing and Midwifery, Faculty of Health, Plymouth University, Plymouth, United Kingdom, [8]Medical Technology Research Centre (MTRC), School of Life Sciences, Faculty of Science and Engineering, Anglia Ruskin University, Cambridge, United Kingdom

09:00-10:30 ROUND TABLE 11: **Fairer Breast Cancer Care in a Globalised World**

Moderators: **Didier Verhoeven** *(BE)*, **Cleopatra Rapti** *(GR)*

Speakers:

Value based breast cancer in a globalized world
Didier Verhoeven *(BE)*

World-wide disparities in breast cancer care
Claudia Allemani *(UK)*

Global breast cancer initiatives
Goel Neha *(US)*

Discussion

10:30-11:00 LECTURE 17: **Elderly Patients with Breast Cancer. Aggressive and Conservative Approach**

In the memory of Michael Philippakis *(GR)*

Chairs: **Mutlu Doğan** *(TR)*, **Vasileios Prassopoulos** *(GR)*

Speaker: **Nazim Serdar Türhal** *(TR)*

11:00-11:30 **Coffee Break**

11:30-12:00 LECTURE 18: **Palliative Care**

Moderators: **Elissavet Patiraki-Kourbani** *(GR)*, **Constantina Chronopoulou** *(GR)*

Speaker:

During Diagnosis and Treatment
Luzia Travado *(PT)*

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

12:00-12:30 LECTURE 19: **Genomic Profiles for the Management of Breast Cancer**

Chairs: **Tadeusz Pienkowski** *(PL)*, **Efstratios Kosmidis** *(GR)*

Speaker: **Christos Sotiriou** *(BE)*

12:30-13:00 ORAL PRESENTATIONS - SESSION 4

Chairs: **Amir Sonnenblick** *(IL)*, **Cleopatra Rapti** *(GR)*

Medical Oncology (C):

14 **WHETHER THE DOSE OF PREVIOUS CHEMOTHERAPY WILL AFFECT TNBC BENEFIT FROM ADJUVENT CAPECITABINE METRONOMIC THERAPY? —AN EXPLORATORY ANALYSIS FROM SYSUCC-001 TRIAL**
Ying Chen[1,2#], Wen-Xia Li[1,2#], Jia-Hua Wu[1,2], Geng-Hang Chen[2], Chun-Min Yang[1,2], Hai Lu[1,2], Xi Wang[3], Shu-Sen Wang[4], Heng Huang[5], Li Cai[6], Li Zhao[7], Rou-Jun Peng[8], Ying Lin[9], Jun Tang[3], Jian Zeng[10], Le-Hong Zhang[11], Yong-Li Ke[12], Xian-Ming Wang[13], Xin-Mei Liu[14], An-Qin Zhang[15], Fei Xu[4], Xi-Wen Bi[4], Jia-Jia Huang[4], Ji-Bin Li[16] Dan-Mei Pang[17], Cong Xue[4], Yan-Xia Shi[4], Zhen-Yu He[18], Huan-Xin Lin[18], Xin An[4], Wen Xia[4], Ye Cao[16], Ying Guo[16], Ruo-Xi Hong[4], Kui-Kui Jiang[4], Yong-Yi Zhong[4], Ge Zhang[19], Zhong-Yu Yuan[4], Qian-Jun Chen[1,2]
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 # These authors contributed equally to this work

15 EFFECT OF EPIRUBICIN PLUS PACLITAXEL VS EPIRUBICIN AND CYCLOPHOSPHAMIDE FOLLOWED BY PACLITAXEL ON DISEASE-FREE SURVIVAL AMONG PATIENTS WITH OPERABLE ERBB2-NEGATIVE AND LYMPH NODE–POSITIVE BREAST CANCER A RANDOMIZED CLINICAL TRIAL

Peng Yuan[1,#], Yi-Kun Kang[1,#], Fei Ma[2], Ying Fan[2], Jia-Yu Wang[2], Xue Wang[1], Jian Yue[1], Yang Luo[2], Pin Zhang[2], Qing Li[2], Bing-He Xu[2]

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[#]These authors contributed equally to this study.

16 "VIRTUAL" SENTINEL LYMPH NODE BIOPSY IN EARLY BREAST CANCER

Marek Smolár[1], Peter Uhrík[2], Eva Kúdelová[1], Ivana Daňová[1], Juraj Miklušica[1]

[1]Clinic of General, Visceral and Transplant Surgery, University Hospital Martin, Jessenius Faculty of Medicine Martin, Comenius University Bratislava, [2]Clinic of internal medicine - gastroenterology, University Hospital Martin, Jessenius Faculty of Medicine Martin, Comenius University Bratislava, Slovakia

13.00-14.00 CONTROVERSY 2: Follow- up after the end of treatment in patients with Breast Cancer

Moderators: **Sébastien Molière** *(FR)*, **Irene Karydas** *(GR)*

Speakers:

Intense close follow up
Dimitris Matthaios *(GR)*

Conservative light follow up
Eli Avisar *(US)*

14.00-15.00 Lunch Break (Board of Directors)

15:00-16:00 Lunch Break (General Assembly of SIS)

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

16.00- 16.40 WORKSHOP 1: Breast Cancer Patient: Holistic Approach

Moderators: **Luzia Travado** *(PT)*, **Vasileios Kalles** *(GR)*

Speakers:

Oncology Nurse
Argyri Psychogyiou *(GR)*

Psychologists
Luzia Travado *(PT)*

Discussion

16.40-17.10 LECTURE 20: Patient Advocacy for People with Breast Cancer

Chair: **Sébastien Molière** *(FR)*, **Loukas Klentzeris** *(GR)*

Speaker:

Gerard Hrodej *(FR)*

Discussion

17.10-18.40 LECTURE 21: Breast Cancer Epidemiology and Risk Factors Around the Wolrd

Chairs: **Carole Mathelin** *(FR)*, **Evangelos Maragkoudakis** *(GR)*

Speaker: **Massimo Lodi** *(FR)*

18:40-19:30 WORKSHOP 2: Media and Digital Information for Breast Cancer Patients

Moderators: **Loukas Klentzeris** *(GR)*, **Michalis Kefalogiannis** *(GR)*

Speakers:

Media and Breast Cancer Patients
Michalis Kefalogiannis *(GR)*

Digital information and support
Pantelis Skarlos *(GR)*

How should be the message to the non-medical audience - general public
Lydia Ioannidou-Mouzaka *(GR)*

Discussion

*** Workshops: Seating is on a first come first serve basis and subject to capacity

Saturday, May 6, 2023
"DELPHI AMPHITHEATER"

08:00-09:30 ORAL PRESENTATIONS - SESSION 5

Chairs: **Verónica Avilés** *(NI)*, **Konstantina Ambela** *(GR)*

Surgery (B):

17 PROSPECTIVE MULTICENTER CLINICAL VALIDATION STUDY OF THE REPEATABILITY AND ACCURACY OF INTERNAL MAMMARY SENTINEL LYMPH NODE BIOPSY (CBCSG026/027)
Yong-Sheng Wang[1,*], Qing Lu[2], Shi-Guang Zhu[3], Wen-He Zhao[4], Guang-Lun Yang[5], Yuan-Xi Huang[6], Hong Zhong[7], Yan-Bing Liu[1], Xiao Sun[1], Peng-Fei Qiu[1]
[1]Shandong Cancer Hospital & Institute, Shandong First Medical University, Jinan, Shandong, China, [2]Sichuan University Huaxi Hospital, Chengdu, Sichuan, China, [3]Qingdao University Yantai Yuhuangding Hospital, Yantai, Shandong, China, [4]Zhejiang University Sir Run Run Shaw Hospital, Hangzhou Zhejiang, China, [5]Chongqing Medical University First Hospital, Chongqing, China, [6]Harbin Medical University Cancer Hospital, Harbin Helongjiang, China, [7]The Affiliated Tumor Hospital of Xinjiang Medical University, Urumqi, Xinjiang, China

18 LAPAROSCOPIC-ASSISTED AXILLARY SENTINEL NODE DISSECTION, PREPARED BY LIPOSUCTION. A LOW COST, LOW MORBIDITY TECHNIQUE
Effrosyni Bombou, Alexandros Valaroutsos, Evanthia Letsiou, Konstantinos Tepetes
University Hospital of Larisa, Greece

19 ECTOPIC BREAST CASES: A PERSONAL SERIES
Ali Uzunkoy
Surgical Oncology Department, Harran University School of Medicine, Şanliurfa, Turkey

20 A PROSPECTIVE, COMPARATIVE STUDY OF INDOCYANINE GREEN (ICG), RADIOISOTOPE AND METHYLENE BLUE FOR SENTINEL LYMPH NODE DETECTION IN EARLY BREAST CANCER
Eirini Angelidou
Breast Unit Euromedica General Clinic Dodecanese, Greece

21 INTRACAPSULAR RUPTURE OF SILICONE PROSTHESIS: IMAGING FINDINGS AND THE SUPERIORITY OF MAGNETIC RESONANCE IMAGING CORRELATED WITH LINGUINE SIGNAL TO THE DETRIMENT OF MAMMOGRAPHY AND BREAST ULTRASOUND.
John Nascimento da Conceição, Ritamaris de Arruda Regis, Augusto Cesar, Ana Rita, João Lucas
UNESP

22 SYSTEMIC PARACOCCIDIOIDOMYCOSIS INVOLVING BREAST
John Nascimento da Conceição, Maria Regina, Ritamaris de Arruda Regis, José Eduardo, Ana Rita, José Eduardo
UNESP

23 ULTRASOUND-GUIDED BREAST-CONSERVING PARTIAL MASTECTOMY USING A DROP-IN PROBE
Ei Ueno, Naoko Tanimoto, Asako Yamamoto, Mahana Iwamoto, Akira Imamura
Tsukuba International Breast Clinic, Tokyo Medical University, Ibaraki Medical Center, Moriya Keiyu Hospital, Japan

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

24 BREAST FILARIASIS; A MIMICKER OF BREAST CANCER.
Smaroula Divani, Athanasia Bamicha, Ilias Katsaros, Georgios Kalodimos, Pavlos Skoufogiannis, Georgios Kitsakis, Angela Fericean
Clinical Cytology and Surgical Pathology Departments. Volos General Hospital, Greece

25 METAPLASTIC BREAST CANCER: A RARE BUT AGGRESSIVE CARCINOMA. A CASE REPORT
Efterpi Varada, E. Ioannidou, Victor Popko, Tsiler Ali Oglou, G. Georgiou
Department of General Surgery, General Hospital, Xanthi, Greece

26 THE TYPE OF AXILLARY PROCEDURE FOLLOWING NEOADJUVANT SYSTEMIC TREATMENT HAS NO IMPACT ON BREAST CANCER PATIENTS' ONCOLOGICAL OUTCOMES
Ana Car Peterko[1], Eleonora Cini Tešar[2], Manuela Avirović[3], Petra Valković Zujić[4]
[1]Clinical Hospital Centre Rijeka, Department of General Surgery and Surgical Oncology, Rijeka, Croatia, [2]Clinical Hospital Centre Rijeka, Clinical Department of Radiotherapy and Oncology, Rijeka, Croatia, [3]University of Rijeka, Faculty of Medicine, Department of Pathology, Rijeka, Croatia, [4]Clinical Hospital Centre Rijeka, Clinical Department of Radiology, Rijeka, Croatia

09:30-10:00 LECTURE 22: **Male Breast Cancer**

Chairs: **Alfredo Barros** *(BR)*, **Dimitrios Chapsas** *(GR)*

Speaker: **Bolivar Arboleda Osorio** *(PR)*

10:00-10:30 LECTURE 23: **Immunotherapy in Breast Cancer Management**

Chair: **Yeşim Eralp** *(TR)*, **John Varthalitis** *(GR)*

Speaker: **Didier Verhoeven** *(BE)*

10:30-11:00 LECTURE 24: **Risk-Reducing Mastectomies: Indications and Technics. New French Guidelines**

Chairs: **Monica Morrow** *(US)*, **Lydia Ioannidou-Mouzaka** *(GR)*

Speaker: **Carole Mathelin** *(FR)*

11:00-11:30 **Coffee Break**

11:30-13:00 ROUND TABLE 12: Rare Breast Cancer with Special Pathology

Moderators: **Susie Brousse** *(FR)*, **Christos Kittas** *(GR)*

Speakers:

Pathology Diagnosis
Antigoni Sourla *(GR)*

Surgery
Christos Kanistras *(GR)*

Systemic Treatment
Vasileios Barmpounis *(GR)*

Discussion

13:00-13:30 LECTURE 25: The Importance of Acupuncture in Breast Cancer

Chairs: **Dimitris Chapsas** *(GR)*, **Spyridon Sotiropoulos** *(GR)*

Speaker: **Zafeiria Zourmpaki** *(GR)*

13:30-14:00 LECTURE 26: Rare Challenging Cases Presentations

Chairs: **Andrei Ioan Razvan** *(RO)*, **Christos Markopoulos** *(GR)*

Speaker: **Monica Morrow** *(US)*

14:00-15:00 Break

15:00-15:30 LECTURE 27: Advantage –Disanvantage of Hypofraction In Radiotherapy. How Should it Be Applied to Whom?

Chairs: **Yasmin Korzets Ceder** *(IL)*, **Pantelis Skarlos** *(GR)*

Speaker: **Ferah Yıldız** *(TR)*

15:30-16:00 LECTURE 28: Systemic Treatment for Advanced Disease: Will precise Oncology Replace Standard Chemotherapy?

