2° TALLER INTERNACIONAL MULTIDISCIPLINARIO DE CANCER DE MAMA: DE LA PRÁCTICA A LAS BASES TEÓRICAS

TALLER 4: MANEJO DE LOS GANGLIOS REGIONALES

SIGNIFICADO DE CÉLULAS AISLADAS Y MICROMETÁSTASIS

AXILA: ESTUDIO PATOLOGICO

CLASICO:

- **VACIAMIENTO AXILAR**
  - **COMPLETO**
  - **PARCIAL**

ACTUAL:

- **GANGLIO CENTINELA C/S VACIAMIENTO AXILAR**

AXILA: ESTUDIO PATOLOGICO

VAC AXILAR

- **ESTUDIO DIFERIDO**

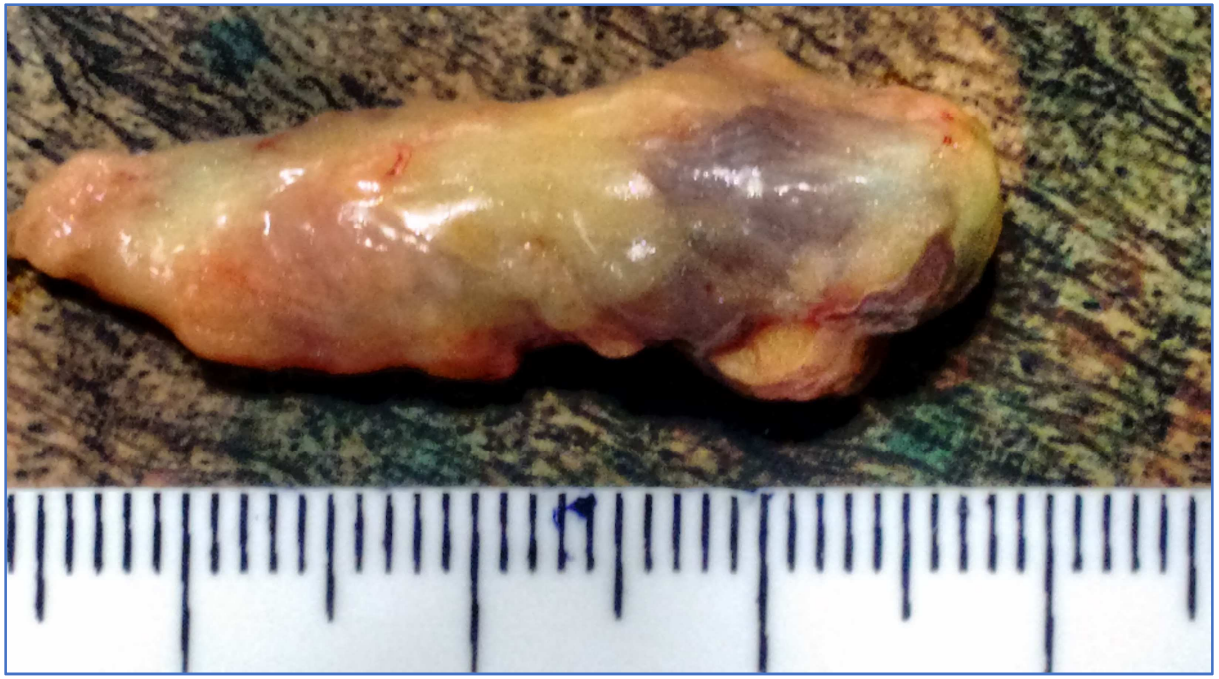
G.C.

