WEBVTT

NOTE duration:"01:24:16"

NOTE language:en-us

NOTE Confidence: 0.8106434

00:00:00.000 --> 00:00:02.338 My name is metrical Shannon and welcome

NOTE Confidence: 0.8106434

 $00{:}00{:}02{.}338 \dashrightarrow 00{:}00{:}05{.}272$ to the Yale Cancer Center Smilow Cancer

NOTE Confidence: 0.8106434

 $00{:}00{:}05{.}272 \dashrightarrow 00{:}00{:}08{.}062$ Hospital breast Program CME lecture series.

NOTE Confidence: 0.8106434

 $00{:}00{:}08{.}070 \dashrightarrow 00{:}00{:}10.821$ We're going to wait a few minutes

NOTE Confidence: 0.8106434

 $00:00:10.821 \dashrightarrow 00:00:13.978$ to have allow people to log in and

NOTE Confidence: 0.8106434

 $00:00:13.978 \longrightarrow 00:00:17.290$ hopefully right at 12 or 1201 will start.

NOTE Confidence: 0.8106434

00:00:17.290 --> 00:00:19.696 I'll be introducing Doctor Elizabeth Berger,

NOTE Confidence: 0.8106434

00:00:19.700 --> 00:00:21.304 Doctor Melanie Lynch and

NOTE Confidence: 0.8106434

 $00{:}00{:}21.304 \dashrightarrow 00{:}00{:}22.507$ Doctor Rachel Greenup.

NOTE Confidence: 0.8106434

 $00:00:22.510 \dashrightarrow 00:00:25.618$ The format will be that they will

NOTE Confidence: 0.8106434

 $00{:}00{:}25.618 \dashrightarrow 00{:}00{:}28.943$ be giving them three talks in a row

NOTE Confidence: 0.8106434

 $00{:}00{:}28{.}943 \dashrightarrow 00{:}00{:}31{.}822$ and please put in as many questions

NOTE Confidence: 0.8106434

 $00{:}00{:}31.822 \dashrightarrow 00{:}00{:}34.916$ as you like in the chat box.

NOTE Confidence: 0.8106434

 $00:00:34.920 \longrightarrow 00:00:37.528$ And we will do our best to have

- NOTE Confidence: 0.8106434
- $00{:}00{:}37.528 \dashrightarrow 00{:}00{:}39.597$ an interactive session at the end,

 $00:00:39.600 \rightarrow 00:00:41.230$ answering those questions and we

NOTE Confidence: 0.8106434

00:00:41.230 --> 00:00:42.860 really look forward to hearing

NOTE Confidence: 0.8106434

 $00:00:42.921 \longrightarrow 00:00:44.269$ your perspectives as well.

NOTE Confidence: 0.7752498

00:02:43.170 --> 00:02:45.026 So, uh, good afternoon,

NOTE Confidence: 0.7752498

00:02:45.026 --> 00:02:47.346 my name is Macrogol Shannon.

NOTE Confidence: 0.7752498

00:02:47.350 - 00:02:50.128 Welcome to the Yale Cancer Center,

NOTE Confidence: 0.7752498

 $00{:}02{:}50{.}130 \dashrightarrow 00{:}02{:}52{.}954$ Smilow Cancer Hospital breast

NOTE Confidence: 0.7752498

00:02:52.954 --> 00:02:55.778 program CME lecture series.

NOTE Confidence: 0.7752498

 $00:02:55.780 \longrightarrow 00:02:57.532$ Hopefully people will be

NOTE Confidence: 0.7752498

 $00:02:57.532 \rightarrow 00:02:59.284$ continuing to log in.

NOTE Confidence: 0.7752498

 $00{:}02{:}59{.}290 \dashrightarrow 00{:}03{:}02{.}098$ We really appreciate those of our

NOTE Confidence: 0.7752498

 $00:03:02.098 \rightarrow 00:03:04.560$ colleagues here in Connecticut and it.

NOTE Confidence: 0.7752498

 $00{:}03{:}04{.}560 \dashrightarrow 00{:}03{:}06{.}312$ Yeah, and especially our

NOTE Confidence: 0.7752498

 $00:03:06.312 \dashrightarrow 00:03:08.064$ counterparts around the world.

 $00:03:08.070 \rightarrow 00:03:11.574$ I see my colleagues from China from Japan,

NOTE Confidence: 0.7752498

 $00{:}03{:}11.580 \dashrightarrow 00{:}03{:}15.100$ Turkey, South Korea and other places as well.

NOTE Confidence: 0.7752498

 $00:03:15.100 \rightarrow 00:03:17.991$ So welcome, we're going to have three

NOTE Confidence: 0.7752498

 $00:03:17.991 \rightarrow 00:03:20.360$ fantastic lectures of this afternoon.

NOTE Confidence: 0.7752498

 $00:03:20.360 \rightarrow 00:03:23.000$ We'll start with Doctor Elizabeth Berger,

NOTE Confidence: 0.7752498

 $00{:}03{:}23.000 \dashrightarrow 00{:}03{:}25.880$ who's assistant professor of surgery.

NOTE Confidence: 0.7752498

00:03:25.880 --> 00:03:28.046 Here at the Yale Cancer Center,

NOTE Confidence: 0.7752498

00:03:28.050 --> 00:03:30.030 Yale Department of Surgery discussing

NOTE Confidence: 0.7752498

 $00{:}03{:}30{.}030 \dashrightarrow 00{:}03{:}32{.}371$ updates and surgical management of our

NOTE Confidence: 0.7752498

 $00:03:32.371 \dashrightarrow 00:03:34.207$ best of our breast cancer patients.

NOTE Confidence: 0.7752498

 $00:03:34.210 \longrightarrow 00:03:36.015$ Then it will be followed

NOTE Confidence: 0.7752498

00:03:36.015 --> 00:03:37.459 by Doctor Melanie Lynch,

NOTE Confidence: 0.7752498

 $00{:}03{:}37{.}460 \dashrightarrow 00{:}03{:}39{.}964$ who is the director of Our Breast program

NOTE Confidence: 0.7752498

00:03:39.964 --> 00:03:42.527 and breast Surgery at Bridgeport Hospital.

NOTE Confidence: 0.7752498

00:03:42.530 --> 00:03:43.974 Talking about Uncle plastic

NOTE Confidence: 0.7752498

 $00:03:43.974 \rightarrow 00:03:44.696$ breast conservation,

- NOTE Confidence: 0.7752498
- 00:03:44.700 --> 00:03:45.690 an finally least,

 $00:03:45.690 \longrightarrow 00:03:48.000$ but not finally at last but not

NOTE Confidence: 0.7752498

00:03:48.072 --> 00:03:50.496 least will be Doctor Rachel Greenup,

NOTE Confidence: 0.7752498

00:03:50.500 - 00:03:52.666 our section Chief for El surgery,

NOTE Confidence: 0.7752498

 $00{:}03{:}52.670 \dashrightarrow 00{:}03{:}54.725$ discussing young women with breast

NOTE Confidence: 0.7752498

 $00{:}03{:}54.725 \dashrightarrow 00{:}03{:}55.958$ cancer surgical perspective.

NOTE Confidence: 0.7752498

 $00:03:55.960 \rightarrow 00:03:58.095$ Please put in as many questions as

NOTE Confidence: 0.7752498

 $00{:}03{:}58.095 \dashrightarrow 00{:}04{:}00{.}344$ you like into the chat box will do

NOTE Confidence: 0.7752498

 $00{:}04{:}00{.}344 \dashrightarrow 00{:}04{:}02{.}862$ our best at the end to go through

NOTE Confidence: 0.7752498

 $00{:}04{:}02{.}862 \dashrightarrow 00{:}04{:}05{.}226$ your questions and hopefully have an

NOTE Confidence: 0.7752498

 $00:04:05.226 \rightarrow 00:04:07.230$ interactive dialogue as much as possible.

NOTE Confidence: 0.7752498

00:04:07.230 --> 00:04:09.390 The nice thing is that this is going

NOTE Confidence: 0.7752498

 $00:04:09.390 \dashrightarrow 00:04:12.113$ to be recorded so you can go back and NOTE Confidence: 0.7752498

 $00:04:12.113 \longrightarrow 00:04:14.230$ watch or listen or certainly forward

NOTE Confidence: 0.7752498

 $00:04:14.230 \rightarrow 00:04:16.890$ it to colleagues and friends or around

 $00:04:16.890 \rightarrow 00:04:18.816$ the country and around the world.

NOTE Confidence: 0.7752498

 $00{:}04{:}18.820 \dashrightarrow 00{:}04{:}22.040$ And this is the first of a three part series.

NOTE Confidence: 0.7752498

 $00:04:22.040 \longrightarrow 00:04:25.470$ Our next one will be May 27th.

NOTE Confidence: 0.7752498

00:04:25.470 --> 00:04:27.684 Will have Doctor Maryam Lustberg who's

NOTE Confidence: 0.7752498

00:04:27.684 --> 00:04:29.730 our incoming breast program director,

NOTE Confidence: 0.7752498

00:04:29.730 --> 00:04:31.980 speak along with Doctor Michael D

NOTE Confidence: 0.7752498

00:04:31.980 --> 00:04:33.980 Geovanna and Doctor Andrew Silver,

NOTE Confidence: 0.7752498

 $00:04:33.980 \longrightarrow 00:04:35.920$ so with no further ado,

NOTE Confidence: 0.7752498

 $00{:}04{:}35{.}920 \dashrightarrow 00{:}04{:}38{.}629$ Doctor Elizabeth Berger, the podium is yours.

NOTE Confidence: 0.86935335

00:04:39.300 --> 00:04:40.596 Thank you Doctor Wilson

NOTE Confidence: 0.86935335

 $00:04:40.596 \longrightarrow 00:04:41.568$ for that introduction.

NOTE Confidence: 0.7862617

 $00:04:51.400 \longrightarrow 00:04:52.764$ Good morning I guess.

NOTE Confidence: 0.7862617

 $00:04:52.764 \longrightarrow 00:04:53.787$ Not good morning.

NOTE Confidence: 0.7862617

00:04:53.790 --> 00:04:54.918 Good afternoon everyone.

NOTE Confidence: 0.7862617

 $00{:}04{:}54{.}918$ --> $00{:}04{:}57{.}550$ My name is Elizabeth as Doctor Wilson

NOTE Confidence: 0.7862617

 $00{:}04{:}57.613 \dashrightarrow 00{:}04{:}59.647$ mentioned and I'm a new assistant

- NOTE Confidence: 0.7862617
- $00:04:59.647 \rightarrow 00:05:01.649$ professor here at Yale and hopefully

 $00:05:01.649 \longrightarrow 00:05:03.672$ in the next 15 to 20 minutes.

NOTE Confidence: 0.7862617

 $00:05:03.680 \longrightarrow 00:05:05.970$ I'll be just reviewing some

NOTE Confidence: 0.7862617

 $00:05:05.970 \rightarrow 00:05:08.260$ updates and breast cancer surgery.

NOTE Confidence: 0.7862617

 $00{:}05{:}08.260 \dashrightarrow 00{:}05{:}09.870$ In kind of the 21st,

NOTE Confidence: 0.7862617

 $00{:}05{:}09{.}870 \dashrightarrow 00{:}05{:}12.446$ if not the most recent five year history,

NOTE Confidence: 0.7862617

 $00{:}05{:}12.450 \dashrightarrow 00{:}05{:}15.597$ so I'm sure a lot of you have seen this meme

NOTE Confidence: 0.7862617

 $00{:}05{:}15{.}597 \dashrightarrow 00{:}05{:}18{.}557$ on Twitter or other places in the Internet.

NOTE Confidence: 0.7862617

00:05:18.560 --> 00:05:20.835 Now, where, how has it started and

NOTE Confidence: 0.7862617

00:05:20.835 --> 00:05:23.068 where how's it going so you know,

NOTE Confidence: 0.7862617

 $00{:}05{:}23.070 \dashrightarrow 00{:}05{:}25.743$ I'm sure we all know it started back with

NOTE Confidence: 0.7862617

 $00{:}05{:}25{.}743 \dashrightarrow 00{:}05{:}28{.}216$ really William Halsted in the late 1800s,

NOTE Confidence: 0.7862617

 $00:05:28.220 \rightarrow 00:05:29.830$ thinking that breast cancer was,

NOTE Confidence: 0.7862617

 $00:05:29.830 \longrightarrow 00:05:30.474$ you know,

NOTE Confidence: 0.7862617

 $00:05:30.474 \dashrightarrow 00:05:32.084$ kind of locally advanced disease,

 $00:05:32.090 \longrightarrow 00:05:33.700$ and so the whole side,

NOTE Confidence: 0.7862617

 $00{:}05{:}33{.}700 \dashrightarrow 00{:}05{:}35{.}812$ mastectomy became kind of a routine

NOTE Confidence: 0.7862617

 $00:05:35.812 \rightarrow 00:05:37.844$ operation for women where there was NOTE Confidence: 0.7862617

00:05:37.844 --> 00:05:39.818 a removal of the PEC major muscle,

NOTE Confidence: 0.7862617

 $00{:}05{:}39{.}820 \dashrightarrow 00{:}05{:}41{.}260$ the PEC minor muscle.

NOTE Confidence: 0.7862617

 $00:05:41.260 \rightarrow 00:05:44.105$ Breast, all the lymph nodes and in fact,

NOTE Confidence: 0.7862617

 $00:05:44.110 \longrightarrow 00:05:44.511$ Interestingly,

NOTE Confidence: 0.7862617

 $00:05:44.511 \dashrightarrow 00:05:47.318$ the removal of the muscle was felt

NOTE Confidence: 0.7862617

 $00{:}05{:}47{.}318 \dashrightarrow 00{:}05{:}48{.}943$ because an atomically it was felt

NOTE Confidence: 0.7862617

 $00{:}05{:}48{.}943 \dashrightarrow 00{:}05{:}50{.}707$ that doing a level 1-2 and three

NOTE Confidence: 0.7862617

 $00{:}05{:}50{.}771 \dashrightarrow 00{:}05{:}52{.}776$ X axillary lymph node dissection

NOTE Confidence: 0.7862617

00:05:52.776 -> 00:05:54.380 was not anatomically feasible

NOTE Confidence: 0.7862617

 $00:05:54.380 \longrightarrow 00:05:55.822$ without removing that muscle.

NOTE Confidence: 0.7862617

 $00:05:55.822 \dashrightarrow 00:05:58.230$ We've made a lot of progress since

NOTE Confidence: 0.7862617

 $00{:}05{:}58{.}300 \dashrightarrow 00{:}06{:}01{.}108$ then and now we think more about just

NOTE Confidence: 0.7862617

 $00:06:01.108 \rightarrow 00:06:02.979$ lumpectomy's saving the breast tissue.

- NOTE Confidence: 0.7862617
- $00:06:02.980 \rightarrow 00:06:05.820$ Not having to do so much axillary surgery.

00:06:05.820 --> 00:06:06.532 Bernie Fisher,

NOTE Confidence: 0.7862617

 $00:06:06.532 \rightarrow 00:06:09.024$ one of my favorite quotes from him.

NOTE Confidence: 0.7862617

 $00:06:09.030 \dashrightarrow 00:06:12.486$ In God we trust all others must have data.

NOTE Confidence: 0.7862617

 $00:06:12.490 \rightarrow 00:06:15.234$ It was really revolutionary in our country,

NOTE Confidence: 0.7862617

 $00{:}06{:}15{.}240 \dashrightarrow 00{:}06{:}17{.}910$ especially thinking about how we can

NOTE Confidence: 0.7862617

 $00{:}06{:}17{.}910 \dashrightarrow 00{:}06{:}20{.}539$ start to deescalate surgical care and

NOTE Confidence: 0.7862617

 $00{:}06{:}20.539 \dashrightarrow 00{:}06{:}23.269$ all care in breast cancer with similar

NOTE Confidence: 0.7862617

 $00:06:23.269 \rightarrow 00:06:25.510$ on cologic outcomes for our patients.

NOTE Confidence: 0.7862617

 $00:06:25.510 \longrightarrow 00:06:27.850$ So in thinking about the

NOTE Confidence: 0.7862617

 $00:06:27.850 \longrightarrow 00:06:30.190$ dees calation of Breast Cancer Care.

NOTE Confidence: 0.7862617

 $00{:}06{:}30{.}190 \dashrightarrow 00{:}06{:}32{.}505$ The Italians very easy were

NOTE Confidence: 0.7862617

 $00{:}06{:}32.505 \dashrightarrow 00{:}06{:}34.357$ instrumental in thinking about

NOTE Confidence: 0.7862617

00:06:34.357 -> 00:06:36.689 how we can compare quadrant,

NOTE Confidence: 0.7862617

 $00:06:36.690 \rightarrow 00:06:39.350$ ectomy and radiation to really

 $00:06:39.350 \longrightarrow 00:06:42.010$ this idea about Halsted mastectomy

NOTE Confidence: 0.7862617

 $00:06:42.092 \longrightarrow 00:06:44.348$ and so they conducted a well

NOTE Confidence: 0.7862617

 $00{:}06{:}44{.}348 \dashrightarrow 00{:}06{:}46{.}430$ done study in the 1970s.

NOTE Confidence: 0.7862617

00:06:46.430 --> 00:06:48.182 Bernie Fisher in Petsburgh

NOTE Confidence: 0.7862617

00:06:48.182 --> 00:06:50.372 conducted the B6 trial looking

NOTE Confidence: 0.7862617

00:06:50.372 --> 00:06:52.929 at the total mast
ectomy versus.

NOTE Confidence: 0.794793912

 $00{:}06{:}55{.}070 \dashrightarrow 00{:}06{:}56{.}327$ Lumpectomy with radiation.

NOTE Confidence: 0.794793912

 $00{:}06{:}56{.}327 \dashrightarrow 00{:}06{:}58{.}841$ We then moved into the 1990s

NOTE Confidence: 0.794793912

 $00{:}06{:}58.841 \dashrightarrow 00{:}07{:}01.204$ where we started thinking about

NOTE Confidence: 0.794793912

 $00{:}07{:}01{.}204 \dashrightarrow 00{:}07{:}03{.}072$ dees calation of radiation therapy

NOTE Confidence: 0.794793912

 $00{:}07{:}03.072 \dashrightarrow 00{:}07{:}06.008$ with the CLG trial with Kevin Hughes.

NOTE Confidence: 0.794793912

 $00{:}07{:}06{.}010 \dashrightarrow 00{:}07{:}09{.}034$ Then Doctor Giuliano and a lot of

NOTE Confidence: 0.794793912

 $00{:}07{:}09{.}034 \dashrightarrow 00{:}07{:}11{.}333$ other people looked at dees calation

NOTE Confidence: 0.794793912

00:07:11.333 --> 00:07:14.075 of axillary surgery in the 19

NOTE Confidence: 0.794793912

 $00:07:14.075 \longrightarrow 00:07:16.379$ late 1990s and early 2000s.

NOTE Confidence: 0.794793912

 $00:07:16.380 \longrightarrow 00:07:19.680$ With this 11 trial.

- NOTE Confidence: 0.794793912
- $00{:}07{:}19.680 \dashrightarrow 00{:}07{:}20.326$ Moving forward,
- NOTE Confidence: 0.794793912
- $00{:}07{:}20.326 \dashrightarrow 00{:}07{:}22.264$ we then thought about may be there
- NOTE Confidence: 0.794793912
- $00:07:22.264 \longrightarrow 00:07:24.080$ are even options to deescalate
- NOTE Confidence: 0.794793912
- $00:07:24.080 \rightarrow 00:07:26.306$ chemotherapy for some of our patients,
- NOTE Confidence: 0.794793912
- $00:07:26.310 \dashrightarrow 00:07:29.034$ especially in the ER PR positive
- NOTE Confidence: 0.794793912
- $00:07:29.034 \rightarrow 00:07:31.590$ cohorts with the tailor X trial.
- NOTE Confidence: 0.794793912
- $00:07:31.590 \rightarrow 00:07:34.622$ And now on going even there are multiple
- NOTE Confidence: 0.794793912
- $00:07:34.622 \rightarrow 00:07:36.878$ trials actually throughout the world,
- NOTE Confidence: 0.794793912
- $00{:}07{:}36.880 \dashrightarrow 00{:}07{:}39.634$ the common trials actually in the
- NOTE Confidence: 0.794793912
- $00:07:39.634 \dashrightarrow 00:07:42.064$ United States looking at dees calation
- NOTE Confidence: 0.794793912
- 00:07:42.064 --> 00:07:44.120 of surgery and surveillance
- NOTE Confidence: 0.794793912
- $00:07:44.120 \longrightarrow 00:07:47.170$ only for some subsets of DCIS.
- NOTE Confidence: 0.794793912
- $00:07:47.170 \longrightarrow 00:07:49.753$ So we even now are talking about
- NOTE Confidence: 0.794793912
- $00{:}07{:}49.753 \dashrightarrow 00{:}07{:}52.280$ maybe we can actually eliminate
- NOTE Confidence: 0.794793912
- $00:07:52.280 \rightarrow 00:07:55.620$ surgery altogether with some patients.
- NOTE Confidence: 0.794793912

 $00:07:55.620 \rightarrow 00:07:58.105$ There are ongoing trials looking

NOTE Confidence: 0.794793912

 $00{:}07{:}58.105 \dashrightarrow 00{:}07{:}59.596$ at excellent responders,

NOTE Confidence: 0.794793912

 $00:07:59.600 \dashrightarrow 00:08:02.080$ and so these excellent responders

NOTE Confidence: 0.794793912

 $00:08:02.080 \longrightarrow 00:08:04.064$ are considered women who,

NOTE Confidence: 0.794793912

00:08:04.070 --> 00:08:05.855 after neoadjuvant chemotherapy,

NOTE Confidence: 0.794793912

00:08:05.855 --> 00:08:09.425 no longer have any residual radiologic

NOTE Confidence: 0.794793912

 $00:08:09.425 \dashrightarrow 00:08:12.126$ findings of cancer in their breasts.

NOTE Confidence: 0.794793912

 $00:08:12.130 \longrightarrow 00:08:14.727$ All four actually of these trials are

NOTE Confidence: 0.794793912

 $00{:}08{:}14.727 \dashrightarrow 00{:}08{:}17.380$ three main ones throughout the world.

NOTE Confidence: 0.794793912

00:08:17.380 --> 00:08:17.863 Again,

NOTE Confidence: 0.794793912

00:08:17.863 --> 00:08:21.244 have looked at can we buy Oxy

NOTE Confidence: 0.794793912

 $00:08:21.244 \rightarrow 00:08:23.470$ these now radiologic?

NOTE Confidence: 0.794793912

 $00{:}08{:}23.470 \dashrightarrow 00{:}08{:}25.300$ Areas where there is no longer

NOTE Confidence: 0.794793912

00:08:25.300 --> 00:08:26.923 cancer and maybe even avoid

NOTE Confidence: 0.794793912

 $00:08:26.923 \dashrightarrow 00:08:28.939$ surgery on some of these patients,

NOTE Confidence: 0.794793912

 $00:08:28.940 \longrightarrow 00:08:31.236$ but the data is still pretty raw

 $00:08:31.236 \rightarrow 00:08:33.309$ considering that in all these trials

NOTE Confidence: 0.794793912

 $00{:}08{:}33{.}309 \dashrightarrow 00{:}08{:}35{.}696$ we still found a false negative rates

NOTE Confidence: 0.794793912

 $00:08:35.759 \longrightarrow 00:08:37.747$ very high and the thought is is

NOTE Confidence: 0.794793912

 $00{:}08{:}37{.}747 \dashrightarrow 00{:}08{:}39{.}533$ that they did some subgroup analysis

NOTE Confidence: 0.794793912

 $00{:}08{:}39{.}533 \dashrightarrow 00{:}08{:}41{.}399$ and felt that the false negative

NOTE Confidence: 0.794793912

 $00{:}08{:}41.399 \dashrightarrow 00{:}08{:}43.403$ rate was lowest amongst her two

NOTE Confidence: 0.794793912

 $00:08:43.403 \rightarrow 00:08:45.038$ positive in triple negative disease.

NOTE Confidence: 0.794793912

 $00:08:45.040 \rightarrow 00:08:45.394$ However,

NOTE Confidence: 0.794793912

 $00:08:45.394 \rightarrow 00:08:47.872$ these are really the highest group risk

NOTE Confidence: 0.794793912

 $00:08:47.872 \rightarrow 00:08:50.086$ patients as we know to miss disease

NOTE Confidence: 0.794793912

 $00:08:50.086 \rightarrow 00:08:51.909$ because of the ongoing or because

NOTE Confidence: 0.794793912

 $00{:}08{:}51{.}909 \dashrightarrow 00{:}08{:}54{.}128$ of the trials that we've looked at.

NOTE Confidence: 0.794793912

 $00:08:54.130 \rightarrow 00:08:56.566$ With the addition of TDM wanan capeside,

NOTE Confidence: 0.794793912

 $00{:}08{:}56{.}570 \dashrightarrow 00{:}08{:}58{.}994$ it being the agent setting for her two

NOTE Confidence: 0.794793912

 $00{:}08{:}58{.}994 \dashrightarrow 00{:}09{:}00{.}839$ positive season triple negative that

 $00:09:00.839 \rightarrow 00:09:03.197$ improve overall and disease free survival.

NOTE Confidence: 0.794793912

 $00{:}09{:}03.200 \dashrightarrow 00{:}09{:}05.568$ So although we might get to a point

NOTE Confidence: 0.794793912

 $00:09:05.568 \rightarrow 00:09:07.848$ where if we have excellent responders

NOTE Confidence: 0.794793912

 $00{:}09{:}07{.}848 \dashrightarrow 00{:}09{:}10{.}879$ and not have to perform surgery on them,

NOTE Confidence: 0.794793912

00:09:10.880 --> 00:09:13.250 I think that's still a

NOTE Confidence: 0.794793912

 $00:09:13.250 \longrightarrow 00:09:15.620$ little bit in the future.

NOTE Confidence: 0.794793912

00:09:15.620 --> 00:09:15.926 Alright,

NOTE Confidence: 0.794793912

 $00:09:15.926 \longrightarrow 00:09:19.163$ so if we have to do surgery on our patients

NOTE Confidence: 0.794793912

 $00:09:19.163 \rightarrow 00:09:22.026$ then what are the really the updates?

NOTE Confidence: 0.794793912

 $00:09:22.030 \dashrightarrow 00:09:24.134$ So I'm going to briefly touch on some

NOTE Confidence: 0.794793912

00:09:24.134 --> 00:09:26.530 of the GNU localization techniques that

NOTE Confidence: 0.794793912

 $00:09:26.530 \rightarrow 00:09:28.790$ we're using for press conservation.

NOTE Confidence: 0.794793912

 $00:09:28.790 \dashrightarrow 00:09:30.572$ What what our margin status and

NOTE Confidence: 0.794793912

 $00:09:30.572 \rightarrow 00:09:32.710$ when should we re excited patients

NOTE Confidence: 0.794793912

00:09:32.710 --> 00:09:34.486 after they undergo surgery?

NOTE Confidence: 0.794793912

00:09:34.490 --> 00:09:35.778 Some ****** sparing discussions

- NOTE Confidence: 0.794793912
- $00:09:35.778 \longrightarrow 00:09:38.400$ in terms of who is a candidate,

 $00{:}09{:}38{.}400 \dashrightarrow 00{:}09{:}40{.}437$ the management of the XR on going

NOTE Confidence: 0.794793912

 $00:09:40.437 \rightarrow 00:09:41.841$ discussions on going confusion

NOTE Confidence: 0.794793912

 $00:09:41.841 \rightarrow 00:09:43.737$ about upfront surgical management,

NOTE Confidence: 0.794793912

 $00:09:43.740 \longrightarrow 00:09:44.492$ neoadjuvant therapy,

NOTE Confidence: 0.794793912

 $00:09:44.492 \dashrightarrow 00:09:46.748$ and the surgical management of XR.

NOTE Confidence: 0.794793912

 $00{:}09{:}46.750 \dashrightarrow 00{:}09{:}48.962$ A brief touch on stage four disease

NOTE Confidence: 0.794793912

 $00:09:48.962 \longrightarrow 00:09:51.571$ and in high risk lesions went to

NOTE Confidence: 0.794793912

 $00:09:51.571 \dashrightarrow 00:09:53.953$ excise so wire localizations of breast

NOTE Confidence: 0.794793912

 $00{:}09{:}54.025 \dashrightarrow 00{:}09{:}56.245$ lesions are has been very common

NOTE Confidence: 0.794793912

 $00{:}09{:}56{.}245 \dashrightarrow 00{:}09{:}58{.}460$ across the country and many places

NOTE Confidence: 0.794793912

 $00:09:58.460 \dashrightarrow 00:10:00.285$ actually are still using wires.

NOTE Confidence: 0.794793912

00:10:00.290 --> 00:10:00.649 However,

NOTE Confidence: 0.794793912

 $00{:}10{:}00{.}649 \dashrightarrow 00{:}10{:}03{.}162$ we know that wires need to be

NOTE Confidence: 0.794793912

 $00{:}10{:}03.162 \dashrightarrow 00{:}10{:}05.418$ placed the same day of surgery.

 $00:10:05.420 \longrightarrow 00:10:07.245$ There can be very challenging

NOTE Confidence: 0.794793912

 $00:10:07.245 \longrightarrow 00:10:08.340$ logistics with wires.

NOTE Confidence: 0.794793912

 $00:10:08.340 \longrightarrow 00:10:10.302$ They can lead to potential or

NOTE Confidence: 0.794793912

 $00:10:10.302 \longrightarrow 00:10:12.947$ delays of the wires placed in the

NOTE Confidence: 0.794793912

 $00:10:12.947 \rightarrow 00:10:14.631$ morning and something happens

NOTE Confidence: 0.794793912

 $00:10:14.631 \longrightarrow 00:10:15.894$ and oftentimes they

NOTE Confidence: 0.8000743

 $00:10:15.963 \rightarrow 00:10:17.100$ are gets delayed.

NOTE Confidence: 0.8000743

 $00:10:17.100 \longrightarrow 00:10:18.660$ These wires can get dislodge.

NOTE Confidence: 0.8000743

00:10:18.660 $\operatorname{-->}$ 00:10:19.908 They're often hanging outside

NOTE Confidence: 0.8000743

 $00:10:19.908 \longrightarrow 00:10:21.156$ of the women's breast,

NOTE Confidence: 0.8000743

 $00{:}10{:}21.160 \dashrightarrow 00{:}10{:}23.032$ and so in travel and transport

NOTE Confidence: 0.8000743

 $00:10:23.032 \rightarrow 00:10:24.280$ they can get dislodged.

NOTE Confidence: 0.8000743

 $00:10:24.280 \longrightarrow 00:10:25.835$ They can lead to larger

NOTE Confidence: 0.8000743

00:10:25.835 --> 00:10:27.079 lumpectomy specimens as well.

NOTE Confidence: 0.8000743

 $00{:}10{:}27.080 \dashrightarrow 00{:}10{:}28.328$ Many patients complain of

NOTE Confidence: 0.8000743

 $00:10:28.328 \rightarrow 00:10:29.264$ dissatisfaction being cold,

- NOTE Confidence: 0.8000743
- $00:10:29.270 \longrightarrow 00:10:30.830$ being scared of having wires

 $00:10:30.830 \longrightarrow 00:10:32.078$ outside of their breasts,

NOTE Confidence: 0.8000743

 $00:10:32.080 \rightarrow 00:10:34.257$ and then obviously, if the case were

NOTE Confidence: 0.8000743

 $00:10:34.257 \rightarrow 00:10:36.129$ to get cancelled for any reason,

NOTE Confidence: 0.8000743

 $00{:}10{:}36{.}130 \dashrightarrow 00{:}10{:}37{.}996$ those wires have to get replaced.

NOTE Confidence: 0.8000743

 $00{:}10{:}38{.}000 \dashrightarrow 00{:}10{:}40{.}488$ They have to get removed and then replaced

NOTE Confidence: 0.8000743

 $00:10:40.488 \rightarrow 00:10:43.309$ again if they have to come back for surgery.

NOTE Confidence: 0.8000743

 $00:10:43.310 \longrightarrow 00:10:45.494$ So what we've looked at then in

NOTE Confidence: 0.8000743

 $00:10:45.494 \longrightarrow 00:10:48.730$ how to localize, and this is just.

NOTE Confidence: 0.8000743

 $00:10:48.730 \longrightarrow 00:10:51.178$ A map from a study that was actually

NOTE Confidence: 0.8000743

 $00{:}10{:}51{.}178 \dashrightarrow 00{:}10{:}53{.}076$ done looking at one institution's

NOTE Confidence: 0.8000743

 $00{:}10{:}53.076$ --> $00{:}10{:}55.512$ experience with wires and how many

NOTE Confidence: 0.8000743

 $00{:}10{:}55{.}512 \dashrightarrow 00{:}10{:}57{.}112$ different touch points patients have

NOTE Confidence: 0.8000743

 $00{:}10{:}57{.}112 \dashrightarrow 00{:}10{:}59{.}737$ when they actually have to get the

NOTE Confidence: 0.8000743

00:10:59.740 --> 00:11:02.309 wired on the same day of surgery,

- $00:11:02.310 \longrightarrow 00:11:04.140$ and as you can see,
- NOTE Confidence: 0.8000743
- 00:11:04.140 --> 00:11:07.076 it's a mess of spaghetti if you will,
- NOTE Confidence: 0.8000743
- 00:11:07.080 --> 00:11:09.294 because now what we are moving
- NOTE Confidence: 0.8000743
- $00:11:09.294 \longrightarrow 00:11:11.659$ towards are what we call seeds.
- NOTE Confidence: 0.8000743
- 00:11:11.660 --> 00:11:13.556 Seeds are a nice option for
- NOTE Confidence: 0.8000743
- $00{:}11{:}13.556 \dashrightarrow 00{:}11{:}15.287$ patients because they can get
- NOTE Confidence: 0.8000743
- 00:11:15.287 --> 00:11:16.907 placed anytime before surgery.
- NOTE Confidence: 0.8000743
- $00:11:16.910 \longrightarrow 00:11:17.584$ They aren't.
- NOTE Confidence: 0.8000743
- $00:11:17.584 \longrightarrow 00:11:19.606$ They don't have to be placed
- NOTE Confidence: 0.8000743
- $00:11:19.606 \longrightarrow 00:11:21.109$ the day of surgery.
- NOTE Confidence: 0.8000743
- $00:11:21.110 \longrightarrow 00:11:22.510$ It completely decouples the
- NOTE Confidence: 0.8000743
- 00:11:22.510 --> 00:11:24.260 scheduling of radiology and surgery,
- NOTE Confidence: 0.8000743
- $00:11:24.260 \longrightarrow 00:11:25.820$ so that increases the flexibility
- NOTE Confidence: 0.8000743
- $00:11:25.820 \longrightarrow 00:11:27.068$ with surgeon flexibility and
- NOTE Confidence: 0.8000743
- 00:11:27.068 --> 00:11:28.459 with radiology flexibility,
- NOTE Confidence: 0.8000743
- $00:11:28.460 \rightarrow 00:11:30.572$ they've been shown in various different

- NOTE Confidence: 0.8000743
- $00:11:30.572 \rightarrow 00:11:33.009$ studies to minimize OR delays it allows.

00:11:33.010 --> 00:11:33.360 Obviously,

NOTE Confidence: 0.8000743

 $00:11:33.360 \longrightarrow 00:11:35.110$ for our first case start,

NOTE Confidence: 0.8000743

 $00:11:35.110 \rightarrow 00:11:37.672$ the patient can get their seat placed

NOTE Confidence: 0.8000743

 $00{:}11{:}37.672 \dashrightarrow 00{:}11{:}41.044$ a few days before and come in and still

NOTE Confidence: 0.8000743

 $00{:}11{:}41{.}044 \dashrightarrow 00{:}11{:}43{.}957$ go to the operating room at 7:15 or 7.

NOTE Confidence: 0.8000743

 $00:11:43.960 \rightarrow 00:11:47.256$ 30 There have been data looking at that.

NOTE Confidence: 0.8000743

00:11:47.260 --> 00:11:49.235 They create smaller lumpectomy specimens

NOTE Confidence: 0.8000743

 $00{:}11{:}49{.}235 \dashrightarrow 00{:}11{:}51{.}210$ and overall there's some reports

NOTE Confidence: 0.8000743

 $00:11:51.264 \rightarrow 00:11:53.048$ on improved patient satisfaction.