Chairs: **Rinat Yerushalmi** *(IL)*, **Vasileios Barmpounis** *(GR)*

Speaker: **Cleopatra Rapti** *(GR)*

16:00-16:30 Break

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

16:30-17:00 LECTURE 29: Young Patients with Breast Cancer: Characteristics and Holistic Approach

Chairs: **Maurício Magalhães Costa** *(BR)*, **Lydia Ioannidou-Mouzaka** *(GR)*

Speaker: **Monica Morrow** *(US)*

17:00-17.30 LECTURE 30: On-Body Clinics for Detection and Monitoring Cancer

Chair: **Marcello Galli** *(PY)*, **Vasileios Kalles** *(GR)*

Speaker: **Hossam Haick** *(IL)*

17.30-18.00 LECTURE 31: Techniques for Better Communication Between Physicians and Breast Cancer Patients

Chairs: **Paris Kosmidis** *(GR)*, **Spyridon Sotiropoulos** *(GR)*

Speaker: **Effrosyni Tzintziropoulou** *(GR)*

18.00-18.30 CLOSING CEREMONY

Saturday, May 6, 2023
"NAFSIKA A" HALL

09.00-09.30 ORAL PRESENTATIONS - SESSION 6

Chairs: **Alexander Mündinger** *(DE)*, **Georgia Giannakopoulou** *(GR)*

Imaging (D):

27 RADIATION PROTECTION PURPOSES IN DIAGNOSTIC X-RAYS UNITS USING SIMPLE OR COMMON BUILDING MATERIALS
Ioannis Vlachos[1], Nektarios Kalyvas[2], Gerasimos Messaris[3], George Fountos[2], Harry Delis[1], Ioannis Kandarakis[2], George Panayiotakis[1]
[1]Department of Medical Physics, School of Medicine, University of Patras, Patras, Greece, [2]Department of Biomedical Engineering, University of West Attica, Athens, Greece, [3]Department of Radiology, University Hospital of Patras, Patra, Greece

28 TOMOBIOPSY VERSUS STEREOTACTIC BIOPSY: DIFFERENCES IN BIOPSY TARGETS, PATHOLOGIC RESULTS AND DISCORDANCE RATES.
Eirini T. Georgiou, Maria S. Milatou
Breast Imaging Department, Oncologic Hospital of Athens, Greece

29 ACCURACY OF STEREOTACTIC VACUUM-ASSISTED BREAST BIOPSY FOR INVESTIGATING SUSPICIOUS CALCIFICATIONS IN 2,071 PATIENTS A PUBLIC HOSPITAL IN BRAZIL
Andressa Amorim, Marcellus N.M. Ramos, André Mattar, Luiz H. Gebrim
Hospital Estadual Pérola Byington, São Paulo, Brazil

Radiation Therapy (H):

30 DOSE COMPENSATION CALCULATOR IN RADIOTHERAPY TREATMENT INTERRUPTIONS DUE TO COVID-19 IN BREAST CANCER PATIENTS
Neda Milosavljevic[1,2], Marija Zivkovic Radojevic[1,2], Darko Stojanovic[3], Vladimir Tvrdisic[4], Nikola Nedovic[5], Bojan Stojanovic[4,6], Petar Canovic[7], Marko Spasic[4,6]
[1]Center for Radiation Oncology, University Clinical Centre Kragujevac, Kragujevac Serbia, [2]University of Kragujevac, Serbia, Faculty of Medical Sciences, Department of Clinical oncology, [3]Department for Medical Physics, Center for Radiation Oncology, University Clinical Center Kragujevac, Kragujevac Serbia, [4]Clinic for General Surgery, University Clinical Centre Kragujevac, Kragujevac Serbia, [5]Faculty of Medical Sciences, University of Kragujevac, Kragujevac Serbia, [6]University of Kragujevac, Serbia, Faculty of Medical Sciences, Department of Surgery, [7]University of Kragujevac, Serbia, Faculty of Medical Sciences, Department of Biochemistry, Serbia

21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

09.30-11.00 WORKSHOP 3: Patients Family Issues

In the memory of Leonardo Mac Lean *(AR)*

Moderators: **Jorge Novelli** *(AR)*, **Philippos Papatheodorakis** *(GR)*

Speakers:

Insurance Problems
Jorge Novelli *(AR)*

Patients' Rights
Paula Podolski *(HR)*

Sexuality after Bresat Cancer Treatment
Mimi Marcellou *(GR)*

Discussion

11.00-11.30 Coffee Break

11.30-13.00 ORAL PRESENTATIONS - SESSION 7

Chairs: **Jorge Novelli** *(AR)*, **Nektaria Lamprinaki-Kalamata** *(GR)*

Oncoplastic Surgery (E):

31 THE USE OF LATERAL AND INFERIOR MAMMARY FOLD INCISIONS IN ONCOPLASTIC BREAST CONSERVING SURGERY: A SINGLE – CENTER EXPERIENCE
Vasileios Kalles[1,2], Apostolos Mitrousias[2], Ioannis Papapanagiotou[2], Eirini Deskou[1], Menelaos Zoulamoglou[1], George Kafetzis[2], Meletios Marougkas[2], Ioannis Kyriazanos[1,2]
[1]1st Department of Surgery, Naval and Veterans Hospital of Athens, Greece, [2]Breast Clinic, Mediterraneo Hospital, Glyfada, Greece

32 VOLUME REPLACEMENT WITH ACELLULAR DERMAL MATRIX AFTER BREAST CONSERVING SURGERY: TECHNIQUE ANALYSIS AND REPORT OF A CASE
Vasileios Kalles, Nikolaos Ivros, Eirini Deskou, Aristea Tsaroucha, Nikolaos Stamos, Dimitrios Balalis, Ioannis Kyriazanos
1st Department of Surgery, Naval and Veterans Hospital of Athens, Greece

33 INTRACAPSULAR RUPTURE OF SILICONE IMPLANTS: THE MAIN FINDINGS IN BREAST RESONANCE EXAMINATION- A SERIES OF FOUR CASES
Ritamaris de Arruda Regis
State University of São Paulo-UNESP, Faculty of Medicine, Brazil

34 CAN VOLUME REPLACEMENT WITH LOCAL PERFORATOR FLAPS REDUCE THE TRAUMA TO PATIENTS CAUSED BY MASTECTOMIES AND COST OF RECONSTRUCTIONS IN BREAST CANCER TREATMENT?
Georgios Karagiannidis, Evangelos Mallidis
Ipswich Hospital NHS Foundation Trust, United Kingdom

35 **MAMARIAN TUBERCULOSIS: ONE CASE DETECTED THROUGH CLINICAL, RADIOGRAPHIC AND HISTOPATHOLOGICAL FINDINGS**
John Nascimento da Conceição Nascimento John, Ritamaris de Arruda Regis, Thiago, Anna Beatriz, Ana Rita, João Lucas, Augusto Cesar
UNESP

36 **SPECIFIC ONCOSURGICAL TREATMENT OF LOCALLY ADVANCED SYNCHRONOUS BREAST CARCINOSARCOMA AND PAPILLARY CARCINOMA IN A YOUNG PATIENT**
Vladimir Tvrdisic[1], Marko Spasic[1,2], Neda Milosavljevic[3,4], Slobodanka Mitrovic[5,6], Jasmina Nedovic[7], Vladimir Bulatovic[5], Aleksandar Cvetkovic[1,2], Sasa Vukosavljevic[8]
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13.00-14.00 WORKSHOP 4: **Nutritional Guidelines**

Moderators: **Antigoni Sourla** *(GR)*, **Spyridon Sotiropoulos** *(GR)*

Speakers:

During Chemotherapy
Lida Papakonstantinou *(GR)*

After Chemotherapy
Fotini Konstantinou *(GR)*

Discussion

14:00-15:00 **Break**

18.00-18.30 **CLOSING CEREMONY (DELPHI AMPHITHEATER)**

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

GENERAL INFORMATION

Dates
May 3, 2023
08:30-15:00 **BHWGI SESSION**
15:00-17:00 **IBUS meets SIS/ISS**
May 4 - 6, 2023 **Congress Scientific Program**

City/Country
Rhodes Island, Greece

Official Website
www.21sisbreastcongress.com

Congress Venue
Rodos Palace International Conference Center
Address: Iraklidon Avenue (Trianton), Ixia P.O. Box 121, 85100 Rhodes Island, Greece

Official Language
The official language of the Congress will be English. No simultaneous translation will be provided.

Congress Halls
Congress Halls are the "DELPHI Amphitheater" and "NAFSIKA" Hall, in Rodos Palace International Conference Center.

Opening Ceremony
The Opening Ceremony will be realized at the DELPHI Amphitheater of Rodos Palace International Conference Center, on Wednesday May 3, 2023 at 19:00.

Speakers' Presentations
Speakers are strongly advised to provide their presentation at the Technical Secretariat Desk 1 hour before their presentation time.
If a speaker wishes to use a personal computer, it will be feasible but the Technical Secretariat should be definitely notified ahead. An HDMI cable will be available at each Congress Halls podium. In case a speaker brings a Mac computer, it is necessary to provide along a personal adaptor and a personal charger.

Secretariat Desk
The Organizing Secretariat Desk will be open for Registration and further information according to the following time schedule:

Wednesday, May 3	08:00 – 20:30
Thursday, May 4	08.00 – 19.30
Friday, May 5	08.00 – 19.30
Saturday, May 6	08.00 – 19.30

GENERAL INFORMATION

Registrations

CATEGORY	Onsite
Member of Active SIS Societies	735 €
Non-Member of Active SIS Societies	860 €
Member of Senologic Hellenic Society	485 €
Non-Member of Senologic Hellenic Society	670 €
Residents Doctors	360 €
Nurses	300 €
Students	0 €
ABSTRACT PRESENTERS	735 €
Pre Congress Meeting **Wednesday, May 3, 2023**, 15.00 - 17.00 **IBUS meets SIS/ISS** – Update and Advancements in Breast Imaging and Interventions	130 €

Registration at the 21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE includes:

- Access to the scientific sessions
- Access to the exhibition area
- Congress material, including final program
- Welcome Reception on Wednesday May 3, 2023
- Coffee breaks on Thursday May 4, Friday May 5 and Saturday May 6, 2023
- Light lunches on Thursday May 4 and Friday May 5, 2023
- e-Certificate of Attendance

Congress material

Congress material may be collected at the Secretariat Desk. Participants are kindly requested to wear the name badge when entering the Congress Venue and to access any offered services. Access to the Congress Center shall not be possible without a name badge.

Certificate of Attendance

Certificates will be provided after the completion of the Scientific Program. Specific Guidelines will be sent to each delegate's email for his/hers online Certificate issuing.

21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

GENERAL INFORMATION

Transportation / Rentals

TAXI service is available at the Rhodes Island Airport. TAXI stand is located in front of the Arrivals (T1) exit. Cost from Rhodes Island Airport to Rodos Palace Hotel is approximately 50 €.
For further information please visit https://www.rho-airport.gr/en/flights--more/airport-information#to--from-the-airport
For car rentals or any other desired organized private transfers, please contact +30 22410 60330 – ext 101, email: n.antonopoulou@travelexchange.gr (Ms Nikoletta Antonopoulou)

Gala Dinner

Gala Dinner is scheduled to be realized on Friday May 5, 2023 at the end of the day's Scientific Program. The Dinner's Cost is 80€ per person including beverages. Interest for participation at the Gala Dinner should be declared at the Secretariat Desk by Thursday May 4, 2023 the latest.

Weather in Rhodes

The average high temperature in Rhodes Island during May is 24ºC, which cools to 15ºC at night. Humidity's low and rainfall's typically just 9mm over three rainy days.

Notice of Photography

By entering the 21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE, you are entering a Conference area where photography may occur. Your registration and presence on the Congress area constitutes your consent to be photographed and to the release, publication or reproduction of any and all images of your appearance for any purpose whatsoever in perpetuity in connection with the Congress, the Senologic International Society (SIS) and the Senologic Hellenic Society and its initiatives, including, by way of example only, use on websites, in social media, news and advertising. Attendees do understand that photography will be done in reliance on this consent.

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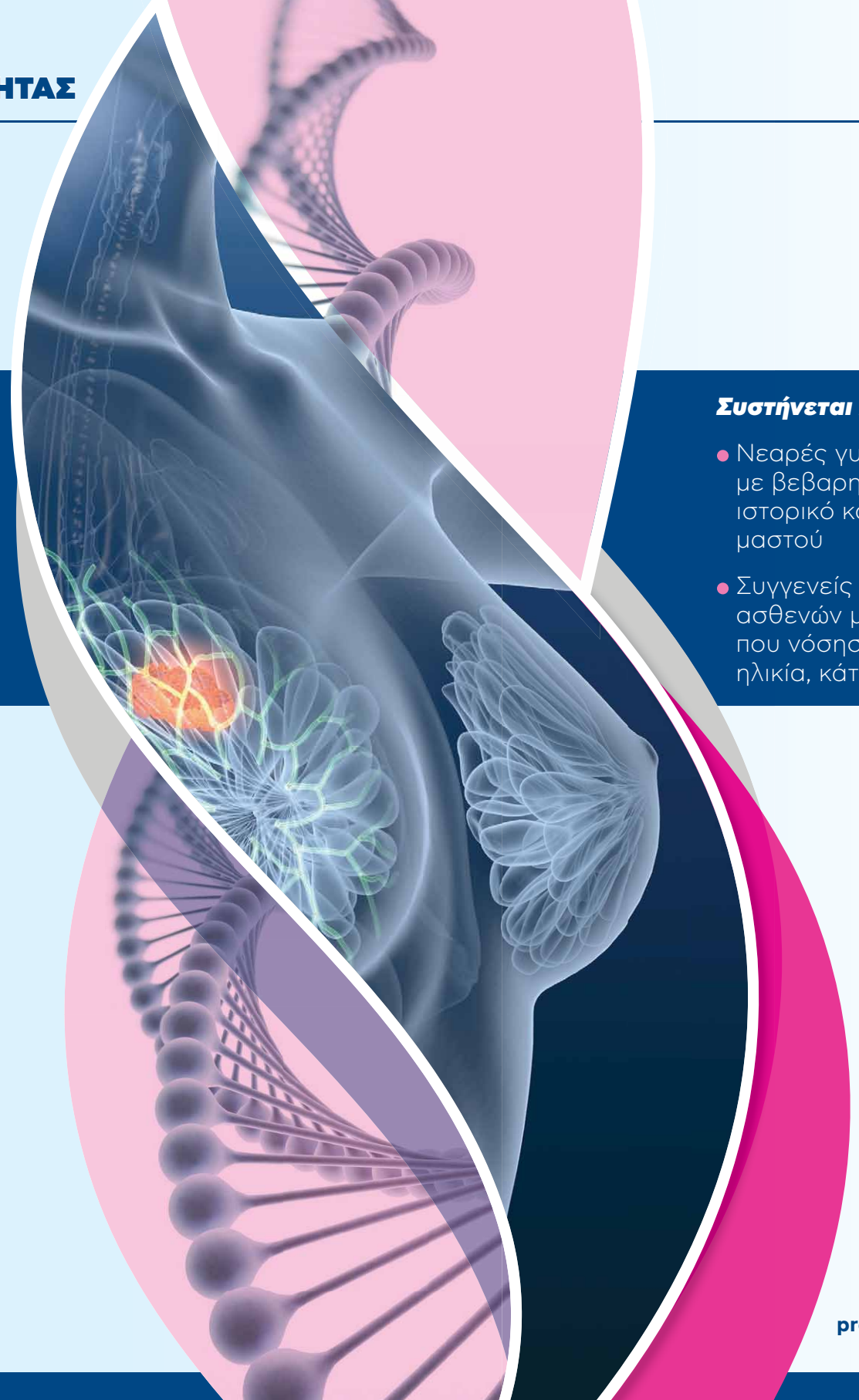
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ARUN BANU *M.D. , FASCO, Professor Medical Oncology, Co-Director Clinical Cancer Genetics, Executive Director Cancer Genetics MD Anderson Cancer Network, The University of Texas MD Anderson Cancer Center, United States of America*

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21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

FACULTY

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BARROS ALFREDO *Gynecologist, Mastologist, Professor, University of São Paulo, Beneficência, Portuguesa Hospital, Brazil*