- **EIO**
- **ESTUDIO DIFERIDO**

GANGLIO CENTINELA:
DIAGNOSTICO INTRAOPERATORIO (IO) Y DIFERIDO

TECNICAS DE ESTUDIO IO:

- **IMPRONTA CITOLOGICA: variable en forma de preparación, número de cortes estudiados, cantidad de portaobjetos obtenidos, forma de fijación, coloración utilizada.**
- **CORTE POR CONGELACION: 1 corte, varios, completo.**
- **IHQ RAPIDA I.O : 1 corte, varios.**
- **METODOS COMBINADOS**



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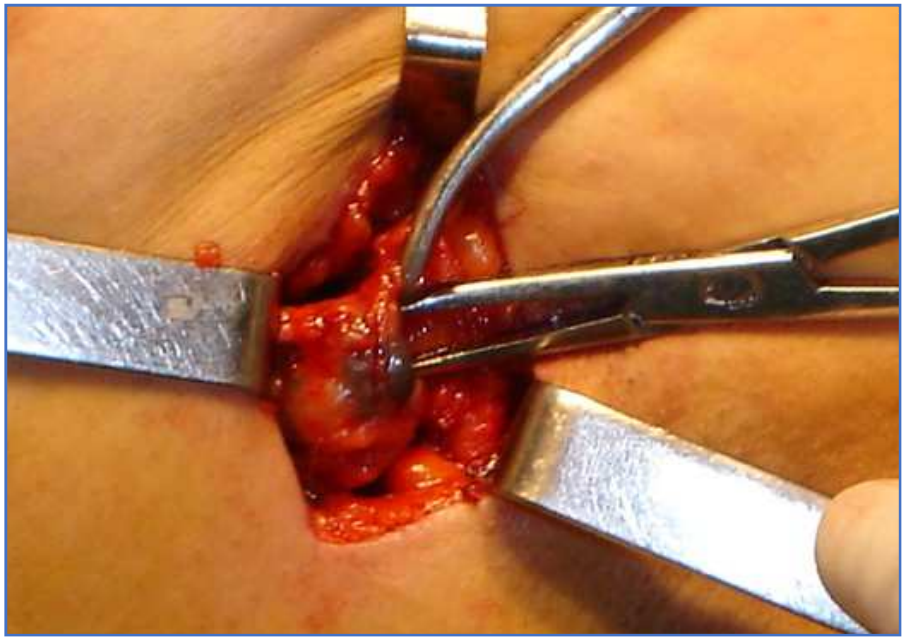