NOTE Confidence: 0.8000743

00:11:53.050 --> 00:11:55.312 You know, they don't have to

NOTE Confidence: 0.8000743

 $00:11:55.312 \longrightarrow 00:11:57.999$ spend all day at the hospital.

NOTE Confidence: 0.8000743

00:11:58.000 --> 00:11:58.826 You know,

NOTE Confidence: 0.8000743

 $00{:}11{:}58.826 \dashrightarrow 00{:}12{:}01.717$ they don't be NPO for so long,

NOTE Confidence: 0.8000743

 $00{:}12{:}01.720 \dashrightarrow 00{:}12{:}03.976$ and they can get this done

 $00:12:03.976 \longrightarrow 00:12:06.260$ at their at their leisure.

NOTE Confidence: 0.8000743

 $00{:}12{:}06{.}260 \dashrightarrow 00{:}12{:}10{.}646$ Kind of the previously to surgery.

NOTE Confidence: 0.8000743

00:12:10.650 - 00:12:14.157 So in the Mount margins and how?

NOTE Confidence: 0.8000743

 $00:12:14.160 \longrightarrow 00:12:18.669$ How much is enough to take for breast tissue?

NOTE Confidence: 0.8000743

 $00:12:18.670 \longrightarrow 00:12:21.170$ One of our colleagues here,

NOTE Confidence: 0.8000743

00:12:21.170 --> 00:12:22.172 Doctor Moran,

NOTE Confidence: 0.8000743

 $00{:}12{:}22{.}172 \dashrightarrow 00{:}12{:}24{.}176$ was instrumental in creating

NOTE Confidence: 0.8000743

00:12:24.176 --> 00:12:26.180 a consensus guideline study.

NOTE Confidence: 0.8000743

00:12:26.180 --> 00:12:28.032 An expert multidisciplinary panel.

NOTE Confidence: 0.8000743

00:12:28.032 --> 00:12:30.810 In looking at what should our

NOTE Confidence: 0.8000743

00:12:30.884 --> 00:12:33.200 margins before invasive disease,

NOTE Confidence: 0.8000743

 $00{:}12{:}33{.}200 \dashrightarrow 00{:}12{:}36{.}719$ but also for DCIS and so there was a

NOTE Confidence: 0.8000743

 $00:12:36.719 \rightarrow 00:12:39.810$ multi disciplinary panel convened.

NOTE Confidence: 0.8000743

 $00:12:39.810 \longrightarrow 00:12:42.365$ They looked at meta analysis of 33

NOTE Confidence: 0.8000743

 $00:12:42.365 \longrightarrow 00:12:44.659$ studies with over 28,000 patients,

NOTE Confidence: 0.8000743

 $00:12:44.660 \rightarrow 00:12:47.460$ and in the invasive setting what they

- NOTE Confidence: 0.8000743
- $00:12:47.460 \longrightarrow 00:12:50.358$ found was that no tumor on ink was

 $00{:}12{:}50{.}358 \dashrightarrow 00{:}12{:}53{.}493$ a safe margin and that it did not

NOTE Confidence: 0.8000743

 $00:12:53.493 \rightarrow 00:12:56.367$ increase its lateral breast tumor recurrence.

NOTE Confidence: 0.8000743

 $00:12:56.370 \longrightarrow 00:12:59.610$ If we truly had no tumor on ink,

NOTE Confidence: 0.8000743

 $00{:}12{:}59.610 \dashrightarrow 00{:}13{:}02.546$ and the thought was that because of the

NOTE Confidence: 0.8000743

 $00:13:02.546 \rightarrow 00:13:04.860$ systemic therapy after invasive disease,

NOTE Confidence: 0.8000743

 $00{:}13{:}04.860 \dashrightarrow 00{:}13{:}07.302$ that this was a sufficient margin

NOTE Confidence: 0.8000743

 $00{:}13{:}07{.}302 \dashrightarrow 00{:}13{:}10{.}339$ because of for the invasive disease.

NOTE Confidence: 0.8000743

 $00{:}13{:}10.340 \dashrightarrow 00{:}13{:}12.445$ They asked the same question

NOTE Confidence: 0.8000743

00:13:12.445 --> 00:13:14.129 in the DCIS setting,

NOTE Confidence: 0.8000743

 $00{:}13{:}14{.}130 \dashrightarrow 00{:}13{:}17{.}066$ So what we know about DCIS is that

NOTE Confidence: 0.8000743

 $00{:}13{:}17.066 \dashrightarrow 00{:}13{:}19.598$ it often has skipped lesions.

NOTE Confidence: 0.8000743

00:13:19.600 --> 00:13:21.705 It's not just necessarily one

NOTE Confidence: 0.8000743

 $00{:}13{:}21.705 \dashrightarrow 00{:}13{:}23.389$ focal mass and so,

NOTE Confidence: 0.8000743

 $00:13:23.390 \longrightarrow 00:13:25.495$ and we often don't give

00:13:25.495 --> 00:13:27.179 systemic therapy for DCIS,

NOTE Confidence: 0.8000743

00:13:27.180 --> 00:13:27.996 IE chemotherapy,

NOTE Confidence: 0.8000743

 $00{:}13{:}27{.}996 \dashrightarrow 00{:}13{:}30{.}852$ so the thought was in looking at

NOTE Confidence: 0.8000743

 $00:13:30.852 \longrightarrow 00:13:33.299$ the analysis of over 30 studies

NOTE Confidence: 0.8000743

 $00:13:33.299 \longrightarrow 00:13:35.259$ for the DCIS panel with

NOTE Confidence: 0.7939793

 $00{:}13{:}35{.}343 \dashrightarrow 00{:}13{:}37{.}573$ over 8000 patients with the

NOTE Confidence: 0.7939793

 $00{:}13{:}37{.}573 \dashrightarrow 00{:}13{:}40{.}154$ thought was that 2 millimeters of.

NOTE Confidence: 0.7939793

 $00{:}13{:}40{.}154 \dashrightarrow 00{:}13{:}41{.}874$ Margin was sufficient to reduce

NOTE Confidence: 0.7939793

 $00{:}13{:}41.874 \dashrightarrow 00{:}13{:}44.570$ the risk of in breast recurrence.

NOTE Confidence: 0.7939793

 $00{:}13{:}44{.}570 \dashrightarrow 00{:}13{:}47{.}209$ They did look at various margin widths.

NOTE Confidence: 0.7939793

 $00:13:47.210 \rightarrow 00:13:49.592$ 5 millimeters, 1 centimeter and further NOTE Confidence: 0.7939793

 $00{:}13{:}49{.}592 \dashrightarrow 00{:}13{:}52{.}279$ margin with did not decrease in breast NOTE Confidence: 0.7939793

TOTE Connucliee. 0.1959195

00:13:52.279 $\operatorname{-->}$ 00:13:54.680 recurrence and so to this day we

NOTE Confidence: 0.7939793

 $00{:}13{:}54{.}751 \dashrightarrow 00{:}13{:}57{.}037$ still use the 2 millimeter margin.

NOTE Confidence: 0.7939793

 $00{:}13{:}57{.}040 \dashrightarrow 00{:}13{:}59{.}686$ With for pure DCIS in the breast,

NOTE Confidence: 0.7939793

 $00:13:59.690 \rightarrow 00:14:01.958$ no tumor on ink for invasive.

 $00{:}14{:}04{.}190 \dashrightarrow 00{:}14{:}06{.}782$ And our very own Doctor Tag power here

NOTE Confidence: 0.83158356

 $00{:}14{:}06.782 \dashrightarrow 00{:}14{:}09.519$ at Yale and multiple others here at

NOTE Confidence: 0.83158356

 $00{:}14{:}09{.}519 \dashrightarrow 00{:}14{:}12{.}037$ Yale did a randomized control trial

NOTE Confidence: 0.83158356

 $00{:}14{:}12.037 \dashrightarrow 00{:}14{:}14.635$ looking at this principle of margins,

NOTE Confidence: 0.83158356

00:14:14.640 --> 00:14:17.296 which was published not so long ago in

NOTE Confidence: 0.83158356

00:14:17.296 --> 00:14:20.057 the New England Journal of Medicine.

NOTE Confidence: 0.83158356

 $00:14:20.060 \longrightarrow 00:14:22.382$ The thought was is so people

NOTE Confidence: 0.83158356

00:14:22.382 --> 00:14:23.930 do margin very differently.

NOTE Confidence: 0.83158356

00:14:23.930 --> 00:14:26.096 In breast surgery some people take

NOTE Confidence: 0.83158356

 $00:14:26.096 \dashrightarrow 00:14:28.180$ margins off the actual specimen.

NOTE Confidence: 0.83158356

 $00{:}14{:}28{.}180 \dashrightarrow 00{:}14{:}30{.}115$ Some do full shave margins

NOTE Confidence: 0.83158356

 $00{:}14{:}30{.}115 \dashrightarrow 00{:}14{:}31{.}663$ within the cavity routinely.

NOTE Confidence: 0.83158356

 $00:14:31.670 \longrightarrow 00:14:33.630$ Some do select margins based

NOTE Confidence: 0.83158356

 $00{:}14{:}33{.}630 \dashrightarrow 00{:}14{:}35{.}198$ upon what their image.

NOTE Confidence: 0.83158356

 $00:14:35.200 \longrightarrow 00:14:36.448$ What's their specimen?

 $00:14:36.448 \rightarrow 00:14:38.944$ Looks like on the image radiograph

NOTE Confidence: 0.83158356

 $00{:}14{:}38{.}944 \dashrightarrow 00{:}14{:}41{.}812$ and so this trial asked that very

NOTE Confidence: 0.83158356

 $00{:}14{:}41.812 \dashrightarrow 00{:}14{:}43.896$ question about whether shave margins NOTE Confidence: 0.83158356

 $00:14:43.896 \rightarrow 00:14:46.046$ help with decreasing margin positive

NOTE Confidence: 0.83158356

 $00{:}14{:}46{.}046 \dashrightarrow 00{:}14{:}48{.}584$ ITI they looked at 235 patients.

NOTE Confidence: 0.83158356

 $00{:}14{:}48{.}584$ --> $00{:}14{:}51{.}433$ They were randomized so they underwent a NOTE Confidence: 0.83158356

 $00{:}14{:}51{.}433 \dashrightarrow 00{:}14{:}54{.}012$ lumpectomy and then they were randomized

NOTE Confidence: 0.83158356

 $00:14:54.012 \rightarrow 00:14:56.112$ to essentially no additional straight

NOTE Confidence: 0.83158356

 $00{:}14{:}56{.}179 \dashrightarrow 00{:}14{:}58{.}249$ margins or routine shape margins.

NOTE Confidence: 0.83158356

 $00{:}14{:}58{.}250 \dashrightarrow 00{:}15{:}00{.}340$ And as you can imagine,

NOTE Confidence: 0.83158356

 $00{:}15{:}00{.}340 \dashrightarrow 00{:}15{:}03{.}119$ what they found was that in routine

NOTE Confidence: 0.83158356

 $00{:}15{:}03{.}119 \dashrightarrow 00{:}15{:}05{.}838$ shape margins it reduced the margin.

NOTE Confidence: 0.83158356

 $00{:}15{:}05{.}840 \dashrightarrow 00{:}15{:}08{.}042$ Margin positive ITI rate and the

NOTE Confidence: 0.83158356

00:15:08.042 --> 00:15:09.903 reexcision rate so less patients

NOTE Confidence: 0.83158356

 $00:15:09.903 \rightarrow 00:15:12.150$ had to go back to the operating

NOTE Confidence: 0.83158356

 $00{:}15{:}12{.}150 \dashrightarrow 00{:}15{:}14.700$ room for further re excisions less

 $00{:}15{:}14.700 \dashrightarrow 00{:}15{:}16.536$ patients had positive margins.

NOTE Confidence: 0.83158356

00:15:16.540 --> 00:15:19.347 So if we're not doing breast conservation

NOTE Confidence: 0.83158356

 $00{:}15{:}19{.}347 \dashrightarrow 00{:}15{:}21{.}889$ and we're thinking about mast ectomies,

NOTE Confidence: 0.83158356

 $00:15:21.890 \longrightarrow 00:15:25.274$ what are some of the options

NOTE Confidence: 0.83158356

00:15:25.274 --> 00:15:27.530 for patients in mastectomies?

NOTE Confidence: 0.83158356

00:15:27.530 --> 00:15:30.833 We've now had a lot longer term data in

NOTE Confidence: 0.83158356

 $00:15:30.833 \rightarrow 00:15:32.734$ looking at ****** sparing mastectomy's.

NOTE Confidence: 0.83158356

 $00:15:32.734 \rightarrow 00:15:34.966$ The data is still relatively new.

NOTE Confidence: 0.83158356

00:15:34.970 --> 00:15:36.470 Consider all things considered,

NOTE Confidence: 0.83158356

 $00{:}15{:}36{.}470 \dashrightarrow 00{:}15{:}38{.}720$ but a lot more longitudinal data

NOTE Confidence: 0.83158356

 $00:15:38.784 \longrightarrow 00:15:40.174$ that ****** sparing mastectomy's

NOTE Confidence: 0.83158356

 $00{:}15{:}40{.}174 \dashrightarrow 00{:}15{:}42{.}034$ are safe for patients uncle.

NOTE Confidence: 0.83158356

00:15:42.040 --> 00:15:42.436 Logically,

NOTE Confidence: 0.83158356

 $00{:}15{:}42{.}436 \dashrightarrow 00{:}15{:}44{.}416$ however there are definitely criteria

NOTE Confidence: 0.83158356

 $00{:}15{:}44{.}416 \dashrightarrow 00{:}15{:}46{.}705$ that we consider when we think

00:15:46.705 --> 00:15:48.403 about performing a ****** sparing

NOTE Confidence: 0.83158356

00:15:48.403 --> 00:15:50.055 mastectomy conservatively I would NOTE Confidence: 0.83158356

 $00{:}15{:}50{.}055 \dashrightarrow 00{:}15{:}53{.}688$ say a lot of people still use the two NOTE Confidence: 0.83158356

 $00{:}15{:}53.688 \dashrightarrow 00{:}15{:}55.926$ centimeters that the cancer should be NOTE Confidence: 0.83158356

 $00:15:55.995 \longrightarrow 00:15:58.365$ 2 centimeters away from the *****.

NOTE Confidence: 0.83158356

 $00{:}15{:}58{.}370$ --> $00{:}16{:}00{.}440$ Often times we think about early stage NOTE Confidence: 0.83158356

 $00:16:00.440 \longrightarrow 00:16:02.540$ breast cancer patients as appropriate.

NOTE Confidence: 0.83158356

00:16:02.540 --> 00:16:03.984 ****** sparing mastectomy candidate.

NOTE Confidence: 0.83158356

00:16:03.984 --> 00:16:06.150 The idea of multi focal multi

NOTE Confidence: 0.83158356

 $00:16:06.213 \longrightarrow 00:16:07.089$ centric disease.

NOTE Confidence: 0.83158356

 $00{:}16{:}07.090 \dashrightarrow 00{:}16{:}09.736$ Most people will stay away from offering

NOTE Confidence: 0.83158356

 $00:16:09.736 \longrightarrow 00:16:11.876$ a ****** sparing for those patients.

NOTE Confidence: 0.83158356

 $00:16:11.876 \rightarrow 00:16:14.433$ And of course if they have any

NOTE Confidence: 0.83158356

 $00:16:14.433 \rightarrow 00:16:16.558$ significant ptosis of the brassware,

NOTE Confidence: 0.83158356

 $00{:}16{:}16{.}560 \dashrightarrow 00{:}16{:}18{.}080$ their cosmetic outcome wouldn't

NOTE Confidence: 0.83158356

 $00:16:18.080 \longrightarrow 00:16:18.840$ be inappropriate.

- NOTE Confidence: 0.83158356
- 00:16:18.840 --> 00:16:20.884 Cosmetic outcome for ******

00:16:20.884 --> 00:16:21.906 sparing mastectomy.

NOTE Confidence: 0.83158356

 $00:16:21.910 \rightarrow 00:16:23.722$ Prophylactic surgery is a great option

NOTE Confidence: 0.83158356

 $00:16:23.722 \rightarrow 00:16:25.775$ for patients if they are undergoing

NOTE Confidence: 0.83158356

 $00{:}16{:}25.775 \dashrightarrow 00{:}16{:}27.691$ prophylactic surgery for ****** sparing.

NOTE Confidence: 0.83158356

00:16:27.691 --> 00:16:30.078 Mastectomy is an I'll show you a

NOTE Confidence: 0.83158356

 $00{:}16{:}30.078 \dashrightarrow 00{:}16{:}32.142$ trial looking at the Braca population

NOTE Confidence: 0.83158356

 $00:16:32.142 \rightarrow 00:16:33.470$ and in ****** sparing's.

NOTE Confidence: 0.83158356

00:16:33.470 --> 00:16:34.830 Strong contraindications for ******

NOTE Confidence: 0.83158356

 $00:16:34.830 \rightarrow 00:16:37.242$ sparing so any locally advanced or

NOTE Confidence: 0.83158356

00:16:37.242 --> 00:16:39.445 inflammatory breast cancer or we do

NOTE Confidence: 0.83158356

 $00{:}16{:}39{.}445 \dashrightarrow 00{:}16{:}41{.}557$ not want to leave skin behind and so NOTE Confidence: 0.83158356

00:16:41.621 --> 00:16:44.008 we would not offer our patients ******

NOTE Confidence: 0.83158356

 $00{:}16{:}44.010 \dashrightarrow 00{:}16{:}46.050$ Springs for those types of cancers.

NOTE Confidence: 0.83158356

00:16:46.050 --> 00:16:47.772 Any kind of skin involvement and

00:16:47.772 --> 00:16:49.829 of course any kind of pathological

NOTE Confidence: 0.83158356

00:16:49.829 --> 00:16:51.959 radiologic involvement of the *****.

NOTE Confidence: 0.83158356

 $00:16:51.960 \longrightarrow 00:16:53.240$ Our clinical involvement of

NOTE Confidence: 0.83158356

 $00:16:53.240 \longrightarrow 00:16:54.486$ the ****** as well,

NOTE Confidence: 0.83158356

 $00{:}16{:}54{.}486 \dashrightarrow 00{:}16{:}56{.}304$ and then we think about high

NOTE Confidence: 0.83158356

 $00:16:56.304 \rightarrow 00:16:58.038$ risk patients for Noble Springs.

NOTE Confidence: 0.83158356

 $00{:}16{:}58{.}040 \dashrightarrow 00{:}16{:}59{.}774$ Not that we wouldn't offer them

NOTE Confidence: 0.83158356

00:16:59.774 --> 00:17:01.356 if they're smokers or diabetics

NOTE Confidence: 0.83158356

 $00{:}17{:}01.356 \dashrightarrow 00{:}17{:}02.840$ or a previous radiation,

NOTE Confidence: 0.83158356

 $00{:}17{:}02{.}840 \dashrightarrow 00{:}17{:}04{.}784$ but we definitely counsel patients in

NOTE Confidence: 0.83158356

 $00{:}17{:}04.784 \dashrightarrow 00{:}17{:}07.026$ terms of them having higher risk of

NOTE Confidence: 0.83158356

00:17:07.026 --> 00:17:09.960 ****** necrosis with these risk factors.

NOTE Confidence: 0.83158356

 $00{:}17{:}09{.}960 \dashrightarrow 00{:}17{:}12{.}991$ So looking at the Uncle Logic safety

NOTE Confidence: 0.83158356

00:17:12.991 --> 00:17:14.723 of prophylactic ****** sparing

NOTE Confidence: 0.83158356

00:17:14.723 --> 00:17:16.888 mastectomy in the Bracco population,

NOTE Confidence: 0.8060805

 $00:17:16.890 \longrightarrow 00:17:19.606$ about 550 patients were looked at in

00:17:19.606 --> 00:17:23.230 this JAMA study and found that there was

NOTE Confidence: 0.8060805

 $00:17:23.230 \longrightarrow 00:17:25.615$ no ipsilateral breast cancer recurrence

NOTE Confidence: 0.8060805

 $00:17:25.695 \rightarrow 00:17:28.145$ in the risk reducing ****** sparing

NOTE Confidence: 0.8060805

 $00{:}17{:}28.145 \dashrightarrow 00{:}17{:}31.190$ mast ectomy group so it was deemed a

NOTE Confidence: 0.8060805

 $00{:}17{:}31{.}190 \dashrightarrow 00{:}17{:}33{.}542$ safe technical procedure thinking also

NOTE Confidence: 0.8060805

 $00{:}17{:}33{.}542 \dashrightarrow 00{:}17{:}36{.}804$ keeping in mind though that the median

NOTE Confidence: 0.8060805

 $00:17:36.879 \rightarrow 00:17:39.959$ followups are still only 34 or 56 months.

NOTE Confidence: 0.8060805

 $00:17:39.960 \rightarrow 00:17:41.955$ These are obviously getting more

NOTE Confidence: 0.8060805

 $00{:}17{:}41.955 \dashrightarrow 00{:}17{:}44.200$ longitudinal as as time progress is,

NOTE Confidence: 0.8060805

 $00:17:44.200 \longrightarrow 00:17:45.672$ but overall you know.

NOTE Confidence: 0.8060805

 $00:17:45.672 \rightarrow 00:17:49.048$ I think we all agree that ****** sparing's

NOTE Confidence: 0.8060805

00:17:49.048 --> 00:17:52.138 are safer genetic variant carriers.

NOTE Confidence: 0.8060805

 $00{:}17{:}52{.}140 \dashrightarrow 00{:}17{:}54{.}240$ And then what about the contralateral

NOTE Confidence: 0.8060805

00:17:54.240 --> 00:17:55.290 prophylactic mastectomy conversation?

NOTE Confidence: 0.8060805

 $00:17:55.290 \longrightarrow 00:17:55.916$ You know?

 $00{:}17{:}55{.}916$ --> $00{:}17{:}58{.}420$ I think a lot of women come into

NOTE Confidence: 0.8060805

00:17:58.495 --> 00:18:01.099 clinic saying I want both of my

NOTE Confidence: 0.8060805

00:18:01.099 --> 00:18:03.340 breasts removed if I have cancer.

NOTE Confidence: 0.8060805

 $00:18:03.340 \longrightarrow 00:18:05.440$ I never want this coming back.

NOTE Confidence: 0.8060805

 $00:18:05.440 \longrightarrow 00:18:07.792$ I don't want it to spread from

NOTE Confidence: 0.8060805

 $00{:}18{:}07{.}792 \dashrightarrow 00{:}18{:}09{.}640$ one breast to the other.

NOTE Confidence: 0.8060805

00:18:09.640 --> 00:18:11.390 We know breast cancer doesn't

NOTE Confidence: 0.8060805

 $00:18:11.390 \longrightarrow 00:18:12.440$ spread that way.

NOTE Confidence: 0.8060805

 $00{:}18{:}12.440 \dashrightarrow 00{:}18{:}13.916$ We know that contralateral

NOTE Confidence: 0.8060805

00:18:13.916 --> 00:18:15.392 prophylactic mastectomy is actually

NOTE Confidence: 0.8060805

 $00{:}18{:}15{.}392 \dashrightarrow 00{:}18{:}17{.}339$ not associated with a survival benefit.

NOTE Confidence: 0.8060805

00:18:17.340 --> 00:18:18.740 It's double the surgery.

NOTE Confidence: 0.8060805

 $00:18:18.740 \longrightarrow 00:18:20.840$ It's double the risk of complication.

NOTE Confidence: 0.8060805

 $00{:}18{:}20{.}840 \dashrightarrow 00{:}18{:}22{.}870$ It's double the recovery time.

NOTE Confidence: 0.8060805

 $00:18:22.870 \longrightarrow 00:18:23.815$ It's definitely appropriate

NOTE Confidence: 0.8060805

 $00:18:23.815 \rightarrow 00:18:25.075$ in for some women,

- NOTE Confidence: 0.8060805
- $00:18:25.080 \longrightarrow 00:18:26.796$ and you know if the anxiety

 $00:18:26.796 \longrightarrow 00:18:28.683$ and the angst of having breast

NOTE Confidence: 0.8060805

 $00:18:28.683 \rightarrow 00:18:31.056$ cancer is just too much for them.

NOTE Confidence: 0.8060805

 $00{:}18{:}31.060 \dashrightarrow 00{:}18{:}32.470$ I think that's in completely appropriate

NOTE Confidence: 0.8060805

 $00{:}18{:}32{.}470 \dashrightarrow 00{:}18{:}33{.}961$ reason to do a contralateral

NOTE Confidence: 0.8060805

00:18:33.961 --> 00:18:35.470 profiler prophylactic mastectomy,

NOTE Confidence: 0.8060805

 $00{:}18{:}35{.}470 \dashrightarrow 00{:}18{:}37{.}710$ but I think making sure that the

NOTE Confidence: 0.8060805

 $00{:}18{:}37{.}710 \dashrightarrow 00{:}18{:}39{.}903$ patients understand and have a have a

NOTE Confidence: 0.8060805

 $00{:}18{:}39{.}903 \dashrightarrow 00{:}18{:}41.655$ good understanding of the data behind

NOTE Confidence: 0.8060805

 $00:18:41.713 \longrightarrow 00:18:43.657$ why they're choosing such a thing.

NOTE Confidence: 0.8060805

00:18:43.660 --> 00:18:45.555 There's also you know ****** dysfunction,

NOTE Confidence: 0.8060805

 $00{:}18{:}45{.}555 \dashrightarrow 00{:}18{:}46{.}815$ psychological dysfunction with losing

NOTE Confidence: 0.8060805

00:18:46.815 --> 00:18:48.390 sensation of their entire chest,

NOTE Confidence: 0.8060805

 $00{:}18{:}48{.}390 \dashrightarrow 00{:}18{:}49{.}960$ all things to think about,

NOTE Confidence: 0.8060805

 $00{:}18{:}49{.}960 \dashrightarrow 00{:}18{:}51{.}736$ and to really encourage a shared

 $00:18:51.736 \rightarrow 00:18:53.430$ decision making with your patience.

NOTE Confidence: 0.8320103

 $00{:}18{:}55.660 \dashrightarrow 00{:}18{:}57.208$ So the surgical management

NOTE Confidence: 0.8320103

 $00{:}18{:}57{.}208 \dashrightarrow 00{:}18{:}59{.}143$ of the XR has changed.

NOTE Confidence: 0.8320103

00:18:59.150 --> 00:19:01.502 I would argue drastically in the last

NOTE Confidence: 0.8320103

 $00{:}19{:}01{.}502 \dashrightarrow 00{:}19{:}03{.}915$ 20 years where we're obviously using

NOTE Confidence: 0.8320103

 $00{:}19{:}03{.}915 \dashrightarrow 00{:}19{:}06{.}140$ a lot more neoadjuvant the rapies.

NOTE Confidence: 0.8320103

00:19:06.140 --> 00:19:07.432 Now for our patients,

NOTE Confidence: 0.8320103

 $00{:}19{:}07{.}432 \dashrightarrow 00{:}19{:}09{.}370$ targeted the rapies for the her two

NOTE Confidence: 0.8320103

00:19:09.436 --> 00:19:11.486 positive patients were thinking more

NOTE Confidence: 0.8320103

 $00:19:11.486 \rightarrow 00:19:13.536$ about immunotherapy for the triple

NOTE Confidence: 0.8320103

 $00{:}19{:}13.600 \dashrightarrow 00{:}19{:}15.448$ negative breast cancer patients.

NOTE Confidence: 0.8320103

00:19:15.450 --> 00:19:18.218 So what we know is that in looking

NOTE Confidence: 0.8320103

00:19:18.218 --> 00:19:20.489 at Sentinel lymph node biopsy's,

NOTE Confidence: 0.8320103

 $00{:}19{:}20{.}490 \dashrightarrow 00{:}19{:}22{.}812$ there are two ways to localize

NOTE Confidence: 0.8320103

 $00{:}19{:}22.812 \dashrightarrow 00{:}19{:}23.973$ Sentinel lymph nodes.

NOTE Confidence: 0.8320103

 $00:19:23.980 \longrightarrow 00:19:24.648$ Blue dye.

- NOTE Confidence: 0.8320103
- $00:19:24.648 \longrightarrow 00:19:26.318$ Whether it's methylene blue or

00:19:26.318 --> 00:19:28.871 I so flooring blue and then are

NOTE Confidence: 0.8320103

00:19:28.871 --> 00:19:30.355 usually a radioactive isotope,

NOTE Confidence: 0.8320103

 $00:19:30.360 \longrightarrow 00:19:33.560$ technetium is one of them.

NOTE Confidence: 0.8320103

 $00:19:33.560 \longrightarrow 00:19:34.912$ Some surgeons use both.

NOTE Confidence: 0.8320103

 $00:19:34.912 \longrightarrow 00:19:36.602$ Some surgeons just use one.

NOTE Confidence: 0.8320103

 $00:19:36.610 \longrightarrow 00:19:39.025$ We do know that in the upfront

NOTE Confidence: 0.8320103

 $00:19:39.025 \rightarrow 00:19:40.800$ surgical setting the we find

NOTE Confidence: 0.8320103

 $00{:}19{:}40.800 \dashrightarrow 00{:}19{:}42.792$ that the false negative rate of

NOTE Confidence: 0.8320103

 $00:19:42.792 \longrightarrow 00:19:44.406$ less than 10% is inappropriate.

NOTE Confidence: 0.8320103

 $00{:}19{:}44.406 \dashrightarrow 00{:}19{:}46.096$ False negative rate for Sentinel,

NOTE Confidence: 0.8320103

 $00{:}19{:}46.100 \dashrightarrow 00{:}19{:}48.038$ lymph node biopsy's and that single

NOTE Confidence: 0.8320103

 $00:19:48.038 \longrightarrow 00:19:49.740$ tracer is appropriate in the

NOTE Confidence: 0.8320103

00:19:49.740 --> 00:19:51.490 up
front surgical setting for that

NOTE Confidence: 0.8320103

 $00{:}19{:}51{.}490 \dashrightarrow 00{:}19{:}53{.}220$ principle of false negative rate.

 $00:19:53.220 \rightarrow 00:19:55.392$ I only show these pictures because

NOTE Confidence: 0.8320103

 $00:19:55.392 \longrightarrow 00:19:57.802$ I think it's helpful to really see

NOTE Confidence: 0.8320103

 $00{:}19{:}57{.}802 \dashrightarrow 00{:}20{:}00{.}293$ what the gamma probe is that we use

NOTE Confidence: 0.8320103

 $00{:}20{:}00{.}293 \dashrightarrow 00{:}20{:}03.045$ to find that radioactive isotope in the XR.

NOTE Confidence: 0.8320103

 $00:20:03.050 \longrightarrow 00:20:05.090$ The blue dye really does work.

NOTE Confidence: 0.8320103

 $00{:}20{:}05{.}090 \dashrightarrow 00{:}20{:}06{.}482$ We find blue nodes.

NOTE Confidence: 0.8320103

 $00{:}20{:}06{.}482 \dashrightarrow 00{:}20{:}08{.}222$ That are are representative of

NOTE Confidence: 0.8320103

00:20:08.222 --> 00:20:09.814 Sentinel lymph node and just

NOTE Confidence: 0.8320103

 $00{:}20{:}09{.}814 \dashrightarrow 00{:}20{:}11{.}584$ the principle of the level one

NOTE Confidence: 0.8320103

 $00{:}20{:}11.647 \dashrightarrow 00{:}20{:}13.712$ Level 2 and then going back to

NOTE Confidence: 0.8320103

 $00:20:13.712 \longrightarrow 00:20:15.506$ the beginning slide of the whole.

NOTE Confidence: 0.8320103

 $00:20:15.506 \rightarrow 00:20:16.110$ So mastectomy.

NOTE Confidence: 0.8320103

 $00{:}20{:}16.110 \dashrightarrow 00{:}20{:}18.511$ Really the Level 3 lymph nodes that

NOTE Confidence: 0.8320103

 $00{:}20{:}18.511 \dashrightarrow 00{:}20{:}21.078$ are medial to the PEC minor muscle.

NOTE Confidence: 0.8320103

 $00{:}20{:}21.080 \dashrightarrow 00{:}20{:}24.300$ So in the upfront setting.

NOTE Confidence: 0.8320103

 $00:20:24.300 \rightarrow 00:20:26.848$ If we have clinically node negative patients,

- NOTE Confidence: 0.8320103
- $00:20:26.850 \rightarrow 00:20:29.394$ we can offer them a central lymph node
- NOTE Confidence: 0.8320103
- $00:20:29.394 \rightarrow 00:20:31.730$ biopsy if they have any clinically
- NOTE Confidence: 0.8320103
- $00:20:31.730 \longrightarrow 00:20:33.760$ palpable adenopathy in the XR.
- NOTE Confidence: 0.8320103
- $00{:}20{:}33.760 \dashrightarrow 00{:}20{:}36.136$ Right now the the right answer is to
- NOTE Confidence: 0.8320103
- $00:20:36.136 \longrightarrow 00:20:38.858$ do an actual lymph node dissection.
- NOTE Confidence: 0.8320103
- $00{:}20{:}38.860 \dashrightarrow 00{:}20{:}42.000$ If we're doing up front surgery.
- NOTE Confidence: 0.8320103
- $00:20:42.000 \rightarrow 00:20:44.004$ Keeping in mind that if they're
- NOTE Confidence: 0.8320103
- $00:20:44.004 \rightarrow 00:20:45.006$ clinically node negative,
- NOTE Confidence: 0.8320103
- 00:20:45.010 --> 00:20:47.683 the Z 11 trial and there was the ammo
- NOTE Confidence: 0.8320103
- $00{:}20{:}47.683 \dashrightarrow 00{:}20{:}50.234$ amaros trial and there was a lot of
- NOTE Confidence: 0.8320103
- $00:20:50.234 \rightarrow 00:20:51.997$ other good trials actually happening
- NOTE Confidence: 0.8320103
- $00{:}20{:}51{.}997 \dashrightarrow 00{:}20{:}55{.}029$ around the same time as the 11 trial.
- NOTE Confidence: 0.8320103
- $00:20:55.030 \longrightarrow 00:20:56.362$ This just happened to
- NOTE Confidence: 0.8320103
- 00:20:56.362 --> 00:20:58.027 occur in the United States,
- NOTE Confidence: 0.8320103
- $00{:}20{:}58.030 \dashrightarrow 00{:}21{:}00.179$ so we do tend to talk about
- NOTE Confidence: 0.8320103

 $00:21:00.179 \longrightarrow 00:21:02.039$ it a lot more here.

NOTE Confidence: 0.8320103

 $00:21:02.040 \longrightarrow 00:21:04.044$ But what we found was that

NOTE Confidence: 0.8320103

 $00:21:04.044 \longrightarrow 00:21:05.380$ in the upfront setting,

NOTE Confidence: 0.8320103

 $00:21:05.380 \longrightarrow 00:21:07.276$ if there was no clinically couple

NOTE Confidence: 0.8320103

 $00{:}21{:}07{.}276 \dashrightarrow 00{:}21{:}09{.}599$ a denopathy in the XR that we could

NOTE Confidence: 0.8320103

 $00{:}21{:}09{.}599 \dashrightarrow 00{:}21{:}11{.}264$ leave some maxillary disease behind NOTE Confidence: 0.8320103

 $00{:}21{:}11{.}264 \dashrightarrow 00{:}21{:}13{.}460$ with no sacrifice of Uncle Logic.

NOTE Confidence: 0.8320103

 $00:21:13.460 \longrightarrow 00:21:15.460$ Outcomes so these 900 women,

NOTE Confidence: 0.8320103

00:21:15.460 --> 00:21:17.530 about 850 patients were randomized

NOTE Confidence: 0.8320103

 $00{:}21{:}17.530 \dashrightarrow 00{:}21{:}19.600$ to either axillary lymph node

NOTE Confidence: 0.8320103

00:21:19.666 --> 00:21:21.606 dissection or no additional axillary

NOTE Confidence: 0.8320103

00:21:21.606 --> 00:21:24.375 surgery if they had one or two

NOTE Confidence: 0.8320103

00:21:24.375 --> 00:21:26.280 positive Sentinel lymph nodes on

NOTE Confidence: 0.8320103

00:21:26.280 --> 00:21:28.182 their central lymph node biopsy.