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SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
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ΠΟΙΟΤΙΚΗ ΚΑΙ ΠΟΣΟΤΙΚΗ ΣΥΝΘΕΣΗ: Κάθε g δερματικού διαλύματος περιέχει 1,00 mg διυδροχλωρικής οκτενιδίνης και 20,00 mg φαινοξυαιθανόλης.
Θεραπευτικές ενδείξεις: Για βραχείας εφαρμογής αντισηψία δέρματος και για κολπικές χρήσεις και αντισηψία δέρματος γεννητικών οργάνων, κατά την προετοιμασία διαγνωστικών, χειρουργικών ή άλλων επεμβάσεων. Για τη συμπληρωματική αντισηπτική θεραπεία των μικρών επιφανειακών δερματικών τραυμάτων-πληγών.
Δοσολογία και τρόπος χορήγησης: Δοσολογία: Για τη συμπληρωματική αντισηπτική θεραπεία των μικρών επιφανειακών τραυμάτων-πληγών και για την αντισηψία των βλεννογόνων και του δέρματος πέριξ των γεννητικών οργάνων ανδρών και γυναικών εφαρμόζεται και αφήνεται να δράσει επί 1 λεπτό πριν πραγματοποιηθεί οποιαδήποτε άλλη διαδικασία (π.χ. εφαρμογή επιδέσμου).Για αντισηψία του δέρματος εφαρμόζεται και αφήνεται να δράσει επί 2 λεπτά.
Τρόπος χορήγησης: Δερματική χρήση. Κολπική χρήση από ιατρό. Οι βλεννογόνοι και το δέρμα στην ουρογεννητική περιοχή που πρόκειται να απολυμανθούν πρέπει να διαβρέχονται ομοιόμορφα και πολύ καλά με το αντισηπτικό.
Μέθοδος με ψεκασμό: Σε μερικές περιπτώσεις, και αν αποφασίσει έτσι ο γιατρός, μπορεί να ψεκαστεί απευθείας σε προσπές περιοχές του δέρματος και των βλεννογόνων. Πρέπει να εξασφαλισθεί ότι η περιοχή διαβρέχεται ομοιόμορφα. Αφήστε το να ενεργήσει 60 δευτερόλεπτα (1 ψεκασμός = 0,17 ml).
Πλύσεις: Εάν χρειασθεί, μπορεί επίσης να χρησιμοποιηθεί για κολπικές πλύσεις. Χρόνος επαφής: 60 δευτερόλεπτα. Σε διάφορες κλινικές μελέτες έχει αποδειχθεί ότι το Octenisept έχει πολύ καλό αποτέλεσμα εναντίον διαφόρων παθογόνων, βακτηρίων Gram+ και Gram-, μυκήτων, τριχομονάδων και ιών (όπως απλός έρπης), ακόμα και σε αραίωση 50% και χρόνο επαφής 30 sec. Πρέπει να είναι βέβαιο ότι για την αραίωση χρησιμοποιούνται στείρα υγρά (στείρο ύδωρ).
Αντενδείξεις: Υπερευαισθησία στις δραστικές ουσίες ή σε κάποιο από τα έκδοχα. Δεν πρέπει να χρησιμοποιείται εντός της κοιλίας (π.χ. εγχειρητικά) και στο αυτί.
Ειδικές προειδοποιήσεις και προφυλάξεις κατά τη χρήση: Δεν πρέπει να χρησιμοποιείται ταυτόχρονα με αντισηπτικά σκευάσματα ποβιδόνης-ιωδίου, καθώς στις περιοχές επαφής μπορεί να εμφανιστεί έντονος καφέ έως μωβ χρωματισμός.
Δεν πρέπει να χρησιμοποιείται ταυτόχρονα με μη ιοντικούς επιφανειοδραστικούς παράγοντες (σάπωνες). Δεν επιτρέπεται να καταπίνεται ή να εισέρχεται στην κυκλοφορία π.χ. ως αποτέλεσμα μη ενδεδειγμένης έγχυσης. Για να προληφθεί πιθανός τραυματισμός των ιστών, το προϊόν δεν πρέπει να εγχύεται ή να εφαρμόζεται στους ιστούς υπό πίεση. Πρέπει να εξασφαλίζεται κατάλληλη παροχέτευση από τις κοιλότητες των τραυμάτων-πληγών (π.χ. ευλύγιστος σωλήνας παροχέτευσης). Το Octenisept προορίζεται για επιφανειακή εφαρμογή και δεν επιτρέπεται να εισάγεται στο βάθος των ιστών π.χ. με σύριγγα, καθώς μετά από πλύση βαθιών τραυμάτων με σύριγγα έχουν αναφερθεί επίμονο οίδημα, ερύθημα και νέκρωση ιστών, που σε ορισμένες περιπτώσεις απαιτούν χειρουργική αντιμετώπιση. Η χρήση υδατικών διαλυμάτων οκτενιδίνης (0,1%, με ή χωρίς φαινοξυαιθανόλη) για την αντισηψία του δέρματος πριν από επεμβατικές διαδικασίες έχει συσχετιστεί με σοβαρές δερματικές αντιδράσεις σε πρόωρα λιποβαρή νεογνά. Η χρήση του Octenisept στον οφθαλμό πρέπει να αποφεύγεται.
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Abstracts

1

KLHL29 PROMOTES UBIQUITIN–PROTEASOMAL DEGRADATION OF DDX3X TO MEDIATE CELL CYCLE PROGRESSION IN TRIPLE-NEGATIVE BREAST CANCER

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Triple-negative breast cancer (TNBC) is the most challenging breast cancer subtype due to the lack of effective targeted therapeutic treatment. Based on a TNBC cohort from the Fudan University Shanghai Cancer Center (FUSCC), we identified KLHL29 as an essential tumor suppressor for TNBC progression. KLHL29 expression was significantly downregulated in breast cancer tissues compared with adjacent normal tissues and associated with an unfavorable prognosis in TNBC. KLHL29 suppressed TNBC growth, proliferation, migration, and invasion. Mechanistically, we found that KLHL29 interacted with an RNA-binding protein DDX3X and regulated its protein level. We demonstrated that KLHL29 was a substrate adaptor of the CUL3 E3 ligase that specifically triggered DDX3X for ubiquitin–proteasomal degradation. This regulation mode of KLHL29 mediating the degradation of DDX3X was dependent on conservative BTB domain. KLHL29/DDX3X pathway is regarded essential to conserve cell cycle progression, and regulate CCND1. Furthermore, we revealed the efficacy of combined a potent DDX3X inhibitor and platinum-based chemotherapeutic drug in TNBC both in vitro and in vivo. This therapeutic approach was further validated in patient-derived organoids, suggesting the KLHL29/DDX3X pathway as a potential target for future investigation of a treatment strategy for TNBC. Taken together, we uncovered a previously unknown functional and mechanistic role for KLHL29, elucidated the molecular mechanism by which KLHL29 contributed to TNBC progression through the degradation of DDX3X, as well as established a rationale for a novel combined therapy for TNBC.

Key words: Triple-negative breast cancer; cancer progression; KLHL29; DDX3X; ubiquitin–proteasomal degradation; platinum-based chemotherapeutic agent.

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2

MOLECULAR DETECTION OF EPSTEIN-BARR VIRUS AND BOVINE LEUKEMIA VIRUS IN FINE-NEEDLE ASPIRATION SPECIMENS OF BREAST CANCER LESIONS: PRIMARY RESULTS OF A CASE-CONTROL STUDY IN GREEK POPULATION

Georgia Margioula-Siarkou[1], Chrysoula Margioula-Siarkou[1], Stamatios Petousis[1], Eleftherios Vavoulidis[1], Constantinos Haitoglou[2], George Mavromatidis[1], Konstantinos Dinas[1]

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Introduction: Viral infections are the accepted cause of various types of cancers, including cancers of the cervix and anogenital area and lymphomas. Viral carcinogenesis has been explored as a potential contributor to breast cancer development. Epstein-Barr virus (EBV) and Bovine Leukemia virus (BLV) are listed among viruses that have been studied for their involvement in breast carcinogenesis, with conflicting results being reported in existing literature. The objective of the present ongoing case-control study is to investigate the molecular detection of EBV and BLV genome in fine-needle aspiration breast specimens from breast cancer patients and healthy controls, and therefore, to assess their association with breast carcinogenesis.

Material and Method: FNA breast specimens were collected under ultrasound guidance from breast lesions of 12 patients with histologically diagnosed breast cancer and from normal breast tissue of 12 women without known breast diseases, from October 2021 to February 2023. Real time polymerase chain reaction was used to amplify and detect EBV DNA and BLV DNA in the specimens.

Results: EBV DNA and BLV DNA was not detected in any of the breast specimens collected from breast cancer patients (0/12) and healthy controls (0/12). The frequency of EBV and BLV DNA detection was 0% in both groups.

Conclusion: Our results do not demonstrate a significant association between EBV and BLV infection and breast cancer development. Future research will further elucidate the role of viral carcinogenesis in the pathophysiology of breast cancer.

Key words: breast cancer; viral carcinogenesis; Epstein-Barr virus; Bovine Leukemia virus

3

GIANT INFLAMMATORY TRIPLE NEGATIVE BREAST CANCER AND QUALITY OF LIFE

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Introduction: Inflammatory breast cancer (BC) accounts for 1-5% of all BC. It is aggressive with poor survival, as well as triple negative BC. Advanced local disease makes the prognosis even worse. This rare combination makes the case difficult but the careful diagnosis, staging and treatment can save a human life.

Material and method: A 68year old female in good general condition was presented to our department with a giant inflammatory tumor of the left breast, with typical erythema and peau d' orange on all 4 quarters. She received the appropriate treatment.

Results: The patient underwent core biopsy, which revealed a triple negative nonspecific ductal carcinoma Gr III with 80% positive ki67. The diameter of BC was 15 cm, the digital mammography and sonography revealed 4 suspicious axillary lymph nodes (LN). The core biopsy of one of them diagnosed invasion from the same type of BC. The staging did not show any metastatic disease. The BRCA test was negative. She underwent neoadjuvant chemotherapy with 3 cycles of TAC and there was no improvement on the tumor size apart from significant reduction of the size of the LN. The tumor conference decided to break the chemotherapy and proceed to modified radical mastectomy, systematic level I and II axillary LN dissection and reverse abdominoplasty coverage with very satisfactory healing process. The resection margins and the 22 resected LN were all tumor free. She underwent radiotherapy. Following she received adjuvant chemotherapy with oral capecitabine. She did not experience any local recurrence or distant metastasis with a follow up of 4 years. Her quality of life according to BREAST- Q questionnaire is very good, the same as before her disease.

Conclusion: Even patients with advanced local disease and aggressive histology could have a good quality of life following the appropriate medical diagnosis and local-systematic treatment.

Key words: advanced breast cancer, giant inflammatory breast cancer, triple negative breast cancer, Quality of life of breast cancer patients.

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4

BREAST CANCER STAGE, MOLECULAR SUBTYPE AND SURVIVAL IN PATIENTS WITH OBESITY: A BRAZILIAN COHORT STUDY

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Introduction: Obesity is one of the major public health problems of this century, being a significant global health epidemic, in both developed and developing countries. There is a higher risk of developing breast cancer in postmenopausal obese women, and with worse outcome for women of all ages.

Material and Method: To evaluate obesity prevalence in breast cancer patients and its association with survival, age, Human Epidermal Growth Factor Receptor 2 (HER2) and anti-human KI67 antibody (KI67) a retrospective cohort study was performed between 1994 and 2018 at the Breast Cancer Department of Pérola Byington Hospital (Women's Health Reference Center), São Paulo, Brazil with 8824 breast cancer patients. From those, 2899 patients were excluded because they did not have description of weight and/or Body Mass Index (BMI). Survival analysis was performed according to BMI groups.

Results: The participants had mean (SD) age of 54 (12.0) years and weight of 70 (15.0) kg. There were 769 (13%) deaths and the mean survival was 20 (2.0) years. 1787 (30%) participants were stratified in obese (BMI≥30Kg/m2) and 4138 (70%) non-obese Obese were older ($p < 0,001$) and had a higher frequency of HER2 negative ($p < 0,04$) than non-obese women. There was a difference between obesity in cancer patients and in Brazilian population ($p<0.005$). There was not a significant difference in frequencies of KI67, recovering and survival between groups. The prevalence of obesity was not different over 24 years.

Conclusions: There was a relevant prevalence of obesity in breast cancer patients, which was associated with HER2 negative and age, but not with recovering or survival.

5

CLINICAL AND PATHOLOGICAL DIFFERENCES BETWEEN HER2 LOW AND OTHER CANCER SUBTYPES IN BREAST CANCER

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Introduction: Recent studies have shown that the clinicopathological characteristics of HER2-low tumors, pointing out potential differences regarding hormone receptor status and new treatment possibilities in this group. Base on that we proposed an retrospective analyses to assess the frequency and clinicopathological differences between cancer subtypes, as well as the survival of these patients.

Material and Method: All patients with breast cancer diagnosed between 1987 and 2021 included in the Pérola Byington Hospital database were eligible. The primary endpoint was overall survival stratified by cancer subtype, secondary endpoints were clinicopathological differences between cancer subtypes and death probability.

Results: 11,234 patients were included: 4,541 (40.42%) had Luminal cancer subtype, 2,955 (26.30%) HER2 Low, 2,242 (19.96%) triple negative, and 1,496 (13.32%) HER2 over expression. Age, self-reported ethnicity, BMI, presence of comorbidities, clinical stage, nuclear grade, histological grade, family history, radiotherapy, chemotherapy, surgery, local, and systemic recurrence, and death showed statistically significant differences between cancer subtypes (table 1). In the multivariate regression, patients with HER2 over expression cancer subtype showed a 44.8% greater probability of evolving to death than patients with HER2 Low (OR 1.448, 95%CI 1.046-2.004, p=0.026), while the patient with triple-negative cancer had a 26.1% lower probability of evolving to death when compared to the HER2 Low patient (OR 0.739, 95%CI 0.562-0.969, p=0.0229). Overall survival showed a statistically significant difference between cancer subtypes, with a median of 12 years for Luminal, 15 years for HER2 over expression, and 18 years for triple negative (HR 0.816 (0.73-0.913), HR 1.154 (1.003-, 327) and HR 0.978 (0.859-1.114), p<0.001, respectively) compared to 12 years for HER2 Low.

Conclusion: This study in breast cancer patients demonstrates significant differences between cancer subtypes, with a higher probability of progression to death for patients with HER2 over expression, while patients with triple negative cancer subtype had a lower probability, when compared with HER2 Low.

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6

PREGNANCY-ASSOCIATED BREAST CANCER: PATHOPHYSIOLOGICAL MECHANISMS, MATERNAL AND FETAL ADVERSE OUTCOMES

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Introduction: Pregnancy-associated breast cancer (PABC) is defined as breast cancer diagnosed during pregnancy or in the first postpartum year. Significant differences are detected between PABC and breast cancer in general population, in terms of epidemiology, diagnostic and therapeutic management and most importantly in biological behavior and pathophysiological basis. The objective of the present comprehensive review is to summarize up-to-date evidence about pathophysiological, molecular and biological basis of PABC and its association with adverse maternal, obstetrical, fetal and neonatal outcomes.

Material and Method: A thorough literature search was conducted in MEDLINE and SCOPUS to identify recent primary research and previous review articles that explore the pathophysiology and the reported adverse outcomes of PABC.

Results: Although not fully elucidated, the pathophysiological basis of PABC is traced down to a combination of hormonal and immune changes during pregnancy, breast involution and altered gene expression. The majority of PABC patients have advanced-stage disease at initial diagnosis and face a significantly poorer prognosis, with decreased survival rates. The most commonly reported adverse obstetrical-fetal events are preterm delivery and prematurity-associated neonatal morbidity, while other neonatal treatment-associated complications, such as fetal malformations, might occur, even when safe therapeutic options are applied during pregnancy. Currently, there are no long-term adverse outcomes reported on children of PABC patients who received treatment during pregnancy.

Conclusion: PABC exerts a particularly aggressive biological behavior and has a unique molecular and biological profile and distinct pathophysiological basis. It is associated with generally poor adverse maternal, obstetrical, fetal and neonatal outcomes. Further research is required to unveil the complex pathophysiological carcinogenic mechanisms involved in the development of PABC, while longitudinal observation of PABC survivors and their children may reveal new, currently undocumented short- and long-term complications and adverse outcomes.

Key words: breast cancer; carcinogenesis; pregnancy; pregnancy-associated breast cancer; molecular mechanisms; adverse outcomes

SURVIVAL RESULTS ACCORDING TO ONCOTYPE-DX RECURRENCE SCORE IN PATIENTS WITH HORMONE RECEPTOR POSITIVE HER-2 NEGATIVE EARLY-STAGE BREAST CANCER: FIRST MULTICENTER ONCOTYPE DX RECURRENCE SCORE SURVIVAL DATA OF TÜRKIYE

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Introduction: The aim of this study is to analyse survival and correlation with Oncotype-Dx recurrence score (Odx-RS) in pT1-2, N0-N1mic patients who were followed up with adjuvant therapy as decided by the tumour board.

Material and Method: HR-positive HER-2 negative early-stage breast cancer patients (pT1-2 N0, N1mic) with known Odx-RS who were operated between 2010 and 2014 were enrolled in this study. The primary endpoint is evaluating disease-free survival (DFS) rates according to Odx-RS.

Results: Of 203 patients median age was 48, median follow-up was 84 months. In the ROC analysis of all patients for recurrence, the cut-off age was 45 years. Patients were evaluated into two groups as ≤45 years vs. >45 years. There was no significant difference in five-year DFS rates between the endocrine-only (ET) and the chemo-endocrine (CE) groups. Among ET group, DFS was higher in patients over 45 years of age than in patients ≤45 years of age. When the ODx-RS was stratified as 0-17 and ≥18 in the same group, the DFS was significantly higher in the first group. These significant DFS differences seen in the ET group were not observed in the CE group. ODx-RS≥18 and menopause status were determined as an independent factors affecting survival in the ET group. In patients aged ≤45 years in the ET group, only ODx-RS ≥18 was found to affect DFS. In the ROC curve analysis of this subgroup, cutoff ODx RS was found 18.

Conclusion: It has been shown that adding chemotherapy to endocrine therapy in young (≤45 years) patients with Oncotype Dx recurrence scores of ≥ 18 contributes to DFS.

Key words: clinicopathologic characteristics, early-stage breast cancer, lymph node-negative, oncotype DX, recurrence score

8

FEMALE BREAST CANCER RISK FACTORS, PREVENTIVE MEASURES, AND SCREENING PRACTICES IN A POPULATION AT CENTRAL-EASTERN PUERTO RICO

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Introduction: Breast cancer is the leading type of cancer and cause of death in women in Puerto Rico (PR, 2010-2014). Therefore, the objective of this study is to assess the risk factors, preventive measures, and screening practices for female breast cancer in a population in PR. The significance of this study is that it may lead to the development of effective educational programs and a comprehensive female breast cancer control program.

Materials and Methods: Pilot sub-study on breast cancer in online survey format (2022) within an annual descriptive cross-sectional questionnaire of risk factors, preventive measures, and screening practices for cancer in PR administered at a private hospital using a convenience sample of healthy and non-healthy adult women.

Results: Out of 117 women who agreed to participate, 114 completed the questionnaire and were analyzed, with an average age of 43 years. Among other results, 99% self-identified as Hispanics, 69% completed baccalaureate or graduate degree, 67% had personal annual income up to $40,000, 59% had private medical insurance, 58% had appropriate weekly moderate/vigorous physical activity, 95% did not smoke, and 92% of those age 40-74 years have a mammography done every 1-2 years. However, the clinician of only 7% of eligible women offered them a breast cancer risk-reducing medication.

Conclusion: The studied population seems to be compliant with mammography guidelines. The low clinician offering of breast cancer risk-reducing medication to women who are at increased risk for breast cancer and at low risk for adverse medication effects may be explained by actual patient decision or not having a conversation about it considering individual age, medical history, menopausal status, risks, and benefits. In conclusion, this study provides important data to reinforce and increase breast cancer knowledge about risk factors, preventive measures, and screening practices in the Puerto Rican patients and clinicians' population.

Key words: breast cancer, risk factors, prevention, screening, cancer control, Hispanics

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9

SPATIAL IMMUNOPHENOTYPES ORCHESTRATE PROGNOSIS IN TRIPLE-NEGATIVE BREAST CANCER WITH MILLER-PAYNE GRADE 4

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Objectives Some triple-negative breast cancer (TNBC) patients evaluated as Miller-Payne 4 with ypN0 after neoadjuvant chemotherapy (NACT) who had better prognosis should avoid treatment escalation. We aimed to identify these patients through evaluating pretherapeutic spatial distributions of immunophenotypes.

Methods We retrospectively analyzed 272 TNBC patients assessed as Miller-Payne grade 4/5 with ypN0 for tumor-infiltrating lymphocytes (TILs) in relation to clinical outcomes. The spatial immunophenotypes were analyzed by multiplexed ion beam imaging by time of flight combined with proteomic. A predictive classifier was established by the random forest algorithm.

Results The 5-year disease-free survival (DFS) was 63.8% for Miller-Payne 4 with ypN0 and 83.0% for Miller-Payne 5 with ypN0 (p=0.003), and overall survival (OS) was 71.0% and 85.5% respectively (p=0.007). High TILs were significantly associated with better DFS and OS in patients with Miller-Payne 4 and ypN0 (both p=0.016). Spatially, tumor assessed as Miller-Payne 4 and ypN0 with good prognosis exhibited inflamed phenotype, with dominant CD8+ T cells on tumor center, few scattered CD68+ myeloid-derived cells far away from T cells, and deposit of increased activated molecules of lymphocyte. While those with poor prognosis presented excluded phenotype, with few CD8+ T cells restricted to invasive margin and high density of $CD14^{+}CD68^{+}CD11c^{+}$ myeloid cells. These spatial immunophenotypes provided a good classifier model (AUC=0.975) to identify Miller-Payne 4 and ypN0 patients with different prognosis. We also observed similar signatures in tumor with Miller-Payne 5 and ypN0.

Conclusion Spatial immunophenotypes may assess the prognosis in TNBC with Miller-Payne 4 and ypN0.

Key words triple-negative breast cancer, spatial immunophenotypes, Miller-Payne 4 pathological response, prognosis, MIBI-TOF, proteomics.

OBSERVATIONAL STUDY OF AXILLA TREATMENT FOR BREAST CANCER PATIENTS WITH 1 TO 3 POSITIVE MICROMETASTASES OR MACROMETASTASES IN SENTINEL LYMPH NODES

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Background: Axilla surgery in node-positive breast cancer (BC) tends to be less invasive, but regional node irradiation (RNI) is debated in cases of sentinel node biopsy (SNB) alone. Thus, the Japanese Society for Sentinel Node Navigation Surgery conducted a multi-institutional prospective cohort study (UMIN No. 000011782).

Methods: Female BC patients with cT1-3N0-1M0 were eligible. When 1 to 3 positive micrometastases or macrometastases in SLN were confirmed by histological or molecular diagnosis, SNB alone or additional axillary lymph node dissection (ALND) had been decided by physician's discretion. Lymph node sampling was allowed in SNB group. The primary endpoint is the 5-year recurrence rate of regional node in SNB group. To validate heterogenous populations, the propensity score matching (PSM) was made by the distributions of baseline risk factors.

Results: Eight-hundred eighty cases had been registered between 2013 and 2016. In the 871 eligible cases, 308 cases were the SNB group. At the median follow-up of 6.3 years, 5-year recurrence rate of RN was 2.7% [95% confidence interval, 1.4% to 5.4%] and 5-year OS was 97.6% [94.9% to 98.8%]. After PSM, 209 cases were matched in the SNB and ALND group. Among them, 343 cases (82%) received operation at initial treatment. Partial and total mastectomy was performed in 225 (54%) and 193 cases (46%), respectively. One-positive SLN was recorded in 366 cases (88%), 2 in 48 (11%) and 3 in 4 (1%). Macrometastases and micrometastases in SLN were diagnosed in 271 (65%) and 147 cases (35%), respectively. Three-hundred seventy-six cases (90%) belonged to luminal-like subtype. RNI was underwent in 42 cases (20%) of the SNB group and 13 cases (6%) of the ALND group. Five-year recurrence rate of RN was 2.1% [0.8% to 5.5%] and 2.0% [0.8% to 5.3%] for the SNB and ALND group, respectively.

Conclusion: Our series suggests that RNI is not necessary for regional control in cases with 1 to 3 positive SLN. SNB alone is acceptable in BC with fewer metastatic SLN.

SPATIAL IMMUNOPHENOTYPES ORCHESTRATE PROGNOSIS IN TRIPLE-NEGATIVE BREAST CANCER WITH MILLER-PAYNE GRADE 4

Jianli Ma[1,#], Yuwei Deng[2,#], Dawei Chen[1], Xiaomei Li[3], Zhiyong Yu[4], Haibo Wang[5], Lei Zhong[6], Yingjie Li[7], Chengqin Wang[8], Xiaoping Zhou[2], Xiang Li[2], Qingyuan Zhang[9,*], Jinming Yu[1,*]

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Objectives Some triple-negative breast cancer (TNBC) patients evaluated as Miller-Payne 4 with ypN0 after neoadjuvant chemotherapy (NACT) who had better prognosis should avoid treatment escalation. We aimed to identify these patients through evaluating pretherapeutic spatial distributions of immunophenotypes.

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Conclusion Spatial immunophenotypes may assess the prognosis in TNBC with Miller-Payne 4 and ypN0.

Key words triple-negative breast cancer, spatial immunophenotypes, Miller-Payne 4 pathological response, prognosis, MIBI-TOF, proteomics.

EVALUATION OF LONG-TERM LYMPHEDEMA RATE IN PATIENTS WITH SUBCLINICAL LYMPHEDEMA DIAGNOSED IN THE PREOPERATIVE PERIOD VIA BIOIMPEDANCE METHOD

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Introduction: We aim to evaluate the relationship between sub-clinical lymphedema detected prior to surgical intervention and clinical lymphedema observed in late period; the incidence of lymphedema and risk factors. Moreover, to form a model for detecting patients at high risk.

Material and Method: Early stage breast cancer patients included in this study. Lymphedema was diagnosed with physical examination and circumferential measurements. For preoperative sub-clinical lymphema L-DEX®score has been used.

Results: Mean age of the 217 participants was 56.7 ± 12.7 (29-90) years and the mean BMI was calculated as 27.7±3.3 (19.3-36.9). Lymphedema was detected in 31 (14.7%). The median duration of follow-up was 89 months. Multi-variable analysis of the factors affecting lymphedema revealed lymph node positivity and capsular invasion (p=0.001). A probability model formed using these independent variables enables calculation of the lymphedema risk in the long-term (accuracy of the model: 85.3%). Among the 217 patients 40 (18.4%) had preoperative sub-clinical lymphedema, at the end of follow-up period, lymphedema continued in 11 (27.5%), and resolved in 29 (72.5%) of these patients. In the multi-variable analysis of patients who were determined to have preoperative sub-clinical lymphedema, between the patients lymphedema continued and patients in resolved, the positive lymph node count was detected as the independent variable.

Conclusion: Positive lymph node count and capsular invasion are effective in determining the risk of lymphedema in the long-term for patients with early-stage breast cancer.

Key words: breast cancer, lymphedema, risk factors, early detection

IMPLEMENTATION OF EMOTIONAL FREEDOM TECHNIQUES (EFT) IN CANCER CARE

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This project aims to implement an innovative technique within cancer care called *emotional freedom techniques (EFT)*. EFT was *initially developed to aid people with anxiety disorders*. Intense feelings associated with a traumatic experience or memory, in this case the cancer (diagnosis), the treatment, risk of relapse, et cetera, are linked to a state of *(self-)acceptance and relaxation*. EFT has already proven its efficacy in treating depression and anxiety in a general population. Our research group has also shown that EFT has a positive effect on cancer-related cognitive impairment in cancer survivors. Another study showed the benefits of EFT on side effects linked to the use of anti-hormonal therapy in patients with breast cancer. In this project, we want to implement EFT as standard of care, both during and after cancer treatment. The indications for which people can use the technique are very broad, which is why we want to organise the implementation of EFT *free of charge* and thus make it *accessible for every patient and cancer survivor,* but also for their *caregivers*. The project consists of the following *3 phases:* (1) training to become certified EFT coaches; (2) building a network consisting of public and private EFT coaches (cooperation with 1st line); (3) implementation of EFT inside and outside hospital walls.

Acknowledgements: The implementation project is supported by the Foundation against Cancer.

WHETHER THE DOSE OF PREVIOUS CHEMOTHERAPY WILL AFFECT TNBC BENEFIT FROM ADJUVENT CAPECITABINE METRONOMIC THERAPY? —AN EXPLORATORY ANALYSIS FROM SYSUCC-001 TRIAL

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Aims: Data from studies on intensive capecitabine after standard adjuvant chemotherapy in early triple negative breast cancer are inconsistent, only SYSUCC-001 trial obtained the positive result. Whether the positive result of SYSUCC-001 is affected by the dose adjustment of previous chemotherapy is the question we try to answer.

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Methods: We reviewed the previous adjuvant chemotherapy regimens before the extended capecitabine therapy, dose divide by body surface area, etc. of TNBC patients in SYSUCC-001 trial. We stratified patients into non-anthracycline taxan, anthracycline, taxanes and anthracycline combine with taxanes according to their previous adjuvant chemotherapy regimens. Patients were defined as "consistent" and "inconsistent" arms based on acceptable dose range in initial clinical trials. Subsequently, we compared differences in baseline characteristics between these arms, and further investigated the impact of therapeutic regimens and dose on the survival outcome of TNBC patients in SYSUCC-001 trial.

Results: All 434 patients in the SYSUCC-001 study were enrolled in this study. Patients who used anthracyclines-combined-taxanes regimen accounted for 88.94%, which is the most popular regimen. Patients in the "inconsistent" arm were all underdosed in adjuvant chemotherapy regimens, with 60.8% and 47% patients received the lower doses of anthracyclines and taxanes separately according to minimum acceptable regimens in initial trial.

In our analysis we found the dose strength did not affect the DFS in the observe group. However, the standard dose of taxanes improved the DFS in capecitabine group [HR, 2.04 (1.02 - 4.06)]. The interaction analysis showed that the strength of anthracycline dose did not affect DFS. Whereas, subgroup analysis showed TNBC patients with standard dose of taxanes significantly benefited from capecitabine (P = 0.014).