NOTE Confidence: 0.8320103

00:21:28.182 --> 00:21:28.934 And Interestingly,

NOTE Confidence: 0.8320103

 $00:21:28.934 \rightarrow 00:21:32.210$ in the patients who want to access section,

- NOTE Confidence: 0.8320103
- $00:21:32.210 \longrightarrow 00:21:34.604$ 28% of them had additional additional

 $00{:}21{:}34.604 \dashrightarrow 00{:}21{:}36.200$ positive axillary lymph nodes.

NOTE Confidence: 0.8320103

 $00:21:36.200 \rightarrow 00:21:38.600$ However, thinking that it was randomized,

NOTE Confidence: 0.8320103

 $00:21:38.600 \rightarrow 00:21:41.688$ the patients who did not go on to

NOTE Confidence: 0.8320103

 $00:21:41.688 \rightarrow 00:21:43.499$ additional surgery probably had.

NOTE Confidence: 0.8320103

00:21:43.500 --> 00:21:44.484 Additional axillary disease

NOTE Confidence: 0.8320103

 $00:21:44.484 \longrightarrow 00:21:45.796$ that was left behind,

NOTE Confidence: 0.8320103

 $00:21:45.800 \longrightarrow 00:21:47.823$ and we found that there was no

NOTE Confidence: 0.8320103

00:21:47.823 --> 00:21:49.400 difference in axillary recurrences,

NOTE Confidence: 0.8320103

00:21:49.400 --> 00:21:51.040 survival, or disease free survival,

NOTE Confidence: 0.8320103

 $00{:}21{:}51{.}040 \dashrightarrow 00{:}21{:}53{.}273$ so we feel comfortable now that if

NOTE Confidence: 0.8320103

00:21:53.273 --> 00:21:55.652 patients who have one or two positive

NOTE Confidence: 0.8320103

 $00:21:55.652 \rightarrow 00:21:57.680$ lymph nodes on settling down biopsy

NOTE Confidence: 0.791849429999999

 $00{:}21{:}57.744 \dashrightarrow 00{:}21{:}59.309$ in the upfront surgical setting

NOTE Confidence: 0.791849429999999

 $00{:}21{:}59{.}309 \dashrightarrow 00{:}22{:}02{.}416$ that we do not need to go on
$00:22:02.416 \longrightarrow 00:22:04.976$ to perform the access section.

NOTE Confidence: 0.791849429999999

 $00:22:04.980 \longrightarrow 00:22:07.584$ However, I think that

NOTE Confidence: 0.791849429999999

 $00:22:07.584 \rightarrow 00:22:10.839$ principle is going to become.

NOTE Confidence: 0.791849429999999

 $00:22:10.840 \longrightarrow 00:22:13.710$ More challenge maybe if you will with

NOTE Confidence: 0.791849429999999

 $00{:}22{:}13.710 \dashrightarrow 00{:}22{:}16.809$ these new results of the RX Ponder trials.

NOTE Confidence: 0.791849429999999

 $00{:}22{:}16.810 \dashrightarrow 00{:}22{:}19.568$ So in ER positive disease the tailor

NOTE Confidence: 0.791849429999999

 $00{:}22{:}19.568 \dashrightarrow 00{:}22{:}23.053$ X trial as I showed you a few slides

NOTE Confidence: 0.791849429999999

00:22:23.053 - 00:22:25.958 ago looked back in the early 2000s.

NOTE Confidence: 0.791849429999999

 $00{:}22{:}25{.}960 \dashrightarrow 00{:}22{:}27{.}950$ Looked at ER positive disease

NOTE Confidence: 0.791849429999999

 $00:22:27.950 \longrightarrow 00:22:29.144$ node negative patients,

NOTE Confidence: 0.791849429999999

 $00{:}22{:}29{.}150 \dashrightarrow 00{:}22{:}31{.}929$ and who benefited from chemotherapy or not.

NOTE Confidence: 0.791849429999999

 $00:22:31.930 \rightarrow 00:22:34.318$ The Oncotype score is a genomic.

NOTE Confidence: 0.791849429999999

 $00:22:34.320 \longrightarrow 00:22:36.228$ The genomic testing on

NOTE Confidence: 0.791849429999999

 $00:22:36.228 \longrightarrow 00:22:38.136$ the actual tumor itself.

NOTE Confidence: 0.791849429999999

 $00{:}22{:}38{.}140 \dashrightarrow 00{:}22{:}40{.}276$ And it gives us a score from zero

NOTE Confidence: 0.791849429999999

 $00:22:40.276 \longrightarrow 00:22:42.849$ to 50 and it was a non inferior

 $00:22:42.849 \rightarrow 00:22:45.046$ trial looking at women who either

NOTE Confidence: 0.791849429999999

 $00:22:45.046 \longrightarrow 00:22:47.470$ got hormone therapy or loan or

NOTE Confidence: 0.791849429999999

 $00{:}22{:}47{.}470 \dashrightarrow 00{:}22{:}49{.}312$ chemotherapy plus hormone the rapy and

NOTE Confidence: 0.791849429999999

 $00:22:49.312 \longrightarrow 00:22:52.000$ an if their score was less than 25,

NOTE Confidence: 0.791849429999999

00:22:52.000 --> 00:22:54.520 we felt that we found that they did

NOTE Confidence: 0.791849429999999

 $00:22:54.520 \rightarrow 00:22:56.746$ not benefit from chemotherapy and

NOTE Confidence: 0.791849429999999

 $00:22:56.746 \longrightarrow 00:22:58.778$ hormone therapy was sufficient.

NOTE Confidence: 0.791849429999999

 $00:22:58.780 \longrightarrow 00:23:00.740$ That was in the node.

NOTE Confidence: 0.791849429999999

00:23:00.740 --> 00:23:01.520 Negative patients,

NOTE Confidence: 0.791849429999999

00:23:01.520 --> 00:23:03.470 however the RX Ponder trial,

NOTE Confidence: 0.791849429999999

 $00:23:03.470 \longrightarrow 00:23:04.994$ which is still ongoing,

NOTE Confidence: 0.791849429999999

 $00{:}23{:}04{.}994 \dashrightarrow 00{:}23{:}06{.}899$ but we got preliminary results

NOTE Confidence: 0.791849429999999

 $00:23:06.899 \longrightarrow 00:23:09.317$ just about four months ago at

NOTE Confidence: 0.791849429999999

00:23:09.317 --> 00:23:10.893 San Antonio Breast Conference.

NOTE Confidence: 0.791849429999999

00:23:10.900 --> 00:23:12.855 Looked at the same question

00:23:12.855 --> 00:23:14.810 in now node positive patients,

NOTE Confidence: 0.791849429999999

 $00:23:14.810 \rightarrow 00:23:17.156$ one to three node positive patients,

NOTE Confidence: 0.791849429999999

 $00:23:17.160 \rightarrow 00:23:21.336$ one one or two or three positive lymph nodes.

NOTE Confidence: 0.791849429999999

 $00:23:21.340 \rightarrow 00:23:23.587$ And what we think is their finding

NOTE Confidence: 0.791849429999999

 $00{:}23{:}23{.}587 \dashrightarrow 00{:}23{:}25{.}448$ the same things that women who

NOTE Confidence: 0.791849429999999

 $00{:}23{:}25{.}448 \dashrightarrow 00{:}23{:}27{.}380$ have a score of less than 25

NOTE Confidence: 0.791849429999999

 $00:23:27.450 \longrightarrow 00:23:29.378$ hormone therapy is sufficient.

NOTE Confidence: 0.791849429999999

 $00:23:29.380 \longrightarrow 00:23:30.568$ Keeping in mind, though,

NOTE Confidence: 0.791849429999999

 $00{:}23{:}30{.}568 \dashrightarrow 00{:}23{:}32{.}834$ that this is in the in the

NOTE Confidence: 0.791849429999999

 $00:23:32.834 \rightarrow 00:23:34.070$ post menopausal women,

NOTE Confidence: 0.791849429999999

 $00{:}23{:}34.070 \dashrightarrow 00{:}23{:}36.090$ we still think that chemotherapy

NOTE Confidence: 0.791849429999999

 $00:23:36.090 \rightarrow 00:23:37.706$ benefits pre menopausal women.

NOTE Confidence: 0.791849429999999

 $00:23:37.710 \rightarrow 00:23:40.950$ So what does that mean for us as surgeons?

NOTE Confidence: 0.791849429999999

 $00:23:40.950 \rightarrow 00:23:42.034$ What it means is,

NOTE Confidence: 0.791849429999999

 $00{:}23{:}42{.}034 \dashrightarrow 00{:}23{:}45{.}058$ is that if a woman has a clinically palpable

NOTE Confidence: 0.791849429999999

 $00:23:45.058 \rightarrow 00:23:48.145$ lymph node and wants to avoid chemotherapy,

- NOTE Confidence: 0.791849429999999
- $00:23:48.150 \longrightarrow 00:23:50.112$ then it could be possible where
- NOTE Confidence: 0.791849429999999
- $00:23:50.112 \longrightarrow 00:23:52.469$ we take them to surgery first,
- NOTE Confidence: 0.791849429999999
- $00:23:52.470 \longrightarrow 00:23:55.062$ we do an access section to find exactly
- NOTE Confidence: 0.791849429999999
- $00:23:55.062 \rightarrow 00:23:57.868$ how many positive lymph nodes they have,
- NOTE Confidence: 0.791849429999999
- $00:23:57.870 \longrightarrow 00:24:00.550$ and then we could potentially
- NOTE Confidence: 0.791849429999999
- $00{:}24{:}00{.}550 \dashrightarrow 00{:}24{:}02{.}694$ avoid giving them chemotherapy.
- NOTE Confidence: 0.791849429999999
- 00:24:02.700 --> 00:24:03.053 Alright,
- NOTE Confidence: 0.791849429999999
- $00:24:03.053 \longrightarrow 00:24:05.171$ So what about if we give
- NOTE Confidence: 0.791849429999999
- 00:24:05.171 -> 00:24:06.230 patients neoadjuvant therapy?
- NOTE Confidence: 0.791849429999999
- 00:24:06.230 --> 00:24:06.594 Historically,
- NOTE Confidence: 0.791849429999999
- $00:24:06.594 \rightarrow 00:24:08.778$ the standard of care for clinically
- NOTE Confidence: 0.791849429999999
- $00{:}24{:}08.778 \dashrightarrow 00{:}24{:}10.587$ no positive patients even after
- NOTE Confidence: 0.791849429999999
- $00:24:10.587 \rightarrow 00:24:12.573$ neoadjuvant was still an access section,
- NOTE Confidence: 0.791849429999999
- $00{:}24{:}12.580 \dashrightarrow 00{:}24{:}14.794$ but some of these trials found
- NOTE Confidence: 0.791849429999999
- $00{:}24{:}14.794 \dashrightarrow 00{:}24{:}16.819$ that actually are nodal PC RAR,
- NOTE Confidence: 0.791849429999999

 $00:24:16.820 \longrightarrow 00:24:17.879$ pathologic complete response

NOTE Confidence: 0.791849429999999

00:24:17.879 --> 00:24:20.350 rate in the XR was quite high,

NOTE Confidence: 0.791849429999999

 $00:24:20.350 \longrightarrow 00:24:22.468$ and so we felt that maybe

NOTE Confidence: 0.791849429999999

 $00:24:22.468 \longrightarrow 00:24:23.880$ we could avoid giving.

NOTE Confidence: 0.791849429999999

00:24:23.880 --> 00:24:25.992 Avoid doing an access

NOTE Confidence: 0.791849429999999

 $00:24:25.992 \longrightarrow 00:24:27.576$ section after neoadjuvant.

NOTE Confidence: 0.791849429999999

 $00:24:27.580 \longrightarrow 00:24:29.390$ But the scary thing is,

NOTE Confidence: 0.791849429999999

 $00{:}24{:}29{.}390 \dashrightarrow 00{:}24{:}31{.}756$ is maybe this would decrease our or

NOTE Confidence: 0.791849429999999

00:24:31.756 --> 00:24:33.719 increase our false negative rate,

NOTE Confidence: 0.791849429999999

00:24:33.720 --> 00:24:34.848 lower identification rate,

NOTE Confidence: 0.791849429999999

 $00:24:34.848 \longrightarrow 00:24:36.728$ or higher false negative rate

NOTE Confidence: 0.791849429999999

 $00{:}24{:}36{.}728 \dashrightarrow 00{:}24{:}38{.}972$ because of the non uniform effective

NOTE Confidence: 0.791849429999999

 $00:24:38.972 \longrightarrow 00:24:40.767$ chemotherapy for well done trials

NOTE Confidence: 0.791849429999999

 $00{:}24{:}40.767 \dashrightarrow 00{:}24{:}42.527$ were performed around the same

NOTE Confidence: 0.791849429999999

 $00{:}24{:}42{.}527 \dashrightarrow 00{:}24{:}44{.}207$ time that demonstrated that if

NOTE Confidence: 0.791849429999999

 $00:24:44.207 \longrightarrow 00:24:46.400$ you use dual tracer that blue

- NOTE Confidence: 0.791849429999999
- $00:24:46.400 \rightarrow 00:24:48.652$ dye and radioactive isotope as I
- NOTE Confidence: 0.791849429999999
- $00{:}24{:}48.652 \dashrightarrow 00{:}24{:}50.962$ showed and you were moved at least
- NOTE Confidence: 0.791849429999999
- $00:24:50.962 \longrightarrow 00:24:52.490$ three central lymph nodes,
- NOTE Confidence: 0.791849429999999
- $00:24:52.490 \longrightarrow 00:24:54.295$ the false negative rate was
- NOTE Confidence: 0.791849429999999
- $00:24:54.295 \longrightarrow 00:24:55.739$ inappropriate less than 10%.
- NOTE Confidence: 0.791849429999999
- 00:24:55.740 --> 00:24:56.113 However,
- NOTE Confidence: 0.791849429999999
- $00:24:56.113 \longrightarrow 00:24:57.978$ we do know that if.
- NOTE Confidence: 0.791849429999999
- 00:24:57.980 --> 00:24:59.790 Any lymph nodes remain positive
- NOTE Confidence: 0.791849429999999
- $00:24:59.790 \longrightarrow 00:25:01.238$ after new agent chemotherapy.
- NOTE Confidence: 0.791849429999999
- $00:25:01.240 \rightarrow 00:25:03.406$ We still go on tax dissection,
- NOTE Confidence: 0.791849429999999
- $00:25:03.410 \longrightarrow 00:25:05.783$ but that is also getting looked at
- NOTE Confidence: 0.791849429999999
- $00{:}25{:}05{.}783 \dashrightarrow 00{:}25{:}07{.}983$ in an ongoing alliance trial where
- NOTE Confidence: 0.791849429999999
- $00:25:07.983 \longrightarrow 00:25:10.559$ maybe like the Z 11 trial where
- NOTE Confidence: 0.8172174
- $00:25:10.631 \rightarrow 00:25:13.179$ we know we left some disease behind,
- NOTE Confidence: 0.8172174
- $00{:}25{:}13{.}180 \dashrightarrow 00{:}25{:}15{.}964$ maybe actually radiation is going to
- NOTE Confidence: 0.8172174

 $00{:}25{:}15{.}964 \dashrightarrow 00{:}25{:}19{.}303$ be sufficient enough and we can still

NOTE Confidence: 0.8172174

 $00:25:19.303 \rightarrow 00:25:21.633$ leave some ancillary disease behind.

NOTE Confidence: 0.8172174

 $00{:}25{:}21.640 \dashrightarrow 00{:}25{:}23.722$ We are using a lot more

NOTE Confidence: 0.8172174

00:25:23.722 --> 00:25:24.763 neoadjuvant endocrine therapy.

NOTE Confidence: 0.8172174

 $00{:}25{:}24.770 \dashrightarrow 00{:}25{:}26.540$ Ferrari are positive patients, especially

NOTE Confidence: 0.8172174

 $00{:}25{:}26{.}540 \dashrightarrow 00{:}25{:}29{.}298$ in the light of the RX Ponder trial.

NOTE Confidence: 0.8172174

 $00:25:29.300 \longrightarrow 00:25:30.684$ An especially during kovid,

NOTE Confidence: 0.8172174

 $00:25:30.684 \rightarrow 00:25:33.468$ for instance, and So what is the data?

NOTE Confidence: 0.8172174

 $00{:}25{:}33{.}470 \dashrightarrow 00{:}25{:}35{.}210$ What are the data with

NOTE Confidence: 0.8172174

 $00:25:35.210 \rightarrow 00:25:36.254$ neoadjuvant androgen therapy?

NOTE Confidence: 0.8172174

 $00{:}25{:}36{.}260 \dashrightarrow 00{:}25{:}40{.}308$ We know that the PCR rates are low.

NOTE Confidence: 0.8172174

 $00{:}25{:}40{.}310 \dashrightarrow 00{:}25{:}42{.}548$ They it does help with breast

NOTE Confidence: 0.8172174

 $00{:}25{:}42.548 \dashrightarrow 00{:}25{:}43.294$ conservation eligibility.

NOTE Confidence: 0.8172174

 $00:25:43.300 \rightarrow 00:25:45.550$ We think for neoadjuvant enterkin therapy,

NOTE Confidence: 0.8172174

 $00{:}25{:}45{.}550 \dashrightarrow 00{:}25{:}48{.}168$ they do need a lot of new

NOTE Confidence: 0.8172174

 $00:25:48.168 \rightarrow 00:25:49.290$ management and therapy.

00:25:49.290 --> 00:25:50.766 About six months, however,

NOTE Confidence: 0.8172174

 $00{:}25{:}50.766 \dashrightarrow 00{:}25{:}54.105$ we do think this was a nicely done child

NOTE Confidence: 0.8172174

 $00{:}25{:}54.105 \dashrightarrow 00{:}25{:}57.140$ out of data are done at Dana Farber.

NOTE Confidence: 0.8172174

 $00{:}25{:}57{.}140 \dashrightarrow 00{:}25{:}59{.}156$ We do think that in the

NOTE Confidence: 0.8172174

00:25:59.156 --> 00:26:01.250 clinically T1 or T2N0 patients,

NOTE Confidence: 0.8172174

 $00{:}26{:}01{.}250 \dashrightarrow 00{:}26{:}03{.}777$ they had a low residual nodal burden

NOTE Confidence: 0.8172174

 $00{:}26{:}03.777 \dashrightarrow 00{:}26{:}05.370$ after neoadjuvant endocrine the rapy.

NOTE Confidence: 0.8172174

 $00:26:05.370 \rightarrow 00:26:10.010$ So maybe we can extrapolate that and say.

NOTE Confidence: 0.8172174

00:26:10.010 --> 00:26:12.071 If they only have one or two positive lymph

NOTE Confidence: 0.8172174

00:26:12.071 --> 00:26:14.027 nodes after neoadjuvant endocrine therapy,

NOTE Confidence: 0.8172174

 $00:26:14.030 \longrightarrow 00:26:16.095$ we actually don't have to

NOTE Confidence: 0.8172174

 $00{:}26{:}16.095 \dashrightarrow 00{:}26{:}18.160$ go on to access section.

NOTE Confidence: 0.8172174

00:26:18.160 --> 00:26:18.515 Alright,

NOTE Confidence: 0.8172174

00:26:18.515 --> 00:26:21.000 I brief update on stage four disease.

NOTE Confidence: 0.8172174

 $00:26:21.000 \rightarrow 00:26:24.195$ So why do we operate on stage four disease?

- 00:26:24.200 --> 00:26:24.555 Oftentimes,
- NOTE Confidence: 0.8172174
- $00:26:24.555 \rightarrow 00:26:26.330$ it's pallative wound control bleeding.
- NOTE Confidence: 0.8172174
- $00:26:26.330 \longrightarrow 00:26:30.020$ If there's an aquatic tumor.
- NOTE Confidence: 0.8172174
- 00:26:30.020 --> 00:26:31.145 And oftentimes, unfortunately,
- NOTE Confidence: 0.8172174
- 00:26:31.145 --> 00:26:33.395 our patients present with operable disease,
- NOTE Confidence: 0.8172174
- $00:26:33.400 \longrightarrow 00:26:35.280$ even if their stage four,
- NOTE Confidence: 0.8172174
- $00:26:35.280 \longrightarrow 00:26:37.160$ they tend to be healthy.
- NOTE Confidence: 0.8172174
- $00:26:37.160 \longrightarrow 00:26:40.024$ We are finding a lot more stage four
- NOTE Confidence: 0.8172174
- $00{:}26{:}40.024 \dashrightarrow 00{:}26{:}42.049$ disease because of better imaging,
- NOTE Confidence: 0.8172174
- $00{:}26{:}42.050 \dashrightarrow 00{:}26{:}44.306$ and there's been a lot of
- NOTE Confidence: 0.8172174
- $00:26:44.306 \longrightarrow 00:26:45.434$ mixed retrospective reviews.
- NOTE Confidence: 0.8172174
- $00{:}26{:}45{.}440 \dashrightarrow 00{:}26{:}48{.}176$ Looking at this question of whether
- NOTE Confidence: 0.8172174
- $00:26:48.176 \rightarrow 00:26:51.069$ surgery helps with stage four disease.
- NOTE Confidence: 0.8172174
- $00{:}26{:}51.070 \dashrightarrow 00{:}26{:}53.170$ Doctor Khan out of northwestern
- NOTE Confidence: 0.8172174
- $00{:}26{:}53.170 \dashrightarrow 00{:}26{:}54.850$ just essentially finished a
- NOTE Confidence: 0.8172174
- $00:26:54.850 \longrightarrow 00:26:56.360$ randomized controlled trial.

 $00:26:56.360 \rightarrow 00:26:58.164$ Looking at this various,

NOTE Confidence: 0.8172174

 $00{:}26{:}58{.}164 \dashrightarrow 00{:}27{:}00{.}419$ this very question on whether

NOTE Confidence: 0.8172174

 $00:27:00.419 \longrightarrow 00:27:02.635$ surgery help stage four disease

NOTE Confidence: 0.8172174

 $00:27:02.635 \longrightarrow 00:27:04.740$ and the really final result.

NOTE Confidence: 0.8172174

 $00{:}27{:}04.740 \dashrightarrow 00{:}27{:}06.850$ Final conclusion was that surgery

NOTE Confidence: 0.8172174

 $00{:}27{:}06{.}850 \dashrightarrow 00{:}27{:}08{.}960$ and radiation did not extend

NOTE Confidence: 0.8172174

 $00{:}27{:}09{.}032 \dashrightarrow 00{:}27{:}11{.}756$ survival in these de Novo metastatic

NOTE Confidence: 0.8172174

00:27:11.756 --> 00:27:13.118 breast cancer patients.

NOTE Confidence: 0.8172174

 $00:27:13.120 \longrightarrow 00:27:15.436$ The big question behind it is

NOTE Confidence: 0.8172174

 $00:27:15.436 \longrightarrow 00:27:17.970$ the idea of oligo metastatic.

NOTE Confidence: 0.8172174

 $00{:}27{:}17{.}970 \dashrightarrow 00{:}27{:}20{.}646$ So if there's one small little

NOTE Confidence: 0.8172174

 $00:27:20.646 \longrightarrow 00:27:21.984$ lesion somewhere else.

NOTE Confidence: 0.8172174

00:27:21.990 --> 00:27:23.550 Maybe it will help because

NOTE Confidence: 0.8172174

 $00{:}27{:}23.550 \dashrightarrow 00{:}27{:}25.110$ we're not the data is.

NOTE Confidence: 0.8172174

 $00{:}27{:}25{.}110 \dashrightarrow 00{:}27{:}27{.}278$ This is so new that we don't have

 $00:27:27.278 \longrightarrow 00:27:29.869$ all the data in terms of all the

NOTE Confidence: 0.8172174

00:27:29.869 --> 00:27:31.660 patients involved in this study,

NOTE Confidence: 0.8172174

 $00:27:31.660 \longrightarrow 00:27:33.490$ but we still don't think that

NOTE Confidence: 0.8172174

 $00:27:33.490 \longrightarrow 00:27:35.090$ surgery is going to help.

NOTE Confidence: 0.8172174

 $00{:}27{:}35{.}090 \dashrightarrow 00{:}27{:}37{.}260$ It is helping stage for de Novo

NOTE Confidence: 0.8172174

 $00{:}27{:}37{.}260 \dashrightarrow 00{:}27{:}39{.}150$ patients and last but not least,

NOTE Confidence: 0.8172174

 $00:27:39.150 \longrightarrow 00:27:41.646$ so high risk lesions can be very complex,

NOTE Confidence: 0.8172174

00:27:41.650 -> 00:27:44.560 complicated, very scary for women.

NOTE Confidence: 0.8172174

00:27:44.560 --> 00:27:46.864 So based upon a lot of you know

NOTE Confidence: 0.8172174

00:27:46.864 --> 00:27:48.825 various data from across the country

NOTE Confidence: 0.8172174

 $00{:}27{:}48.825 \dashrightarrow 00{:}27{:}51.532$ in terms of when we excite some of

NOTE Confidence: 0.8172174

 $00:27:51.532 \rightarrow 00:27:53.548$ these high res high risk lesions,

NOTE Confidence: 0.8172174

 $00:27:53.550 \longrightarrow 00:27:54.870$ and when we don't,

NOTE Confidence: 0.8172174

 $00:27:54.870 \longrightarrow 00:27:56.520$ the thought is is thinking

NOTE Confidence: 0.8172174

 $00{:}27{:}56{.}520 \dashrightarrow 00{:}27{:}58{.}475$ about the upgrade rate and what

NOTE Confidence: 0.8172174

 $00:27:58.475 \rightarrow 00:28:00.290$ I mean by upgrade rate is.

 $00{:}28{:}00{.}290 \dashrightarrow 00{:}28{:}03{.}179$ If you biopsy something and then take it out,

NOTE Confidence: 0.8172174

 $00{:}28{:}03.180 \dashrightarrow 00{:}28{:}05.539$ what is the chance that you're going

NOTE Confidence: 0.8172174

 $00{:}28{:}05{.}539 \dashrightarrow 00{:}28{:}07{.}732$ to find something more than what it

NOTE Confidence: 0.8172174

 $00:28:07.732 \rightarrow 00:28:09.920$ was just on the core needle biopsy?

NOTE Confidence: 0.8172174

 $00:28:09.920 \longrightarrow 00:28:11.526$ And so the thought is,

NOTE Confidence: 0.8172174

 $00:28:11.526 \longrightarrow 00:28:13.242$ is Ath DCIS obviously comes

NOTE Confidence: 0.8172174

 $00:28:13.242 \rightarrow 00:28:15.330$ out a LH and classic LCS.

NOTE Confidence: 0.8172174

 $00:28:15.330 \rightarrow 00:28:17.850$ Stays in because the low upgrade rate,

NOTE Confidence: 0.8172174

00:28:17.850 --> 00:28:19.650 but plea Amorphic and Florida

NOTE Confidence: 0.8172174

 $00:28:19.650 \longrightarrow 00:28:21.450$ else I should come out.

NOTE Confidence: 0.7380038

 $00:28:21.450 \longrightarrow 00:28:23.448$ Also keeping in mind that all

NOTE Confidence: 0.7380038

 $00{:}28{:}23{.}448 \dashrightarrow 00{:}28{:}25{.}410$ of these high risk lesions,

NOTE Confidence: 0.7380038

 $00{:}28{:}25{.}410 \dashrightarrow 00{:}28{:}27{.}797$ the ADH in the LH LCS increased

NOTE Confidence: 0.7380038

 $00{:}28{:}27.797 \dashrightarrow 00{:}28{:}29.911$ your risk of developing breast

NOTE Confidence: 0.7380038

 $00{:}28{:}29{.}911 \dashrightarrow 00{:}28{:}32{.}935$ above breast cancer later in life.

- $00:28:32.940 \longrightarrow 00:28:34.276$ That's all I have.
- NOTE Confidence: 0.7380038
- 00:28:34.276 --> 00:28:35.946 I think I went overtime,
- NOTE Confidence: 0.7380038
- $00:28:35.950 \longrightarrow 00:28:36.949$ so I apologize.
- NOTE Confidence: 0.8521019
- $00:28:38.460 \longrightarrow 00:28:40.878$ Doctor Berger that you know to
- NOTE Confidence: 0.8521019
- $00{:}28{:}40.878 \dashrightarrow 00{:}28{:}43.267$ cover all these advances in breast
- NOTE Confidence: 0.8521019
- $00{:}28{:}43{.}267 \dashrightarrow 00{:}28{:}45{.}717$ surgery over the last year or so.
- NOTE Confidence: 0.8521019
- $00{:}28{:}45{.}720 \dashrightarrow 00{:}28{:}47{.}630$ That's really impressive. Thank you.
- NOTE Confidence: 0.8521019
- 00:28:47.630 --> 00:28:49.916 Next, we have doctor Melanie Lynch,
- NOTE Confidence: 0.8521019
- 00:28:49.920 --> 00:28:52.587 an expert in Aqua plastic breast surgery,
- NOTE Confidence: 0.8521019
- $00:28:52.590 \rightarrow 00:28:54.888$ giving us some of the latest.
- NOTE Confidence: 0.80811054
- 00:28:59.860 --> 00:29:01.240 Oh, you're you're on mute.
- NOTE Confidence: 0.8389549
- 00:29:04.300 --> 00:29:10.830 I mute myself and share my screen. Anne.
- NOTE Confidence: 0.8389549
- $00:29:10.830 \rightarrow 00:29:13.485$ Well, that was a fellowship in half an hour.
- NOTE Confidence: 0.8389549
- $00:29:13.490 \longrightarrow 00:29:14.970$ That was a wonderful talk.
- NOTE Confidence: 0.8389549
- $00:29:14.970 \longrightarrow 00:29:19.155$ Thank you so much for that overview that was.
- NOTE Confidence: 0.8389549
- 00:29:19.160 --> 00:29:20.985 Wonderful way to cover everything

 $00{:}29{:}20{.}985 \dashrightarrow 00{:}29{:}23{.}970$ and I'm going to focus on one small

NOTE Confidence: 0.8389549

00:29:23.970 --> 00:29:26.160 area on Uncle plastic breast breast

NOTE Confidence: 0.8389549

00:29:26.160 --> 00:29:28.350 surgery and current advances there.

NOTE Confidence: 0.8389549

 $00{:}29{:}28{.}350 \dashrightarrow 00{:}29{:}30{.}702$ And really the mandate to consider

NOTE Confidence: 0.8389549

00:29:30.702 --> 00:29:32.270 on coplastic breast surgery is

NOTE Confidence: 0.8389549

 $00{:}29{:}32{.}335 \dashrightarrow 00{:}29{:}34{.}477$ really the burden of breast cancer.

NOTE Confidence: 0.8389549

 $00:29:34.480 \longrightarrow 00:29:36.305$ Over 300,000 women are affected

NOTE Confidence: 0.8389549

 $00:29:36.305 \rightarrow 00:29:38.939$ every year and most of these women

NOTE Confidence: 0.8389549

 $00{:}29{:}38{.}939 \dashrightarrow 00{:}29{:}41{.}165$ will have a surgical procedure and

NOTE Confidence: 0.8389549

 $00{:}29{:}41.165 \dashrightarrow 00{:}29{:}43.972$ so given the number of breast cancer

NOTE Confidence: 0.8389549

00:29:43.972 --> 00:29:45.962 survivors in the United States,

NOTE Confidence: 0.8389549

 $00{:}29{:}45{.}970 \dashrightarrow 00{:}29{:}48{.}532$ it's incumbent upon us as breast

NOTE Confidence: 0.8389549

 $00{:}29{:}48.532 \dashrightarrow 00{:}29{:}51.269$ surgeons to make sure that we are.

NOTE Confidence: 0.8389549

 $00{:}29{:}51{.}270 \dashrightarrow 00{:}29{:}53{.}664$ Providing the best operations for patients

NOTE Confidence: 0.8389549

 $00{:}29{:}53.664 \dashrightarrow 00{:}29{:}56.688$ not only to cure their breast cancer,

 $00{:}29{:}56{.}690 \dashrightarrow 00{:}29{:}59{.}674$ but to make sure that they have the

NOTE Confidence: 0.8389549

 $00{:}29{:}59{.}674 \dashrightarrow 00{:}30{:}02{.}110$ best functional and cosmetic outcomes.

NOTE Confidence: 0.8565617

 $00{:}30{:}04{.}550 \dashrightarrow 00{:}30{:}07{.}046$ So when we think about breast cancer surgery,

NOTE Confidence: 0.8565617

 $00{:}30{:}07{.}050 \dashrightarrow 00{:}30{:}08{.}294$ we think about mast ectomies

NOTE Confidence: 0.8565617

 $00:30:08.294 \dashrightarrow 00:30:09.538$ and then breast conservation,

NOTE Confidence: 0.8565617

 $00:30:09.540 \longrightarrow 00:30:11.440$ with a lumpectomy and followed

NOTE Confidence: 0.8565617

 $00:30:11.440 \longrightarrow 00:30:12.960$ by whole breast radiotherapy.

NOTE Confidence: 0.8565617

 $00{:}30{:}12.960 \dashrightarrow 00{:}30{:}15.090$ But the lived consequences of

NOTE Confidence: 0.8565617

 $00{:}30{:}15{.}090 \dashrightarrow 00{:}30{:}17{.}220$ these operations for our patients

NOTE Confidence: 0.8565617

 $00:30:17.290 \longrightarrow 00:30:19.320$ and for their bodies overtime,

NOTE Confidence: 0.8565617

 $00{:}30{:}19{.}320 \dashrightarrow 00{:}30{:}22{.}393$ whether it's a mastectomy or whether a

NOTE Confidence: 0.8565617

 $00:30:22.393 \longrightarrow 00:30:24.469$ lumpectomy with radiation can affect

NOTE Confidence: 0.8565617

 $00{:}30{:}24.469 \dashrightarrow 00{:}30{:}26.870$ their sense of self and can also

NOTE Confidence: 0.8565617

 $00:30:26.870 \longrightarrow 00:30:29.070$ affect their functional outcomes.

NOTE Confidence: 0.8565617

 $00{:}30{:}29{.}070 \dashrightarrow 00{:}30{:}31{.}614$ So as we think about Uncle

NOTE Confidence: 0.8565617

00:30:31.614 --> 00:30:32.886 plastic breast surgery,

- NOTE Confidence: 0.8565617
- $00:30:32.890 \rightarrow 00:30:35.428$ there's a lot of different definitions,

 $00{:}30{:}35{.}430 \dashrightarrow 00{:}30{:}36{.}699$ consensus statements about

NOTE Confidence: 0.8565617

 $00:30:36.699 \rightarrow 00:30:38.814$ what Uncle plastic surgery is.

NOTE Confidence: 0.8565617

 $00:30:38.820 \rightarrow 00:30:42.627$ But I I really like this description of Uncle

NOTE Confidence: 0.8565617

 $00:30:42.627 \rightarrow 00:30:45.609$ plastic breast surgery as a philosophy.

NOTE Confidence: 0.8565617

 $00{:}30{:}45{.}610 \dashrightarrow 00{:}30{:}47{.}806$ That we should be treating breast

NOTE Confidence: 0.8565617

 $00:30:47.806 \rightarrow 00:30:50.027$ cancer surgically to cure the cancer

NOTE Confidence: 0.8565617

 $00{:}30{:}50{.}027 \dashrightarrow 00{:}30{:}52{.}456$ and then to maintain and improve the

NOTE Confidence: 0.8565617

 $00{:}30{:}52{.}456 \dashrightarrow 00{:}30{:}54{.}417$ cosmetic appearance of the breast.

NOTE Confidence: 0.8565617

 $00{:}30{:}54{.}420 \dashrightarrow 00{:}30{:}56{.}664$ And that this requires a comprehensive

NOTE Confidence: 0.8565617

 $00{:}30{:}56{.}664 \dashrightarrow 00{:}30{:}58{.}929$ consideration not only of the patient's

NOTE Confidence: 0.8565617

 $00:30:58.929 \rightarrow 00:31:01.386$ anatomy and the anatomy of their cancer,

NOTE Confidence: 0.8565617

 $00{:}31{:}01{.}390 \dashrightarrow 00{:}31{:}03{.}220$ but with the patient's own

NOTE Confidence: 0.8565617

 $00{:}31{:}03{.}220 \dashrightarrow 00{:}31{:}04{.}684$ satisfaction with their breasts.