Conclusion: Our study further proved the positive effects of low-dose capecitabine maintenance therapy for one year in TNBC. More importantly, this study suggests that if low-dose capecitabine maintenance therapy are to be used in early-stage TNBC patients, the reduction of anthracycline doses over paclitaxel should be given priority during conventional adjuvant chemotherapy if patients cannot tolerate anthracycline combined with taxol regimens.

Key words: triple-negative breast cancer, chemotherapy, Capecitabine, SYSUCC-001, CIBOMA

15

EFFECT OF EPIRUBICIN PLUS PACLITAXEL VS EPIRUBICIN AND CYCLOPHOSPHAMIDE FOLLOWED BY PACLITAXEL ON DISEASE-FREE SURVIVAL AMONG PATIENTS WITH OPERABLE ERBB2-NEGATIVE AND LYMPH NODE–POSITIVE BREAST CANCER A RANDOMIZED CLINICAL TRIAL

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Introduction: Adjuvant therapy is an important and effective treatment for breast cancer. However, there is a lack of head-to-head clinical trial comparing the regimens epirubicin plus paclitaxel (ET) versus epirubicin and cyclophosphamide followed by paclitaxel (EC-T) in breast cancer.

Material and Method: This was a prospective, open-label, phase 3, randomized non-inferiority trial from June 2010 to June 2016 in Cancer Hospital, Chinese Academy of Medical Sciences, Beijing, China. Patients with HR positive, ERBB2 negative, lymph nodes-positive operable breast cancer were included and randomly divided into two treatment groups. Patients received adjuvant epirubicin (75 mg/m^2) and paclitaxel (175 mg/m^2) every 3 weeks for 6 cycles (ET) or epirubicin 90 mg/m^2 and cyclophosphamide 600 mg/m^2 every 3 weeks for 4 cycles followed by paclitaxel 175 mg/m^2 every 3 weeks for 4 cycles (EC-T) as the intention-to-treat (ITT) population. The primary outcome was disease-free survival (DFS), and the secondary outcomes included overall survival (OS), distant DFS (DDFS), and safety.

Results: A total of 900 patients were registered, and 813 eligible patients (median [IQR] age, 48 [41-56] years) were randomly assigned to one of the arms following surgery: ET (n = 407), EC-T (n = 406). Through a median follow-up of 93.6 months, the hazard ratio (HR) of DFS for ET versus EC-T was 0.82 (5-year DFS: 86.0% vs. 80.6%; 95% confidence interval [CI]: 0.62-1.10; non-inferior *P* = 0.001). The 5-year OS for ITT population treated with ET or EC-T were 94.7% vs. 95.0%, respectively (HR = 0.95, 95% CI: 0.61-1.49). Patients in the ET arm had more frequent toxicity events than those in the EC-T arm.

Conclusion: In this prospective, open-label, phase 3, randomized trial, ET regimen was non-inferior to EC-T regimen. These findings supported that ET regimen was also an effective adjuvant chemotherapy regimen for women with ERBB2 negative breast cancer.

Key words: Adjuvant chemotherapy; breast cancer; ERBB2 negative; cyclophosphamide

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

16

"VIRTUAL" SENTINEL LYMPH NODE BIOPSY IN EARLY BREAST CANCER

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Introduction: The status of regional lymph nodes is obligatory part of breast cancer staging. Improving diagnostic non-invasive methods, which undoubtedly includes ultrasound elastography (EG), brings a challenge in the form of the application of EG in the evaluation of axillary LN in early breast cancer.

Material and method: Prospective study on the use of EG in nodal staging in early breast cancer. The study group included 48 women (96%) and 2 men (4%) with the mean age 59 ± 13 years. The surgical treatment included the operation of regional LNs (sentinel LN biopsy or axillary dissection), which served as a gold standard in the statistical processing. In the preoperative evaluation of axillary LNs, we evaluated the parameters of strain elastography: pattern, strain ratio (SR) and hue histogram (SH).

Results: Out of a total of 50 patients, 45 (90%) were examined. When evaluating the pattern in the differentiation of benign and metastatic LNs, we achieved a sensitivity of 83.3% and a specificity of 66.67%. With the strain ratio, we measured significantly higher values in metastatic LN than in unaffected ones (p = 0.0093). The sensitivity of the SR was 100% and the specificity 55.6%. The third parameter was the hue histogram, which also showed a statistically significant difference in the values for the unaffected and metastatic LN (p = 0.0065). The sensitivity of the SH determination was 100%, but the specificity was only 14.8%. Based on these parameters, the pattern and SR achieved sensitivity and specificity values as in previously published studies.

Conclusion: The monitored parameters, despite promising data, cannot at present reliably replace the sentinel LN biopsy. However, they are a suitable complementary method that can be applied to refining preoperative staging, a better targeting of biopsy, and a more accurate assessment of LN in follow-up.

Key words: axillary staging, breast cancer, elastography, pattern, strain ratio, hue histogram

PROSPECTIVE MULTICENTER CLINICAL VALIDATION STUDY OF THE REPEATABILITY AND ACCURACY OF INTERNAL MAMMARY SENTINEL LYMPH NODE BIOPSY (CBCSG026/027)

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Background: As a first-echelon nodal drainage site of breast cancer, the status of axillary lymph nodes (ALN) and internal mammary lymph nodes (IMLN) is both valuable for regional staging and treatment choice. The internal mammary sentinel lymph node biopsy (IM-SLNB) may provide minimally invasive staging and guide individual IMLN radiation. Modified technique (periareolar intraparenchymal, high volume and ultrasound guidance) got a high IM-SLN visualization rate of 71.1% in single center, and the prospective multicenter study was designed to verify its repeatability (CBCSG026, NCT03541278).

High visualization rate and low false negative rate are prerequisites for the widespread of IM-SLNB. The question arises as to whether IM-SLN detected with the modified technique should be considered as "true" IM-SLN. The prospective multicenter clinical validation study of IM-SLNB followed by internal mammary lymph node dissection (IM-LND) was designed to verify the accuracy of IM-SLNB in patients with ALN positive breast cancer (CBCSG027, NCT03024463).

Methods: While CBCSG026 trial enrolled patients with both axillary negative and positive breast cancer, CBCSG027 trial only enrolled axillary positive patients receiving mastectomy (either biopsy proving cN+ disease or cN0 with positive axillary SLN). The 1st to 3rd intercostal IM-LND was performed immediately after IM-SLNB to verify its accuracy in the CBCSG027 trial.

Results: From May 2018 to May 2022, 600 and 264 patients were enrolled in the CBCSG026 and CBCSG027 trial from seven centers in China, respectively.

Among the 600 recruited patients in the CBCSG026, the IMSLN visualization rate was 65.0% (390/600), which was significantly related to patient's age, body mass index, radiotracer intensity and interval time between injection and IMSLN identification (all $P<0.05$). The IM-SLNB successful rate was 97.4% (380/390), and the complication was 6.9%. The median number of IMSLN was 1. The overall IM-SLN metastases rate was 18.9% (72/380), with 33.0% (65/195) and 3.8% (7/185) in ALN positive and negative patients, respectively.

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

Of the 264 patients enrolled in the CBCSG027 trial, the visualization rate of IMLN was 70.1%, and 185 patients with the visualization of IMLN were actually enrolled (107 cN+ and 78 cN0 with positive axillary SLN). The IM-SLNB successful rate was 100%. Among the 185 patients, 70 were IMLN-positive (37.8%). The positive IM-SLNs were the only positive IMLNs identified in 51.4% (36/70) patients. There were two false negative cases, yielding the false negative rate of IM-SLNB 2.9% (2/70), the accuracy of 98.9% (183/185) and the sensitivity of 97.1% (68/70). IM-SLNB can change the pN stages of 37.2% (68/183) patients. IMLN irradiation could be avoided in 72.7% (80/110) patients with axillary pN1 and 46.7% (35/75) with pN2/N3 disease in the study.

Conclusions: Modified technique of radiotracer injection (periareolar intraparenchymal, high volume, and ultrasound guidance) can significantly improve the detection rate of IMSLN with very low false-negative rate in these prospective multicenter validation trials, providing minimally invasive staging and guiding individual IMLN radiation and systemic therapy.

18

LAPAROSCOPIC-ASSISTED AXILLARY SENTINEL NODE DISSECTION, PREPARED BY LIPOSUCTION. A LOW COST, LOW MORBIDITY TECHNIQUE

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Introduction: Pain, numbness, paresthesia, limitation of arm movement, arm swelling and infection, have often been associated with conventional axillary lymph node dissection in breast cancer surgery. We report our technique of laparoscopic assisted axillary sentinel node dissection, following liposuction for early breast cancer.

Materials and Methods: The procedure was performed under general anesthesia with endotracheal intubation, and the patient was placed supine with the arm abducted to 120°. We applied Blue de Methylene solution intradermally on the ailing breast, so to identify the axillary sentinel node. A solution for injection lipolysis containing normal saline, sterile water, $NaHCO_3$, lidocaine and 0,1% adrenaline was used to achieve a better anatomical dissection and a better presentation of the nervous and vascular structures, as well as hemostasis. A 10mm incision was made in the mid axillary line through which the adipose tissue was aspirated, and a 10mm 30° laparoscope was inserted. Then we introduced two 5mm trocars in the anterior and posterior axillary lines. Co2 12mmHg was inflated in order to create surgical space. Drainage was placed through one of the 5mm trocars.

Results: The average operation time was 90 minutes. Post-operative complications, including axillary seromas, epidermic blisters, and surgical site infections were not reported, while immediately post-operatively, all patients reported minimal pain and complete mobilization of the upper limb. The average hospital stay was 2 days.

Conclusion: Laparoscopic assisted axillary dissection, offers a technically safe and efficient approach to axilla. Furthermore, the method is associated with decreased morbidity and increased patients' satisfaction.

21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

19

ECTOPIC BREAST CASES: A PERSONAL SERIES

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Introduction: Ectopic breast tissue is one of the rare breast pathologies and often develops from the embryogenic milk line. Ectopic breast tissue includes any, two, or rarely all three components of the nipple, areola, and breast tissue. Since ectopic breast tissue has the same risk of benign and malignant breast lesions as normal breast tissue, it is important to follow up and treat it. It is aimed in this study, treated ectopic breast tissues in our clinic will be discussed.

Material and Methods: Patients treated with the diagnosis of ectopic breast tissue in our clinic between January 2000 and February 2023 were evaluated retrospectively. Twenty one cases were identified from hospital records.

Results: Eighteen cases presented with swelling and solid mass complaints. One of the cases, bilateral ectopic breast tissue containing all three components of the breast was present under both breast tissues. Nine cases were treated conservatively. Surgical excision was performed in 12 cases due to cosmetic reasons and disturbing symptoms. Except for one case, patients treated surgically were hospitalized for a maximum of 24 hours. No complications were observed except minimal seroma in 2 cases. All cases were followed up annually. Annual breast ultrasonography in cases below 40 years of age and annual breast ultrasonography and mammography over 40 years of age were performed. No malignancy was detected in any of the cases followed up for ectopic breasts in the subsequent follow-ups.

Conclusion: Ectopic breast tissue is a rare breast pathology that includes the nipple, areola, and any, two or rarely three components of breast tissue. Ectopic breast tissue is important in that it carries the same risk of benign and malignant breast lesions as normal breast tissue. Asymptomatic cases can be followed. Surgical excision is the most common treatment used.

Key words: Ectopic breast tissue, surgery

A PROSPECTIVE, COMPARATIVE STUDY OF INDOCYANINE GREEN (ICG), RADIOISOTOPE AND METHYLENE BLUE FOR SENTINEL LYMPH NODE DETECTION IN EARLY BREAST CANCER

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Introduction: This prospective study aimed to determine the sensitivity and safety of ICG imaging in sentinel lymph node (SLN) identification in breast cancer and compare it with the older methods of methylene blue (MB) and the golden standard of radioisotope (RI).

Material and Method: 200 patients with primary breast cancer and clinically node negative axilla were prospectively enrolled from December 2018 to December 2022. ICG, MB and RI were used to perform axillary sentinel lymph node biopsy (SLNB) in all patients. The main observation factor was the positivity of ICG versus MB and versus RI in axillary SLNB. The secondary observation indicators were the axillary SLN detection rate, the mean number of axillary SLNs detected, the mean number of metastatic SLNs detected and the safety.

Results: In all 200 patients were axillary SLNs found. A total of 644 axillary SLNs were detected. Pathological examination confirmed metastatic axillary SLN in 45 patients. The SLN detection rate was 100%, 98% and 80% for ICG, RI and MB respectively. Positivity, detection rate of SLNs, detection rate of metastatic SLNs, and the number of metastatic SLNs detected with ICG and RI were comparable with no statistically significant difference, but superior to MB. The mean number of axillary SLNs detected was significantly higher with ICG than with RI or MB (3,22 vs 1,52 vs 1,25 $p < 0.05$). No tracer-related adverse events occurred with ICG or RI, whereas a long-lasting skin blue coloring or reaction was observed in 5% of the cases locally at the injection area of MB.

Conclusion: ICG appears to be a very safe, reliable, sensitive and effective axillary SLN tracer, a feasible alternative to RI in imaging for axillary SLN of breast cancer and superior to MB.

Key words: breast cancer, indocyanine green, radioisotope, combined imaging, sentinel lymph node biopsy

INTRACAPSULAR RUPTURE OF SILICONE PROSTHESIS: IMAGING FINDINGS AND THE SUPERIORITY OF MAGNETIC RESONANCE IMAGING CORRELATED WITH LINGUINE SIGNAL TO THE DETRIMENT OF MAMMOGRAPHY AND BREAST ULTRASOUND.

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Introduction: According to the Brazilian Society of Plastic Surgery, Brazil already occupies the second place in the world ranking of plastic surgeries for aesthetic purposes in the world. Due to the prevalence of cosmetic surgery procedures in our country, especially augmentation mammoplasties with silicone prostheses, we report a rupture of silicone prosthesis with radiological documentation.

Material and method: Report an intracapsular rupture of silicone prostheses highlighting breast imaging techniques. Materials and methods: T.T. S, 54 years old, with bilateral silicone prosthesis. A bilateral radiological study was conducted by mammography: without alteration, classified as BIRADS-2. He then followed the diagnostic investigation through ultrasound, which exhibited linear images inside the right prosthesis, also BIRADS-2. On magnetic resonance imaging, bilateral radial folds were found, and the right presented signs of rupture.

Results: MRI, mammography, ultrasonography are all used to diagnose breast implant rupture. The imaging finding on MRI to detect the collapse of the silicone implant is called "linguine signal". Mammography is not the most indicated test for diagnosis, as in addition to providing poor images, it can also convert potentially into an intracapsular rupture into an extracapsular rupture. Ultrasound is operator-dependent. However, it presents more specific findings of rupture signs such as the ladder sign: collapsed silicone casing layers.

Conclusion: The intracapsular rupture of silicone implant is more reliable when the imaging diagnosis of choice is made by magnetic resonance imaging. The other modalities have many details that delay the early diagnosis of rupture.