NOTE Confidence: 0.8565617

 $00:31:04.690 \rightarrow 00:31:07.469$ The size and shape of their breast

 $00:31:07.469 \longrightarrow 00:31:09.774$ manage in their overall lifetime

NOTE Confidence: 0.8565617

 $00:31:09.774 \longrightarrow 00:31:11.838$ risk of breast cancer.

NOTE Confidence: 0.8565617

 $00:31:11.840 \rightarrow 00:31:13.856$ And what the patient's goals are,

NOTE Confidence: 0.8565617

 $00:31:13.860 \dashrightarrow 00:31:16.290$ and so it's a more comprehensive

NOTE Confidence: 0.8565617

 $00{:}31{:}16.290 \dashrightarrow 00{:}31{:}18.775$ and complex consideration as we plan

NOTE Confidence: 0.8565617

 $00{:}31{:}18.775 \dashrightarrow 00{:}31{:}20.765$ these operations for our patients.

NOTE Confidence: 0.8565617

 $00{:}31{:}20.770 \dashrightarrow 00{:}31{:}23.466$ And so we can talk about all sorts

NOTE Confidence: 0.8565617

 $00:31:23.466 \longrightarrow 00:31:25.479$ of incisions and approaches to

NOTE Confidence: 0.8565617

 $00:31:25.479 \longrightarrow 00:31:27.584$ every quadrant of the breast.

NOTE Confidence: 0.8565617

 $00{:}31{:}27{.}590 \dashrightarrow 00{:}31{:}30{.}286$ And this is a summary from the Krishna

NOTE Confidence: 0.8565617

 $00{:}31{:}30{.}286 \dashrightarrow 00{:}31{:}32{.}330$ Cloth paper that has really become

NOTE Confidence: 0.8565617

00:31:32.330 --> 00:31:34.860 kind of the Bible for our consideration

NOTE Confidence: 0.8565617

 $00:31:34.860 \dashrightarrow 00:31:37.445$ of Uncle plastic breast surgery.

NOTE Confidence: 0.8565617

00:31:37.450 --> 00:31:40.474 But I'm just going to focus on a

NOTE Confidence: 0.8565617

 $00{:}31{:}40{.}474 \dashrightarrow 00{:}31{:}44{.}020$ couple of key areas and an techniques

NOTE Confidence: 0.8565617

 $00:31:44.020 \rightarrow 00:31:47.170$ and uncle plastic breath surgery too.

- NOTE Confidence: 0.8565617
- $00:31:47.170 \longrightarrow 00:31:49.440$ Created an opportunity for conversation

 $00:31:49.440 \longrightarrow 00:31:51.256$ so within breast conservation,

NOTE Confidence: 0.8565617

 $00{:}31{:}51{.}260 \dashrightarrow 00{:}31{:}54{.}170$ starting with the most basic operation

NOTE Confidence: 0.8565617

 $00:31:54.170 \longrightarrow 00:31:57.607$ that we do every day of the week.

NOTE Confidence: 0.8565617

00:31:57.610 --> 00:32:00.660 A
simple partial mastectomy are scar $\,$

NOTE Confidence: 0.8565617

 $00:32:00.660 \dashrightarrow 00:32:03.100$ placement should be considered.

NOTE Confidence: 0.8565617

 $00{:}32{:}03.100 \dashrightarrow 00{:}32{:}05.053$ Fundamental in this and we can place

NOTE Confidence: 0.8565617

 $00{:}32{:}05{.}053 \dashrightarrow 00{:}32{:}07{.}297$ our scars in places where the patients

NOTE Confidence: 0.8565617

 $00{:}32{:}07{.}297 \dashrightarrow 00{:}32{:}09{.}313$ don't have to see them regularly.

NOTE Confidence: 0.8565617

 $00{:}32{:}09{.}320 \dashrightarrow 00{:}32{:}12{.}047$ It can either be at the edge of the

NOTE Confidence: 0.8565617

 $00:32:12.047 \longrightarrow 00:32:14.295$ areola or the edge of the breast,

NOTE Confidence: 0.8565617

 $00{:}32{:}14{.}300 \dashrightarrow 00{:}32{:}16{.}477$ and when we start to think of

NOTE Confidence: 0.8565617

00:32:16.477 --> 00:32:17.410 separating the substance,

NOTE Confidence: 0.8565617

 $00{:}32{:}17{.}410 \dashrightarrow 00{:}32{:}19{.}181$ the parenchyma of the breast from the

NOTE Confidence: 0.8565617

 $00{:}32{:}19{.}181 \dashrightarrow 00{:}32{:}21{.}123$ skin of the breast and organizing

 $00:32:21.123 \rightarrow 00:32:22.998$ our operation around that principle,

NOTE Confidence: 0.8565617

 $00:32:23.000 \longrightarrow 00:32:25.192$ we find we have lots of ways we

NOTE Confidence: 0.8565617

 $00:32:25.192 \longrightarrow 00:32:26.739$ can approach this operation.

NOTE Confidence: 0.8565617

 $00{:}32{:}26{.}740 \dashrightarrow 00{:}32{:}29{.}412$ To put our scar in a cosmetic location

NOTE Confidence: 0.8565617

 $00:32:29.412 \rightarrow 00:32:32.236$ and still have a good oncologic outcome.

NOTE Confidence: 0.8565617

 $00:32:32.240 \dashrightarrow 00:32:33.890$ For the simple partial mastectomy,

NOTE Confidence: 0.8565617

 $00{:}32{:}33{.}890 \dashrightarrow 00{:}32{:}35{.}870$ the critical thing is to maintain

NOTE Confidence: 0.8565617

00:32:35.870 --> 00:32:37.829 the central location of the ******

NOTE Confidence: 0.8565617

 $00{:}32{:}37{.}830 \dashrightarrow 00{:}32{:}38{.}374$ are olar complex,

NOTE Confidence: 0.8565617

 $00{:}32{:}38{.}374 \dashrightarrow 00{:}32{:}40{.}550$ and in order to do that when we

NOTE Confidence: 0.8565617

 $00{:}32{:}40.609 \dashrightarrow 00{:}32{:}42.509$ close the breast parenchyma after

NOTE Confidence: 0.8565617

 $00:32:42.509 \rightarrow 00:32:44.409$ we have completed our lumpectomy,

NOTE Confidence: 0.8565617

 $00{:}32{:}44{.}410 \dashrightarrow 00{:}32{:}46{.}378$ that needs to be oriented in

NOTE Confidence: 0.8565617

 $00:32:46.378 \longrightarrow 00:32:47.362$ a radial direction.

NOTE Confidence: 0.8565617

 $00{:}32{:}47{.}370 \dashrightarrow 00{:}32{:}49{.}757$ So we're always going to close up

NOTE Confidence: 0.8565617

 $00{:}32{:}49.757 \dashrightarrow 00{:}32{:}52.532$ and down on the sides of the breast

- NOTE Confidence: 0.8565617
- $00:32:52.532 \longrightarrow 00:32:55.463$ or from side to side or the top on

 $00{:}32{:}55{.}463 \dashrightarrow 00{:}32{:}57{.}900$ the top and bottom of the breast in

NOTE Confidence: 0.8565617

 $00:32:57.900 \longrightarrow 00:32:59.878$ order to maintain the ****** areolar NOTE Confidence: 0.8565617

 $00:32:59.878 \rightarrow 00:33:02.174$ complex in the middle of the breast.

NOTE Confidence: 0.83024573

00:33:04.430 --> 00:33:06.932 If we find we can't get to the tumor

NOTE Confidence: 0.83024573

 $00{:}33{:}06{.}932 \dashrightarrow 00{:}33{:}09{.}317$ from one of those simple incisions,

NOTE Confidence: 0.83024573

 $00{:}33{:}09{.}320 \dashrightarrow 00{:}33{:}11{.}072$ we can start to use other

NOTE Confidence: 0.83024573

 $00:33:11.072 \rightarrow 00:33:12.675$ techniques that have been developed

NOTE Confidence: 0.83024573

00:33:12.675 --> 00:33:14.535 and used by plastic surgeons,

NOTE Confidence: 0.83024573

 $00{:}33{:}14{.}540 \dashrightarrow 00{:}33{:}16{.}570$ but allow us to have more access

NOTE Confidence: 0.83024573

00:33:16.570 --> 00:33:18.450 to the breast parenchyma way.

NOTE Confidence: 0.83024573

00:33:18.450 --> 00:33:20.514 Still having a good cosmetic incision

NOTE Confidence: 0.83024573

 $00{:}33{:}20{.}514 \dashrightarrow 00{:}33{:}23{.}378$ and a good choice here is always a

NOTE Confidence: 0.83024573

 $00{:}33{:}23.378 \dashrightarrow 00{:}33{:}25.514$ Crescent or around block McMaster Pixie.

NOTE Confidence: 0.83024573

 $00{:}33{:}25{.}520 \dashrightarrow 00{:}33{:}27{.}275$ Because by creating that larger

 $00{:}33{:}27{.}275 \dashrightarrow 00{:}33{:}29{.}791$ incision at the center of the breast

NOTE Confidence: 0.83024573

00:33:29.791 --> 00:33:31.546 around the ****** areolar complex,

NOTE Confidence: 0.83024573

00:33:31.546 --> 00:33:33.694 and then again thinking about the NOTE Confidence: 0.83024573

 $00:33:33.694 \dashrightarrow 00:33:35.757$ skin of the breast separate and

NOTE Confidence: 0.83024573

 $00{:}33{:}35{.}757 \dashrightarrow 00{:}33{:}38{.}115$ apart from the parent of the breast

NOTE Confidence: 0.83024573

 $00{:}33{:}38{.}115$ --> $00{:}33{:}40{.}335$ that allows us to create broader NOTE Confidence: $0{.}83024573$

00:33:40.335 --> 00:33:42.158 planes of dissection and access

NOTE Confidence: 0.83024573

 $00:33:42.158 \longrightarrow 00:33:43.928$ tumors in more distal locations

NOTE Confidence: 0.83024573

00:33:43.928 --> 00:33:45.700 from the ****** areolar complex.

NOTE Confidence: 0.85058796

 $00{:}33{:}49{.}190 \dashrightarrow 00{:}33{:}51{.}054$ Another another consideration is

NOTE Confidence: 0.85058796

 $00:33:51.054 \rightarrow 00:33:53.850$ avoiding some of the common deformities NOTE Confidence: 0.85058796

 $00:33:53.917 \rightarrow 00:33:56.089$ that can come after we've respected

NOTE Confidence: 0.85058796

 $00{:}33{:}56{.}089 \dashrightarrow 00{:}33{:}58{.}450$ volume in the breast or radiation.

NOTE Confidence: 0.85058796

 $00{:}33{:}58.450 \dashrightarrow 00{:}34{:}00.892$ This picture here from the original

NOTE Confidence: 0.85058796

 $00:34:00.892 \longrightarrow 00:34:03.458$ Cluff paper shows that kind of

NOTE Confidence: 0.85058796

 $00:34:03.458 \longrightarrow 00:34:05.190$ classic birds beak deformity.

 $00:34:05.190 \longrightarrow 00:34:08.442$ When we remove tissue from the 6:00

NOTE Confidence: 0.85058796

 $00:34:08.442 \longrightarrow 00:34:10.932$ o'clock position of the breast.

NOTE Confidence: 0.85058796

00:34:10.940 --> 00:34:13.238 It creates scar radiation contracts the

NOTE Confidence: 0.85058796

 $00:34:13.238 \longrightarrow 00:34:15.840$ breast further and it pulls the *****

NOTE Confidence: 0.85058796

 $00:34:15.840 \rightarrow 00:34:18.856$ down and creates that kind of a deformity.

NOTE Confidence: 0.85058796

 $00{:}34{:}18.860 \dashrightarrow 00{:}34{:}21.588$ We have multiple ways we can approach those

NOTE Confidence: 0.85058796

 $00:34:21.588 \rightarrow 00:34:24.139$ tumors that would prevent that deformity,

NOTE Confidence: 0.85058796

 $00:34:24.140 \rightarrow 00:34:28.058$ particularly by using a mastopexy approach.

NOTE Confidence: 0.85058796

 $00{:}34{:}28.060 \dashrightarrow 00{:}34{:}30.684$ To allow us to excise skin over tumor

NOTE Confidence: 0.85058796

 $00:34:30.684 \rightarrow 00:34:33.152$ to reshape the breast to refill the

NOTE Confidence: 0.85058796

 $00:34:33.152 \longrightarrow 00:34:36.232$ volume at the 6:00 o'clock pole and then

NOTE Confidence: 0.85058796

 $00{:}34{:}36{.}232 \dashrightarrow 00{:}34{:}38{.}220$ recentralise the ****** areolar complex.

NOTE Confidence: 0.901231169999999

 $00{:}34{:}42{.}310 \dashrightarrow 00{:}34{:}44{.}277$ And then we can also work in

NOTE Confidence: 0.901231169999999

 $00{:}34{:}44{.}277 \dashrightarrow 00{:}34{:}45{.}950$ partnership with our plastic surgery

NOTE Confidence: 0.901231169999999

 $00:34:45.950 \longrightarrow 00:34:47.870$ colleagues on several level 2

 $00:34:47.870 \rightarrow 00:34:49.950$ techniques for breast reconstruction.

NOTE Confidence: 0.901231169999999

 $00{:}34{:}49{.}950 \dashrightarrow 00{:}34{:}53{.}826$ And this is a recent case.

NOTE Confidence: 0.901231169999999

00:34:53.830 --> 00:34:56.469 That I did with my plastic surgery

NOTE Confidence: 0.901231169999999

 $00:34:56.469 \rightarrow 00:34:59.384$ colleague here of a patient who had a

NOTE Confidence: 0.901231169999999

 $00{:}34{:}59{.}384 \dashrightarrow 00{:}35{:}01{.}536$ 2 centimeter tumor that was involving

NOTE Confidence: 0.901231169999999

 $00{:}35{:}01{.}536 \dashrightarrow 00{:}35{:}04{.}496$ the muscle of the chest wall in the

NOTE Confidence: 0.901231169999999

 $00:35:04.496 \longrightarrow 00:35:07.078$ upper inner quadrant of her left breast.

NOTE Confidence: 0.901231169999999

 $00:35:07.080 \rightarrow 00:35:10.072$ We chose to do a wise pattern mastopexy

NOTE Confidence: 0.901231169999999

 $00:35:10.072 \rightarrow 00:35:12.694$ approach which gave us wide exposure of NOTE Confidence: 0.901231169999999

 $00:35:12.694 \rightarrow 00:35:15.538$ that area to allow excision of that tumor,

NOTE Confidence: 0.901231169999999

 $00:35:15.540 \rightarrow 00:35:16.638$ including underlying muscle,

NOTE Confidence: 0.901231169999999

 $00:35:16.638 \rightarrow 00:35:19.200$ and then to reshape the breast using

NOTE Confidence: 0.901231169999999

 $00{:}35{:}19{.}258 \dashrightarrow 00{:}35{:}21{.}058$ a classic wise pattern approach.

NOTE Confidence: 0.901231169999999

 $00:35:21.060 \rightarrow 00:35:24.660$ We were also able to do our axillary lymph.

NOTE Confidence: 0.901231169999999

00:35:24.660 --> 00:35:25.992 Axillary lymph node sampling.

NOTE Confidence: 0.901231169999999

 $00:35:25.992 \rightarrow 00:35:27.657$ Through this same incision again

 $00:35:27.657 \rightarrow 00:35:29.422$ through this principle that the breast

NOTE Confidence: 0.901231169999999

 $00{:}35{:}29{.}422 \dashrightarrow 00{:}35{:}31{.}534$ parenchyma and the skin can be treated

NOTE Confidence: 0.901231169999999

 $00:35:31.534 \dashrightarrow 00:35:32.898$ differently in these operations,

NOTE Confidence: 0.901231169999999

 $00:35:32.900 \rightarrow 00:35:35.220$ we had wide enough exposure to the axle

NOTE Confidence: 0.901231169999999

 $00:35:35.220 \rightarrow 00:35:37.049$ through this wise pattern incision that

NOTE Confidence: 0.901231169999999

 $00:35:37.049 \rightarrow 00:35:39.620$ we were able to remove our lymph node

NOTE Confidence: 0.901231169999999

 $00:35:39.620 \rightarrow 00:35:41.455$ without making a separate incision.

NOTE Confidence: 0.901231169999999

 $00:35:41.460 \longrightarrow 00:35:44.950$ And this is a patient at at one week post up.

NOTE Confidence: 0.8913484

 $00{:}35{:}48{.}540 \dashrightarrow 00{:}35{:}50{.}580$ Another approach for consideration is

NOTE Confidence: 0.8913484

 $00:35:50.580 \rightarrow 00:35:52.620$ volume replacement for patients whose

NOTE Confidence: 0.8913484

 $00:35:52.678 \rightarrow 00:35:55.016$ partial master volume is more than 20%,

NOTE Confidence: 0.8913484

 $00{:}35{:}55{.}020 \dashrightarrow 00{:}35{:}57{.}687$ and sometimes it can be up to

NOTE Confidence: 0.8913484

 $00:35:57.687 \longrightarrow 00:36:00.120 \ 30\%$ of their breast when they

NOTE Confidence: 0.8913484

 $00:36:00.120 \longrightarrow 00:36:02.820$ don't have a large breast volume.

NOTE Confidence: 0.8913484

 $00:36:02.820 \longrightarrow 00:36:05.130$ This is a patient who had a

 $00{:}36{:}05{.}130 \dashrightarrow 00{:}36{:}06{.}527$ invasive lobular cancer that

NOTE Confidence: 0.8913484

 $00{:}36{:}06{.}527 \dashrightarrow 00{:}36{:}08{.}579$ was rather extensive on the MRI.

NOTE Confidence: 0.8913484

 $00{:}36{:}08{.}580 \dashrightarrow 00{:}36{:}11{.}577$ You can see that the cancer in the left

NOTE Confidence: 0.8913484

 $00:36:11.577 \rightarrow 00:36:14.005$ breast you can see the biopsy clip.

NOTE Confidence: 0.8913484

 $00{:}36{:}14.010 \dashrightarrow 00{:}36{:}16.038$ You can also see the cancer

NOTE Confidence: 0.8913484

 $00{:}36{:}16.038$ --> $00{:}36{:}17.052$ involving Cooper's ligaments.

NOTE Confidence: 0.8913484

 $00:36:17.060 \longrightarrow 00:36:19.356$ So even though she had a significant

NOTE Confidence: 0.8913484

00:36:19.356 --> 00:36:20.790 amount of subcutaneous tissue,

NOTE Confidence: 0.8913484

 $00{:}36{:}20.790 \dashrightarrow 00{:}36{:}23.094$ the skin overlying skin was tethered

NOTE Confidence: 0.8913484

 $00{:}36{:}23.094 \dashrightarrow 00{:}36{:}25.922$ to the tumor and that skin had to

NOTE Confidence: 0.8913484

 $00:36:25.922 \dashrightarrow 00:36:28.550$ be removed as part of her reception.

NOTE Confidence: 0.8913484

 $00:36:28.550 \dashrightarrow 00:36:30.917$ And we knew we were going to have to NOTE Confidence: 0.8913484

 $00{:}36{:}30{.}917 \dashrightarrow 00{:}36{:}33{.}448$ remove about 25% of her breast volume

NOTE Confidence: 0.8913484

 $00:36:33.448 \longrightarrow 00:36:35.920$ in order to fully encompass this.

NOTE Confidence: 0.8913484

 $00{:}36{:}35{.}920 \dashrightarrow 00{:}36{:}38{.}454$ And this also kind of attest to

NOTE Confidence: 0.8913484

 $00:36:38.454 \longrightarrow 00:36:40.822$ the importance of MRI in some

- NOTE Confidence: 0.8913484
- $00:36:40.822 \rightarrow 00:36:42.426$ of this surgical planning,
- NOTE Confidence: 0.8913484
- $00:36:42.430 \longrightarrow 00:36:45.104$ which I know is area of controversy.
- NOTE Confidence: 0.8913484
- $00:36:45.110 \rightarrow 00:36:48.557$ So for this patient we used AT DAP flap,
- NOTE Confidence: 0.8913484
- $00:36:48.560 \rightarrow 00:36:51.248$ which was a rotational flap from the
- NOTE Confidence: 0.8913484
- $00{:}36{:}51{.}248 \dashrightarrow 00{:}36{:}53{.}815$ lateral chest wall to fill that volume
- NOTE Confidence: 0.8913484
- $00{:}36{:}53.815 \dashrightarrow 00{:}36{:}56.600$ to allow for a complete wide resection,
- NOTE Confidence: 0.8913484
- $00:36:56.600 \rightarrow 00:36:58.535$ including overlying skin with an
- NOTE Confidence: 0.8913484
- $00{:}36{:}58{.}535 \dashrightarrow 00{:}37{:}00{.}470$ acceptable cosmetic result to allow
- NOTE Confidence: 0.8913484
- $00{:}37{:}00{.}528$ --> $00{:}37{:}02{.}348$ her to have breast conservation.
- NOTE Confidence: 0.8435561
- $00{:}37{:}05{.}400 \dashrightarrow 00{:}37{:}08{.}202$ And so the outcomes of oncoplastic
- NOTE Confidence: 0.8435561
- $00:37:08.202 \rightarrow 00:37:10.070$ partial master mostly
- NOTE Confidence: 0.8435561
- $00{:}37{:}10.147 \dashrightarrow 00{:}37{:}11.899$ reported in case series.
- NOTE Confidence: 0.8435561
- 00:37:11.900 --> 00:37:14.618 There have been two large meta
- NOTE Confidence: 0.8435561
- 00:37:14.618 --> 00:37:17.000 analysis looking at Uncle Logic,
- NOTE Confidence: 0.8435561
- $00:37:17.000 \rightarrow 00:37:19.778$ safety and outcomes in these cases,
- NOTE Confidence: 0.8435561

 $00:37:19.780 \longrightarrow 00:37:22.100$ including the rates of positive

NOTE Confidence: 0.8435561

 $00{:}37{:}22.100 \dashrightarrow 00{:}37{:}24.420$ margins or rates of reexcision,

NOTE Confidence: 0.8435561

 $00:37:24.420 \longrightarrow 00:37:26.280$ the conversion to mastectomy,

NOTE Confidence: 0.8435561

00:37:26.280 --> 00:37:27.210 overall survival,

NOTE Confidence: 0.8435561

 $00:37:27.210 \longrightarrow 00:37:28.641$ disease, free survival,

NOTE Confidence: 0.8435561

 $00{:}37{:}28.641 \dashrightarrow 00{:}37{:}31.026$ and all of the expected

NOTE Confidence: 0.8435561

 $00{:}37{:}31.026$ --> $00{:}37{:}32.507$ surgical complications and

NOTE Confidence: 0.8435561

 $00:37:32.507 \dashrightarrow 00:37:34.307$ our uncle plastic techniques.

NOTE Confidence: 0.8435561

 $00{:}37{:}34{.}310 \dashrightarrow 00{:}37{:}38{.}158$ Are comparable to standard.

NOTE Confidence: 0.8435561

00:37:38.160 --> 00:37:38.982 Lumpectomy techniques,

NOTE Confidence: 0.8435561

 $00{:}37{:}38{.}982 \dashrightarrow 00{:}37{:}43{.}070$ so we know that we know that these are Uncle,

NOTE Confidence: 0.8435561

 $00:37:43.070 \longrightarrow 00:37:43.478$ logically,

NOTE Confidence: 0.8435561

 $00:37:43.478 \longrightarrow 00:37:45.110$ in surgically safe operations.

NOTE Confidence: 0.83196354

 $00{:}37{:}47.850 \dashrightarrow 00{:}37{:}51.458$ All this is a series from MD Anderson

NOTE Confidence: 0.83196354

 $00{:}37{:}51{.}458 \dashrightarrow 00{:}37{:}54{.}430$ looking at Uncle Logic outcomes,

NOTE Confidence: 0.83196354

 $00:37:54.430 \rightarrow 00:37:57.460$ including survival and disease free survival,

 $00:37:57.460 \rightarrow 00:38:00.496$ and it's always important to consider

NOTE Confidence: 0.83196354

00:38:00.496 --> 00:38:02.520 breast conservation versus mastectomy,

NOTE Confidence: 0.83196354

 $00{:}38{:}02{.}520 \dashrightarrow 00{:}38{:}05{.}446$ but this trial again proves the point

NOTE Confidence: 0.83196354

 $00{:}38{:}05{.}446 \dashrightarrow 00{:}38{:}07{.}694$ that surgeons know their patients

NOTE Confidence: 0.83196354

 $00{:}38{:}07{.}694 \dashrightarrow 00{:}38{:}10{.}430$ very well because our patients who

NOTE Confidence: 0.83196354

 $00:38:10.430 \longrightarrow 00:38:12.675$ have simple mastectomy without

NOTE Confidence: 0.83196354

 $00{:}38{:}12.675 \dashrightarrow 00{:}38{:}15.815$ reconstruction are usually patients who

NOTE Confidence: 0.83196354

 $00{:}38{:}15.815 \dashrightarrow 00{:}38{:}18.482$ either have comorbidities or disease.

NOTE Confidence: 0.83196354

 $00{:}38{:}18{.}482 \dashrightarrow 00{:}38{:}21{.}219$ Well, we know that these techniques are

NOTE Confidence: 0.83196354

 $00{:}38{:}21{.}219 \dashrightarrow 00{:}38{:}23{.}754$ probably not going to be helpful to them.

NOTE Confidence: 0.83196354

 $00{:}38{:}23.760 \dashrightarrow 00{:}38{:}25.740$ You can see in the red and the blue

NOTE Confidence: 0.83196354

 $00{:}38{:}25{.}740 \dashrightarrow 00{:}38{:}27{.}839$ lines in these graphs that breast

NOTE Confidence: 0.83196354

00:38:27.839 --> 00:38:29.664 conserving surgery and breast conserving NOTE Confidence: 0.83196354

 $00{:}38{:}29{.}718$ --> $00{:}38{:}31{.}703$ surgery with reconstruction have similar NOTE Confidence: 0.83196354

 $00:38:31.703 \rightarrow 00:38:34.020$ disease free and overall survival rates.

00:38:37.010 - 00:38:38.490 So what about patient reported

NOTE Confidence: 0.8404576

 $00:38:38.490 \longrightarrow 00:38:39.674$ outcomes in these operations?

NOTE Confidence: 0.8404576

 $00{:}38{:}39{.}680 \dashrightarrow 00{:}38{:}41{.}396$ There are. This state is hard

NOTE Confidence: 0.8404576

 $00:38:41.396 \rightarrow 00:38:43.250$ to collect and hard to analyze,

NOTE Confidence: 0.8404576

 $00{:}38{:}43.250 \dashrightarrow 00{:}38{:}44.735$ and there are several trials

NOTE Confidence: 0.8404576

 $00{:}38{:}44{.}735 \dashrightarrow 00{:}38{:}46{.}220$ that have looked at different.

NOTE Confidence: 0.85889584

 $00:38:49.060 \rightarrow 00:38:51.240$ Types of uncle plastic procedures.

NOTE Confidence: 0.85889584

 $00:38:51.240 \rightarrow 00:38:54.256$ This was a larger study that looked at

NOTE Confidence: 0.85889584

 $00{:}38{:}54{.}256 \dashrightarrow 00{:}38{:}56{.}581$ multiple types of oncoplastic procedures

NOTE Confidence: 0.85889584

 $00{:}38{:}56{.}581 \dashrightarrow 00{:}38{:}59{.}071$ with regards to patient reported

NOTE Confidence: 0.85889584

00:38:59.071 --> 00:39:02.140 outcomes as reported using the breast Q,

NOTE Confidence: 0.85889584

 $00:39:02.140 \longrightarrow 00:39:04.372$ which is one of the most

NOTE Confidence: 0.85889584

 $00{:}39{:}04{.}372 \dashrightarrow 00{:}39{:}05{.}860$ comprehensive and best studied

NOTE Confidence: 0.85889584

 $00{:}39{:}05{.}936$ --> $00{:}39{:}08{.}240$ patient reported outcome measures.

NOTE Confidence: 0.85889584

 $00{:}39{:}08{.}240 \dashrightarrow 00{:}39{:}10{.}380$ There are multiple components to

NOTE Confidence: 0.85889584

00:39:10.380 --> 00:39:13.040 the breast Q that include ******

- NOTE Confidence: 0.85889584
- $00:39:13.040 \longrightarrow 00:39:14.780$ well being breast appearance,

 $00:39:14.780 \longrightarrow 00:39:16.085$ emotional well being,

NOTE Confidence: 0.85889584

 $00:39:16.090 \longrightarrow 00:39:17.562$ and physical well being.

NOTE Confidence: 0.85889584

 $00:39:17.562 \rightarrow 00:39:20.320$ This is kind of a busy slide,

NOTE Confidence: 0.85889584

 $00:39:20.320 \dashrightarrow 00:39:23.120$ but it looks at the comparison of simple

NOTE Confidence: 0.85889584

 $00:39:23.120 \longrightarrow 00:39:24.780$ mastectomy without reconstruction.

NOTE Confidence: 0.85889584

 $00:39:24.780 \dashrightarrow 00:39:26.752$ To implant based reconstruction

NOTE Confidence: 0.85889584

 $00{:}39{:}26.752 \dashrightarrow 00{:}39{:}28.724$ to rotational flap reconstruction

NOTE Confidence: 0.85889584

 $00{:}39{:}28{.}724 \dashrightarrow 00{:}39{:}31{.}166$ with an implant with and without

NOTE Confidence: 0.85889584

00:39:31.166 --> 00:39:33.899 an implant as well as free flap

NOTE Confidence: 0.85889584

 $00{:}39{:}33{.}899 \dashrightarrow 00{:}39{:}36{.}279$ reconstruction and breast conservation.

NOTE Confidence: 0.85889584

 $00{:}39{:}36{.}280 \dashrightarrow 00{:}39{:}38{.}644$ So as you move across the

NOTE Confidence: 0.85889584

 $00:39:38.644 \longrightarrow 00:39:40.850$ chart from left to right,

NOTE Confidence: 0.85889584

00:39:40.850 --> 00:39:42.935 the uncle plastic breast conservation

NOTE Confidence: 0.85889584

 $00:39:42.935 \longrightarrow 00:39:45.410$ procedures are at the right side.

 $00:39:45.410 \rightarrow 00:39:48.049$ We know women have higher overall patient

NOTE Confidence: 0.85889584

 $00{:}39{:}48.049 \dashrightarrow 00{:}39{:}49.980$ satisfaction with breast conservation,

NOTE Confidence: 0.85889584

 $00{:}39{:}49{.}980 \dashrightarrow 00{:}39{:}52{.}055$ and if that breast conservation

NOTE Confidence: 0.85889584

00:39:52.055 --> 00:39:54.130 includes an uncle plastic approach,

NOTE Confidence: 0.85889584

 $00{:}39{:}54{.}130 \dashrightarrow 00{:}39{:}56{.}200$ a mamma plasty approach or even

NOTE Confidence: 0.85889584

 $00:39:56.200 \dashrightarrow 00:39:57.856$ a volume replacement approach,

NOTE Confidence: 0.85889584

 $00{:}39{:}57{.}860 \dashrightarrow 00{:}40{:}01{.}168$ we know that there.

NOTE Confidence: 0.85889584

 $00:40:01.170 \rightarrow 00:40:04.020$ Overall patient reported outcomes to improve.

NOTE Confidence: 0.832663

00:40:07.310 --> 00:40:09.280 So just briefly about Uncle

NOTE Confidence: 0.832663

 $00:40:09.280 \rightarrow 00:40:10.856$ Plastic approaches to mastectomy.

NOTE Confidence: 0.832663

 $00{:}40{:}10.860 \dashrightarrow 00{:}40{:}13.302$ Now that we've moved towards immediate

NOTE Confidence: 0.832663

 $00{:}40{:}13.302 \dashrightarrow 00{:}40{:}15.285$ reconstruction using both skin and

NOTE Confidence: 0.832663

00:40:15.285 --> 00:40:16.771 ****** sparing mastectomy techniques,

NOTE Confidence: 0.832663

 $00:40:16.771 \longrightarrow 00:40:19.920$ this is allowed us to preserve the skin.

NOTE Confidence: 0.832663

 $00{:}40{:}19{.}920 \dashrightarrow 00{:}40{:}24{.}105$ The skin pocket which may have some

NOTE Confidence: 0.832663

 $00:40:24.105 \rightarrow 00:40:26.730$ concerns with regards to Uncle logic safety.

- NOTE Confidence: 0.832663
- $00:40:26.730 \rightarrow 00:40:29.355$ Doctor Berger, did present some data there.

 $00{:}40{:}29{.}360 \dashrightarrow 00{:}40{:}31{.}747$ I'm going to just repeat briefly a

NOTE Confidence: 0.832663

 $00{:}40{:}31.747 \dashrightarrow 00{:}40{:}34.461$ little bit of the data about Uncle

NOTE Confidence: 0.832663

00:40:34.461 --> 00:40:36.476 Plastic or Uncle logic safety,

NOTE Confidence: 0.832663

 $00:40:36.480 \rightarrow 00:40:38.730$ but we now have newer techniques

NOTE Confidence: 0.832663

 $00:40:38.730 \longrightarrow 00:40:40.593$ in ****** sparing mastectomy that

NOTE Confidence: 0.832663

 $00{:}40{:}40{.}593 \dashrightarrow 00{:}40{:}43{.}190$ allow us to change the size and

NOTE Confidence: 0.832663

00:40:43.267 -> 00:40:45.675 shape of the skin pocket to allow

NOTE Confidence: 0.832663

 $00{:}40{:}45.675 \dashrightarrow 00{:}40{:}47.729$ for other options in mastectomy.

NOTE Confidence: 0.8164319

00:40:49.840 --> 00:40:53.290 So with regards to ****** sparing mastectomy,

NOTE Confidence: 0.8164319

 $00{:}40{:}53.290 \dashrightarrow 00{:}40{:}56.115$ I really appreciate this picture

NOTE Confidence: 0.8164319

 $00:40:56.115 \rightarrow 00:40:59.840$ because it really shows both the value

NOTE Confidence: 0.8164319

 $00:40:59.840 \longrightarrow 00:41:02.265$ of our inframammary incision which

NOTE Confidence: 0.8164319

 $00:41:02.265 \rightarrow 00:41:05.496$ most surgeons have adopted now as the.

NOTE Confidence: 0.8164319

 $00{:}41{:}05{.}500 \dashrightarrow 00{:}41{:}08{.}630$ Safest incision with the best

 $00:41:08.630 \longrightarrow 00:41:12.709$ outcomes as well as the use of.

NOTE Confidence: 0.8164319

00:41:12.710 --> 00:41:16.148 ATM's and other matrices to help

NOTE Confidence: 0.8164319

00:41:16.148 --> 00:41:18.440 us do prepectoral reconstruction,

NOTE Confidence: 0.8164319

 $00{:}41{:}18{.}440 \dashrightarrow 00{:}41{:}21{.}872$ which also has improved outcomes for

NOTE Confidence: 0.8164319

 $00{:}41{:}21.872 \dashrightarrow 00{:}41{:}24.738$ patients, both functional and cosmetic.

NOTE Confidence: 0.83157367

00:41:26.770 --> 00:41:28.665 Anne, as Doctor Berger described

NOTE Confidence: 0.83157367

 $00{:}41{:}28.665 \dashrightarrow 00{:}41{:}30.560$ our patient selection for this

NOTE Confidence: 0.83157367

 $00:41:30.624 \rightarrow 00:41:32.308$ operation is very important.

NOTE Confidence: 0.83157367

 $00{:}41{:}32{.}310 \dashrightarrow 00{:}41{:}36{.}496$ The size and shape of the breast.

NOTE Confidence: 0.83157367

 $00{:}41{:}36{.}500 \dashrightarrow 00{:}41{:}39{.}230$ As well as patient risk factors,

NOTE Confidence: 0.83157367

00:41:39.230 --> 00:41:40.974 including diabetes and smoking,

NOTE Confidence: 0.83157367

 $00:41:40.974 \longrightarrow 00:41:43.590$ are important to make sure we've

NOTE Confidence: 0.83157367

 $00{:}41{:}43.666 \dashrightarrow 00{:}41{:}46.510$ assessed those, so we have optimal

NOTE Confidence: 0.83157367

 $00:41:46.510 \longrightarrow 00:41:48.330$ outcomes using this incision.

NOTE Confidence: 0.8144027

 $00:41:50.770 \longrightarrow 00:41:53.372$ So the outcomes of ****** sparing

NOTE Confidence: 0.8144027

 $00:41:53.372 \longrightarrow 00:41:55.964$ mastectomy have shown that it's both

- NOTE Confidence: 0.8144027
- $00:41:55.964 \rightarrow 00:41:58.672$ Uncle logically safe and that our

 $00{:}41{:}58.672 \dashrightarrow 00{:}42{:}00.456$ patient satisfaction and overall

NOTE Confidence: 0.8144027

 $00{:}42{:}00{.}456 \dashrightarrow 00{:}42{:}02{.}459$ cosmetic outcomes are are good.

NOTE Confidence: 0.8144027

00:42:02.460 --> 00:42:05.058 The American Society of Breast Surgeons,

NOTE Confidence: 0.8144027

00:42:05.060 --> 00:42:06.832 ****** sparing mastectomy rest

NOTE Confidence: 0.8144027

00:42:06.832 --> 00:42:09.047 Registry reported a recurrence rate

NOTE Confidence: 0.8144027

 $00:42:09.047 \longrightarrow 00:42:11.985$ of 1.4% with none of the recurrences

NOTE Confidence: 0.8144027

00:42:11.985 --> 00:42:14.214 at the ****** areolar complex.

NOTE Confidence: 0.8144027

 $00{:}42{:}14.214 \dashrightarrow 00{:}42{:}16.524$ A Cochrane review that included

NOTE Confidence: 0.8144027

 $00:42:16.524 \rightarrow 00:42:19.391$ over 11 studies with over 6000

NOTE Confidence: 0.8144027

00:42:19.391 --> 00:42:20.798 participants found very.

NOTE Confidence: 0.8144027

 $00{:}42{:}20.800 \dashrightarrow 00{:}42{:}22.690$ Compareable outcomes for ****** sparing.

NOTE Confidence: 0.8144027

 $00{:}42{:}22.690 \dashrightarrow 00{:}42{:}24.600$ Skin sparing an complete mastectomy

NOTE Confidence: 0.8144027

 $00{:}42{:}24.600 \dashrightarrow 00{:}42{:}26.943$ with a trend towards improved aesthetic

NOTE Confidence: 0.8144027

 $00{:}42{:}26{.}943 \dashrightarrow 00{:}42{:}29{.}498$ outcomes and quality of life for women

 $00:42:29.498 \longrightarrow 00:42:30.980$ having ****** sparing mastectomy.

NOTE Confidence: 0.81972986

 $00:42:35.960 \longrightarrow 00:42:38.802$ And this is a study from Sloan

NOTE Confidence: 0.81972986

00:42:38.802 --> 00:42:41.859 Kettering using the breast Q an looking

NOTE Confidence: 0.81972986

 $00:42:41.859 \rightarrow 00:42:44.036$ at outcomes with ****** sparing

NOTE Confidence: 0.81972986

 $00:42:44.036 \rightarrow 00:42:45.740$ mastectomy versus total mastectomy.

NOTE Confidence: 0.81972986

 $00{:}42{:}45{.}740 \dashrightarrow 00{:}42{:}48{.}218$ And there was a trend towards

NOTE Confidence: 0.81972986

 $00:42:48.218 \longrightarrow 00:42:49.457$ significance for psychosocial

NOTE Confidence: 0.81972986

 $00:42:49.457 \rightarrow 00:42:51.688$ well being among those patients.

NOTE Confidence: 0.7949045

 $00:42:54.180 \longrightarrow 00:42:55.419$ So newer mastectomy,

NOTE Confidence: 0.7949045

 $00{:}42{:}55{.}419 \dashrightarrow 00{:}42{:}57{.}484$ newer mastectomy techniques that can

NOTE Confidence: 0.7949045

 $00{:}42{:}57{.}484 \dashrightarrow 00{:}43{:}00{.}775$ be used for women who are not optimal NOTE Confidence: 0.7949045

00:43:00.775 --> 00:43:02.892 candidates for traditional ****** sparing,

NOTE Confidence: 0.7949045

00:43:02.892 --> 00:43:04.940 mastectomy with the inframammary

NOTE Confidence: 0.7949045

 $00:43:04.940 \longrightarrow 00:43:06.988$ incision include techniques that

NOTE Confidence: 0.7949045

 $00{:}43{:}06{.}988 \dashrightarrow 00{:}43{:}09{.}411$ allow us to reshape and resize the

NOTE Confidence: 0.7949045

00:43:09.411 --> 00:43:11.476 skin pocket using a wise pattern

- NOTE Confidence: 0.7949045
- $00:43:11.476 \longrightarrow 00:43:14.058$ using free ****** grafts to make a

 $00{:}43{:}14.058 \dashrightarrow 00{:}43{:}16.200$ better size pocket for either implant

NOTE Confidence: 0.7949045

 $00{:}43{:}16{.}273 \dashrightarrow 00{:}43{:}18{.}613$ based reconstruction or to use the

NOTE Confidence: 0.7949045

 $00:43:18.613 \rightarrow 00:43:21.240$ patient's own tissue for reconstruction.

NOTE Confidence: 0.7949045

 $00:43:21.240 \rightarrow 00:43:23.748$ Whether that's using a skin pedicle.

NOTE Confidence: 0.7949045

 $00:43:23.750 \longrightarrow 00:43:27.120$ Or using a rotational flap.

NOTE Confidence: 0.7949045

 $00:43:27.120 \rightarrow 00:43:29.688$ And this includes the Goldilocks operation,

NOTE Confidence: 0.7949045

 $00:43:29.690 \longrightarrow 00:43:32.270$ which uses a local skin flap

NOTE Confidence: 0.7949045

 $00:43:32.270 \longrightarrow 00:43:33.560$ for that reconstruction.

NOTE Confidence: 0.880195

00:43:36.950 --> 00:43:39.174 So it's up to us to always consider

NOTE Confidence: 0.880195

 $00:43:39.174 \longrightarrow 00:43:41.358$ what the best functional and cosmetic

NOTE Confidence: 0.880195

 $00{:}43{:}41{.}358 \dashrightarrow 00{:}43{:}44{.}127$ outcomes of our operations can be as

NOTE Confidence: 0.880195

 $00{:}43{:}44{.}127 \dashrightarrow 00{:}43{:}46{.}239$ we treat patients for breast cancer.

NOTE Confidence: 0.880195

 $00{:}43{:}46{.}240$ --> $00{:}43{:}48{.}776$ Again, the priority always needs to be to NOTE Confidence: 0.880195

 $00{:}43{:}48{.}776$ --> $00{:}43{:}51{.}398$ make sure that we're doing the operation.
$00:43:51.400 \longrightarrow 00:43:53.362$ That's going to help achieve a

NOTE Confidence: 0.880195

 $00{:}43{:}53{.}362 \dashrightarrow 00{:}43{:}55{.}180$ cure for our patients cancer,

NOTE Confidence: 0.880195

00:43:55.180 --> 00:43:57.322 but then to consider how how we

NOTE Confidence: 0.880195

 $00{:}43{:}57{.}322 \dashrightarrow 00{:}43{:}59{.}060$ can offer more patients breast

NOTE Confidence: 0.880195

 $00{:}43{:}59.060 \dashrightarrow 00{:}44{:}01.298$ conservation and how we can make

NOTE Confidence: 0.880195

 $00{:}44{:}01{.}298$ --> $00{:}44{:}04{.}410$ sure to ensure the best cosmetic and NOTE Confidence: 0.880195

 $00:44:04.410 \longrightarrow 00:44:06.246$ functional outcomes for patients.

NOTE Confidence: 0.880195

00:44:06.250 --> 00:44:06.850 Thank you.

NOTE Confidence: 0.84878045

00:44:08.330 --> 00:44:10.262 Thank you so much Doctor Lynch

NOTE Confidence: 0.84878045

 $00{:}44{:}10.262 \dashrightarrow 00{:}44{:}12.210$ that is just absolutely fantastic.

NOTE Confidence: 0.84878045

 $00{:}44{:}12{.}210$ --> $00{:}44{:}14{.}448$ What a wonderful addition to our NOTE Confidence: 0.84878045

 $00{:}44{:}14{.}448 \dashrightarrow 00{:}44{:}16{.}798$ breast program and you know skills NOTE Confidence: 0.84878045

 $00{:}44{:}16.798 \dashrightarrow 00{:}44{:}19.156$ and techniques that I certainly can NOTE Confidence: 0.84878045

 $00{:}44{:}19{.}156 \dashrightarrow 00{:}44{:}21{.}407$ learn from you and so many others NOTE Confidence: 0.84878045

00:44:21.407 --> 00:44:23.859 as well to an last but not least

NOTE Confidence: 0.84878045

00:44:23.859 - 00:44:25.624 obviously is Doctor Rachel Green,

- NOTE Confidence: 0.84878045
- $00:44:25.630 \longrightarrow 00:44:27.038$ Upper section chief in

00:44:27.038 --> 00:44:28.094 Breast Surgical oncology,

NOTE Confidence: 0.84878045

 $00:44:28.100 \rightarrow 00:44:29.464$ really discussing and focusing

NOTE Confidence: 0.84878045

 $00:44:29.464 \rightarrow 00:44:31.169$ on the young woman's perspective

NOTE Confidence: 0.84878045

 $00:44:31.169 \longrightarrow 00:44:32.690$ and breast cancer surgery.

NOTE Confidence: 0.86008126

 $00{:}44{:}34{.}990 \dashrightarrow 00{:}44{:}36{.}880$ And Doctor Lynch, you have a bunch

NOTE Confidence: 0.86008126

 $00:44:36.880 \longrightarrow 00:44:40.170$ of questions in the chat box and.

NOTE Confidence: 0.86008126

 $00:44:40.170 \longrightarrow 00:44:42.066$ Into the answer and will will

NOTE Confidence: 0.86008126

 $00:44:42.066 \longrightarrow 00:44:44.159$ have a some time at the end.

NOTE Confidence: 0.86008126

 $00:44:44.160 \longrightarrow 00:44:46.616$ Also to open it up to the larger

NOTE Confidence: 0.85978884

 $00{:}44{:}46.620 \dashrightarrow 00{:}44{:}47.538$ audience. Thank you.

NOTE Confidence: 0.89070404

 $00{:}44{:}49{.}360 \dashrightarrow 00{:}44{:}53{.}469$ I'm just going to unmute myself and.

NOTE Confidence: 0.89070404

 $00{:}44{:}53{.}470 \dashrightarrow 00{:}44{:}55{.}630$ Get my slides connected al right,

NOTE Confidence: 0.89070404

 $00:44:55.630 \dashrightarrow 00:44:57.789$ well thank you everyone for

NOTE Confidence: 0.89070404

 $00{:}44{:}57{.}790 \dashrightarrow 00{:}44{:}59{.}514$ joining us this afternoon.

00:44:59.514 --> 00:45:02.538 As mentioned, my name is Rachel Greenup,

NOTE Confidence: 0.89070404

00:45:02.540 --> 00:45:05.804 I just joined Yale in February and I'm

NOTE Confidence: 0.89070404

 $00{:}45{:}05{.}804 \dashrightarrow 00{:}45{:}09{.}198$ thrilled to be here and I'll be talking

NOTE Confidence: 0.89070404

 $00{:}45{:}09{.}198 \dashrightarrow 00{:}45{:}12{.}039$ today about young women with breast

NOTE Confidence: 0.89070404

 $00{:}45{:}12.039 \dashrightarrow 00{:}45{:}14.774$ cancer perspectives from a surgeon.

NOTE Confidence: 0.89070404

 $00{:}45{:}14.780 \dashrightarrow 00{:}45{:}16.958$ I have no relevant just disclosures,

NOTE Confidence: 0.89070404

00:45:16.960 --> 00:45:19.060 except that I became really interested

NOTE Confidence: 0.89070404

 $00{:}45{:}19.060 \dashrightarrow 00{:}45{:}21.645$ in this topic from a clinical perspective

NOTE Confidence: 0.89070404

 $00{:}45{:}21.645 \dashrightarrow 00{:}45{:}24.263$ when my dear friend was diagnosed with NOTE Confidence: 0.89070404

00:45:24.333 - 00:45:26.790 triple negative breast cancer at age 32,

NOTE Confidence: 0.89070404

 $00:45:26.790 \longrightarrow 00:45:28.246$ she's doing well practicing

NOTE Confidence: 0.89070404

 $00:45:28.246 \longrightarrow 00:45:30.430$ as a surgeon in the Midwest,

NOTE Confidence: 0.89070404

 $00{:}45{:}30{.}430 \dashrightarrow 00{:}45{:}34{.}069$ but I had the privilege of being part of her

NOTE Confidence: 0.89070404

 $00{:}45{:}34.070 \dashrightarrow 00{:}45{:}38.700$ journey and learning a lot along the way.

NOTE Confidence: 0.89070404

 $00:45:38.700 \longrightarrow 00:45:39.648$ So, as mentioned,

NOTE Confidence: 0.89070404

 $00:45:39.648 \rightarrow 00:45:42.275$ we know that breast cancer is a really

 $00{:}45{:}42.275 \dashrightarrow 00{:}45{:}44.711$ common disease in the United States with

NOTE Confidence: 0.89070404

 $00{:}45{:}44.711 \dashrightarrow 00{:}45{:}47.636$ one in eight women over their lifetime

NOTE Confidence: 0.89070404

 $00{:}45{:}47.636 \dashrightarrow 00{:}45{:}49.796$ being diagnosed with breast cancer.

NOTE Confidence: 0.89070404

 $00:45:49.800 \longrightarrow 00:45:51.565$ And this assumes that women

NOTE Confidence: 0.89070404

 $00:45:51.565 \longrightarrow 00:45:54.240$ live to be in their 8th decade.

NOTE Confidence: 0.89070404

 $00:45:54.240 \longrightarrow 00:45:57.570$ But we, when we look at women under 40,

NOTE Confidence: 0.89070404

 $00:45:57.570 \rightarrow 00:46:00.978$ there's only about 4% of new breast cancer

NOTE Confidence: 0.89070404

 $00{:}46{:}00{.}978 \dashrightarrow 00{:}46{:}03{.}670$ cases affecting this younger population.

NOTE Confidence: 0.89070404

 $00{:}46{:}03.670 \dashrightarrow 00{:}46{:}06.991$ I'm gonna be talking about a kind of popery

NOTE Confidence: 0.89070404

 $00:46:06.991 \rightarrow 00:46:10.339$ of topics related to this young cohort,

NOTE Confidence: 0.89070404

00:46:10.340 --> 00:46:12.004 including breast cancer screening,

NOTE Confidence: 0.89070404

 $00:46:12.004 \longrightarrow 00:46:13.264$ the incidence, prevalence,

NOTE Confidence: 0.89070404

 $00:46:13.264 \rightarrow 00:46:14.536$ biology, and prognosis.

NOTE Confidence: 0.89070404

00:46:14.536 --> 00:46:16.232 Thinking a bit about

NOTE Confidence: 0.89070404

 $00:46:16.232 \longrightarrow 00:46:17.849$ surgical issues and options,

- 00:46:17.850 --> 00:46:18.682 discussing pregnancy,
- NOTE Confidence: 0.89070404
- 00:46:18.682 --> 00:46:19.930 associated breast cancer,
- NOTE Confidence: 0.89070404
- $00:46:19.930 \longrightarrow 00:46:22.015$ and then unique issues within
- NOTE Confidence: 0.89070404
- $00:46:22.015 \longrightarrow 00:46:22.849$ survivorship care.
- NOTE Confidence: 0.89070404
- $00{:}46{:}22.850 \dashrightarrow 00{:}46{:}25.991$ So there's been a lot of controversy in the
- NOTE Confidence: 0.89070404
- $00{:}46{:}25{.}991 \dashrightarrow 00{:}46{:}29{.}107$ last decade about breast cancer screening.
- NOTE Confidence: 0.89070404
- $00:46:29.110 \longrightarrow 00:46:31.490$ the US Preventive Taskforce originally
- NOTE Confidence: 0.89070404
- $00:46:31.490 \rightarrow 00:46:34.728$ recommended that women should wait to have
- NOTE Confidence: 0.89070404
- $00{:}46{:}34.728 \dashrightarrow 00{:}46{:}37.080$ breast cancer screen until they reached.
- NOTE Confidence: 0.89070404
- 00:46:37.080 --> 00:46:39.756 Age 50 the American Cancer Society
- NOTE Confidence: 0.89070404
- $00:46:39.756 \longrightarrow 00:46:41.540$ has recommended that younger
- NOTE Confidence: 0.89070404
- $00:46:41.618 \longrightarrow 00:46:44.282$ patients ages 40 to 44 should have a
- NOTE Confidence: 0.89070404
- $00:46:44.282 \rightarrow 00:46:46.898$ choice and that risk and potential
- NOTE Confidence: 0.89070404
- 00:46:46.898 --> 00:46:48.774 benefit should be considered,
- NOTE Confidence: 0.89070404
- $00:46:48.780 \longrightarrow 00:46:50.452$ including women who have
- NOTE Confidence: 0.89070404
- $00:46:50.452 \rightarrow 00:46:52.124$ a higher lifetime risk,

 $00:46:52.130 \longrightarrow 00:46:56.295$ who should start at 40 years old.

NOTE Confidence: 0.89070404

00:46:56.300 --> 00:46:58.255 The American Society of Breast

NOTE Confidence: 0.89070404

00:46:58.255 --> 00:47:00.683 Surgeons more recently came up with

NOTE Confidence: 0.89070404

 $00{:}47{:}00{.}683 \dashrightarrow 00{:}47{:}02{.}703$ guidelines specific to our surgical

NOTE Confidence: 0.89070404

 $00{:}47{:}02{.}703 \dashrightarrow 00{:}47{:}05{.}559$ community and that all women ages 25

NOTE Confidence: 0.89070404

 $00{:}47{:}05{.}559 \dashrightarrow 00{:}47{:}07{.}905$ and older should undergo formal risk

NOTE Confidence: 0.89070404

 $00{:}47{:}07{.}905 \dashrightarrow 00{:}47{:}09{.}768$ assessment for breast cancer that

NOTE Confidence: 0.89070404

 $00{:}47{:}09.768 \dashrightarrow 00{:}47{:}11.970$ women with an average risk should

NOTE Confidence: 0.89070404

 $00{:}47{:}12.038 \dashrightarrow 00{:}47{:}13.873$ begin yearly screening starting at

NOTE Confidence: 0.89070404

00:47:13.873 --> 00:47:17.131 age 40 and women with a higher risk

NOTE Confidence: 0.89070404

00:47:17.131 --> 00:47:18.939 should include screening mammography

NOTE Confidence: 0.89070404

 $00{:}47{:}18{.}939 \dashrightarrow 00{:}47{:}21{.}270$ with the potential for supplemental

NOTE Confidence: 0.89070404

 $00{:}47{:}21.270$ --> $00{:}47{:}24.180$ imaging including ultrasound and or MRI.

NOTE Confidence: 0.89070404

 $00{:}47{:}24.180 \dashrightarrow 00{:}47{:}26.820$ An they also included a really

NOTE Confidence: 0.89070404

 $00{:}47{:}26.820 \dashrightarrow 00{:}47{:}28.580$ valuable component within their

00:47:28.654 --> 00:47:30.500 screening recommendations,

NOTE Confidence: 0.89070404

 $00{:}47{:}30{.}500 \dashrightarrow 00{:}47{:}32{.}708$ which included guidelines around

NOTE Confidence: 0.89070404

 $00{:}47{:}32.708 \dashrightarrow 00{:}47{:}36.678$ breast density and that in the US

NOTE Confidence: 0.89070404

 $00{:}47{:}36.678 \dashrightarrow 00{:}47{:}38.938$ means tomosynthesis imaging and

NOTE Confidence: 0.89070404

 $00{:}47{:}38{.}938 \dashrightarrow 00{:}47{:}41{.}198$ or MRI with ultrasound.

NOTE Confidence: 0.89070404

 $00:47:41.200 \longrightarrow 00:47:42.328$ So in our world,

NOTE Confidence: 0.89070404

 $00{:}47{:}42.328 \dashrightarrow 00{:}47{:}44.731$ many women do come in with this green

NOTE Confidence: 0.89070404

00:47:44.731 --> 00:47:46.978 detected cancer and you can see on

NOTE Confidence: 0.89070404

 $00{:}47{:}46{.}978 \dashrightarrow 00{:}47{:}49{.}502$ the mammogram here highlighted in my NOTE Confidence: 0.89070404

 $00:47:49.502 \rightarrow 00:47:52.194$ circle that there's a spiculated mass,

NOTE Confidence: 0.89070404

 $00:47:52.194 \rightarrow 00:47:55.518$ but in a heterogeneously dense breast.

NOTE Confidence: 0.89070404

 $00{:}47{:}55{.}520$ --> $00{:}47{:}58{.}054$ Most women then go on have ultrasound NOTE Confidence: 0.89070404

 $00:47:58.054 \rightarrow 00:48:01.004$ and a biopsy showing cancer and they

NOTE Confidence: 0.89070404

 $00{:}48{:}01.004 \dashrightarrow 00{:}48{:}03.244$ meet their surgical team either

NOTE Confidence: 0.89070404

 $00:48:03.244 \longrightarrow 00:48:05.509$ before or after this diagnosis.

NOTE Confidence: 0.89070404

 $00{:}48{:}05{.}510 \dashrightarrow 00{:}48{:}07{.}946$ We know there are risk factors

- NOTE Confidence: 0.89070404
- 00:48:07.946 --> 00:48:09.986 for breast cancer, summer nature,

00:48:09.986 --> 00:48:11.618 summer nurture being female.

NOTE Confidence: 0.89070404

00:48:11.620 --> 00:48:14.056 Certainly as age increases over time,

NOTE Confidence: 0.89070404

00:48:14.060 - 00:48:16.496 having a genetic mutation or a

NOTE Confidence: 0.89070404

00:48:16.496 --> 00:48:17.714 personal family history,

NOTE Confidence: 0.89070404

 $00:48:17.720 \longrightarrow 00:48:20.156$ we know that any prior biopsy,

NOTE Confidence: 0.89070404

00:48:20.160 --> 00:48:22.200 whether it's benign or malignant,

NOTE Confidence: 0.83137494

 $00:48:22.200 \rightarrow 00:48:25.049$ is associated with a higher lifetime risk.

NOTE Confidence: 0.83137494

00:48:25.050 --> 00:48:25.864 Menstrual history.

NOTE Confidence: 0.83137494

00:48:25.864 --> 00:48:27.899 There's some data around race,

NOTE Confidence: 0.83137494

 $00:48:27.900 \longrightarrow 00:48:29.348$ and certainly breast density.

NOTE Confidence: 0.83137494

00:48:29.348 --> 00:48:31.520 The nurture piece we look at

NOTE Confidence: 0.83137494

00:48:31.591 --> 00:48:33.592 delayed childbirth, alcohol intake,

NOTE Confidence: 0.83137494

 $00:48:33.592 \longrightarrow 00:48:35.285$ high fat diet, smoking.

NOTE Confidence: 0.83137494

 $00{:}48{:}35{.}285 \dashrightarrow 00{:}48{:}37{.}660$ There's a lot of data.

- 00:48:37.660 --> 00:48:38.314 Coming out,
- NOTE Confidence: 0.83137494
- $00:48:38.314 \rightarrow 00:48:40.603$ some of which has been driven by
- NOTE Confidence: 0.83137494
- $00{:}48{:}40.603 \dashrightarrow 00{:}48{:}42.820$ Melinda Irwin and terracing after it.
- NOTE Confidence: 0.83137494
- 00:48:42.820 --> 00:48:44.540 Yeah looking at body weight,
- NOTE Confidence: 0.83137494
- $00:48:44.540 \longrightarrow 00:48:46.260$ an exercise history of childhood
- NOTE Confidence: 0.83137494
- $00:48:46.260 \dashrightarrow 00:48:47.636$ or young adult radiation,
- NOTE Confidence: 0.83137494
- $00:48:47.640 \longrightarrow 00:48:49.698$ an long term hormone replacement use.
- NOTE Confidence: 0.871685
- $00:48:51.750 \longrightarrow 00:48:54.590$ So we know that risk of breast
- NOTE Confidence: 0.871685
- $00{:}48{:}54{.}590 \dashrightarrow 00{:}48{:}56{.}210$ cancer increases with age.
- NOTE Confidence: 0.871685
- $00{:}48{:}56{.}210 \dashrightarrow 00{:}48{:}58{.}235$ These are data from the
- NOTE Confidence: 0.871685
- 00:48:58.235 --> 00:48:59.450 American Cancer Society,
- NOTE Confidence: 0.871685
- $00:48:59.450 \longrightarrow 00:49:02.173$ facts and figures from 2019 showing that
- NOTE Confidence: 0.871685
- $00{:}49{:}02{.}173 \dashrightarrow 00{:}49{:}05{.}222$ risk of breast cancer peaks in the 7th
- NOTE Confidence: 0.871685
- $00:49:05.222 \rightarrow 00:49:07.950$ decade across all races and ethnicities,
- NOTE Confidence: 0.871685
- $00:49:07.950 \longrightarrow 00:49:10.782$ and so you can see that in our
- NOTE Confidence: 0.871685
- $00:49:10.782 \rightarrow 00:49:13.216$ younger patient population which is

- NOTE Confidence: 0.871685
- $00:49:13.216 \longrightarrow 00:49:15.113$ diagnosed typically under age 45.

 $00{:}49{:}15{.}113 \dashrightarrow 00{:}49{:}16{.}557$ But that definition also

NOTE Confidence: 0.871685

 $00{:}49{:}16.557 \dashrightarrow 00{:}49{:}18.480$ varies in the literature.

NOTE Confidence: 0.871685

 $00{:}49{:}18{.}480 \dashrightarrow 00{:}49{:}20{.}590$ Breast cancer risk is less.

NOTE Confidence: 0.871685

 $00:49:20.590 \longrightarrow 00:49:22.930$ Comment it occurs in about

NOTE Confidence: 0.871685

 $00:49:22.930 \longrightarrow 00:49:25.148 \ 10\%$ of women under 40.

NOTE Confidence: 0.871685

 $00:49:25.148 \longrightarrow 00:49:27.770$ There has been some speculation in

NOTE Confidence: 0.871685

 $00:49:27.860 \rightarrow 00:49:30.625$ the literature that young women's

NOTE Confidence: 0.871685

00:49:30.625 --> 00:49:33.390 breast cancer has been increasing

NOTE Confidence: 0.871685

00:49:33.476 --> 00:49:35.852 over time in patients will often

NOTE Confidence: 0.871685

 $00:49:35.852 \rightarrow 00:49:38.844$ come in and ask us about that,

NOTE Confidence: 0.871685

 $00{:}49{:}38{.}844 \dashrightarrow 00{:}49{:}41{.}184$ but the data suggests that

NOTE Confidence: 0.871685

 $00:49:41.184 \longrightarrow 00:49:43.049$ the prevalence is stable.

NOTE Confidence: 0.871685

 $00{:}49{:}43.050 \dashrightarrow 00{:}49{:}46.039$ We know that 50% of cancers in

NOTE Confidence: 0.871685

 $00:49:46.039 \rightarrow 00:49:48.670$ younger patients are breast cancers,

- $00:49:48.670 \longrightarrow 00:49:50.906$ an unfortunately the survival.
- NOTE Confidence: 0.871685
- 00:49:50.906 --> 00:49:54.260 Is typically lower in young women.
- NOTE Confidence: 0.871685
- $00:49:54.260 \longrightarrow 00:49:55.890$ All of that being said,
- NOTE Confidence: 0.871685
- $00{:}49{:}55{.}890 \dashrightarrow 00{:}49{:}58{.}410$ when you look at the risk of breast
- NOTE Confidence: 0.871685
- $00:49:58.410 \longrightarrow 00:50:00.438$ cancer in women in their 20s,
- NOTE Confidence: 0.871685
- $00:50:00.440 \longrightarrow 00:50:01.724$ thirties and 40s,
- NOTE Confidence: 0.871685
- $00:50:01.724 \longrightarrow 00:50:04.292$ it does remain relatively low and
- NOTE Confidence: 0.871685
- $00:50:04.292 \longrightarrow 00:50:06.760$ their risk of death is very low.
- NOTE Confidence: 0.871685
- 00:50:06.760 --> 00:50:09.649 In this population.
- NOTE Confidence: 0.871685
- $00{:}50{:}09{.}650 \dashrightarrow 00{:}50{:}12.014$ When we look at tumor Biology
- NOTE Confidence: 0.871685
- 00:50:12.014 --> 00:50:13.196 among young women,
- NOTE Confidence: 0.871685
- $00:50:13.200 \rightarrow 00:50:15.560$ so on the right that figure again is
- NOTE Confidence: 0.871685
- $00{:}50{:}15{.}560 \dashrightarrow 00{:}50{:}18{.}057$ from the American Cancer Society data
- NOTE Confidence: 0.871685
- $00:50:18.057 \rightarrow 00:50:20.352$ showing that the overwhelming majority
- NOTE Confidence: 0.871685
- $00{:}50{:}20{.}352 \dashrightarrow 00{:}50{:}22{.}948$ of all breast cancer patients tend
- NOTE Confidence: 0.871685
- $00:50:22.948 \rightarrow 00:50:25.413$ to be hormone receptor positive and

- NOTE Confidence: 0.871685
- $00:50:25.413 \rightarrow 00:50:28.164$ her two negative in our younger patients,

 $00:50:28.170 \rightarrow 00:50:30.767$ they are more likely to have unfavorable

NOTE Confidence: 0.871685

00:50:30.767 --> 00:50:32.900 or higher risk tumor biology,

NOTE Confidence: 0.871685

00:50:32.900 --> 00:50:35.258 including higher risk of ER PR,

NOTE Confidence: 0.871685

 $00:50:35.260 \longrightarrow 00:50:36.048$ negative tumors,

NOTE Confidence: 0.871685

00:50:36.048 --> 00:50:37.637 higher Ki 67, expression,

NOTE Confidence: 0.871685

 $00:50:37.637 \rightarrow 00:50:40.079$ more likely to have lymphovascular invasion.

NOTE Confidence: 0.871685

 $00{:}50{:}40{.}080 \dashrightarrow 00{:}50{:}43{.}680$ And Grade 3 tumors.

NOTE Confidence: 0.871685

00:50:43.680 --> 00:50:46.390 I'm sorry my slides are jumping.

NOTE Confidence: 0.871685

 $00:50:46.390 \longrightarrow 00:50:48.146$ These data are older.

NOTE Confidence: 0.871685

00:50:48.146 --> 00:50:50.780 They were published in 1994 in

NOTE Confidence: 0.871685

 $00{:}50{:}50{.}870 \dashrightarrow 00{:}50{:}53{.}150$ the Journal of Clinical Oncology,

NOTE Confidence: 0.871685

 $00{:}50{:}53{.}150 \dashrightarrow 00{:}50{:}55{.}922$ but they were important in first

NOTE Confidence: 0.871685

 $00{:}50{:}55{.}922 \dashrightarrow 00{:}50{:}58{.}707$ demonstrating that age alone young age

NOTE Confidence: 0.871685

 $00{:}50{:}58{.}707 \dashrightarrow 00{:}51{:}01{.}263$ alone was a poor prognostic factor,

 $00:51:01.270 \longrightarrow 00:51:03.944$ so we know that women less than

NOTE Confidence: 0.871685

 $00{:}51{:}03{.}944 \dashrightarrow 00{:}51{:}06{.}604$ 35 represented on the graphs by

NOTE Confidence: 0.871685

 $00:51:06.604 \rightarrow 00:51:08.984$ the solid line had significantly

NOTE Confidence: 0.871685

 $00{:}51{:}08{.}984 \dashrightarrow 00{:}51{:}11{.}190$ worse outcomes across disease.

NOTE Confidence: 0.871685

 $00:51:11.190 \rightarrow 00:51:12.994$ Specific survival overall survival,

NOTE Confidence: 0.871685

00:51:12.994 --> 00:51:14.798 an risk of recurrence.

NOTE Confidence: 0.88419867

 $00:51:16.850 \rightarrow 00:51:19.517$ More recently, we can see that the

NOTE Confidence: 0.88419867

 $00{:}51{:}19{.}517 \dashrightarrow 00{:}51{:}22{.}438$ Boston Group here looked at risk of

NOTE Confidence: 0.88419867

00:51:22.438 --> 00:51:24.558 local recurrence in younger women.

NOTE Confidence: 0.88419867

 $00:51:24.560 \rightarrow 00:51:27.808$ If you look at the breast cancer cohort,

NOTE Confidence: 0.88419867

00:51:27.810 --> 00:51:30.897 overall, the overall risk of local recurrence NOTE Confidence: 0.88419867

00:51:30.897 -> 00:51:33.089 after breast conservation was about 2%,

NOTE Confidence: 0.88419867

 $00{:}51{:}33{.}090 \dashrightarrow 00{:}51{:}35{.}706$ but in the younger cohort defined

NOTE Confidence: 0.88419867

 $00{:}51{:}35{.}706 \dashrightarrow 00{:}51{:}38{.}767$ in this study as ages 26 to 45,

NOTE Confidence: 0.88419867

 $00:51:38.770 \longrightarrow 00:51:43.216$ there was a five year cumulative risk of 5%.

NOTE Confidence: 0.88419867

 $00:51:43.220 \rightarrow 00:51:46.484$ The figure on the left shows that this

- NOTE Confidence: 0.88419867
- 00:51:46.484 --> 00:51:48.638 certainly varied by tumor subtype.
- NOTE Confidence: 0.88419867
- $00{:}51{:}48.640 \dashrightarrow 00{:}51{:}51.412$ With her two positive and triple negative
- NOTE Confidence: 0.88419867
- $00:51:51.412 \rightarrow 00:51:53.978$ breast cancers being more likely to
- NOTE Confidence: 0.88419867
- 00:51:53.978 --> 00:51:56.081 demonstrate in breast recurrence, overtime,
- NOTE Confidence: 0.88419867
- $00{:}51{:}56{.}081 \dashrightarrow 00{:}51{:}58{.}187$ an overall age was an independent
- NOTE Confidence: 0.88419867
- $00{:}51{:}58{.}187 \dashrightarrow 00{:}52{:}00{.}779$ risk for local recurrence after breast
- NOTE Confidence: 0.88419867
- $00:52:00.779 \rightarrow 00:52:03.239$ conservation but remained acceptably low.
- NOTE Confidence: 0.8556857
- 00:52:05.680 --> 00:52:07.108 These data were published
- NOTE Confidence: 0.8556857
- $00:52:07.108 \longrightarrow 00:52:08.893$ by a colleague and friend,
- NOTE Confidence: 0.8556857
- 00:52:08.900 --> 00:52:10.690 Carrie Anders, again in 2008,
- NOTE Confidence: 0.8556857
- $00:52:10.690 \longrightarrow 00:52:12.480$ but this was a collaborative
- NOTE Confidence: 0.8556857
- $00{:}52{:}12{.}480 \dashrightarrow 00{:}52{:}14{.}270$ effort between Duke and UNC,
- NOTE Confidence: 0.8556857
- $00:52:14.270 \longrightarrow 00:52:16.286$ where they looked at tissue samples
- NOTE Confidence: 0.8556857
- $00{:}52{:}16.286 \dashrightarrow 00{:}52{:}18.210$ in younger versus older patients.
- NOTE Confidence: 0.8556857
- $00:52:18.210 \longrightarrow 00:52:19.920$ Defined in this study as
- NOTE Confidence: 0.8556857

 $00:52:19.920 \longrightarrow 00:52:22.510$ less than 45 or 65 and older,

NOTE Confidence: 0.8556857

 $00:52:22.510 \longrightarrow 00:52:23.995$ they did find that younger

NOTE Confidence: 0.8556857

 $00{:}52{:}23{.}995 \dashrightarrow 00{:}52{:}26{.}012$ women had lower rates of hormone

NOTE Confidence: 0.8556857

00:52:26.012 --> 00:52:27.880 receptor positive breast cancer.