Key Words: Intracapsular rupture, Magnetic resonance, Linguine signal

SYSTEMIC PARACOCCIDIOIDOMYCOSIS INVOLVING BREAST

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UNESP

Introduction: Paracoccidioidomycosis, South American blastomycosis is the most prevalent systemic fungal infection in Latin America, affecting Brazil in an endemic way. It is believed that the incidence of the disease is between one and three per 100,000 inhabitants in this area.

Material and methods: Patient 30 years in investigation of cervical lymphnomegaly and intrahepatic hypodense lesions in addition to splenomegaly. Throughout the clinical investigation, the patient reported a hardened and painless nodule in the right breast and cervical lymph nodes. Cervical and breast lymph node biopsy was performed, compatible with breast blastomycosis, and intravenous anfontericin treatment was performed.

Results: Breast involvement by non-current inflammatory or infectious diseases is rare. Breast lesions caused by these disorders often closely resemble a carcinoma; therefore, constitute a diagnostic dilemma and usually require biopsy Mycobacterial, fungal, and parasitic infections, although rare, can affect the breast, inducing inflammatory reaction, commonly granulomatous, which can be observed clinically and radiologically. Blastomycosis manifests as a partially circumscribed subcutaneous mass or bilateral masses with well-defined contours to mammography and complex cystic structure on ultrasound. Retrograde dissemination of cervical or internal mammary lymph nodes is possible. Long-term antibiotics may be necessary for more refractory cases Mycobacterial, fungal and parasitic infections, although rare, can affect the breast, inducing reaction to inflammatory, commonly granulomatous, which can be observed clinically and radiologically.

Conclusion: The breast may occasionally be involved in certain diseases such as specific infections that usually manifest with radiological features like malignancy. The knowledge of these entities may, in the appropriate clinical environment, lead the radiologist to consider these entities as possible diagnoses, but cancer should be excluded. Biopsy is the cornerstone diagnostic process.

Key words: Infectious diseases, Blastomycosis, Core Biopsy

ULTRASOUND-GUIDED BREAST-CONSERVING PARTIAL MASTECTOMY USING A DROP-IN PROBE

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Introduction: Breast deformities often appear following breast-conserving partial mastectomy. In order to limit the occurrence and extent of such deformation, the amount of resection must be reduced as greatly as possible. The authors thus devised a novel partial mastectomy technique using a drop-in probe introduced in the accompanying video. The results obtained with this technique are compared with those from the group that who underwent partial mastectomy with conventional hand-held ultrasound marking.

Subjects: Patients who underwent partial mastectomy between May 1, 2022 and December 31, 2022 (new method: 5 patients, conventional method: 11 patients).

Methods:

I. Technique
The ultrasound diagnostic equipment used during surgery was the ARIETTA 750 and the L51K Drop-in probe (FUJIFILM): field width = 13 mm, trapezoid ON: depth 20 mm, field width: 36.1 mm, frequency band 3-15 MHz.

A probe was inserted into the wound for partial mastectomy, and the resection line was set at a margin of 10 mm from the lesion. Additionally, a probe was inserted into the retro-mammary space, and the image obtained was inverted vertically to confirm that there was no lesion in the stump. After resection, specimen ultrasound was performed in the operative field using the same probe to confirm the presence of tumor in the resected tissue and to determine whether cancer had spread to the stump.

II. Comparison of resection amount
The volume was calculated simply from the three dimensions of the formalin-fixed resected tissue, and the amount of resection was compared with that of conventional partial mastectomy.

Results: Average volume with the new method was 21.1 cm^3 and 44.9 cm^3 with the conventional method. Cancer at surgical margins was negative in all cases.

Conclusion: It was possible to safely reduce the resection weight by confirming the extent of the tumor with a drop-in probe during surgery.

BREAST FILARIASIS; A MIMICKER OF BREAST CANCER.

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Introduction: Filariasis is a tropic and subtropic disease mainly caused by two similarly related nematodes Wuchereria bancrofti and Brugia malayi. Mosquitoes serve as intermediate vector. They feed from an infected person and then ingest the microfilariae that penetrate their stomach wall and enter the skin with the bite. The larvae develop into adult worms in the lymphatic system. Involvement of the breast is rare especially in non endemic areas.

Material and Method: We present the case of a 67 year old woman who presented with a lump under the nipple of her right breast and was associated with discharge from the nipple. Mammography revealed an ill defined mass that was suspicious for malignancy so Fine Needle Aspiration Cytology was performed.

Results: Fine needle aspiration cytology showed clusters of fat tissue cells and a live adult filarial worm in a background of polymorphocytes, lymphocytes, histiocytes and debris. After the diagnosis of filariasis the patient had the appropriate treatment and the lump regressed in size and gradually completely disappeared.

Conclusion: Breast filariasis is a rare condition but should be kept in mind because it can cause severe diagnostic dilemma since it is a mimicker of breast cancer.

Key words: breast, filarial, cytology.

METAPLASTIC BREAST CANCER: A RARE BUT AGGRESSIVE CARCINOMA. A CASE REPORT

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Introduction: Metaplastic breast cancer (MpBC) is a rare and aggressive malignancy that accounts for 0.2–5% of all breast cancers. MpBC is a biphasic tumor, meaning the presence of at least two cellular types, epithelial and mesenchymal and also an upregulation of epithelial to mesenchymal transition(EMT), which may play an influential role in the aggressiveness of this type of breast cancer.Typically, MpBC has a triple negative breast cancer (TNBC) phenotype that makes treatment very challenging.

Material and Method: A 60-year-old woman presented with a well circumscribed palpable mass in the right breast. Breast ultrasound showed a mixed solid/cystic mass, mammography and MRI revealed heterogeneous mass with irregular outlines (BI-RADs 4c breast mass). The tumor biomarkers such as carcinoembryonic antigen (CEA),cancer antigen 153 (CA 153) were in the normal range. Core needle biopsy (CNB) from suspicious area revealed a biphasic neoplasm.

Results: She underwent modified radical mastectomy and axillary lymph node dissection. All of the excised lymph nodes were free of tumor cells (T2N0M0, stage IIB).The final diagnosis was MpBC consisted of mesenchymal components with chondroid metaplasia, Immunohistochemistry (IHC) staining, demonstrated ER (–), PR (–), Her2 (+), CK 7(+), P63 (+), CK5/6 (+), SMA (+), S100(+), P53(–), Desmin (+).

Conclusions: Metaplastic breast carcer is a rare, aggressive form of breast cancer expressing epithelial and/or mesenchymal tissue within the same tumor.Further research studies will be required to develop targeted treatments with the goal of improving clinical outcomes in such cases.

Key words: Metaplastic carcinoma; Breast cancer; treatment

THE TYPE OF AXILLARY PROCEDURE FOLLOWING NEOADJUVANT SYSTEMIC TREATMENT HAS NO IMPACT ON BREAST CANCER PATIENTS' ONCOLOGICAL OUTCOMES

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Introduction: Although response-adjusted surgery is a highly recommended strategy following neoadjuvant systemic treatment (NAST), consensus on axillary management in cN+ breast cancer patients, who convert to ycN0, is still lacking. Irrespective of treatment response, axillary lymph node dissection (ALND) was a preferred option in 19% of EUBREAST survey participants. Relatively high false negative rate (FNR) of the sentinel lymph node biopsy (SLNB) represent the major issue for its acceptance in clinical practice. However, the FNR of 10% is an arbitrarily chosen safety border, and the clinical impact of higher values is unknown. The aim of the present analysis is to evaluate the long-term safety of the SLNB procedure in the neoadjuvant setting.

Patients and Methods: All breast cancer patients, with the operable disease, submitted to surgery after NAST in Clinical Hospital Centre Rijeka from May 2016 to May 2018, were included in the analysis. Following a preliminary retrospective analysis of short-term oncological outcomes in 2019, follow up (FU) was extended, and all outcomes were re-evaluated in December 2022.

Results: The median FU time was 65 months and all 64 patients have complete FU data. In the ypN0 group, ALND was performed for 15 and SLNB for 20 patients. The average number of LN retrieved in ALND was 14 and in the SLNB was 3. Irrespective of cN status at diagnosis, the choice of axillary procedure in the ycN0 group did not affect any of oncological outcomes in the short-term and long-term FU period.

Conclusion: The extended FU analysis has confirmed our initial observations. Irrespective of the higher FNR of the SLNB procedure following NAST, as compared to the upfront surgery setting, the choice of axillary procedure for ycN0 patients has no impact on oncological outcomes. SLNB is a safe procedure and it should be considered for all ycN0 patients, irrespective of pre-treatment cN status.

Key words: breast cancer, neoadjuvant, sentinel, safety, outcomes

RADIATION PROTECTION PURPOSES IN DIAGNOSTIC X-RAYS UNITS USING SIMPLE OR COMMON BUILDING MATERIALS

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Diagnostic and interventional radiology is an essential part of present-day medical practice. Advances in X-ray imaging technology, together with developments in digital imaging, have had a significant impact on the practice of radiology. Although individual doses associated with conventional radiography are usually low, examinations involving computed tomography and international radiography can be significantly higher. However, with well-designed, installed, and maintained X-ray equipment, and through the use of proper procedures by trained operators, unnecessary exposure to patients can be reduced significantly, with no degradation in the medical information derived. In all facilities and for all equipment types, procedures must be in place in order to ensure that exposures to patients, staff and the public are kept as low as reasonably achievable. In this work, a more detailed experimental investigation of the scatter X-ray attenuation properties of common building materials such as single ceramic tile, reinforced ceramic tile, double reinforced ceramic tile, glass block, single plasterboard (or gypsum board wall), double plasterboard, was performed.

TOMOBIOPSY VERSUS STEREOTACTIC BIOPSY: DIFFERENCES IN BIOPSY TARGETS, PATHOLOGIC RESULTS AND DISCORDANCE RATES.

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Introduction: Digital breast tomosynthesis (DBT)-guided biopsy is increasingly used in clinical practice. The purpose of this study is to compare the procedures, describe the advantages of the use of tomosynthesis, the differences in biopsy target types, the radiologic pathologic correlation and discordance rates.

Material and Methods: 470 vacuum-assisted breast biopsies (VABB) that were executed in Breast Imaging Department of the Oncologic Hospital of Athens for a two years period from 2018 to 2020 were retrospectively reviewed. Patient demographics, mammographic findings, pathologic findings, surgical excision specimens when available, and imaging follow-up results were evaluated. The biopsy targets types were compared using the different techniques and a radiologic pathologic correlation was followed up between the two biopsy groups.

Results: A total of 482 women underwent 470 VABBs: 265 by using DM (median age, 56 years) and 205 by using DBT (median age, 58 years). Calcifications were the most common biopsy target for both groups, constituting 89.8% (238 of 265) of DM-guided biopsies and 70.2% (144 of 205) of DBT-guided biopsies. The rate of architectural distortion biopsies was 2.0% (5 of 265) with DM-guided biopsy and 18% (37 of 205) with DBT-guided biopsy (P = .01). The malignancy rate was similar for DM-guided biopsy (27.9% [74 of 265]) and DBT-guided biopsy (25.3% [52 of 205]). DBT-guided biopsy helped identify a similar percentage of invasive malignancies (37.7% [100 of 265] vs 29.2% [60 of 205] at DM, but more radial scars and sclerosing lesions (8% vs 2%) (P = .01). The discordance rate was 4.5% with DM-guided biopsy and 1.5% with DBT-guided biopsy (P = .01). Of the 35 cases of discordant DBT-guided biopsies, 30 were architectural distortions.

Conclusion: With the transition to digital breast tomosynthesis–guided biopsy, more architectural distortions were biopsied, more radial scars and sclerosing lesions were identified, with less discordance existed in radiologic and pathologic examinations.

ACCURACY OF STEREOTACTIC VACUUM-ASSISTED BREAST BIOPSY FOR INVESTIGATING SUSPICIOUS CALCIFICATIONS IN 2,071 PATIENTS A PUBLIC HOSPITAL IN BRAZIL

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Backgroud: The gold standard for breast biopsy procedures is currently an open excision of the suspected lesion. The cost and morbidity associated with this procedure has prompted many physicians to evaluate less invasive, alternative procedures. More recently, image-guided percutaneous core-needle biopsy has become a frequently used method for diagnosing palpable and non-palpable breast lesions. Although sensitivity rates for core-needle biopsy are high, it has the disadvantage of histological underestimation. Vacuum-assisted stereotactic biopsy (VASB) was developed to overcome some of these negative aspects of core-needle biopsy.

Objectives: to evaluate the accuracy of vacuum-assisted stereotactic biopsy (VASB) in the investigation of non palpable suspicious calcifications.

Methods: it was a retrospective study from July 2012 to March 2021, in which 2,071 women with suspicious calcifications detected on mammography (BI-RADS 4 and 5) had VASB performed at Hospital Estadual Pérola Byington, São Paulo, Brazil. Fragments were obtained and sent to anatomopathological study; a metal clip was placed on the biopsy site. Four groups were analyzed, based on the biopsy results: benign, precursor lesions, Ductal Carcinoma In Situ (DCIS) and malignant.

Results: patients median age was 55y. Pathology results on VASB and surgery were classified respectively as benign n=1,370 (66.1%), precursor lesions n=85 (4.1%), DCIS n=454 (21.9%) and malignant n=162 (7.8%). Benign and lesion precursor lesions results were clustered to form a new group (lower risk lesions) and so DCIS and malignant lesions (higher risk lesions). The sensitivity of the method was 91.7 %, specificity was 97.1%, false negative rate was 3%, positive predictive value (PPV) was 92.4%, negative predictive value (NPV) was 96.9%.

Conclusion: the VASB method has a good accuracy to distinguish lower and higher risk lesions groups comparing to the gold standard. It has high predictive value in both benign and malignant lesions, guiding therapeutic planning.

Key words: Calcifications; Vacuum-assisted stereotactic biopsy; Breast cancer; Diagnosis

DOSE COMPENSATION CALCULATOR IN RADIOTHERAPY TREATMENT INTERRUPTIONS DUE TO COVID-19 IN BREAST CANCER PATIENTS

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Introduction: Radiotherapy treatment delays, during Covid-19 pandemic, represent a major issue affecting overall treatment time (OTT) as a critical predictor of tumor proliferation control and patient outcome. In this circumstances, there has been a necessity to find a useful decision-making tool for optimizing a balance between target volume and healthy tissue doses.

Materials and Methods: Based on linear-quadratic (LQ) model inadequacy to predict tumor proliferation, during prolonged radiotherapy interruptions, but providing, in specific cases, orientational values for tumor and organs at risk (OAR), we developed a radiobiology calculator that can be used in dose compensation, giving more than one options in correcting biological effective dose (BED) due to prolonged pauses. Generic OAR is given a α/β 3 value and α/β 10 for tumor value, but it is also possible to individualize α/β ratio for any organ or tumor. We included all 12 breast cancer patients who experienced postoperative radiotherapy treatment delays, for more than two weeks.