NOTE Confidence: 0.8556857

 $00{:}52{:}27.880 \dashrightarrow 00{:}52{:}30.351$ Higher rates of her two positive cancer

NOTE Confidence: 0.8556857

 $00{:}52{:}30{.}351 \dashrightarrow 00{:}52{:}32{.}170$ presented with larger tumor sizes,

NOTE Confidence: 0.8556857

 $00:52:32.170 \longrightarrow 00:52:33.277$ an higher grades,

NOTE Confidence: 0.8556857

00:52:33.277 --> 00:52:35.491 an again younger age was an

NOTE Confidence: 0.8556857

 $00{:}52{:}35{.}491 \dashrightarrow 00{:}52{:}37{.}478$ independent risk factor for disease.

NOTE Confidence: 0.8556857

 $00:52:37.480 \longrightarrow 00:52:40.440$ Free survival.

NOTE Confidence: 0.8556857

00:52:40.440 --> 00:52:42.938 And during my time at Boston,

NOTE Confidence: 0.8556857

 $00:52:42.938 \rightarrow 00:52:44.968$ we pursued evaluation of younger

NOTE Confidence: 0.8556857

 $00:52:44.968 \longrightarrow 00:52:47.263$ patients and the predicted value

NOTE Confidence: 0.8556857

 $00:52:47.263 \rightarrow 00:52:49.623$ of pathologic complete response on

NOTE Confidence: 0.8556857

 $00{:}52{:}49{.}623 \dashrightarrow 00{:}52{:}51{.}967$ overall survival in this rare cohort.

NOTE Confidence: 0.8556857

 $00:52:51.970 \longrightarrow 00:52:54.526$ So we know that across our

- NOTE Confidence: 0.8556857
- $00:52:54.526 \longrightarrow 00:52:55.804$ breast cancer patients,

 $00:52:55.810 \longrightarrow 00:52:57.118$ regardless of age,

NOTE Confidence: 0.8556857

 $00:52:57.118 \rightarrow 00:52:58.862$ having neoadjuvant chemo with

NOTE Confidence: 0.8556857

 $00:52:58.862 \rightarrow 00:53:00.649$ a pathologic complete response

NOTE Confidence: 0.8556857

 $00{:}53{:}00{.}649 \dashrightarrow 00{:}53{:}02{.}293$ correlate's with excellent survival

NOTE Confidence: 0.8556857

00:53:02.293 - > 00:53:04.831 and the data from the original

NOTE Confidence: 0.8556857

00:53:04.831 --> 00:53:06.906 neoadjuvant studies at the NSC,

NOTE Confidence: 0.8556857

00:53:06.910 --> 00:53:07.290 BP.

NOTE Confidence: 0.8556857

 $00{:}53{:}07{.}290 \dashrightarrow 00{:}53{:}09{.}570$ 19 and 27 suggested that perhaps

NOTE Confidence: 0.8556857

00:53:09.570 --> 00:53:11.610 in younger patient populations,

NOTE Confidence: 0.8556857

00:53:11.610 -> 00:53:12.894 preoperative chemo was.

NOTE Confidence: 0.8556857

00:53:12.894 --> 00:53:15.034 Correlated with not only improved

NOTE Confidence: 0.8556857

 $00:53:15.034 \rightarrow 00:53:17.130$ eligibility for breast conservation,

NOTE Confidence: 0.8556857

 $00{:}53{:}17{.}130 \dashrightarrow 00{:}53{:}19{.}380$ but also improved overall survival,

NOTE Confidence: 0.8556857

 $00{:}53{:}19{.}380 \dashrightarrow 00{:}53{:}21{.}635$ but it was not statistically

00:53:21.635 -> 00:53:23.439 significant in those studies,

NOTE Confidence: 0.8556857

 $00{:}53{:}23{.}440 \dashrightarrow 00{:}53{:}26{.}528$ and so we wanted to get a better

NOTE Confidence: 0.8556857

 $00:53:26.528 \dashrightarrow 00:53:29.758$ sense of in a contemporary cohort.

NOTE Confidence: 0.8556857

00:53:29.760 --> 00:53:32.358 How did on neoadjuvant chemo and

NOTE Confidence: 0.8556857

00:53:32.358 --> 00:53:34.090 pathologic response impact cancer

NOTE Confidence: 0.8556857

 $00:53:34.164 \rightarrow 00:53:36.068$ outcomes in younger patients?

NOTE Confidence: 0.8556857

00:53:36.070 --> 00:53:39.318 And you can see here women under 40

NOTE Confidence: 0.8556857

 $00{:}53{:}39{.}318 \dashrightarrow 00{:}53{:}41{.}815$ at diagnosis who received neoadjuvant

NOTE Confidence: 0.8556857

 $00{:}53{:}41{.}815 \dashrightarrow 00{:}53{:}45{.}013$ chemo for stage two and three

NOTE Confidence: 0.8556857

 $00:53:45.013 \longrightarrow 00:53:48.167$ invasive cancers between 1998 and 2014.

NOTE Confidence: 0.8556857

00:53:48.170 --> 00:53:50.486 At mass General Hospital were evaluated.

NOTE Confidence: 0.8556857

 $00:53:50.490 \rightarrow 00:53:52.854$ Overall there were only 170 young

NOTE Confidence: 0.8556857

 $00{:}53{:}52{.}854 \dashrightarrow 00{:}53{:}55{.}140$ women in this analytic data set.

NOTE Confidence: 0.8556857

 $00:53:55.140 \longrightarrow 00:53:58.060$ About 30% received a path CR and this

NOTE Confidence: 0.8556857

 $00:53:58.060 \rightarrow 00:54:00.939$ was more likely in Grade 3 disease.

NOTE Confidence: 0.8556857

 $00:54:00.940 \longrightarrow 00:54:04.025$ Her two positive and triple

- NOTE Confidence: 0.8556857
- $00{:}54{:}04.025 \dashrightarrow 00{:}54{:}05.876$ negative breast cancers.

 $00{:}54{:}05{.}880 \dashrightarrow 00{:}54{:}08{.}140$ Age alone was not predicted

NOTE Confidence: 0.8556857

 $00:54:08.140 \longrightarrow 00:54:09.496$ for pathologic response,

NOTE Confidence: 0.8556857

 $00:54:09.500 \rightarrow 00:54:13.124$ but when you look at a younger cohort,

NOTE Confidence: 0.8556857

00:54:13.130 - 00:54:14.100 pathologic response,

NOTE Confidence: 0.8556857

00:54:14.100 --> 00:54:15.070 not surprisingly,

NOTE Confidence: 0.8556857

 $00{:}54{:}15{.}070 \dashrightarrow 00{:}54{:}17{.}495$ was correlated with improved disease

NOTE Confidence: 0.8556857

 $00{:}54{:}17{.}495 \dashrightarrow 00{:}54{:}19{.}685$ free and overall survival compared

NOTE Confidence: 0.8556857

 $00{:}54{:}19.685 \dashrightarrow 00{:}54{:}21.740$ to women with residual disease.

NOTE Confidence: 0.8556857

 $00{:}54{:}21.740 \dashrightarrow 00{:}54{:}24.701$ And this was based on tumor subtype

NOTE Confidence: 0.8556857

 $00:54:24.701 \rightarrow 00:54:26.720$ with hormone receptor positive.

NOTE Confidence: 0.8556857

 $00{:}54{:}26{.}720 \dashrightarrow 00{:}54{:}30{.}031$ Her two negative past CR responders having

NOTE Confidence: 0.8556857

 $00:54:30.031 \rightarrow 00:54:32.888$ the best survival followed by triple

NOTE Confidence: 0.8556857

 $00:54:32.888 \dashrightarrow 00:54:36.038$ Negative and her two positive past CR.

NOTE Confidence: 0.8556857

 $00{:}54{:}36{.}040 \dashrightarrow 00{:}54{:}37{.}970$ Patients.

 $00:54:37.970 \longrightarrow 00:54:40.205$ Moving on to decisions for

NOTE Confidence: 0.8556857

 $00{:}54{:}40{.}205 \dashrightarrow 00{:}54{:}42{.}770$ breast cancer surgery in the US,

NOTE Confidence: 0.8556857

00:54:42.770 --> 00:54:45.308 we face young and older women

NOTE Confidence: 0.8556857

 $00{:}54{:}45{.}308 \dashrightarrow 00{:}54{:}47{.}516$ with early stage breast cancer

NOTE Confidence: 0.8556857

 $00{:}54{:}47{.}516$ --> $00{:}54{:}50{.}533$ an we offer them a choice for

NOTE Confidence: 0.8556857

 $00{:}54{:}50{.}533 \dashrightarrow 00{:}54{:}52{.}359$ decisions related to surgery.

NOTE Confidence: 0.8556857

 $00{:}54{:}52{.}360 \dashrightarrow 00{:}54{:}54{.}976$ We have very good and long

NOTE Confidence: 0.8556857

 $00:54:54.976 \longrightarrow 00:54:56.720$ term and contemporary data,

NOTE Confidence: 0.8556857

 $00{:}54{:}56{.}720 \dashrightarrow 00{:}54{:}59{.}495$ both clinical trials and observational

NOTE Confidence: 0.8556857

 $00{:}54{:}59{.}495 \dashrightarrow 00{:}55{:}01{.}715$ studies suggesting that these

NOTE Confidence: 0.8556857

 $00{:}55{:}01.715 \dashrightarrow 00{:}55{:}03.639$ outcomes are not different.

NOTE Confidence: 0.8556857

 $00{:}55{:}03.640 \dashrightarrow 00{:}55{:}07.536$ When our young patients come talk to us,

NOTE Confidence: 0.8556857

 $00:55:07.540 \dashrightarrow 00:55:10.956$ they meet the larger multi disciplinary team.

NOTE Confidence: 0.8556857

00:55:10.960 - 00:55:12.912 This often includes surgeons,

NOTE Confidence: 0.8556857

00:55:12.912 --> 00:55:13.888 medical on cologists,

NOTE Confidence: 0.8556857

 $00:55:13.890 \longrightarrow 00:55:15.108$ radiation oncologist,

- NOTE Confidence: 0.8556857
- $00:55:15.108 \rightarrow 00:55:16.326$ plastic surgeons,
- NOTE Confidence: 0.8556857
- $00{:}55{:}16.326$ --> $00{:}55{:}18.762$ genetic counselors and sometimes
- NOTE Confidence: 0.8556857
- $00:55:18.762 \longrightarrow 00:55:19.980$ oncofertility specialists
- NOTE Confidence: 0.8556857
- $00:55:20.048 \rightarrow 00:55:21.788$ which I'll touch on briefly.
- NOTE Confidence: 0.8556857
- $00:55:21.790 \rightarrow 00:55:24.667$ But we discussed with them recovery time,
- NOTE Confidence: 0.8556857
- 00:55:24.670 --> 00:55:25.909 risk of recurrence,
- NOTE Confidence: 0.8556857
- 00:55:25.909 --> 00:55:27.148 Peace of Mind,
- NOTE Confidence: 0.8556857
- $00{:}55{:}27.150 \dashrightarrow 00{:}55{:}28.794$ side effects and complications
- NOTE Confidence: 0.8556857
- $00{:}55{:}28.794 \dashrightarrow 00{:}55{:}30.438$ need for future surveillance,
- NOTE Confidence: 0.8556857
- $00:55:30.440 \longrightarrow 00:55:33.295$ appearance and how this really
- NOTE Confidence: 0.8556857
- $00:55:33.295 \longrightarrow 00:55:35.008$ impacts their lives.
- NOTE Confidence: 0.8556857
- $00:55:35.010 \rightarrow 00:55:37.195$ And the international consensus guidelines
- NOTE Confidence: 0.8556857
- 00:55:37.195 --> 00:55:38.943 from 2019 strongly recommended,
- NOTE Confidence: 0.8556857
- $00:55:38.950 \dashrightarrow 00:55:42.454$ and these were experts from across the globe.
- NOTE Confidence: 0.8556857
- $00:55:42.460 \longrightarrow 00:55:44.512$ Really recommended that local
- NOTE Confidence: 0.8556857

 $00:55:44.512 \rightarrow 00:55:46.564$ regional treatment in younger

NOTE Confidence: 0.8556857

00:55:46.564 --> 00:55:48.726 patients should not really differ

NOTE Confidence: 0.8556857

 $00{:}55{:}48.726 \dashrightarrow 00{:}55{:}51.211$ from what we offer to older women.

NOTE Confidence: 0.87017626

 $00{:}55{:}51{.}220 \dashrightarrow 00{:}55{:}53{.}250$ We should think strongly about

NOTE Confidence: 0.87017626

 $00{:}55{:}53{.}250 \dashrightarrow 00{:}55{.}55{.}280$ breast conserving surgery as the

NOTE Confidence: 0.87017626

 $00:55:55.350 \dashrightarrow 00:55:57.350$ first option whenever possible.

NOTE Confidence: 0.87017626

 $00{:}55{:}57{.}350 \dashrightarrow 00{:}55{:}59{.}560$ I'm knowing that their survival

NOTE Confidence: 0.87017626

 $00:55:59.560 \rightarrow 00:56:03.144$ overall is the same and that we should

NOTE Confidence: 0.87017626

 $00{:}56{:}03.144 \dashrightarrow 00{:}56{:}05.718$ think as Doctor Lynch touched on.

NOTE Confidence: 0.87017626

00:56:05.720 --> 00:56:07.380 About uncle plastic repairs

NOTE Confidence: 0.87017626

 $00{:}56{:}07{.}380 \dashrightarrow 00{:}56{:}08{.}210$ and reconstruction.

NOTE Confidence: 0.87017626

 $00:56:08.210 \longrightarrow 00:56:10.310$ An that false negative rates

NOTE Confidence: 0.87017626

 $00{:}56{:}10.310 \dashrightarrow 00{:}56{:}12.410$ are worse outcomes related to

NOTE Confidence: 0.87017626

 $00{:}56{:}12.485 \dashrightarrow 00{:}56{:}14.915$ central node biopsy use in this

NOTE Confidence: 0.87017626

 $00{:}56{:}14.915 \dashrightarrow 00{:}56{:}17.339$ population should not be a concern,

NOTE Confidence: 0.87017626

 $00:56:17.340 \rightarrow 00:56:19.758$ and I encourage anyone interested in

- NOTE Confidence: 0.87017626
- $00:56:19.758 \rightarrow 00:56:22.319$ this population to read this article.

 $00:56:22.320 \longrightarrow 00:56:24.400$ It touches on both local,

NOTE Confidence: 0.87017626

 $00:56:24.400 \rightarrow 00:56:27.055$ regional systemic treatment guidelines and

NOTE Confidence: 0.87017626

 $00:56:27.055 \rightarrow 00:56:29.179$ then recommendations for survivorship.

NOTE Confidence: 0.87017626

 $00{:}56{:}29{.}180 \dashrightarrow 00{:}56{:}30{.}030$ As mentioned,

NOTE Confidence: 0.87017626

 $00:56:30.030 \rightarrow 00:56:32.155$ when we perform a mastectomy,

NOTE Confidence: 0.87017626

00:56:32.160 --> 00:56:35.362 we can often perform ****** sparing with

NOTE Confidence: 0.87017626

 $00:56:35.362 \rightarrow 00:56:37.506$ wonderful options for reconstruction.

NOTE Confidence: 0.87017626

 $00{:}56{:}37{.}510 \dashrightarrow 00{:}56{:}40{.}387$ And there is some data coming out.

NOTE Confidence: 0.87017626

 $00:56:40.390 \rightarrow 00:56:43.190$ This is from my colleague and friend

NOTE Confidence: 0.87017626

 $00{:}56{:}43{.}190 \dashrightarrow 00{:}56{:}45{.}543$ Catherine Patches at the University

NOTE Confidence: 0.87017626

 $00{:}56{:}45{.}543 \dashrightarrow 00{:}56{:}47{.}695$ of Chicago Northshore practice.

NOTE Confidence: 0.87017626

 $00{:}56{:}47.700 \dashrightarrow 00{:}56{:}50.493$ That in a prospective study of women

NOTE Confidence: 0.87017626

 $00:56:50.493 \rightarrow 00:56:52.410$ undergoing breast cancer treatment,

NOTE Confidence: 0.87017626

 $00{:}56{:}52{.}410$ --> $00{:}56{:}54{.}550$ either breast conservation or mastectomy,

 $00:56:54.550 \longrightarrow 00:56:57.004$ the quality of life does not

NOTE Confidence: 0.87017626

00:56:57.004 --> 00:56:59.260 differ based on surgical choice,

NOTE Confidence: 0.87017626

00:56:59.260 --> 00:57:02.292 and so I think we can rest assured

NOTE Confidence: 0.87017626

 $00{:}57{:}02.292 \dashrightarrow 00{:}57{:}05.487$ that even for our younger patients

NOTE Confidence: 0.87017626

 $00{:}57{:}05{.}487 \dashrightarrow 00{:}57{:}07{.}831$ lumpectomy with radiation or

NOTE Confidence: 0.87017626

 $00{:}57{:}07{.}831 \dashrightarrow 00{:}57{:}10{.}220$ mastectomy are safe options.

NOTE Confidence: 0.87017626

00:57:10.220 --> 00:57:12.358 Moving on to pregnancy associated

NOTE Confidence: 0.87017626

00:57:12.358 --> 00:57:13.636 breast cancer again,

NOTE Confidence: 0.87017626

 $00{:}57{:}13.640 \dashrightarrow 00{:}57{:}15.780$ even more rare than breast

NOTE Confidence: 0.87017626

 $00:57:15.780 \dashrightarrow 00:57:17.920$ cancer in our younger patients.

NOTE Confidence: 0.87017626

 $00{:}57{:}17{.}920 \dashrightarrow 00{:}57{:}20{.}916$ We know this can occur in women,

NOTE Confidence: 0.87017626

 $00:57:20.920 \longrightarrow 00:57:22.213$ typically under 30.

NOTE Confidence: 0.87017626

 $00{:}57{:}22{.}213 \dashrightarrow 00{:}57{:}24{.}368$ This is during the Peripartum

NOTE Confidence: 0.87017626

 $00:57:24.368 \longrightarrow 00:57:26.907$ period or within the first year.

NOTE Confidence: 0.87017626

 $00{:}57{:}26{.}910 \dashrightarrow 00{:}57{:}29{.}668$ It's very rare that one in three

NOTE Confidence: 0.87017626

 $00:57:29.668 \rightarrow 00:57:32.480$ 1.3 cases per 10,000 live birds.

- NOTE Confidence: 0.87017626
- $00{:}57{:}32{.}480 \dashrightarrow 00{:}57{:}35{.}098$ We do find that the limited literature

 $00:57:35.098 \rightarrow 00:57:37.764$ published on this topic suggests that

NOTE Confidence: 0.87017626

 $00:57:37.764 \rightarrow 00:57:40.224$ larger locally advanced breast cancers.

NOTE Confidence: 0.87017626

 $00:57:40.230 \longrightarrow 00:57:41.096$ More likely,

NOTE Confidence: 0.87017626

00:57:41.096 --> 00:57:41.962 triple negative,

NOTE Confidence: 0.87017626

 $00:57:41.962 \longrightarrow 00:57:45.113$ an higher rate of death when diagnosis

NOTE Confidence: 0.87017626

 $00:57:45.113 \longrightarrow 00:57:47.478$ is in the peripartum period.

NOTE Confidence: 0.87017626

 $00{:}57{:}47{.}480 \dashrightarrow 00{:}57{:}49{.}450$ Recommendations if you meet a

NOTE Confidence: 0.87017626

 $00{:}57{:}49{.}450 \dashrightarrow 00{:}57{:}51{.}965$ woman with a breast mass who's

NOTE Confidence: 0.87017626

00:57:51.965 --> 00:57:54.280 pregnant two evaluated on women,

NOTE Confidence: 0.87017626

00:57:54.280 --> 00:57:55.816 can undergo mammogram,

NOTE Confidence: 0.87017626

 $00{:}57{:}55{.}816$ --> $00{:}57{:}57{.}864$ a shielding and ultrasound.

NOTE Confidence: 0.87017626

 $00:57:57.870 \longrightarrow 00:58:00.140$ They should undergo a core

NOTE Confidence: 0.87017626

 $00{:}58{:}00{.}140 \dashrightarrow 00{:}58{:}02{.}410$ needle biopsy of a mass,

NOTE Confidence: 0.87017626

 $00:58:02.410 \longrightarrow 00:58:03.772$ unless it's concretely

 $00:58:03.772 \longrightarrow 00:58:04.680$ radiographically benign.

NOTE Confidence: 0.87017626

 $00{:}58{:}04.680 \dashrightarrow 00{:}58{:}07.836$ Cornedo biopsy is better than FNA

NOTE Confidence: 0.87017626

 $00{:}58{:}07{.}836 \dashrightarrow 00{:}58{:}10{.}770$ for evaluation of these lesions.

NOTE Confidence: 0.87017626

00:58:10.770 --> 00:58:13.626 When we think about a staging,

NOTE Confidence: 0.87017626

 $00:58:13.630 \rightarrow 00:58:16.969$ in the cases where breast cancer exists,

NOTE Confidence: 0.87017626

 $00:58:16.970 \longrightarrow 00:58:17.922$ chest xray,

NOTE Confidence: 0.87017626

00:58:17.922 --> 00:58:21.254 liver ultrasound labs and non contrast MRI.

NOTE Confidence: 0.87017626

 $00:58:21.260 \rightarrow 00:58:23.425$ Although we have had circumstances

NOTE Confidence: 0.87017626

 $00{:}58{:}23{.}425 \dashrightarrow 00{:}58{:}26{.}183$ in which working with OBGYN team

NOTE Confidence: 0.87017626

 $00:58:26.183 \dashrightarrow 00:58:28.275$ to discuss alternative staging

NOTE Confidence: 0.87017626

 $00:58:28.275 \longrightarrow 00:58:29.844$ evaluation is necessary,

NOTE Confidence: 0.87017626

 $00{:}58{:}29.850 \dashrightarrow 00{:}58{:}31.758$ many of these patients,

NOTE Confidence: 0.87017626

00:58:31.758 --> 00:58:33.189 young young women,

NOTE Confidence: 0.87017626

 $00:58:33.190 \longrightarrow 00:58:34.618$ pregnant or not,

NOTE Confidence: 0.87017626

 $00:58:34.618 \rightarrow 00:58:37.474$ should be considered for genetic counseling.

NOTE Confidence: 0.87017626

 $00:58:37.480 \rightarrow 00:58:40.336$ We know that pregnancy is not protective

 $00:58:40.336 \rightarrow 00:58:43.279$ in these younger patients unfortunately.

NOTE Confidence: 0.87017626

 $00{:}58{:}43{.}280 \dashrightarrow 00{:}58{:}45{.}656$ Although over your lifetime and the

NOTE Confidence: 0.87017626

 $00:58:45.656 \rightarrow 00:58:48.030$ number of pregnancies and childbirth.

NOTE Confidence: 0.87017626

 $00:58:48.030 \rightarrow 00:58:50.240$ Does provide some benefit against

NOTE Confidence: 0.87017626

 $00:58:50.240 \rightarrow 00:58:52.950$ breast cancer risk in younger women?

NOTE Confidence: 0.87017626

 $00:58:52.950 \longrightarrow 00:58:55.180$ This is a high risk,

NOTE Confidence: 0.87017626

00:58:55.180 - 00:58:56.684 relatively higher risk time.

NOTE Confidence: 0.87017626

 $00:58:56.684 \rightarrow 00:58:59.582$ Women who are pregnant can also undergo

NOTE Confidence: 0.87017626

 $00{:}58{:}59{.}582 \dashrightarrow 00{:}59{:}01{.}890$ mastectomy versus breast conservation,

NOTE Confidence: 0.87017626

 $00:59:01.890 \longrightarrow 00:59:05.328$ as long as the radiation occurs

NOTE Confidence: 0.87017626

 $00{:}59{:}05{.}328 \dashrightarrow 00{:}59{:}07{.}620$ after delivery and chemotherapy

NOTE Confidence: 0.87017626

 $00{:}59{:}07{.}719 \dashrightarrow 00{:}59{:}09{.}957$ has been proven to be safe

NOTE Confidence: 0.87017626

 $00{:}59{:}09{.}957 \dashrightarrow 00{:}59{:}12{.}819$ in the 2nd and 3rd trimester.

NOTE Confidence: 0.87017626

 $00:59:12.820 \longrightarrow 00:59:13.512$ So Lastly,

NOTE Confidence: 0.87017626

 $00{:}59{:}13.512 \dashrightarrow 00{:}59{:}15.588$ I wanted to talk about survivorship

 $00:59:15.588 \rightarrow 00:59:17.570$ in this younger population.

NOTE Confidence: 0.87017626

00:59:17.570 - 00:59:20.434 In my mind on this quote is really

NOTE Confidence: 0.87017626

 $00{:}59{:}20{.}434 \dashrightarrow 00{:}59{:}22{.}118$ representative of what these

NOTE Confidence: 0.87017626

 $00:59:22.118 \rightarrow 00:59:23.910$ younger patients go through.

NOTE Confidence: 0.87017626

00:59:23.910 --> 00:59:25.955 Elizabeth McKinley was an associate

NOTE Confidence: 0.87017626

00:59:25.955 --> 00:59:28.825 Dean of Medicine at Case Western who

NOTE Confidence: 0.87017626

 $00:59:28.825 \rightarrow 00:59:31.825$ was diagnosed with breast cancer at age 36,

NOTE Confidence: 0.87017626

 $00:59:31.830 \longrightarrow 00:59:34.110$ and she says after my last

NOTE Confidence: 0.87017626

 $00{:}59{:}34.110 \dashrightarrow 00{:}59{:}35.630$ radiation treatment for breast

NOTE Confidence: 0.88009125

00:59:35.701 - 00:59:37.369 cancer instead of joyous,

NOTE Confidence: 0.88009125

 $00:59:37.370 \longrightarrow 00:59:38.954$ I felt lonely, abandoned.

NOTE Confidence: 0.88009125

 $00:59:38.954 \rightarrow 00:59:41.790$ Terrified, this was the rocky beginning

NOTE Confidence: 0.88009125

 $00:59:41.790 \longrightarrow 00:59:44.230$ of cancer survivorship for me.

NOTE Confidence: 0.88009125

00:59:44.230 --> 00:59:46.967 So again, many of these young women

NOTE Confidence: 0.88009125

 $00{:}59{:}46{.}967 \dashrightarrow 00{:}59{:}49{.}153$ outside of their cancer treatment

NOTE Confidence: 0.88009125

 $00:59:49.153 \longrightarrow 00:59:51.483$ are not interfacing with the

- NOTE Confidence: 0.88009125
- $00:59:51.483 \rightarrow 00:59:54.168$ health system on a regular basis,

 $00{:}59{:}54{.}170 \dashrightarrow 00{:}59{:}57{.}098$ and so we have to be especially sensitive

NOTE Confidence: 0.88009125

 $00:59:57.098 \rightarrow 01:00:00.209$ to issues that accompany cancer treatment.

NOTE Confidence: 0.88009125

 $01{:}00{:}00{.}210 \dashrightarrow 01{:}00{:}02{.}370$ These can include a menorrhea and

NOTE Confidence: 0.88009125

01:00:02.370 --> 01:00:03.704 early menopause, osteoporosis,

NOTE Confidence: 0.88009125

01:00:03.704 --> 01:00:04.632 secondary malignancies,

NOTE Confidence: 0.88009125

01:00:04.632 --> 01:00:06.952 fertility is of upmost concern

NOTE Confidence: 0.88009125

 $01:00:06.952 \longrightarrow 01:00:08.848$ for many of these women.

NOTE Confidence: 0.88009125

 $01{:}00{:}08.850 \dashrightarrow 01{:}00{:}11.278$ And then Lastly psychosocial

NOTE Confidence: 0.88009125

 $01:00:11.278 \rightarrow 01:00:14.313$ and quality of life issues.

NOTE Confidence: 0.88009125

 $01:00:14.320 \rightarrow 01:00:16.570$ There are obviously a side effects

NOTE Confidence: 0.88009125

 $01{:}00{:}16.570 \dashrightarrow 01{:}00{:}18.830$ of all breast cancer treatment,

NOTE Confidence: 0.88009125

 $01{:}00{:}18.830 \dashrightarrow 01{:}00{:}20.880$ including those related to surgery,

NOTE Confidence: 0.88009125

 $01{:}00{:}20.880 \dashrightarrow 01{:}00{:}21.942$ chemotherapy, radiation,

NOTE Confidence: 0.88009125

 $01:00:21.942 \rightarrow 01:00:25.659$ and a current therapy and targeted therapy.

- $01:00:25.660 \rightarrow 01:00:26.893$ Chemotherapy induced amenorrhea
- NOTE Confidence: 0.88009125
- $01:00:26.893 \rightarrow 01:00:28.126$ is age related.
- NOTE Confidence: 0.88009125
- 01:00:28.130 --> 01:00:30.190 I apologize for my slides
- NOTE Confidence: 0.88009125
- $01:00:30.190 \longrightarrow 01:00:31.426$ and therapy dependent.
- NOTE Confidence: 0.88009125
- $01:00:31.430 \longrightarrow 01:00:34.307$ It is less common at younger ages,
- NOTE Confidence: 0.88009125
- $01:00:34.310 \longrightarrow 01:00:36.370$ so are very young patients.
- NOTE Confidence: 0.88009125
- $01{:}00{:}36.370 \dashrightarrow 01{:}00{:}39.722$ In their 20s are more likely to regain
- NOTE Confidence: 0.88009125
- $01:00:39.722 \longrightarrow 01:00:41.435$ menstrual cycles after treatment
- NOTE Confidence: 0.88009125
- $01:00:41.435 \longrightarrow 01:00:44.603$ than women in their late 30s or 40s.
- NOTE Confidence: 0.88009125
- $01{:}00{:}44.610 \dashrightarrow 01{:}00{:}46.465$ We know that shorter duration
- NOTE Confidence: 0.88009125
- $01:00:46.465 \longrightarrow 01:00:48.844$ of treatment is less likely to
- NOTE Confidence: 0.88009125
- $01:00:48.844 \rightarrow 01:00:50.640$ be associated with chemotherapy
- NOTE Confidence: 0.88009125
- 01:00:50.640 --> 01:00:52.436 induced amenorrhea as well,
- NOTE Confidence: 0.88009125
- $01:00:52.440 \longrightarrow 01:00:54.720$ and that there may be
- NOTE Confidence: 0.88009125
- $01:00:54.720 \longrightarrow 01:00:56.088$ some protective benefit.
- NOTE Confidence: 0.88009125
- $01:00:56.090 \longrightarrow 01:00:57.918$ Two cessation of menses.

- NOTE Confidence: 0.88009125
- $01{:}00{:}57{.}918 \dashrightarrow 01{:}01{:}01{.}374$ And this is a really nice table
- NOTE Confidence: 0.88009125
- 01:01:01.374 --> 01:01:05.100 that goes through the risk of
- NOTE Confidence: 0.88009125
- $01:01:05.100 \rightarrow 01:01:06.963$ chemotherapy induced amenorrhea.
- NOTE Confidence: 0.88009125
- 01:01:06.970 --> 01:01:08.950 Based on the treatment that
- NOTE Confidence: 0.88009125
- 01:01:08.950 --> 01:01:10.930 women receive with little data
- NOTE Confidence: 0.88009125
- 01:01:11.007 $\operatorname{-->}$ 01:01:13.785 at this point known around newer
- NOTE Confidence: 0.88009125
- $01:01:13.785 \rightarrow 01:01:15.174$ monoclonal antibody therapy.
- NOTE Confidence: 0.85646087
- 01:01:17.510 --> 01:01:19.952 Ann Partridge's group at Dana Farber
- NOTE Confidence: 0.85646087
- 01:01:19.952 --> 01:01:22.615 did some survey work around these
- NOTE Confidence: 0.85646087
- 01:01:22.615 --> 01:01:25.010 younger patients who were diagnosed
- NOTE Confidence: 0.85646087
- $01{:}01{:}25{.}010 \dashrightarrow 01{:}01{:}27{.}519$ with breast cancer and fertility.
- NOTE Confidence: 0.85646087
- 01:01:27.520 --> 01:01:29.750 Infertility concerns was a concern
- NOTE Confidence: 0.85646087
- $01{:}01{:}29.750 \dashrightarrow 01{:}01{:}32.530$ for over half of these women.
- NOTE Confidence: 0.85646087
- $01{:}01{:}32{.}530 \dashrightarrow 01{:}01{:}35{.}104$ About a third reported that fertility
- NOTE Confidence: 0.85646087
- $01:01:35.104 \rightarrow 01:01:37.530$ impact their cancer treatment decisions,
- NOTE Confidence: 0.85646087

01:01:37.530 --> 01:01:39.745 and I think that's critically

NOTE Confidence: 0.85646087

 $01{:}01{:}39.745 \dashrightarrow 01{:}01{:}42.906$ important for our training teams to be

NOTE Confidence: 0.85646087

01:01:42.906 --> 01:01:45.522 highly aware of women worried about

NOTE Confidence: 0.85646087

 $01{:}01{:}45{.}522 \dashrightarrow 01{:}01{:}47{.}610$ menopausal symptoms after treatment.

NOTE Confidence: 0.85646087

 $01{:}01{:}47.610 \dashrightarrow 01{:}01{:}50.879$ And only about half believe that their

NOTE Confidence: 0.85646087

 $01:01:50.879 \rightarrow 01:01:53.100$ concerns were adequately addressed.

NOTE Confidence: 0.85646087

 $01{:}01{:}53{.}100 \dashrightarrow 01{:}01{:}55{.}092$ There are ASCO guidelines

NOTE Confidence: 0.85646087

 $01:01:55.092 \rightarrow 01:01:56.586$ around fertility preservation,

NOTE Confidence: 0.85646087

 $01:01:56.590 \longrightarrow 01:01:59.080$ notably that it should not

NOTE Confidence: 0.85646087

 $01{:}01{:}59{.}080 \dashrightarrow 01{:}02{:}00{.}574$ delay cancer treatment.

NOTE Confidence: 0.85646087

 $01:02:00.580 \longrightarrow 01:02:03.821$ That the risk of recurrence with fertility

NOTE Confidence: 0.85646087

 $01:02:03.821 \rightarrow 01:02:06.070$ preservation should be considered,

NOTE Confidence: 0.85646087

 $01:02:06.070 \longrightarrow 01:02:08.570$ but is likely very low.

NOTE Confidence: 0.85646087

 $01{:}02{:}08.570 \dashrightarrow 01{:}02{:}11.234$ We're learning an that early referral

NOTE Confidence: 0.85646087

 $01:02:11.234 \rightarrow 01:02:13.678$ to specialist is critical and

NOTE Confidence: 0.85646087

 $01:02:13.678 \rightarrow 01:02:16.046$ correlate's with successive pregnancy.

- NOTE Confidence: 0.85646087
- 01:02:16.050 --> 01:02:17.050 Long term,
- NOTE Confidence: 0.85646087
- $01{:}02{:}17.050 \dashrightarrow 01{:}02{:}20.050$ there are several options for oncofer tility,
- NOTE Confidence: 0.85646087
- $01:02:20.050 \rightarrow 01:02:21.592$ including oocyte cryopreservation,
- NOTE Confidence: 0.85646087
- $01:02:21.592 \longrightarrow 01:02:22.620$ embryo cryopreservation.
- NOTE Confidence: 0.85646087
- $01{:}02{:}22.620 \dashrightarrow 01{:}02{:}24.600$ An ovarian tissue preservation.
- NOTE Confidence: 0.85646087
- $01{:}02{:}24.600 \dashrightarrow 01{:}02{:}27.075$ An ovarian suppression an again.
- NOTE Confidence: 0.85646087
- $01:02:27.080 \rightarrow 01:02:29.276$ Partnering with our reproductive
- NOTE Confidence: 0.85646087
- 01:02:29.276 --> 01:02:31.472 endocrinologist will give our
- NOTE Confidence: 0.85646087
- $01{:}02{:}31{.}472 \dashrightarrow 01{:}02{:}33{.}650$ patients their best outcomes.
- NOTE Confidence: 0.85646087
- $01{:}02{:}33.650 \dashrightarrow 01{:}02{:}36.946$ The positive trial is a national study led
- NOTE Confidence: 0.85646087
- 01:02:36.946 --> 01:02:40.146 by Doctor Partridge out of Dana Farber,
- NOTE Confidence: 0.85646087
- $01{:}02{:}40{.}150 \dashrightarrow 01{:}02{:}43{.}076$ and this really looks at whether women NOTE Confidence: 0.85646087
- $01:02:43.076 \rightarrow 01:02:45.748$ who have completed between 18 and NOTE Confidence: 0.85646087
- 01:02:45.748 --> 01:02:48.430 30 months of endocrine the
rapy can
- NOTE Confidence: 0.85646087
- $01{:}02{:}48.430 \dashrightarrow 01{:}02{:}50.211$ temporarily stop endocrine the rapy
- NOTE Confidence: 0.85646087

 $01:02:50.211 \rightarrow 01:02:53.137$ for pregnancy for up to two years.

NOTE Confidence: 0.85646087

 $01:02:53.140 \longrightarrow 01:02:55.884$ This is all in the context of our

NOTE Confidence: 0.85646087

01:02:55.884 --> 01:02:57.678 best available evidence suggesting

NOTE Confidence: 0.85646087

 $01{:}02{:}57.678 \dashrightarrow 01{:}03{:}00.253$ that pregnancy after breast cancer

NOTE Confidence: 0.85646087

01:03:00.253 --> 01:03:03.160 does not increase a woman's risk

NOTE Confidence: 0.85646087

 $01{:}03{:}03{.}160 \dashrightarrow 01{:}03{:}04{.}876$ of developing a recurrence.

NOTE Confidence: 0.85646087

01:03:04.880 --> 01:03:08.090 Even among women with hormone

NOTE Confidence: 0.85646087

 $01:03:08.090 \rightarrow 01:03:10.016$ receptor positive disease.

NOTE Confidence: 0.85646087

01:03:10.020 --> 01:03:12.112 Psychosocial stress does impact our \sim

NOTE Confidence: 0.85646087

01:03:12.112 --> 01:03:13.736 younger patients more significantly

NOTE Confidence: 0.85646087

 $01{:}03{:}13.736 \dashrightarrow 01{:}03{:}16.400$ than many of our older patients.

NOTE Confidence: 0.85646087

 $01{:}03{:}16{.}400 \dashrightarrow 01{:}03{:}18{.}476$ We know that younger age predicts

NOTE Confidence: 0.85646087

 $01:03:18.476 \longrightarrow 01:03:20.807$ higher distress at one year that

NOTE Confidence: 0.85646087

 $01:03:20.807 \rightarrow 01:03:23.002$ treatment related menopause more likely

NOTE Confidence: 0.85646087

01:03:23.002 --> 01:03:25.750 correlates with worse psychosocial distress.

NOTE Confidence: 0.85646087

01:03:25.750 --> 01:03:27.022 Our younger patients,

- NOTE Confidence: 0.85646087
- $01:03:27.022 \rightarrow 01:03:27.870$ about 11%,
- NOTE Confidence: 0.85646087
- $01{:}03{:}27.870 \dashrightarrow 01{:}03{:}30.348$ are denied health or life insurance
- NOTE Confidence: 0.85646087
- $01{:}03{:}30{.}348 \dashrightarrow 01{:}03{:}32{.}460$ after their breast cancer diagnosis
- NOTE Confidence: 0.85646087
- $01:03:32.460 \longrightarrow 01:03:34.812$ and they have a higher risk
- NOTE Confidence: 0.85646087
- $01{:}03{:}34{.}812 \dashrightarrow 01{:}03{:}36{.}672$ of treatment related financial
- NOTE Confidence: 0.85646087
- $01{:}03{:}36.672 \dashrightarrow 01{:}03{:}39.108$ hardship and employment disruption.
- NOTE Confidence: 0.85646087
- $01:03:39.110 \longrightarrow 01:03:42.512$ Up to 20% report some work related
- NOTE Confidence: 0.85646087
- $01:03:42.512 \rightarrow 01:03:45.487$ problems either needing to take time off,
- NOTE Confidence: 0.85646087
- 01:03:45.490 --> 01:03:45.946 work,
- NOTE Confidence: 0.85646087
- 01:03:45.946 --> 01:03:48.226 difficulties with promotion or advancement,
- NOTE Confidence: 0.85646087
- $01:03:48.230 \rightarrow 01:03:50.440$ or unemployment and ****** dysfunction
- NOTE Confidence: 0.85646087
- $01{:}03{:}50{.}440 \dashrightarrow 01{:}03{:}53{.}250$ tends to start shortly after surgery.
- NOTE Confidence: 0.85646087
- 01:03:53.250 --> 01:03:55.530 An exist for many women,
- NOTE Confidence: 0.85646087
- $01{:}03{:}55{.}530 \dashrightarrow 01{:}03{:}58{.}660$ at least to one year.
- NOTE Confidence: 0.85646087
- 01:03:58.660 --> 01:04:00.328 Looking at financial hardship,
- NOTE Confidence: 0.85646087

 $01:04:00.328 \rightarrow 01:04:04.180$ which is a topic near and dear to my heart,

NOTE Confidence: 0.85646087

 $01{:}04{:}04{.}180 \dashrightarrow 01{:}04{:}06{.}917$ we do know that our younger cancer

NOTE Confidence: 0.85646087

 $01{:}04{:}06{.}917 \dashrightarrow 01{:}04{:}10{.}086$ survivors are at the highest risk of this.

NOTE Confidence: 0.85646087

 $01:04:10.090 \rightarrow 01:04:12.060$ With 1/3 reporting financial hardship,

NOTE Confidence: 0.85646087

01:04:12.060 --> 01:04:13.632 40% reporting difficulty affording

NOTE Confidence: 0.85646087

 $01:04:13.632 \longrightarrow 01:04:15.204$ their deductibles with young,

NOTE Confidence: 0.85646087

 $01:04:15.210 \longrightarrow 01:04:17.232$ non Medicare covered patients at greatest

NOTE Confidence: 0.85646087

01:04:17.232 --> 01:04:19.508 risk and again are younger patients

NOTE Confidence: 0.85646087

 $01:04:19.508 \rightarrow 01:04:21.673$ more likely to receive comprehensive

NOTE Confidence: 0.85646087

 $01:04:21.673 \rightarrow 01:04:23.480$ treatment or multimodal therapy?

NOTE Confidence: 0.85646087

01:04:23.480 --> 01:04:24.070 Also,

NOTE Confidence: 0.85646087

 $01:04:24.070 \longrightarrow 01:04:26.430$ an independent risk factor.

NOTE Confidence: 0.85646087

 $01:04:26.430 \rightarrow 01:04:29.638$ There are lots of resources for our young

NOTE Confidence: 0.85646087

 $01:04:29.638 \rightarrow 01:04:32.745$ patients and these are some of but not all,

NOTE Confidence: 0.85646087

 $01:04:32.750 \longrightarrow 01:04:36.098$ and so as we learn more about these women,

NOTE Confidence: 0.85646087

 $01:04:36.100 \longrightarrow 01:04:38.254$ we will continue to support them

 $01:04:38.254 \rightarrow 01:04:40.190$ both during treatment and beyond.

NOTE Confidence: 0.85646087

01:04:40.190 $\operatorname{-->}$ 01:04:42.619 Thank you so much for having me

NOTE Confidence: 0.85646087

 $01:04:42.619 \rightarrow 01:04:45.399$ today be happy to take any questions.

NOTE Confidence: 0.846430399999999

01:04:46.870 --> 01:04:49.551 Thank you Doctor Green up that was

NOTE Confidence: 0.846430399999999

01:04:49.551 --> 01:04:51.519 absolutely fantastic and thank you

NOTE Confidence: 0.846430399999999

 $01{:}04{:}51{.}519 \dashrightarrow 01{:}04{:}54{.}151$ for all the speakers for really three

NOTE Confidence: 0.846430399999999

 $01:04:54.151 \rightarrow 01:04:55.825$ phenomenal presentations which really

NOTE Confidence: 0.846430399999999

 $01:04:55.825 \rightarrow 01:04:58.688$ generated a lot of questions both in

NOTE Confidence: 0.846430399999999

 $01{:}04{:}58.690 \dashrightarrow 01{:}05{:}01{.}357$ the question and answer in the chat

NOTE Confidence: 0.846430399999999

 $01{:}05{:}01{.}357 \dashrightarrow 01{:}05{:}04{.}491$ box and I'll try to ask the panelists

NOTE Confidence: 0.846430399999999

 $01:05:04.491 \longrightarrow 01:05:06.960$ for opinions on some of these.

NOTE Confidence: 0.846430399999999

 $01{:}05{:}06{.}960 \dashrightarrow 01{:}05{:}09{.}198$ One is question on margins specific

NOTE Confidence: 0.846430399999999

 $01{:}05{:}09{.}198 \dashrightarrow 01{:}05{:}11{.}300$ in the Uncle plastic setting.

NOTE Confidence: 0.846430399999999

01:05:11.300 --> 01:05:14.036 Maybe that's best start with Doctor

NOTE Confidence: 0.846430399999999

 $01{:}05{:}14.036 \dashrightarrow 01{:}05{:}17.047$ Lynch and her thoughts on how do you.
$01{:}05{:}17.050 \dashrightarrow 01{:}05{:}19.906$ Either guarantee or do best to achieve

NOTE Confidence: 0.846430399999999

 $01:05:19.906 \rightarrow 01:05:23.107$ clear margins and then if they're not clear,

NOTE Confidence: 0.846430399999999

 $01{:}05{:}23.110 \dashrightarrow 01{:}05{:}25.595$ what are the options for the patient

NOTE Confidence: 0.846430399999999

01:05:25.595 --> 01:05:27.960 and in your experience, right?

NOTE Confidence: 0.8426841

 $01{:}05{:}27{.}960 \dashrightarrow 01{:}05{:}30{.}993$ So the the one of the benefits of Uncle

NOTE Confidence: 0.8426841

 $01{:}05{:}30{.}993 \dashrightarrow 01{:}05{:}33{.}592$ plastic surgery when you kind of separate NOTE Confidence: 0.8426841

 $01{:}05{:}33{.}592 \dashrightarrow 01{:}05{:}36{.}120$ the skin from the breast parenchyma

NOTE Confidence: 0.8426841

 $01:05:36.120 \longrightarrow 01:05:39.578$ with a little wider exposure for partial

NOTE Confidence: 0.8426841

01:05:39.578 --> 01:05:43.910 mastectomy is with a wider exposures.

NOTE Confidence: 0.8426841

 $01{:}05{:}43{.}910 \dashrightarrow 01{:}05{:}45{.}932$ There's a thinking that you might

NOTE Confidence: 0.8426841

 $01:05:45.932 \rightarrow 01:05:47.280$ have fewer positive margins,

NOTE Confidence: 0.8426841

01:05:47.280 --> 01:05:49.976 at least the margin rate is not worse,

NOTE Confidence: 0.8426841

 $01{:}05{:}49{.}980 \dashrightarrow 01{:}05{:}54{.}408$ and that's the data that we have so far.

NOTE Confidence: 0.8426841

 $01:05:54.410 \dashrightarrow 01:05:57.266$ So you would like to have your positive NOTE Confidence: 0.8426841

01:05:57.266 --> 01:05:59.394 margin rate for routine breast surgery

NOTE Confidence: 0.8426841

 $01:05:59.394 \rightarrow 01:06:02.830$ to be as close to 10% as possible and so

- NOTE Confidence: 0.8426841
- $01:06:02.830 \rightarrow 01:06:05.360$ making sure you have diligent marking of

 $01{:}06{:}05{.}360 \dashrightarrow 01{:}06{:}07{.}712$ your tumor bed after you've removed the

NOTE Confidence: 0.8426841

 $01:06:07.712 \rightarrow 01:06:10.158$ area where the cancer is is important,

NOTE Confidence: 0.8426841

 $01:06:10.160 \longrightarrow 01:06:12.050$ not only for radiation but also

NOTE Confidence: 0.8426841

 $01:06:12.050 \longrightarrow 01:06:14.164$ for finding that again after you've

NOTE Confidence: 0.8426841

 $01{:}06{:}14.164 \dashrightarrow 01{:}06{:}15.756$ done a tissue rearrangement.

NOTE Confidence: 0.8426841

 $01:06:15.760 \rightarrow 01:06:21.080$ If you have to go back and clear your margin.

NOTE Confidence: 0.8426841

 $01:06:21.080 \rightarrow 01:06:23.418$ When you're doing a uncle plastic procedure

NOTE Confidence: 0.8426841

 $01:06:23.418 \longrightarrow 01:06:25.597$ to reduce the size of the breast,

NOTE Confidence: 0.8426841

 $01:06:25.600 \longrightarrow 01:06:27.721$ you can always plan the reduction of

NOTE Confidence: 0.8426841

 $01:06:27.721 \rightarrow 01:06:29.799$ that tissue around your lumpectomy bed,

NOTE Confidence: 0.8426841

 $01{:}06{:}29{.}800 \dashrightarrow 01{:}06{:}31{.}738$ and so you'll remove your tissue.

NOTE Confidence: 0.8426841

01:06:31.740 --> 01:06:33.994 You'll do your shave margins and then,

NOTE Confidence: 0.8426841

 $01{:}06{:}34.000 \dashrightarrow 01{:}06{:}36.576$ if any more tissue needs to come out,

NOTE Confidence: 0.8426841

 $01{:}06{:}36{.}580 \dashrightarrow 01{:}06{:}38{.}911$ that should also be oriented for the

 $01:06:38.911 \longrightarrow 01:06:40.866$ pathologist to make sure that you're

NOTE Confidence: 0.8426841

 $01:06:40.866 \rightarrow 01:06:43.370$ aware of all of the margins there again,

NOTE Confidence: 0.8426841

 $01:06:43.370 \longrightarrow 01:06:45.624$ routine use of shave margins will help NOTE Confidence: 0.8426841

01:06:45.624 --> 01:06:47.889 reduce your risk of a positive margin.

NOTE Confidence: 0.8426841

 $01{:}06{:}47.890 \dashrightarrow 01{:}06{:}50.837$ And if you've got to go back, you go back.

NOTE Confidence: 0.8426841

01:06:50.837 --> 01:06:53.185 And you try to go back as soon as

NOTE Confidence: 0.8426841

 $01{:}06{:}53.185 \dashrightarrow 01{:}06{:}55.213$ possible when you still have saroma

NOTE Confidence: 0.8426841

 $01{:}06{:}55{.}213 \dashrightarrow 01{:}06{:}57{.}164$ there before the the rotational flap

NOTE Confidence: 0.8426841

01:06:57.164 --> 01:06:59.818 is healed in place to make sure that

NOTE Confidence: 0.8426841

01:06:59.818 --> 01:07:02.332 you're removing the tissue that you've

NOTE Confidence: 0.8426841

 $01{:}07{:}02.332 \dashrightarrow 01{:}07{:}04.789$ carefully marked at your first operation.

NOTE Confidence: 0.8426841

01:07:04.790 --> 01:07:06.988 But trying to get your positive margin

NOTE Confidence: 0.8426841

 $01{:}07{:}06{.}988 \dashrightarrow 01{:}07{:}09{.}338$ rate to as close to or less than

NOTE Confidence: 0.8426841

 $01:07:09.338 \longrightarrow 01:07:10.510 \ 10\%$ is is important.

NOTE Confidence: 0.80142105

 $01:07:11.980 \longrightarrow 01:07:14.955$ Thank you doctor Lynn shot doctor Berger.

NOTE Confidence: 0.80142105

 $01:07:14.960 \rightarrow 01:07:17.510$ There were some questions about ******

01:07:17.510 --> 01:07:19.755 margins and ****** sparing mastectomy

NOTE Confidence: 0.80142105

01:07:19.755 --> 01:07:22.856 and should we consider a certain distance

NOTE Confidence: 0.80142105

 $01{:}07{:}22.856 \dashrightarrow 01{:}07{:}25.984$ on pathology or an indoor image Ng to

NOTE Confidence: 0.80142105

 $01{:}07{:}26.058 \dashrightarrow 01{:}07{:}28.998$ consider it clear we should that be

NOTE Confidence: 0.80142105

01:07:28.998 --> 01:07:32.864 treated different than say margin in a

NOTE Confidence: 0.80142105

01:07:32.864 --> 01:07:35.140 patient undergoing lumpectomy. Yeah,

NOTE Confidence: 0.80382687

 $01:07:35.140 \longrightarrow 01:07:37.048$ I think that's a great question.

NOTE Confidence: 0.80382687

 $01{:}07{:}37.050 \dashrightarrow 01{:}07{:}39.610$ I mean, I think the conservative answer is,

NOTE Confidence: 0.80382687

 $01{:}07{:}39{.}610 \dashrightarrow 01{:}07{:}41{.}864$ you know if there's any pathology on

NOTE Confidence: 0.80382687

 $01:07:41.864 \rightarrow 01:07:43.489$ imaging that's within 2 centimeters

NOTE Confidence: 0.80382687

01:07:43.489 --> 01:07:45.026 of the ****** areola complex.

NOTE Confidence: 0.80382687

01:07:45.026 --> 01:07:46.619 We do tend to, or.

NOTE Confidence: 0.80382687

01:07:46.619 --> 01:07:49.490 You know, I would argue we tend to avoid.

NOTE Confidence: 0.80382687

 $01:07:49.490 \longrightarrow 01:07:50.450$ However, you know,

NOTE Confidence: 0.80382687

01:07:50.450 --> 01:07:53.007 if you take a ****** margin an it's

 $01:07:53.007 \rightarrow 01:07:55.240$ negative at the time of your operation,

NOTE Confidence: 0.80382687

 $01{:}07{:}55{.}240 \dashrightarrow 01{:}07{:}56{.}830$ then you know I think.

NOTE Confidence: 0.80382687

 $01{:}07{:}56.830 \dashrightarrow 01{:}07{:}59.056$ Regardless of how close that cancer is,

NOTE Confidence: 0.80382687

01:07:59.060 --> 01:08:00.388 the ****** areola complex

NOTE Confidence: 0.80382687

01:08:00.388 --> 01:08:01.716 we'd feel comfortable leaving

NOTE Confidence: 0.80382687

 $01:08:01.716 \longrightarrow 01:08:03.209$ the rest of that tissue,

NOTE Confidence: 0.80382687

01:08:03.210 --> 01:08:06.514 but I would defer to my more

NOTE Confidence: 0.80382687

 $01:08:06.514 \rightarrow 01:08:07.458$ senior colleagues.

NOTE Confidence: 0.80382687

01:08:07.460 --> 01:08:09.340 I think you know

NOTE Confidence: 0.8354927

 $01{:}08{:}09{.}340 \dashrightarrow 01{:}08{:}12{.}462$ there's a nice a nice editorial written

NOTE Confidence: 0.8354927

 $01{:}08{:}12.462 \dashrightarrow 01{:}08{:}15.917$ by Doctor Susie Coopey and Barbara Smith,

NOTE Confidence: 0.8354927

 $01:08:15.920 \longrightarrow 01:08:18.740$ arguing that the ****** is just

NOTE Confidence: 0.8354927

 $01:08:18.740 \dashrightarrow 01:08:20.870$ another margin. I've historically.

NOTE Confidence: 0.8354927

 $01{:}08{:}20.870 \dashrightarrow 01{:}08{:}23.250$ Having done these operations

NOTE Confidence: 0.8354927

01:08:23.250 --> 01:08:25.630 for almost a decade,

NOTE Confidence: 0.8354927

 $01{:}08{:}25{.}630 \dashrightarrow 01{:}08{:}29{.}130$ that one type of patient I've become

- NOTE Confidence: 0.8354927
- $01:08:29.130 \rightarrow 01:08:31.294$ increasingly cautious about offering
- NOTE Confidence: 0.8354927
- 01:08:31.294 --> 01:08:34.488 ****** sparing mastectomy to is
- NOTE Confidence: 0.8354927
- $01:08:34.488 \rightarrow 01:08:38.400$ women with large areas of DCIS.
- NOTE Confidence: 0.8354927
- $01{:}08{:}38{.}400 \dashrightarrow 01{:}08{:}40{.}625$ Yeah, an ecdotally had one patient
- NOTE Confidence: 0.8354927
- $01:08:40.625 \longrightarrow 01:08:42.850$ with a negative margin who
- NOTE Confidence: 0.8354927
- 01:08:42.929 --> 01:08:45.227 recurred in a short time frame,
- NOTE Confidence: 0.8354927
- $01:08:45.230 \longrightarrow 01:08:48.135$ and thankfully she had a insight to
- NOTE Confidence: 0.8354927
- $01:08:48.135 \longrightarrow 01:08:50.784$ recurrence in her ****** that was
- NOTE Confidence: 0.8354927
- $01:08:50.784 \rightarrow 01:08:53.379$ salvageable with a central ***** resection.
- NOTE Confidence: 0.8354927
- $01:08:53.379 \longrightarrow 01:08:56.133$ But I think that disease with
- NOTE Confidence: 0.8354927
- $01{:}08{:}56{.}133 \dashrightarrow 01{:}08{:}58{.}879$ the skip pattern should probably.
- NOTE Confidence: 0.8354927
- $01{:}08{:}58{.}880 \dashrightarrow 01{:}09{:}01{.}340$ Be taken seriously in terms of
- NOTE Confidence: 0.8354927
- 01:09:01.340 --> 01:09:03.026 offering ****** sparing mastectomy
- NOTE Confidence: 0.8354927
- $01:09:03.026 \longrightarrow 01:09:05.624$ or to follow these women very
- NOTE Confidence: 0.8354927
- $01:09:05.624 \rightarrow 01:09:08.069$ closely in your own practice for
- NOTE Confidence: 0.8354927

- $01:09:08.069 \rightarrow 01:09:11.310$ any signs or symptoms of recurrence.
- NOTE Confidence: 0.8354927
- $01:09:11.310 \longrightarrow 01:09:12.670$ Yes.
- NOTE Confidence: 0.8354927
- 01:09:12.670 --> 01:09:13.040 And
- NOTE Confidence: 0.82117325
- $01{:}09{:}13.040 \dashrightarrow 01{:}09{:}14.504$ there's a question from
- NOTE Confidence: 0.82117325
- $01{:}09{:}14.504 \dashrightarrow 01{:}09{:}15.968$ Doctor Moran asking both.
- NOTE Confidence: 0.82117325
- 01:09:15.970 --> 01:09:17.810 You know, Melanie Rachel Elizabeth.
- NOTE Confidence: 0.82117325
- $01:09:17.810 \longrightarrow 01:09:19.718$ What are your thoughts on the
- NOTE Confidence: 0.82117325
- $01:09:19.718 \longrightarrow 01:09:21.431$ recent buzz on going flat
- NOTE Confidence: 0.82117325
- 01:09:21.431 --> 01:09:23.681 movement from the patients and the
- NOTE Confidence: 0.82117325
- $01{:}09{:}23.681 \dashrightarrow 01{:}09{:}25.662$ possibility of some perceived lack
- NOTE Confidence: 0.82117325
- $01{:}09{:}25.662 \dashrightarrow 01{:}09{:}27.632$ of support from surgeons around
- NOTE Confidence: 0.82117325
- $01:09:27.632 \rightarrow 01:09:29.918$ the country and around the world?
- NOTE Confidence: 0.86746573
- $01:09:34.330 \longrightarrow 01:09:36.628$ I'll jump in on that one.
- NOTE Confidence: 0.86746573
- $01:09:36.630 \longrightarrow 01:09:38.934$ I think you know that's all
- NOTE Confidence: 0.86746573
- 01:09:38.934 --> 01:09:40.470 part of shared decision-making,
- NOTE Confidence: 0.86746573
- $01:09:40.470 \rightarrow 01:09:43.095$ and with you know kind of carefully

- NOTE Confidence: 0.86746573
- 01:09:43.095 --> 01:09:45.118 chosen words and to clearly
- NOTE Confidence: 0.86746573
- $01:09:45.118 \longrightarrow 01:09:47.995$ represent that the first goal of our
- NOTE Confidence: 0.86746573
- $01:09:47.995 \longrightarrow 01:09:50.067$ operation is to cure the cancer,
- NOTE Confidence: 0.86746573
- $01:09:50.070 \longrightarrow 01:09:52.464$ and our second operation is to
- NOTE Confidence: 0.86746573
- $01:09:52.464 \rightarrow 01:09:54.859$ make sure the patient has an
- NOTE Confidence: 0.86746573
- $01:09:54.859 \dashrightarrow 01:09:57.365$ outcome that she she can live with.
- NOTE Confidence: 0.86746573
- $01:09:57.370 \rightarrow 01:09:59.668$ Because when we do these operations,
- NOTE Confidence: 0.86746573
- $01:09:59.670 \longrightarrow 01:10:01.750$ we change our patients bodies
- NOTE Confidence: 0.86746573
- $01:10:01.750 \longrightarrow 01:10:04.410$ for the rest of their lives.
- NOTE Confidence: 0.86746573
- $01:10:04.410 \longrightarrow 01:10:06.937$ And trying to be as respectful an
- NOTE Confidence: 0.86746573
- $01{:}10{:}06{.}937 \dashrightarrow 01{:}10{:}08{.}935$ as inclusive in that conversation
- NOTE Confidence: 0.86746573
- $01:10:08.935 \longrightarrow 01:10:11.040$ as we can possibly be.
- NOTE Confidence: 0.86746573
- $01:10:11.040 \longrightarrow 01:10:12.210$ And there's patients.
- NOTE Confidence: 0.86746573
- $01:10:12.210 \longrightarrow 01:10:13.380$ There's their partner,
- NOTE Confidence: 0.86746573
- $01:10:13.380 \longrightarrow 01:10:14.304$ their family.
- NOTE Confidence: 0.86746573

 $01:10:14.304 \rightarrow 01:10:17.538$ There's a lot of people who have

NOTE Confidence: 0.86746573

 $01:10:17.538 \rightarrow 01:10:20.859$ opinions about what women should be doing.

NOTE Confidence: 0.86746573

 $01:10:20.860 \longrightarrow 01:10:22.385$ When they make choices about

NOTE Confidence: 0.86746573

 $01:10:22.385 \longrightarrow 01:10:22.995$ these operations,

NOTE Confidence: 0.86746573

 $01{:}10{:}23.000 \dashrightarrow 01{:}10{:}25.000$ and I think we have as many patients

NOTE Confidence: 0.86746573

 $01:10:25.000 \longrightarrow 01:10:26.891$ who come into our offices where

NOTE Confidence: 0.86746573

01:10:26.891 - 01:10:28.556 they have family members telling

NOTE Confidence: 0.86746573

 $01:10:28.556 \rightarrow 01:10:30.563$ them that they should be having

NOTE Confidence: 0.86746573

 $01{:}10{:}30.563 \dashrightarrow 01{:}10{:}32.486$ bilateral mast ectomies is as we have.

NOTE Confidence: 0.86746573

 $01:10:32.486 \rightarrow 01:10:34.628$ You know, other concerns that come forward.

NOTE Confidence: 0.86746573

 $01:10:34.630 \longrightarrow 01:10:37.010$ So it's important that.

NOTE Confidence: 0.86746573

 $01{:}10{:}37.010 \dashrightarrow 01{:}10{:}38.415$ We're all as respectful and

NOTE Confidence: 0.86746573

 $01:10:38.415 \longrightarrow 01:10:39.820$ inclusive as we can be,

NOTE Confidence: 0.86746573

 $01:10:39.820 \longrightarrow 01:10:41.722$ and that we're ready for these

NOTE Confidence: 0.86746573

 $01:10:41.722 \rightarrow 01:10:43.524$ conversations that we're ready to talk

NOTE Confidence: 0.86746573

 $01:10:43.524 \rightarrow 01:10:45.436$ about how our bodies change as we age.

 $01:10:45.440 \longrightarrow 01:10:47.312$ How an implant might feel when

NOTE Confidence: 0.86746573

01:10:47.312 --> 01:10:50.167 you're 40 and how it's going to feel

NOTE Confidence: 0.86746573

01:10:50.167 --> 01:10:52.082 really differently when you're 70?

NOTE Confidence: 0.86746573

 $01:10:52.090 \rightarrow 01:10:55.645$ So that's all got to be addressed up front,

NOTE Confidence: 0.86746573

 $01{:}10{:}55.650 \dashrightarrow 01{:}10{:}58.989$ so I have not had that experience

NOTE Confidence: 0.86746573

 $01:10:58.989 \longrightarrow 01:11:02.119$ where I had a patient felt.

NOTE Confidence: 0.86746573

01:11:02.120 $\operatorname{-->}$ 01:11:04.064 Like they I was talking to them too

NOTE Confidence: 0.86746573

 $01{:}11{:}04.064 \dashrightarrow 01{:}11{:}05.332$ much about reconstruction without

NOTE Confidence: 0.86746573

 $01{:}11{:}05{.}332 \dashrightarrow 01{:}11{:}07{.}880$ respecting that they wanted to be flat,

NOTE Confidence: 0.86746573

 $01{:}11{:}07{.}880 \dashrightarrow 01{:}11{:}10{.}598$ but I have read a lot of that literature.

NOTE Confidence: 0.86746573

 $01:11:10.600 \longrightarrow 01:11:13.024$ I did read the book flat as well.

NOTE Confidence: 0.8903975

01:11:16.050 --> 01:11:18.410 Yeah, I agree. I think it's

NOTE Confidence: 0.8903975

 $01:11:18.410 \longrightarrow 01:11:19.982$ a really personal decision.

NOTE Confidence: 0.8903975

01:11:19.982 --> 01:11:22.794 I also remind women that it it

NOTE Confidence: 0.8903975

 $01:11:22.794 \longrightarrow 01:11:24.699$ can be an ongoing discussion,

 $01{:}11{:}24.700 \dashrightarrow 01{:}11{:}27.276$ so I have had women who could not

NOTE Confidence: 0.8903975

 $01{:}11{:}27.276 \dashrightarrow 01{:}11{:}30.043$ manage the thought of embarking on

NOTE Confidence: 0.8903975

 $01{:}11{:}30.043 \dashrightarrow 01{:}11{:}32.603$ reconstruction around diagnosis and they NOTE Confidence: 0.8903975

01:11:32.603 --> 01:11:35.498 ended up a few years later wanting to

NOTE Confidence: 0.8903975

01:11:35.498 --> 01:11:37.304 meet with the reconstructive surgeon.

NOTE Confidence: 0.8903975

01:11:37.304 --> 01:11:39.746 So for many women there are

NOTE Confidence: 0.8903975

 $01:11:39.746 \longrightarrow 01:11:41.199$ options down the road.

NOTE Confidence: 0.8903975

 $01{:}11{:}41{.}200 \dashrightarrow 01{:}11{:}43{.}867$ They might be limited compared to the

NOTE Confidence: 0.8903975

 $01{:}11{:}43.867 \dashrightarrow 01{:}11{:}46.301$ options they have a diagnosis, but.

NOTE Confidence: 0.8903975

01:11:46.301 --> 01:11:48.206 The door should never feel

NOTE Confidence: 0.8903975

01:11:48.206 --> 01:11:49.730 entirely closed for them.

NOTE Confidence: 0.78874946

 $01:11:51.390 \longrightarrow 01:11:53.959$ I have a question from my colleague

NOTE Confidence: 0.78874946

01:11:53.959 --> 01:11:56.146 Doctor Fatty Ottawan from Turkey for

NOTE Confidence: 0.78874946

 $01{:}11{:}56{.}146 \dashrightarrow 01{:}11{:}58{.}526$ Doctor Green up wanting to know what

NOTE Confidence: 0.78874946

 $01{:}11{:}58.600 \dashrightarrow 01{:}12{:}00.958$ your thoughts are looming in Turkey.

NOTE Confidence: 0.78874946

 $01:12:00.960 \rightarrow 01:12:03.417$ The average age of breast cancer is

- NOTE Confidence: 0.78874946
- $01:12:03.417 \rightarrow 01:12:05.739$ much younger than the United States.

 $01{:}12{:}05{.}740 \dashrightarrow 01{:}12{:}07{.}575$ What are your thoughts on

NOTE Confidence: 0.78874946

01:12:07.575 --> 01:12:09.043 luminal a breast cancer?

NOTE Confidence: 0.78874946

 $01:12:09.050 \rightarrow 01:12:10.582$ Zan, whether neoadjuvant chemotherapy

NOTE Confidence: 0.78874946

 $01:12:10.582 \rightarrow 01:12:13.274$ potentially could be an option or or

NOTE Confidence: 0.78874946

 $01{:}12{:}13{.}274 \dashrightarrow 01{:}12{:}14{.}939$ other thoughts on this population.

NOTE Confidence: 0.8671083

01:12:16.240 --> 01:12:19.420 Yeah, so we you know we talk

NOTE Confidence: 0.8671083

 $01{:}12{:}19{.}420 \dashrightarrow 01{:}12{:}22{.}920$ about this in the context of multi

NOTE Confidence: 0.8671083

01:12:22.920 --> 01:12:26.420 disciplinary discussion and I think.

NOTE Confidence: 0.8671083

01:12:26.420 --> 01:12:28.630 In the US, at least,

NOTE Confidence: 0.8671083

01:12:28.630 --> 01:12:30.835 we're heavy utilizers of genomic

NOTE Confidence: 0.8671083

 $01{:}12{:}30.835 \dashrightarrow 01{:}12{:}33.040$ as says and the abdomen setting.

NOTE Confidence: 0.8671083

01:12:33.040 --> 01:12:35.100 Occasionally we discuss using them

NOTE Confidence: 0.8671083

01:12:35.100 --> 01:12:37.690 in the neoadjuvant setting to help

NOTE Confidence: 0.8671083

 $01{:}12{:}37.690 \dashrightarrow 01{:}12{:}39.550$ inform decisions around whether

 $01:12:39.550 \rightarrow 01:12:41.410$ chemotherapy should be used,

NOTE Confidence: 0.8671083

 $01:12:41.410 \longrightarrow 01:12:43.174$ and certainly thinking about

NOTE Confidence: 0.8671083

 $01:12:43.174 \longrightarrow 01:12:45.820$ the size of the breast cancer.

NOTE Confidence: 0.8671083

 $01{:}12{:}45.820 \dashrightarrow 01{:}12{:}49.310$ The status of the axilla.

NOTE Confidence: 0.8671083

 $01{:}12{:}49{.}310 \dashrightarrow 01{:}12{:}52{.}490$ And all of those the patients

NOTE Confidence: 0.8671083

 $01{:}12{:}52{.}490 \dashrightarrow 01{:}12{:}54{.}610$ preference for breast conservation

NOTE Confidence: 0.8671083

 $01:12:54.694 \rightarrow 01:12:57.869$ versus mastectomy all contribute to

NOTE Confidence: 0.8671083

 $01:12:57.869 \rightarrow 01:13:00.409$ decisions for preoperative chemo.

NOTE Confidence: 0.87652194

 $01:13:02.860 \rightarrow 01:13:05.086$ There is a question from our colleagues NOTE Confidence: 0.87652194

01:13:05.086 --> 01:13:06.953 from China where the breast tissue

NOTE Confidence: 0.87652194

01:13:06.953 --> 01:13:09.343 density tends to be a lot higher on

NOTE Confidence: 0.87652194

 $01:13:09.343 \rightarrow 01:13:11.389$ our thoughts on a screening ultrasound.

NOTE Confidence: 0.87652194

01:13:11.390 --> 01:13:13.025 And obviously here in Connecticut

NOTE Confidence: 0.87652194

01:13:13.025 --> 01:13:15.776 we can may be give a little bit of

NOTE Confidence: 0.87652194

 $01:13:15.776 \rightarrow 01:13:17.531$ a different perspective than maybe

NOTE Confidence: 0.87652194

 $01:13:17.531 \longrightarrow 01:13:19.600$ the rest of the United States.

 $01:13:19.600 \longrightarrow 01:13:21.848$ After lunch you want it or burger or.

NOTE Confidence: 0.8473732

01:13:23.840 --> 01:13:26.054 So I hope you're screening ultrasound

NOTE Confidence: 0.8473732

 $01:13:26.054 \rightarrow 01:13:28.316$ and I'm becoming more and more

NOTE Confidence: 0.8473732

 $01{:}13{:}28{.}316 \dashrightarrow 01{:}13{:}30{.}488$ familiar with it because it's used

NOTE Confidence: 0.8473732

01:13:30.488 --> 01:13:32.220 routinely here in Connecticut.

NOTE Confidence: 0.8473732

 $01:13:32.220 \longrightarrow 01:13:34.125$ I have recently moved from

NOTE Confidence: 0.8473732

 $01:13:34.125 \longrightarrow 01:13:36.030$ Ohio to Connecticut in Ohio.