Results: Calculator offers to a radiation oncologist optimal modality choice, including number of fractions, determining dose per fraction, where daily dose can be also administered in hyperfractionated regiment. It can be a helpful tool for overcoming long delays, except for patients whose treatment interruptions occurs in first third or on the end of radiation treatment. Calculator also showed that fraction compensation with the previously prescribed dose is not justifiable. During this courses of treatment, none if the included patient manifested severe acute radiotherapy adverse event and in one year follow-up no disease recurrence was detected.

Conclusion: Dose compensating calculator can be useful tool for dose compensation with appropriate OAR spare and it is applicable in any situation with treatment delays, beyond Covid-19 outbreak. Further prospective studies are needed to prove the benefit of this method.

Key words: breast cancer, Covid-19, dose compensating, calculator, radiotherapy

THE USE OF LATERAL AND INFERIOR MAMMARY FOLD INCISIONS IN ONCOPLASTIC BREAST CONSERVING SURGERY: A SINGLE – CENTER EXPERIENCE

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Introduction: Oncoplastic techniques are the standard of care in breast surgery. The strategic placement of the scar is a basic principle in these techniques. We present our experience with lateral and inferior mammary fold incisions in breast conserving surgery.

Material and Methods: Between 2018 – 2021, 25 patients with a mean age of 47,6 years underwent breast conserving using a lateral mammary or inferior mammary fold incision. We assessed the patient and tumor characteristics, the surgical outcomes in terms of complications, as well as the patient satisfaction using the BCT module of the BREAST-Q questionnaire

Results: Among the 25 patients, a lateral incision was used in 22/25 patients whereas an inferior mammary fold incision in three cases. All lesions were in the upper outer, outer, lower outer or lower quadrant of the breast. Four operations were excisional biopsies, three patients were operated for DCIS diagnosed with stereotactic breast biopsy, and the remaining 18 patients were operated for invasive breast cancer. SLNB was performed in 20 cases. The SLN procedure was performed via the same incision in the lateral incision cases. The mean distance of the lesion from the nipple was 7,9cm. A drain was placed in 5/25 patients. There were no cases of reoperation or immediate complications. Two patients experienced persistent seroma that required aspiration. There were no cases of poor wound healing and all patients were satisfied with their eventual scar. 21/25 patients completed the preoperative BREAST-Q questionnaire and 17/25 returned the postoperative BREAST-Q questionnaire. There were no statistically significant differences in psychosocial well-being, and sexual well-being. The median pre and postoperative score of satisfaction with breasts was 58 (44-82) and 72 (55-82), respectively.

Conclusions: The lateral and inferior mammary fold incisions are a safe alternative to the most commonly used periareolar or radial incisions in patients with lesions of the outer half of the breast and a significant lesion – to – nipple distance, with low complication rates and high patient satisfaction. In cases that extensive tunneling is required to reach the lesion area, these incisions offer excellent surgical access and should be considered as an option.

Key words: oncoplastic breast reconstruction; wide local excision; lateral mammary fold; inframammary fold

VOLUME REPLACEMENT WITH ACELLULAR DERMAL MATRIX AFTER BREAST CONSERVING SURGERY: TECHNIQUE ANALYSIS AND REPORT OF A CASE

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Introduction: In women with small - sized breasts that do not wish to undergo mastectomy +/- reconstruction for tumors that require large excisional volume compared to overall breast volume, filling the breast defect with acellular dermal matrix has emerged as a safe and satisfactory oncoplastic technique. We report the use of this technique and its short term outcomes in terms of safety and patient satisfaction.

Material and Methods: A 44-year old lady presented with A-cup breasts presented with a palpable 2cm lump in the upper outer quadrant of her left breast. Imaging showed a 1,8cm BIRADS V solid lesion with surrounding microcalcifications, with no lymphadenopathy. Ultrasound – guided core biopsy showed an IDC and staging showed no metastases. The patient underwent a left breast upper outer quadrantectomy with intraoperative margin assessment and SLNB. The quadrantectomy defect that measured 52,5mL was filled using 1cm X 1cm pieces of a 1,5mm thick cross-linked acellular dermal matrix mesh (Egis ®, DecoMed Srl, Italy). A drain was placed in situ.

Results: There were no intraoperative complications, and the patient's postoperative course was uneventful. The patient was discharged within 24 hours of the operation. The drain was removed 7 days after the operation. The final histology showed a T1Nmi invasive ductal carcinoma with adjacent foci of non-high grade DCIS with negative (>3mm) margins. As the tumor was HER2 positive, the patient underwent chemotherapy/targeted therapy. Patient satisfaction was measured using the BCT module of the BREAST – Q questionnaire (version 2.0). Preoperative satisfaction with breasts score was 82 percent, whereas at 1-month follow – up the relevant score was 78 percent. On 6-month follow up MRI there are no signs of recurrence and the ADM seems to have well been incorporated.

Conclusions: Filling of the excision defect with pieces of acellular dermal matrix is a promising emerging technique in oncoplastic breast surgery. The technique needs to be further evaluated in terms of long – term safety and standardized in terms of indications in order to assess its future clinical utility.

INTRACAPSULAR RUPTURE OF SILICONE IMPLANTS: THE MAIN FINDINGS IN BREAST RESONANCE EXAMINATION- A SERIES OF FOUR CASES

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Introduction: Silicone breast implants have been in use for decades. Different imaging methods can identify the integrity of the breast implants. Mammography, ultrasonography, computerized tomography and magnetic resonance imaging have been used to evaluated the integrity of breast implants in symptomatic patients, in relation to rupturing.

Material and Methods: Four cases of women between menacme and perimenopause are reported in this article, all with nonspecific breast-related symptoms. All of them underwent breast magnetic resonance imaging, proving the signs of intracapsular rupture of the silicone implant.

Breast implant ruptures are a recognized complication of a breast implant. It can be intracapsular, when confined by the surrounding fibrous capsule, or extracapsular, when the silicone freely extravasates.

Results: An intracapsular rupture occurs when the implant shell ruptures, but the fibrous capsule formed by the breast remains intact. Silicone does not spill freely. This makes it difficult to detect on clinical examination or mammography. Intracapsular rupture is best visualized on magnetic resonance imaging as shown in the four cases above. Considered the most sensitive for detection of implant rupture. When minimally collapsed, it appears as a line parallel to the capsule, called the subcapsular line signal. When significantly collapsed, it appears as a group of wavy lines, called linguine signal. The "keyhole sign", "loop sign" or "teardrop sign" is the appearance of silicone on both sides of a radial fold and suggests rupture of the implant.

Conclusion: clinical diagnosis of silicone implant rupture is quite challenging, and it is often necessary to hand-throw imaging methods. In the case of intracapsular rupture, mamamarian magnetic resonance imaging is superior when compared with tomography, mammography and ultrasound.

Key words: mamamarian magnetic resonance, intracapsular rupture, silicone implants.

CAN VOLUME REPLACEMENT WITH LOCAL PERFORATOR FLAPS REDUCE THE TRAUMA TO PATIENTS CAUSED BY MASTECTOMIES AND COST OF RECONSTRUCTIONS IN BREAST CANCER TREATMENT?

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Introduction: National reported mastectomy rate varies from 25% - 45%. Improved screening and raised breast awareness raise the demand for breast cancer treatment. 25% - 45% of breast cancer treatment will be mastectomies, some of them followed by reconstruction. Mastectomy +/-reconstruction is a traumatic procedure which affects quality of life of patients plus extra cost for NHS for reconstruction. We would like to investigate if the technique of local perforator flaps can reduce the volume of mastectomies.

Material and Method: Retrospective review of yearly breast cancer treatment operations from 2016 to 2020 in Ipswich Hospital.

Results: 1659 surgical operations performed for breast cancer. In 2016, 52/273(19%) patients had mastectomy and 8/273(2.9%) underwent a perforator flap operation. In 2017, 85/292 (29,1%) had mastectomy and 13/292 (4,4%) had local perforator flap surgery. In 2018, the number of mastectomies was 74/299 (24.7%), while 4/299 (1.3%) patients underwent local perforator flap surgery. In 2019, the amount of perforator flaps increased to 24/305(7.8%) while the mastectomies remained in equivalent percentages [72/305 (23.6%)]. In 2020, despite the presence of COVID19 and the decrease in surgical management of cancer, 16/198(8.5%) had local perforator flaps surgery and only 34/198 (18%) had mastectomy. Finally, in 2021 14/292 (4.7%) patients proceed with local perforator flaps while only 24/292 (8.2%) had a mastectomy. 0/81 (0,00%) of the local perforator flaps failed.

Conclusions: Local perforator flaps have resulted in reduction in mastectomy rate (also reducing reconstructions). The exchange of mastectomy and reconstruction with breast conserving surgery and local perforator flap reduces the operating time and cost of cancer treatment without compromising oncological outcome or patient satisfaction.

Key words: mastectomy, reconstruction, cancer, flap

MAMARIAN TUBERCULOSIS: ONE CASE DETECTED THROUGH CLINICAL, RADIOGRAPHIC AND HISTOPATHOLOGICAL FINDINGS

John nascimento da conceição nascimento John, Ritamaris de Arruda Regis, Thiago, Anna Beatriz, Ana Rita, João Lucas, Augusto Cesar
UNESP

Introduction: Breast Tuberculosis (TM) is a rare disease whose main differential diagnosis is carcinogenic. The most common clinical form of presentation is nodular and the main risk factors are menacme, multiparity and lactation. Goal: Report a case of mamarian tuberculosis and highlight the importance of correlating clinical, radiological, and histopathological findings for diagnosis.

Materials and Methods: In this study, we present the case of a 36-year-old woman with mastitis in the right breast, without improvement with antibiotic therapy. He presented mammography, an area of greatest densification in the retroareolar region of the right breast with retraction of the areolo-papilar complex (BIRADS 0). In the right lower quadrant, ultrasound demonstrated an inflammatory ultrasound aspect (BIRADS 2). In MRI: area of architectural distortion in the right breast with suspected pharmacokinetic aspect (BIRADS 4). ANAB was negative for neoplasia and core-biopsy of breast tissue was compatible with chronic granulomatous inflammation; with ANA test and ziehl-neelsen staining negative.

Results: Breast tuberculosis can still be considered a rare disease, but it should always be remembered when encountering patients with breast involvement, especially in underdeveloped countries. Radiological investigation has shown that the various imaging methods can be a valuable tool in the investigation of mammary tuberculosis. The gold standard in the diagnosis consists in the visualization of Mycobacterium tuberculosis in the histopathological, which was not found in the patient, but a chronic granulomatous inflammatory process was visualized with areas of suppuration, which associated with the clinical picture and radiological suspicion was given the diagnosis of mamarian tuberculosis.

Conclusions: The epidemiological, clinical, radiographic, and histopathological aspects of the reported case allowed the presumptive diagnosis of granulomatosis mastitis by tuberculous, being confirmed after improvement of the condition with tuberculostatic treatment. Despite being a rare disease, TM is a diagnosis to be considered. For this, it is necessary a high index of diagnostic suspicion and careful evaluation by imaging and histopathological methods.

Key words: mamarian tuberculosis, granulomatous mastitis, mammary diseases

36

SPECIFIC ONCOSURGICAL TREATMENT OF LOCALLY ADVANCED SYNCHRONOUS BREAST CARCINOSARCOMA AND PAPILLARY CARCINOMA IN A YOUNG PATIENT

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Introduction: Breast carcinosarcoma is a rare and very aggressive malignant tumor, represented by 0.08-0.2% of all breast malignant tumors. Synchronous epithelial and mesenchymal malignant breast tumor are described as sporadic cases in the literature. In this case report, we present the treatment of a young female patient with synchronous breast carcinosarcoma and papillary invasive carcinoma.

Case report: An 40-year-old patient felt a lump in right breast and ipsilateral axilla, in lactation period, eight months after delivery. Clinical exam and ultrasound showed mass in upper quadrants, 20 cm in largest diameter, with axillar lymph node conglomerate in I/II region and two pathological lymph node in III region. Multislice CT showed that breast mass infiltrates mammilla, without pectoral fascia invasion, with no evidence of distant dissemination. Performed core needle biopsy, hystomorphology and immunohistochemistry, showed malignant phyllodes tumor. As oncology multidisciplinary team (MDT) recommended, a radical mastectomy with wide skin excision and ipsilateral axillar dissection was performed, followed by defect reconstruction with a rotation skin flap and Wolfe graft. The patient refused the proposed latissimus dorsi flap defect reconstruction. Due to flap apex compromised vascularization, in the postoperative course, patient successfully underwent hyperbaric oxygen therapy. Histopathology and immunohistochemistry revealed synchronous carcinosarcoma and triple negative papillary carcinoma with two positive lymph nodes expressing papillary differentiation, with up to 60% high proliferation index. The patient, on the MDT recommendation, continued her adjuvant treatment with anthracyclines and taxanes based chemotherapy, which is currently ongoing.

Conclusion: Synchronous advanced malignant tumors are extremely rare and represent a significant challenge in oncosurgical treatment. From the oncological treatment point of view, considering tumor dual biology, cases like this are challenge, due to lack of treatment guidelines in terms of systemic treatment and control of such tumors.