NOTE Confidence: 0.8473732

01:13:36.030 - 01:13:38.544 We didn't routinely do whole breast

NOTE Confidence: 0.8473732

 $01{:}13{:}38{.}544 \dashrightarrow 01{:}13{:}40{.}617$ screening ultrasound and it seems

NOTE Confidence: 0.8473732

 $01:13:40.617 \rightarrow 01:13:42.885$ to be a very very effective test.

NOTE Confidence: 0.8473732

 $01:13:42.890 \longrightarrow 01:13:44.594$ We know it hasn't.

NOTE Confidence: 0.8473732

01:13:44.594 --> 01:13:47.728 It picks up additional cancers at a rate

NOTE Confidence: 0.8473732

 $01{:}13{:}47.728$ --> $01{:}13{:}50.032$ of 8% more than mammography screening.

NOTE Confidence: 0.8473732

01:13:50.032 --> 01:13:52.297 MRI for dense breasts picks

NOTE Confidence: 0.8473732

 $01:13:52.297 \rightarrow 01:13:54.046$ up at a rate of 14%.

 $01{:}13{:}54.050 \dashrightarrow 01{:}13{:}55.976$ I think in Connecticut because of

NOTE Confidence: 0.8473732

 $01{:}13{:}55{.}976$ --> $01{:}13{:}58{.}247$ ultrasound is so routinely used and it's

NOTE Confidence: 0.8473732

 $01{:}13{:}58{.}247 \dashrightarrow 01{:}14{:}00{.}107$ a user dependent technology that their NOTE Confidence: 0.8473732

01:14:00.107 --> 01:14:01.901 rates are actually much higher than

NOTE Confidence: 0.8473732

01:14:01.901 --> 01:14:04.068 8% which is reported in the literature.

NOTE Confidence: 0.8473732

01:14:04.070 --> 01:14:06.107 So it can be a very effective

NOTE Confidence: 0.8473732

 $01{:}14{:}06{.}107 \dashrightarrow 01{:}14{:}07{.}710$ adjunct to mammography for dense

NOTE Confidence: 0.8473732

 $01{:}14{:}07{.}710 \dashrightarrow 01{:}14{:}09{.}390$ breasts and it's user dependent.

NOTE Confidence: 0.8473732

01:14:09.390 --> 01:14:10.950 So the more you do,

NOTE Confidence: 0.8473732

 $01:14:10.950 \longrightarrow 01:14:12.062$ the better you get,

NOTE Confidence: 0.8473732

 $01{:}14{:}12{.}062 \dashrightarrow 01{:}14{:}14{.}132$ and I think that's why the rates

NOTE Confidence: 0.8473732

 $01:14:14.132 \longrightarrow 01:14:15.822$ here in Connecticut look look

NOTE Confidence: 0.8473732

 $01{:}14{:}15.822 \dashrightarrow 01{:}14{:}18.148$ better than the rest of the country.

NOTE Confidence: 0.8008846

01:14:20.530 --> 01:14:23.533 There was a question from a doctor

NOTE Confidence: 0.8008846

01:14:23.533 --> 01:14:25.409 lust
berg our incoming breast

NOTE Confidence: 0.8008846

 $01:14:25.409 \longrightarrow 01:14:27.939$ program director to touch base

- NOTE Confidence: 0.8008846
- $01:14:27.939 \rightarrow 01:14:30.350$ upon shared decision makings for.
- NOTE Confidence: 0.8008846
- 01:14:30.350 --> 01:14:32.246 Doctor Lynch just because of your
- NOTE Confidence: 0.8008846
- 01:14:32.246 --> 01:14:34.284 you know wide array of surgical
- NOTE Confidence: 0.8008846
- 01:14:34.284 --> 01:14:36.426 options that you can provide patients
- NOTE Confidence: 0.8008846
- $01:14:36.426 \longrightarrow 01:14:38.638$ that may be some of us don't have
- NOTE Confidence: 0.8008846
- $01:14:38.638 \longrightarrow 01:14:40.393$ the that background or you know
- NOTE Confidence: 0.8008846
- $01{:}14{:}40{.}393 \dashrightarrow 01{:}14{:}42{.}008$ those techniques that you discuss.
- NOTE Confidence: 0.8008846
- $01:14:42.010 \rightarrow 01:14:43.960$ What are your thoughts on that?
- NOTE Confidence: 0.7936137
- 01:14:45.220 --> 01:14:48.966 It's yeah, it's. You know,
- NOTE Confidence: 0.7936137
- $01:14:48.966 \rightarrow 01:14:51.264$ we always worry about informed consent.
- NOTE Confidence: 0.7936137
- 01:14:51.270 --> 01:14:53.580 Can we really explain to patients
- NOTE Confidence: 0.7936137
- $01:14:53.580 \longrightarrow 01:14:56.242$ how this is going to look and
- NOTE Confidence: 0.7936137
- $01:14:56.242 \longrightarrow 01:14:58.324$ feel to them after we're done
- NOTE Confidence: 0.7936137
- $01{:}14{:}58{.}324 \dashrightarrow 01{:}15{:}00{.}868$ with our operation and and we've,
- NOTE Confidence: 0.7936137
- $01:15:00.870 \rightarrow 01:15:03.558$ in my experience so far in using
- NOTE Confidence: 0.7936137

01:15:03.558 --> 01:15:04.717 Oncoplastic operations, well,

NOTE Confidence: 0.7936137

 $01{:}15{:}04.717 \dashrightarrow 01{:}15{:}07.039$ an doctor Krishna Clef recently published

NOTE Confidence: 0.7936137

 $01{:}15{:}07{.}039 \dashrightarrow 01{:}15{:}09{.}447$ an editorial in Annals of Surgical

NOTE Confidence: 0.7936137

 $01:15:09.447 \longrightarrow 01:15:11.805$ Oncology about how we're using this

NOTE Confidence: 0.7936137

 $01:15:11.805 \rightarrow 01:15:13.928$ technique too much for some patients,

NOTE Confidence: 0.7936137

 $01:15:13.930 \longrightarrow 01:15:16.982$ and we have to be really careful

NOTE Confidence: 0.7936137

 $01:15:16.982 \rightarrow 01:15:19.459$ about how we apply this.

NOTE Confidence: 0.7936137

 $01:15:19.460 \longrightarrow 01:15:22.176$ But we need to be able to.

NOTE Confidence: 0.7936137

01:15:22.180 --> 01:15:23.865 Describe to patients exactly how

NOTE Confidence: 0.7936137

 $01{:}15{:}23.865 \dashrightarrow 01{:}15{:}26.248$ we do the operation and how it

NOTE Confidence: 0.7936137

 $01{:}15{:}26.248 \dashrightarrow 01{:}15{:}27.838$ might feel to them afterwards.

NOTE Confidence: 0.7936137

01:15:27.840 --> 01:15:29.905 One of the issues that we're now

NOTE Confidence: 0.7936137

 $01{:}15{:}29{.}905 \dashrightarrow 01{:}15{:}31{.}556$ beginning to really understand is

NOTE Confidence: 0.7936137

 $01{:}15{:}31{.}556 \dashrightarrow 01{:}15{:}33{.}668$ how distressing it is for patients

NOTE Confidence: 0.7936137

 $01{:}15{:}33.668 \dashrightarrow 01{:}15{:}35.169$ to experience fat necrosis.

NOTE Confidence: 0.7936137

 $01:15:35.170 \longrightarrow 01:15:37.162$ The more we separate the skin

- NOTE Confidence: 0.7936137
- $01:15:37.162 \longrightarrow 01:15:38.158$ from the breast,
- NOTE Confidence: 0.7936137
- $01:15:38.160 \longrightarrow 01:15:40.158$ the and then radiate that tissue,
- NOTE Confidence: 0.7936137
- $01:15:40.160 \longrightarrow 01:15:41.550$ the more patients are likely
- NOTE Confidence: 0.7936137
- $01:15:41.550 \longrightarrow 01:15:43.833$ to feel a mass in their breast
- NOTE Confidence: 0.7936137
- $01:15:43.833 \rightarrow 01:15:45.485$ after they've had treatment,
- NOTE Confidence: 0.7936137
- $01{:}15{:}45{.}490 \dashrightarrow 01{:}15{:}47{.}488$ and that is actually fat necrosis
- NOTE Confidence: 0.7936137
- $01{:}15{:}47{.}488 \dashrightarrow 01{:}15{:}48{.}820$ and not recurrent cancer.
- NOTE Confidence: 0.7936137
- $01:15:48.820 \rightarrow 01:15:51.817$ And to be able to prepare patients for that,
- NOTE Confidence: 0.7936137
- $01:15:51.820 \longrightarrow 01:15:53.818$ the older the patient is with,
- NOTE Confidence: 0.7936137
- $01:15:53.820 \longrightarrow 01:15:55.740$ the more fat replaced breast.
- NOTE Confidence: 0.7936137
- $01:15:55.740 \longrightarrow 01:15:57.357$ We know that they are more likely
- NOTE Confidence: 0.7936137
- $01{:}15{:}57{.}357 \dashrightarrow 01{:}15{:}58{.}741$ to develop fat necrosis and we
- NOTE Confidence: 0.7936137
- $01:15:58.741 \longrightarrow 01:16:00.225$ need to be able to have that
- NOTE Confidence: 0.7936137
- 01:16:00.277 --> 01:16:01.579 conversation with patients,
- NOTE Confidence: 0.7936137
- $01{:}16{:}01{.}580 \dashrightarrow 01{:}16{:}03{.}404$ and so if and when that mask comes
- NOTE Confidence: 0.7936137

 $01{:}16{:}03.404 \dashrightarrow 01{:}16{:}05.280$ up that they're not as distressed by

NOTE Confidence: 0.7936137

 $01{:}16{:}05{.}280 \dashrightarrow 01{:}16{:}07{.}446$ it and that they know that they

NOTE Confidence: 0.7936137

 $01{:}16{:}07{.}446 \dashrightarrow 01{:}16{:}09{.}526$ can come in and we can evaluate it NOTE Confidence: 0.7936137

 $01:16:09.526 \rightarrow 01:16:11.808$ and help help help sort that out.

NOTE Confidence: 0.7936137

01:16:11.810 --> 01:16:13.622 But the shared decision making is

NOTE Confidence: 0.7936137

01:16:13.622 $\operatorname{-->}$ 01:16:16.073 a process and it can include the

NOTE Confidence: 0.7936137

 $01{:}16{:}16{.}073 \dashrightarrow 01{:}16{:}18{.}038$ whole of the multidisciplinary team

NOTE Confidence: 0.7936137

 $01:16:18.038 \rightarrow 01:16:20.638$ including the radiation oncologist as well.

NOTE Confidence: 0.7936137

01:16:20.640 --> 01:16:22.943 Because of the they can talk to

NOTE Confidence: 0.7936137

 $01{:}16{:}22{.}943 \dashrightarrow 01{:}16{:}25{.}257$ patients so they understand fully what

NOTE Confidence: 0.7936137

 $01{:}16{:}25{.}257 \dashrightarrow 01{:}16{:}27{.}765$ radiation might feel to the breast

NOTE Confidence: 0.7936137

 $01:16:27.765 \rightarrow 01:16:30.729$ when they're they're done with treatment.

NOTE Confidence: 0.7936137

 $01:16:30.730 \longrightarrow 01:16:31.678$ But that's it.

NOTE Confidence: 0.7936137

 $01{:}16{:}31{.}678 \dashrightarrow 01{:}16{:}32{.}940$ That's a, that's a.

NOTE Confidence: 0.7936137

 $01{:}16{:}32{.}940 \dashrightarrow 01{:}16{:}34{.}830$ That's a whole conference in itself.

NOTE Confidence: 0.7936137

 $01:16:34.830 \longrightarrow 01:16:35.143$ Yeah,

- NOTE Confidence: 0.7936137
- $01:16:35.143 \rightarrow 01:16:35.456$ well,
- NOTE Confidence: 0.7936137
- 01:16:35.456 --> 01:16:35.769 we'll
- NOTE Confidence: 0.8196324
- $01:16:35.770 \longrightarrow 01:16:39.196$ have the next session on that.
- NOTE Confidence: 0.8196324
- $01:16:39.200 \longrightarrow 01:16:40.910$ Doctor Berger or what are your
- NOTE Confidence: 0.8196324
- $01:16:40.910 \longrightarrow 01:16:42.451$ thoughts on intra op margin
- NOTE Confidence: 0.8196324
- $01{:}16{:}42.451 \dashrightarrow 01{:}16{:}44.467$ assessments are or is that something
- NOTE Confidence: 0.8196324
- $01:16:44.467 \rightarrow 01:16:46.149$ that's ready for prime time?
- NOTE Confidence: 0.8196324
- $01:16:46.150 \longrightarrow 01:16:47.860$ Or you know something that's still
- NOTE Confidence: 0.8196324
- $01:16:47.860 \longrightarrow 01:16:49.939$ kind of in the research realm?
- NOTE Confidence: 0.8196324
- $01:16:49.940 \longrightarrow 01:16:51.204$ And obviously Doctor Green
- NOTE Confidence: 0.8196324
- 01:16:51.204 --> 01:16:53.100 up at lunch as well too?
- NOTE Confidence: 0.8195092
- 01:16:54.450 --> 01:16:56.370 Yeah, I know I'm up at
- NOTE Confidence: 0.8195092
- $01:16:56.370 \longrightarrow 01:16:57.330$ your previous institution.
- NOTE Confidence: 0.8195092
- $01:16:57.330 \longrightarrow 01:16:58.930$ There's been some looking at,
- NOTE Confidence: 0.8195092
- $01{:}16{:}58{.}930 \dashrightarrow 01{:}17{:}01{.}396$ you know, looking at Inter operative
- NOTE Confidence: 0.8195092

 $01{:}17{:}01{.}396 \dashrightarrow 01{:}17{:}03{.}727$ margin assessment and whether we can

NOTE Confidence: 0.8195092

01:17:03.727 --> 01:17:05.593 lower the chance of positive margins

NOTE Confidence: 0.8195092

 $01{:}17{:}05{.}593 \dashrightarrow 01{:}17{:}07{.}839$ on the final pathology specimen.

NOTE Confidence: 0.8195092

 $01{:}17{:}07{.}840 \dashrightarrow 01{:}17{:}09{.}380$ There's been different feasibility trials.

NOTE Confidence: 0.8195092

 $01{:}17{:}09{.}380 \dashrightarrow 01{:}17{:}10{.}301$ Looking at that,

NOTE Confidence: 0.8195092

 $01{:}17{:}10{.}301 \dashrightarrow 01{:}17{:}12{.}143$ there's been different even outcome trials.

NOTE Confidence: 0.8195092

01:17:12.150 --> 01:17:13.074 Looking at that,

NOTE Confidence: 0.8195092

01:17:13.074 --> 01:17:15.230 I'm not sure we're quite there yet,

NOTE Confidence: 0.8195092

 $01{:}17{:}15{.}230 \dashrightarrow 01{:}17{:}16{.}795$ just based upon the limited

NOTE Confidence: 0.8195092

 $01{:}17{:}16.795 \dashrightarrow 01{:}17{:}18.930$ amount of data that we do have.

NOTE Confidence: 0.8195092

01:17:18.930 --> 01:17:19.857 But you know,

NOTE Confidence: 0.8195092

 $01{:}17{:}19.857 \dashrightarrow 01{:}17{:}21.711$ definitely something in the future that

NOTE Confidence: 0.8195092

 $01:17:21.711 \rightarrow 01:17:23.550$ might be a possibility to prevent,

NOTE Confidence: 0.8195092

01:17:23.550 --> 01:17:25.200 you know, return to the OR

NOTE Confidence: 0.8195092

 $01:17:25.200 \longrightarrow 01:17:26.940$ on some of these patients.

NOTE Confidence: 0.8859664

 $01:17:29.100 \longrightarrow 01:17:31.044$ Yeah, I think nationally

- NOTE Confidence: 0.8859664
- $01:17:31.044 \longrightarrow 01:17:33.000$ we've continued to have
- NOTE Confidence: 0.8859664
- $01:17:33.000 \rightarrow 01:17:36.409$ to balance the extra operating room time.
- NOTE Confidence: 0.8859664
- $01:17:36.410 \longrightarrow 01:17:39.608$ The logistics around having a workforce
- NOTE Confidence: 0.8859664
- $01:17:39.608 \rightarrow 01:17:42.293$ of pathologists available to evaluate
- NOTE Confidence: 0.8859664
- $01{:}17{:}42.293 \dashrightarrow 01{:}17{:}45.583$ margin in real time and then the
- NOTE Confidence: 0.8859664
- $01:17:45.583 \rightarrow 01:17:48.348$ accuracy obviously of the data that's
- NOTE Confidence: 0.8859664
- $01:17:48.348 \rightarrow 01:17:50.523$ received in the operating room,
- NOTE Confidence: 0.8859664
- $01:17:50.530 \rightarrow 01:17:52.960$ certainly from the technology side.
- NOTE Confidence: 0.8859664
- $01{:}17{:}52.960 \dashrightarrow 01{:}17{:}57.419$ There's a lot of independent companies and.
- NOTE Confidence: 0.8859664
- $01:17:57.420 \rightarrow 01:18:03.188$ NIH funded study is in partnership with.
- NOTE Confidence: 0.8859664
- 01:18:03.190 --> 01:18:06.046 Industry looking at real time Inter
- NOTE Confidence: 0.8859664
- 01:18:06.046 --> 01:18:08.412 operative margin assessment and certainly
- NOTE Confidence: 0.8859664
- 01:18:08.412 --> 01:18:11.086 breast is a great place to start,
- NOTE Confidence: 0.8859664
- 01:18:11.090 --> 01:18:13.897 but I would argue it will be
- NOTE Confidence: 0.8859664
- $01{:}18{:}13.897 \dashrightarrow 01{:}18{:}15.920$ really wonderful for patients.
- NOTE Confidence: 0.8859664

 $01:18:15.920 \longrightarrow 01:18:18.130$ For example that have pancreas

NOTE Confidence: 0.8859664

01:18:18.130 --> 01:18:20.801 cancers or liver tumors where the

NOTE Confidence: 0.8859664

 $01:18:20.801 \rightarrow 01:18:23.099$ return trip to the operating room NOTE Confidence: 0.8859664

01:18:23.099 --> 01:18:25.580 carries a much higher morbidity.

NOTE Confidence: 0.8534587

01:18:27.970 --> 01:18:30.040 There is a question from Professor

NOTE Confidence: 0.8534587

01:18:30.040 --> 01:18:32.770 Dong in China about a 65 year old NOTE Confidence: 0.8534587

 $01:18:32.770 \longrightarrow 01:18:34.370$ with early stage breast cancer.

NOTE Confidence: 0.8534587

01:18:34.370 --> 01:18:36.398 For example, a very tiny tumor,

NOTE Confidence: 0.8534587

 $01{:}18{:}36{.}400 \dashrightarrow 01{:}18{:}38{.}422$ less than a 0.5 millimeters and

NOTE Confidence: 0.8534587

 $01{:}18{:}38{.}422 \dashrightarrow 01{:}18{:}39{.}770$ they undergo breast conservation.

NOTE Confidence: 0.8534587

01:18:39.770 --> 01:18:42.050 You know we have data on what you

NOTE Confidence: 0.8534587

01:18:42.050 --> 01:18:44.747 know women over 70 and maybe the ER

NOTE Confidence: 0.8534587

 $01{:}18{:}44.747 \dashrightarrow 01{:}18{:}46.840$ positive setting on avoiding radiation.

NOTE Confidence: 0.8534587

 $01:18:46.840 \longrightarrow 01:18:48.862$ How about on a slightly younger

NOTE Confidence: 0.8534587

01:18:48.862 --> 01:18:50.508 patient you know, do we?

NOTE Confidence: 0.8534587

 $01{:}18{:}50{.}508 \dashrightarrow 01{:}18{:}53{.}020$ Can we drop that cut off and you

 $01:18:53.103 \rightarrow 01:18:55.595$ know where do we go from there?

NOTE Confidence: 0.8390911

01:18:56.760 --> 01:18:58.896 Yeah, so we have good data from the

NOTE Confidence: 0.8390911

 $01:18:58.896 \rightarrow 01:19:00.734$ prime two study looking at patients NOTE Confidence: 0.8390911

 $01{:}19{:}00{.}734$ --> $01{:}19{:}03{.}108$ over 65 and ER PR positive cancers NOTE Confidence: 0.8390911

 $01{:}19{:}03{.}108 \dashrightarrow 01{:}19{:}05{.}388$ and dees calation of radiation therapy. NOTE Confidence: 0.8390911

01:19:05.390 --> 01:19:07.308 But what I find really important too

NOTE Confidence: 0.8390911

 $01{:}19{:}07{.}308 \dashrightarrow 01{:}19{:}09{.}567$ is you know asking the question can

NOTE Confidence: 0.8390911

01:19:09.567 --> 01:19:11.625 we dees
calate hormone therapy so you

NOTE Confidence: 0.8390911

01:19:11.687 $\operatorname{-->}$ 01:19:13.687 know this principle of monotherapy,

NOTE Confidence: 0.8390911

01:19:13.690 --> 01:19:15.706 whether it is radiation or homeless

NOTE Confidence: 0.8390911

01:19:15.706 --> 01:19:17.803 hormone therapy I think is really

NOTE Confidence: 0.8390911

01:19:17.803 --> 01:19:19.538 important and that question is

NOTE Confidence: 0.8390911

 $01{:}19{:}19{.}538 \dashrightarrow 01{:}19{:}21{.}533$ actually being asked right now in

NOTE Confidence: 0.8390911

01:19:21.533 --> 01:19:23.315 an ongoing trial because you know,

NOTE Confidence: 0.8390911

 $01{:}19{:}23{.}320 \dashrightarrow 01{:}19{:}25{.}483$ a lot of people consider radiation therapy

 $01:19:25.483 \rightarrow 01:19:28.097$ is the thing we should deescalate because.

NOTE Confidence: 0.8390911

01:19:28.100 --> 01:19:29.955 Hormone therapy protects you for the five

NOTE Confidence: 0.8390911

 $01:19:29.955 \rightarrow 01:19:32.124$ years in the contralateral breast, etc.

NOTE Confidence: 0.8390911

 $01:19:32.124 \rightarrow 01:19:34.476$ But that does not come without its own NOTE Confidence: 0.8390911

01:19:34.476 --> 01:19:36.810 side effects an it's owned, you know,

NOTE Confidence: 0.8390911

01:19:36.810 --> 01:19:38.670 kind of pit bulls and downfalls.

NOTE Confidence: 0.8390911

 $01:19:38.670 \longrightarrow 01:19:40.794$ And so I think if we look at the

NOTE Confidence: 0.8390911

01:19:40.794 --> 01:19:42.720 local regional recurrence rates,

NOTE Confidence: 0.8390911

01:19:42.720 --> 01:19:44.140 which recently I actually just

NOTE Confidence: 0.8390911

 $01:19:44.140 \rightarrow 01:19:45.560$ did there relatively similar with

NOTE Confidence: 0.8390911

 $01:19:45.606 \rightarrow 01:19:46.758$ the monotherapy principle.

NOTE Confidence: 0.8390911

01:19:46.760 --> 01:19:48.804 As far as DCIS goes, you know,

NOTE Confidence: 0.8390911

 $01:19:48.804 \longrightarrow 01:19:50.498$ I think there are a lot of

NOTE Confidence: 0.8390911

 $01:19:50.498 \longrightarrow 01:19:52.049$ good predictive nomograms,

NOTE Confidence: 0.8390911

 $01:19:52.050 \rightarrow 01:19:54.262$ and we know that age obviously lessens

NOTE Confidence: 0.8390911

01:19:54.262 --> 01:19:56.183 your chance of recurrence just based

- NOTE Confidence: 0.8390911
- $01:19:56.183 \rightarrow 01:19:58.730$ upon the fact that a woman is older.
- NOTE Confidence: 0.8390911
- $01{:}19{:}58{.}730 \dashrightarrow 01{:}20{:}00{.}202$ And so yeah, again,
- NOTE Confidence: 0.8390911
- $01:20:00.202 \rightarrow 01:20:02.410$ going back to this whole principle
- NOTE Confidence: 0.8390911
- 01:20:02.478 --> 01:20:04.250 of shared decision making,
- NOTE Confidence: 0.8390911
- $01{:}20{:}04{.}250 \dashrightarrow 01{:}20{:}07{.}066$ that if you have a an informed decision
- NOTE Confidence: 0.8390911
- $01{:}20{:}07{.}066 \dashrightarrow 01{:}20{:}09{.}751$ with your patient and try to predict
- NOTE Confidence: 0.8390911
- $01:20:09.751 \longrightarrow 01:20:12.520$ or recognize their risk of recurrence,
- NOTE Confidence: 0.8390911
- 01:20:12.520 --> 01:20:14.092 understanding that 50% of
- NOTE Confidence: 0.8390911
- 01:20:14.092 --> 01:20:15.664 DCIS recurrences are invasive,
- NOTE Confidence: 0.8390911
- $01:20:15.670 \longrightarrow 01:20:17.635$ then omitting both agile and
- NOTE Confidence: 0.8390911
- $01:20:17.635 \longrightarrow 01:20:18.814$ treatments for DCIS.
- NOTE Confidence: 0.8390911
- 01:20:18.820 --> 01:20:22.530 I don't think it's unreasonable based upon
- NOTE Confidence: 0.8390911
- $01:20:22.530 \rightarrow 01:20:27.057$ the risk that your patient is willing to us.
- NOTE Confidence: 0.8390911
- 01:20:27.060 --> 01:20:28.306 You know,
- NOTE Confidence: 0.8390911
- $01:20:28.306 \longrightarrow 01:20:28.929$ take.
- NOTE Confidence: 0.851897

 $01:20:33.140 \longrightarrow 01:20:35.242$ Maybe the last question from

NOTE Confidence: 0.851897

 $01{:}20{:}35{.}242 \dashrightarrow 01{:}20{:}37{.}750$ Scott Posa for whoever wants to

NOTE Confidence: 0.851897

 $01{:}20{:}37.828 \dashrightarrow 01{:}20{:}41.078$ try to tackle this one in terms of some of NOTE Confidence: 0.851897

01:20:41.158 --> 01:20:44.362 the more complex reconstructions such as NOTE Confidence: 0.851897

NOTE Confidence: 0.851897

 $01{:}20{:}44{.}362 \dashrightarrow 01{:}20{:}47{.}362$ pop reconstructions in terms of ambulation

NOTE Confidence: 0.851897

 $01{:}20{:}47.362 \dashrightarrow 01{:}20{:}49.517$ and limitations associated with that.

NOTE Confidence: 0.7767332

 $01{:}20{:}58.020 \dashrightarrow 01{:}21{:}01.500$ So with early post-op ambulation

NOTE Confidence: 0.7767332

 $01:21:01.500 \longrightarrow 01:21:04.700$ after a tissue transfer. Maybe

NOTE Confidence: 0.7701525

01:21:04.700 --> 01:21:07.136 with a more complex free tissue

NOTE Confidence: 0.7701525

 $01:21:07.136 \rightarrow 01:21:08.354$ transfer type reconstructions?

NOTE Confidence: 0.86115104

01:21:10.310 --> 01:21:12.956 'cause you have to protect both the

NOTE Confidence: 0.86115104

 $01{:}21{:}12{.}956 \dashrightarrow 01{:}21{:}15{.}880$ donor site then and the recipient site.

NOTE Confidence: 0.86115104

 $01{:}21{:}15.880 \dashrightarrow 01{:}21{:}17.870$ And so with microvascular repairs,

NOTE Confidence: 0.86115104

 $01{:}21{:}17.870 \dashrightarrow 01{:}21{:}20.366$ you know patients will typically be

NOTE Confidence: 0.86115104

 $01:21:20.366 \rightarrow 01:21:23.440$ limited in mobility for three to five days,

NOTE Confidence: 0.86115104

 $01:21:23.440 \longrightarrow 01:21:26.653$ and so you know 24 hours to 48 hours

- NOTE Confidence: 0.86115104
- 01:21:26.653 --> 01:21:29.805 from bed to chair only for mobility.

01:21:29.810 --> 01:21:31.860 Usually a Foley catheter will

NOTE Confidence: 0.86115104

 $01:21:31.860 \longrightarrow 01:21:35.123$ be in place for that for a day

NOTE Confidence: 0.86115104

 $01:21:35.123 \rightarrow 01:21:37.367$ or two days for those patients,

NOTE Confidence: 0.86115104

 $01:21:37.370 \longrightarrow 01:21:39.406$ or a bedside commode.

NOTE Confidence: 0.86115104

 $01:21:39.406 \longrightarrow 01:21:43.272$ Because of the need for the to

NOTE Confidence: 0.86115104

 $01:21:43.272 \longrightarrow 01:21:46.096$ protect the microvascular site.

NOTE Confidence: 0.86336815

 $01:21:48.120 \longrightarrow 01:21:50.250$ And so that can impact early

NOTE Confidence: 0.86336815

 $01:21:50.250 \longrightarrow 01:21:51.672$ mobility, and it's certainly

NOTE Confidence: 0.86336815

 $01:21:51.672 \longrightarrow 01:21:53.088$ shoulder mobility and things.

NOTE Confidence: 0.90225613

01:21:56.740 --> 01:21:58.270 And then afterwards again, it's,

NOTE Confidence: 0.90225613

01:21:58.270 --> 01:22:00.904 you know, gentle range of motion

NOTE Confidence: 0.90225613

 $01:22:00.904 \rightarrow 01:22:03.710$ exercises after surgery to make sure to.

NOTE Confidence: 0.90225613

 $01{:}22{:}03.710 \dashrightarrow 01{:}22{:}05.478$ Detect should er mobility with

NOTE Confidence: 0.90225613

01:22:05.478 --> 01:22:07.691 full range of motion, hopefully

 $01:22:07.691 \rightarrow 01:22:10.337$ within two weeks of the operation.

NOTE Confidence: 0.82378626

 $01{:}22{:}11{.}560 \dashrightarrow 01{:}22{:}13{.}667$ I said that was the last question.

NOTE Confidence: 0.82378626

 $01:22:13.670 \longrightarrow 01:22:14.842$ Actually there's one more,

NOTE Confidence: 0.82378626

01:22:14.842 --> 01:22:17.000 and it's all the way from Japan,

NOTE Confidence: 0.82378626

01:22:17.000 --> 01:22:18.505 so I can't let Doctor

NOTE Confidence: 0.82378626

01:22:18.505 --> 01:22:19.709 Sakai get go unanswered.

NOTE Confidence: 0.82378626

 $01{:}22{:}19{.}710 \dashrightarrow 01{:}22{:}21{.}369$ What are our thoughts on putting a

NOTE Confidence: 0.82378626

01:22:21.369 --> 01:22:23.339 clip for biopsy proven lymph nodes

NOTE Confidence: 0.82378626

 $01:22:23.339 \rightarrow 01:22:24.548$ before neoadjuvant chemotherapy?

NOTE Confidence: 0.7760786

 $01:22:28.460 \longrightarrow 01:22:31.964$ That is a long discussion, I think in.

NOTE Confidence: 0.7760786

 $01{:}22{:}31{.}964 \dashrightarrow 01{:}22{:}35{.}028$ I'll try and answer. It's essentially but.

NOTE Confidence: 0.75943375

 $01:22:37.050 \longrightarrow 01:22:39.062$ Many other national trials

NOTE Confidence: 0.75943375

 $01:22:39.062 \longrightarrow 01:22:41.577$ that are looking at potentially

NOTE Confidence: 0.75943375

01:22:41.577 --> 01:22:43.732 downstaging an axillary disease

NOTE Confidence: 0.75943375

 $01:22:43.732 \rightarrow 01:22:45.832$ after neoadjuvant chemotherapy have

NOTE Confidence: 0.75943375

 $01{:}22{:}45.832 \dashrightarrow 01{:}22{:}51.090$ not required clip placement, and so.

- NOTE Confidence: 0.75943375
- 01:22:51.090 --> 01:22:53.980 Pending those results, I think.

01:22:53.980 --> 01:22:58.650 Most US institutions are localising.

NOTE Confidence: 0.75943375

01:22:58.650 --> 01:23:00.385 Lymph nodes that are involved

NOTE Confidence: 0.75943375

 $01:23:00.385 \longrightarrow 01:23:02.120$ with tumor with a clip.

NOTE Confidence: 0.75943375

 $01:23:02.120 \longrightarrow 01:23:05.224$ With the intention of marking the spot and

NOTE Confidence: 0.75943375

 $01{:}23{:}05{.}224 \dashrightarrow 01{:}23{:}08{.}060$ for future resection of that involved.

NOTE Confidence: 0.75943375

 $01{:}23{:}08.060 \dashrightarrow 01{:}23{:}10.765$ And node certainly that Abigail

NOTE Confidence: 0.75943375

01:23:10.765 --> 01:23:14.116 Coddles data from MD Anderson looking

NOTE Confidence: 0.75943375

 $01{:}23{:}14.116 \dashrightarrow 01{:}23{:}16.866$ at targeted axillary dissection and

NOTE Confidence: 0.75943375

 $01:23:16.866 \longrightarrow 01:23:20.545$ the 1071 data from Judy Bui both

NOTE Confidence: 0.75943375

 $01{:}23{:}20.545 \dashrightarrow 01{:}23{:}23.311$ include clip placement in the node

NOTE Confidence: 0.75943375

 $01{:}23{:}23{.}311 \dashrightarrow 01{:}23{:}26{.}970$ for the purpose of retrieving the.

NOTE Confidence: 0.75943375

 $01{:}23{:}26.970 \dashrightarrow 01{:}23{:}29.634$ They know that was most likely to be

NOTE Confidence: 0.75943375

 $01:23:29.634 \rightarrow 01:23:32.416$ effective or have the highest tumor burden,

NOTE Confidence: 0.75943375

01:23:32.420 --> 01:23:34.230 but if the Alliance 11202

- $01:23:34.230 \longrightarrow 01:23:35.316$ trial shows otherwise,
- NOTE Confidence: 0.75943375
- $01:23:35.320 \rightarrow 01:23:38.587$ clip placement may be a thing of the past.
- NOTE Confidence: 0.8592542
- $01{:}23{:}41{.}070 \dashrightarrow 01{:}23{:}43{.}718$ So with that I would really like to
- NOTE Confidence: 0.8592542
- 01:23:43.718 --> 01:23:45.712 thank Doctor Berger, Doctor Lynch,
- NOTE Confidence: 0.8592542
- $01{:}23{:}45{.}712 \dashrightarrow 01{:}23{:}48{.}028$ Doctor Green up for these three
- NOTE Confidence: 0.8592542
- 01:23:48.028 --> 01:23:49.796 fantastic presentations and you know
- NOTE Confidence: 0.8592542
- $01{:}23{:}49.796 \dashrightarrow 01{:}23{:}51.361$ the thoughtfully answers we've been
- NOTE Confidence: 0.8592542
- $01:23:51.361 \rightarrow 01:23:53.387$ able to provide to the audience,
- NOTE Confidence: 0.8592542
- $01:23:53.390 \longrightarrow 01:23:54.443$ and more importantly,
- NOTE Confidence: 0.8592542
- $01{:}23{:}54{.}443 \dashrightarrow 01{:}23{:}56{.}572$ to the attendees from, you know,
- NOTE Confidence: 0.8592542
- $01{:}23{:}56{.}572 \dashrightarrow 01{:}23{:}58{.}016$ Yale, Connecticut, around the
- NOTE Confidence: 0.8592542
- $01{:}23{:}58.016 \dashrightarrow 01{:}24{:}00.080$ United States and around the world.
- NOTE Confidence: 0.8592542
- $01{:}24{:}00{.}080 \dashrightarrow 01{:}24{:}02{.}600$ We really appreciate the time and the
- NOTE Confidence: 0.8592542
- $01:24:02.600 \longrightarrow 01:24:05.782$ you know to listen to us and we look
- NOTE Confidence: 0.8592542
- $01:24:05.782 \rightarrow 01:24:08.527$ forward to seeing you in person one day,
- NOTE Confidence: 0.8592542
- $01:24:08.530 \rightarrow 01:24:09.583$ and until then,

NOTE Confidence: 0.8592542 01:24:09.583 --> 01:24:11.338 we will continue these series. NOTE Confidence: 0.8592542 01:24:11.340 --> 01:24:13.100 So thank you very much.