Key words: carcinosarcoma, papillary carcinoma, synchronous tumors, surgical treatment, breast, reconstruction



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Index

INDEX

A

Abela Constantina 8, 34
Ad El D. Dean 23
Aggelakis Philippos 9
Aggelatou Ourania 9
Aggelopoulos Panagiotis 9
Agnantis Niki 9
Aihara Tomohiko 28, 74
Alain Goumot Pierre † 9
Alço Gül 24, 29, 70, 76
Alexopoulos Athanasios 8
Ali Gülçelik Mehmet 19
Ali Nazlı M. 14
Ali Oglou Tsiler 35, 91
Allemani Claudia 30
Almperis Aristarchos 24, 69
Almuradova Elvina 24, 70
Alper Ozturk Mehmet 29, 76
Amorim Andressa 24, 38, 68, 95
Anagnou Nikolaos 9
Andreadis Charalampos 7
Andreou Ioannis 9
Angelidou Eirini 21, 34, 66, 86
Ann Ben Carol 8
Anthimidis George 7
An Xin 31, 78
Anyanwu Stanley 8, 19
Apostolidis Cathy 7
Arboleda-Osorio Bolívar 8, 25, 35, 72
Arce Migdalia 25, 72
Argyros Ilias 9
Aribal Erkin 14, 15
Arun Banu 19, 26, 27
Avilés Verónica 23, 34
Avirović Manuela 35, 92
Avisar Eli 32
Aydın Esra 24, 70
Aytaç Özgür 13

B

Bafaloukos Dimitrios 7
Balalis Dimitrios 39, 98
Bamber Jeff 15
Bamicha Athanasia 35, 90
Barmpounis Vasileios 7, 8, 9, 25, 27, 36
Barreras-Galindo I. Felipe 25, 72
Barreras-Galindo A. Pablo 25, 72
Barros Alfredo 8, 19, 35
Başaran Gül 26
Basilio Eduardo 9
Beatriz Anna 40, 101
Ben-David Merav 20
Benn Carol-Ann 19
Bi Xi-Wen 31, 78
Bombou Effrosyni 34, 84
Bortsnar Simona 21
Boterberg Tom 30, 77
Bramis Ioannis 9
Brousse Susie 36
Bulatovic Vladimir 40, 102

C

Cai Li 31, 78
Canovic Petar 38, 96
Can Trabulus Didem 13
Cao Ye 31, 78
Car Peterko Ana 35, 92
Catallioti Luigi 9
Cavagna Felipe 24, 67
Cazap Eduardo 9
Celebi Filiz 29, 76
Celet Özden Burcu 23
Cesar Augusto 34, 40, 87, 101
Chabbert-Buffet Nathalie 22
Chapsas Dimitrios 8, 35, 36
Chen Dawei 28, 29, 73, 75
Chen Geng-Hang 31, 78

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

INDEX

Chen Qian-Jun 31, 78
Chen Ying 31, 78
Christopoulou Athina 8
Chronopoulou Konstantina 8, 28, 30
Ciaran Nicholl 20
Cini Tešar Eleonora 35, 92
Crispim Larissa 24, 67
Cvetkovic Aleksandar 40, 102

D

Dağ Ahmet 14
Daňová Ivana 32, 81
Debruyne R. Philip 30, 77
de Arruda Regis Ritamaris 34, 39, 40, 87, 88, 99, 101
Dedes Konstantin 7
Delis Harry 93
Demircan Orhan 24, 70
Demirörs Berkay 14
Deng Yuwei 28, 29, 73, 75
Deskou Eirini 39, 97, 98
Dian Darius 8
Dias Leonardo 8
Dimakakos Evangelos 23
Dimitrakakis Constantine 7, 21
Dimopoulos Meletios-Athanasios 9
Dinas Konstantinos 21, 24, 65, 69
Diógenes Marina 24, 68
Divani Smaroula 35, 90
Doğan Lütfi 27
Doğan Mutlu 14, 22, 30
Durante Enzo 15
Duymaz Tomris 24, 70

E

De Jesus-Monge E. Wilfredo 25, 72
Eduardo José 34, 88
Elbüken Çelebi Filiz 24, 70
Elbuken Filiz 18
Eralp Yeşim 35
Erdogan Iyigun Zeynep 29, 76
Evrensel Türkkan 14

F

Fan Ying 32, 80
Fericean Angela 35, 90
Florentin Lina 7, 21, 25
Fontaine Christel 30, 77
Fountos George 38, 93
Friedman Eitan 25

G

Galli Marcello 23, 27, 37
Gal Yam Einav 22, 23, 25
Gebrim H. Luiz 24, 38, 67, 68, 95
Gennatas Constantinos 9
Georgiou G. 35, 91
Georgiou Eirini 7, 18, 38, 94
Giannakopoulou Georgia 7, 22, 38
Giuliano Armando 26
Gökgöz Şehsuvar 13
Gökmen Erhan 24, 70
Göktepe Berk 14
Goula Kallirroi 19
Gräwingholt Axel 22
Grosomanidis Dimitris 22
Güler Nilüfer 24, 70
Gültekin Melis 13, 14
Guo Ying 31, 78

H

Haick Hossam 37
Haitoglou Constantinos 21, 24, 65, 69
Hao Xishan 8, 19
Harry Delis 38
Hayashida Tetsu 28, 74

INDEX

Henrique Gebrim Luiz 18
He Zhen-Yu 31, 78
Hofvind Solveig 18
Hong Ruo-Xi 31, 78
Hortobaghy Gabriel 9
Hrodej Gerard 33
Huang Heng 31, 78
Huang Jia-Jia 31, 78
Huang Yuan-Xi 34, 84

I

Imamura Akira 34, 89
Imoto Shigeru 8, 19, 28, 74
Ioannidou E. 35, 91
Ioannidou-Mouzaka Lydia 7, 8, 9, 15, 17, 19, 20, 25, 33, 35, 37
Ioan Razvan Andrei 23, 36
İşık Arda 14
Işık Selver 24, 70
Ivros Nikolaos 39, 98
Iwamoto Mahana 34, 89

J

Jiang Kui-Kui 31, 78
Joachim Frischbier Hans 9

K

Kafetzis George 39, 97
Kailidis Michalis 24
Kaklamanis Nikitas 9
Kalles Vasileios 33, 37, 39, 97, 98
Kalodimos Georgios 35, 90
Kalyvas Nektarios 38, 93
Kamali Polat Ayfer 19
Kandarakis Ioannis 38, 93
Kang Yi-Kun 32, 80
Kanistras Christos 7, 36
Karagiannidis Georgios 39, 100
Kara Halil 24, 70
Karanlık Hasan 13
Karydas Irene 26, 32
Karydas Irini 8
Katsaros Ilias 35, 90
Kaufman Cary 8
Kawabata Hideaki 28, 74
Kawada Masaya 28, 74
Kefalogiannis Michalis 33
Kelekis Dimitrios † 9
Ke Yong-Li 31, 78
Khayat David 9
Kitada Masahiro 28, 74
Kitsakis Georgios 35, 90
Kittas Christos 7, 36
Klentzeris Loukas 33
Knox Susan 7
Kokkalis George 7
Konstantinou Fotini 40
Koppiker Chaitanyan 19
Koppiker Chaitanyanand 8
Korzets Ceder Yasmin 36
Kosmidis Efstratios 31
Kosmidi Sofia 8
Kosmidis Paris 9, 37
Koumarianou Anna 8
Küçük Ozan 14
Kúdelová Eva 32, 81
Kyriazanos Ioannis 39, 97, 98

L

Lagiou Pagona 8
Lambrinaki-Kalamata Nektaria 7, 39
Lampropoulos Stefanos 8, 26
Langenaeken Christine 30, 77
Lazarou Spyros 8, 18
Letsiou Evanthia 34, 84
Li Ji-Bin 31, 78

SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

INDEX

Lin Huan-Xin 31, 78
Linou Athina 9
Lin Ying 31, 78
Lionis Christos 8
Li Qing 32, 80
Liu Hong 21
Liu Xin-Mei 31, 78
Liu Yan-Bing 34, 82
Li Wen-Xia 31, 78
Li Xiang 28, 29, 73, 75
Li Xiaomei 28, 29, 73, 75
Li Yingjie 28, 29, 73, 75
Lodi Massimo 22, 23, 33
Lolis Dimitrios 9
Lucas João 34, 40, 87, 101
Lu Hai 31, 78
Luo Yang 32, 80
Lu Qing 34, 82

M

Mac Lean Leonardo † 9
Ma Fei 32, 80
Magalhães Costa Maurício 8, 9, 19, 37
Ma Jianli 28, 29, 73, 75
Malakasis Petros 7
Mallidis Evangelos 39, 100
Mamounas Terry 8, 20
Maragkoudakis Evangelos 8, 33
Maralcan Göktürk 14
Marcellou Mimi 39
Margaritis Kosmas 24, 69
Margaritoni Marko 8
Margioula-Siarkou Chrysoula 65
Margioula-Siarkou Georgia 21, 24, 65, 69
Markopoulos Christos 8, 19, 36
Marougkas Meletios 39, 97
Masood Shahla 9, 22
Mastorakos Dimitrios 7
Mastorakos George 8
Mathelin Carole 8, 22, 25, 33, 35
Mattar André 24, 38, 67, 68, 95
Matthaios Dimitris 27, 32
Mavromatidis George 21, 24, 65, 69
Mebis Jeroen 30, 77
Messaris Gerasimos 38, 93
Miklušica Juraj 32, 81
Milatou S. Maria 38, 94
Milonaki Despoina 7
Milosavljevic Neda 38, 40, 96, 102
Mitrousias Apostolos 39, 97
Mitrovic Slobodanka 40, 102
Molière Sébastien 18, 32, 33
Morrow Monica 35, 36, 37
Mundinger Alexander 8, 15, 18, 38

N

Nagashima Takeshi 28, 74
Nakipoglu Cansu 29, 76
Naoi Yasuto 28, 74
Nascimento da Conceição John 34, 40, 87, 88, 101
Nasioulas George 23
Nedovic Jasmina 40, 102
Nedovic Nikola 38, 96
Neha Goel 30
Novais Dias Ezio 8, 18, 19
Novelli Jorge 8, 39
Nur Pilanci Kezban 24, 70

O

Ohnishi Tatsuya 28, 74
Orda Ruben 9
Ordu Çetin 24, 29, 70, 76
Özbaş Serdar 13
Özdoğan Mustafa 24, 70
Özkurt Enver 14, 24, 29, 70, 76

INDEX

Özmen Tolga 7, 24, 29, 70, 76
Özmen Vahit 8, 14, 22, 24, 29, 70, 76

P

Panayiotakis George 38, 93
Pang Dan-Mei 31, 78
Papadopoulos Georgios 21, 66
Papadopoulos Lazaros 23
Papakonstantinou Lida 40
Papapanagiotou Ioannis 7, 39, 97
Papatheodorakis Fillipos 7, 23, 29
Paraskevaides Michael 21, 66
Patiraki-Kourbani Elissavet 8, 28, 30
Pavlatos Fotios 9
Peintinger Florentia 8
Peng Rou-Jun 31, 78
Petousis Stamatios 21, 24, 65, 69
Petroniatis Tsampikos 7
Piccart-Gebhart Martine 9
Picciocchi Aurelio 9
Pienkowski Tadeusz 8, 19, 28, 31
Pissari Vicky 9
Podolski Paula 39
Popko Victor 35, 91
Poultsidi Antigoni 7
Prassopoulos Panagiotis 7, 18, 24
Prassopoulos Vasilios 8, 30
Prats Esteve Miguel 9
Psychogyiou Argyri 33
Pusterla Edio 9

Q

Qiu Peng-Fei 34, 82

R

Ramos N.M. Marcellus 38, 95
Rapti Cleopatra 20, 30, 31, 36
Regina Maria 34, 88
Rego Salete 15
Rigatos Gerasimos 9
Rita Ana 34, 40, 87, 88, 101
Roberto Filassi Jose 21
Rosellide Turco Marko 9
Roussakis Arkadios 18

S

Saip Pınar 24, 70
Saito-Oba Mari 28, 74
Sakamoto Junichi 28, 74
Saloustros Emmanouil 8
Samandas Epaminondas 8
Samonis George 17
Savvidou Despina 8
Schaefer Fritz 15
Schneebaum Schlomo 8, 9, 17, 20, 25
Sclair-Levy Miri 18
Sechopoulos Ioannis 22
Şen Ebru 13
Serdar Türhal Nazim 22, 30
Serkan İlgün Ahmet 24, 29, 70, 76
Sharon Eran 8, 26
Shida Y. Jorge 24, 68
Shi Yan-Xia 31, 78
Skarlos Pantelis 8, 26, 33, 36
Skoufogiannis Pavlos 35, 90
Smolár Marek 32, 81
Somashekhar Somus 8
Sonnenblick Amir 23, 31
Soran Atilla 8, 13, 14, 26
Sotiriou Christos 8, 25, 31
Sotiropoulos Spyridon 36, 37, 40
Souliotis Kyriakos 8
Sourla Antigoni 8, 20, 22, 36, 40
Soybir Gürsel 24, 29, 70, 76
Söyder Aykut 14
Spanakis Nikos 22

21st SIS WORLD CONGRESS ON BREAST CANCER AND BREAST HEALTHCARE
MAY 3-6, 2023 | RHODES ISLAND - GREECE INTERNATIONAL CONFERENCE CENTER - RODOS PALACE

INDEX

Spandidos Demetrios 9
Spasic Marko 38, 40, 96, 102
Stamos Nikolaos 39, 98
Stathopoulou Aliki 8
Stojanovic Bojan 38, 96
Stojanovic Darko 38, 96
Striggaris Kyriakos 9
Sun Xiao 34, 82

T

Tack Laura 30, 77
Takashima Tsutomu 28, 74
Tang Jun 31, 78
Tanimoto Naoko 34, 89
Tepetes Konstantinos 34, 87
Tezcanlı Evrim 14
Thiago 40, 101
Tolia Maria 8
Tountas Ioannis 8
Travado Luzia 30, 33
Trichopoulou Antonia 9
Tsaroucha Aristea 39, 98
Tsekouras Anastasios 7, 23
Tsionou Christina 7, 22
Tuzlalı Sıtkı 14
Tvrdisic Vladimir 38, 40, 96, 102
Tzaida Olymbia 8
Tzintziropoulou Effrosyni 37

U

Ueno Ei 15, 34, 89
Uhrík Peter 32, 81
Ünal Çağlar 24, 29, 70, 76
Ünal Gürcan 9
Ünal Hilâl 9
Uras Cihan 24, 70
Uzunköy Ali 14, 34, 85

V

Vakalis Xenofon 7
Valaroutsos Alexandros 34, 84
Valković Zujić Petra 35, 92
Van Ryckeghem Florence 30, 77
Varada Efterpi 35, 91
Varthalitis John 8, 35
Vavoulidis Eleftherios 21, 24, 65, 69
Veliyeva Hagigat 13
Verhoeven Didier 30, 35
Vlachos Ioannis 38, 93
Vlastou Catherine 8
Vukosavljevic Sasa 40, 102

W

Wada Noriaki 28, 74
Wang Chengqin 28, 29, 73, 75
Wang Haibo 28, 29, 73, 75
Wang Jia-Yu 32, 80
Wang Shu-Sen 31, 78
Wang Xi 31, 78
Wang Xian-Ming 31, 78
Wang Xue 32, 80
Wang Yong-Sheng 34, 82
Wu Jia-Hua 31, 78

X

Xia Wen 31, 78
Xu Bing-He 32, 80
Xue Cong 31, 78
Xu Fei 31, 78
Xu Yingying 21, 64

Y

Yamamoto Asako 34, 89
Yang Chun-Min 31, 78
Yang Guang-Lun 34, 82
Yannoukakos Drakoulis 22, 25

INDEX

Yao Litong 21, 64
Yararbaş Kanay 24, 70
Yasojima Hiroyuki 28, 74
Yeniay Levent 14
Yerushalmi Rinat 23, 27, 36
Yıldız Ferah 13, 14, 36
Yoshida Masayuki 28, 74
Yuan Peng 32, 80
Yuan Zhong-Yu 31, 78
Yue Jian 32, 80
Yu Jinming 28, 29, 73, 75
Yu Zhiyong 28, 29, 73, 75

Z

Zagouri Flora 8
Zavos Apostolos 7, 9, 22, 23
Zeng Jian 31, 78
Zhang An-Qin 31, 78
Zhang Ge 31, 78
Zhang Le-Hong 31, 78
Zhang Pin 32, 80
Zhang Qingyuan 28, 29, 73, 75
Zhao Li 31, 78
Zhao Wen-He 34, 82
Zhong Hong 34, 82
Zhong Lei 28, 29, 73, 75
Zhong Yong-Yi 31, 78
Zhou Xiaoping 28, 29, 73, 75
Zhu Shi-Guang 34, 82
Zielinski Christofer 9
Zissiadis Yvonne 8, 26
Zivkovic Radojevic Marija 38, 96
Zografos Georgios 8
Zoulamoglou Menelaos 39, 97
Zourmpaki Zafeiria 36
Zucca-Matthes Gustavo 23