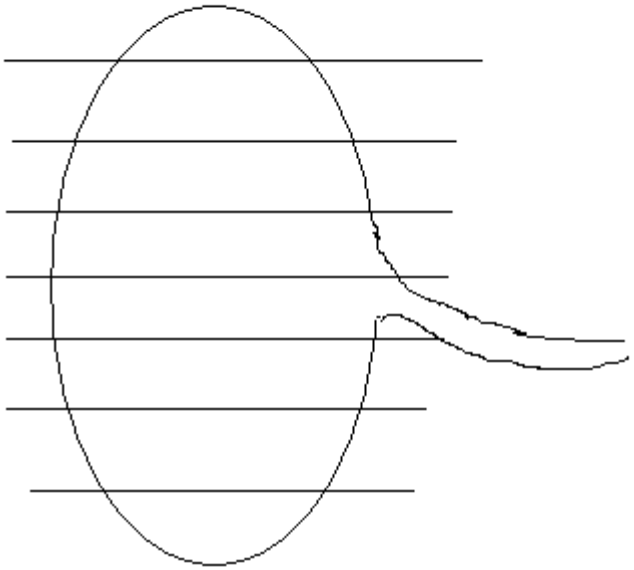

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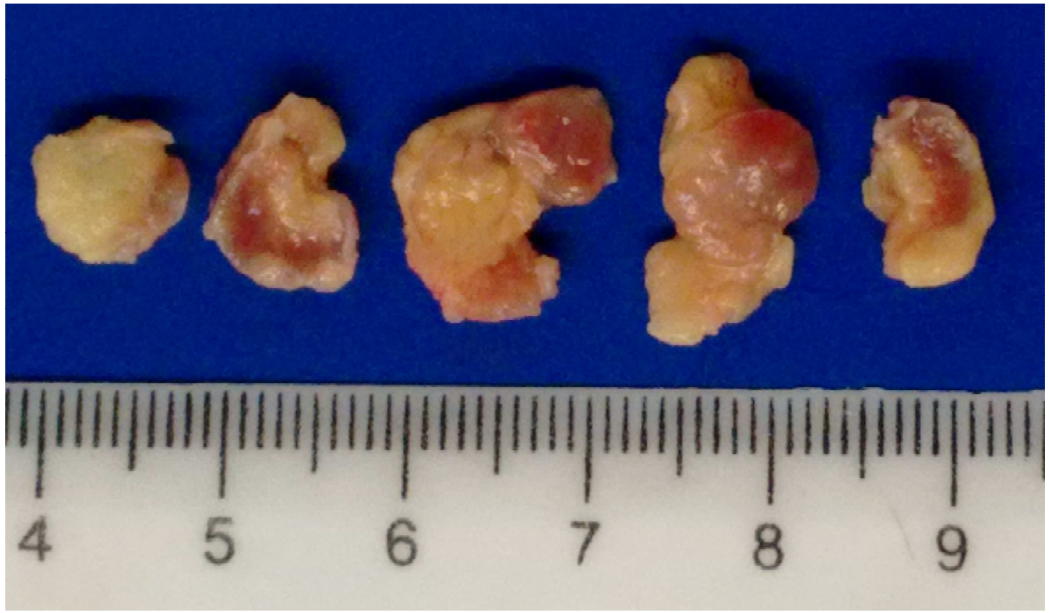
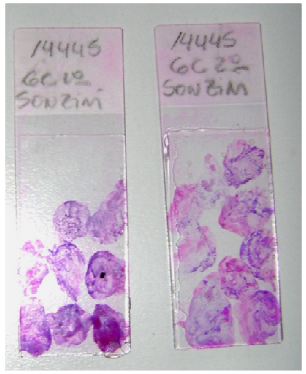


METODOLOGIA ESTUDIO G.C.

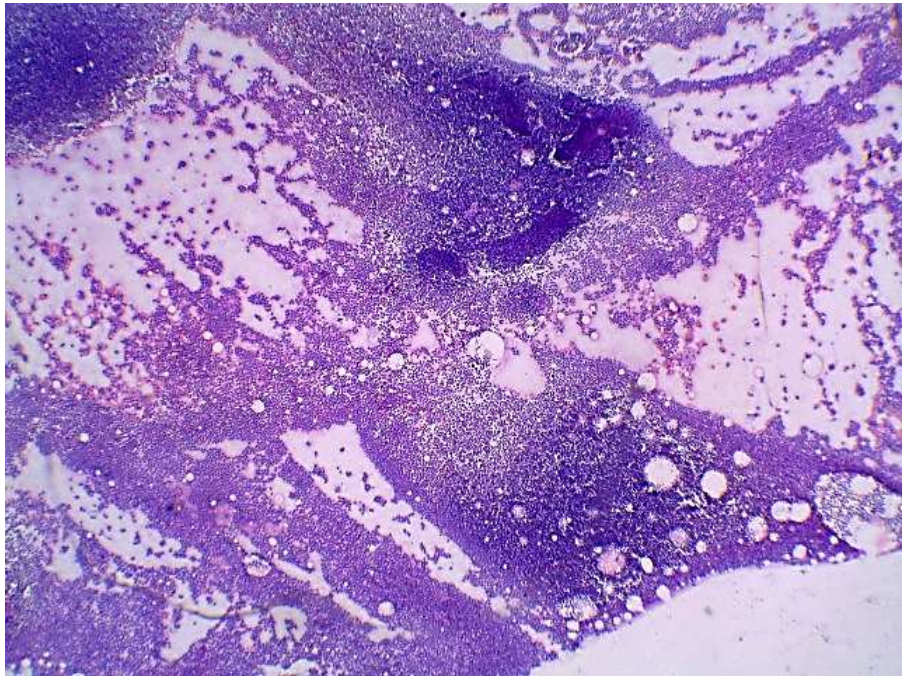
EIO

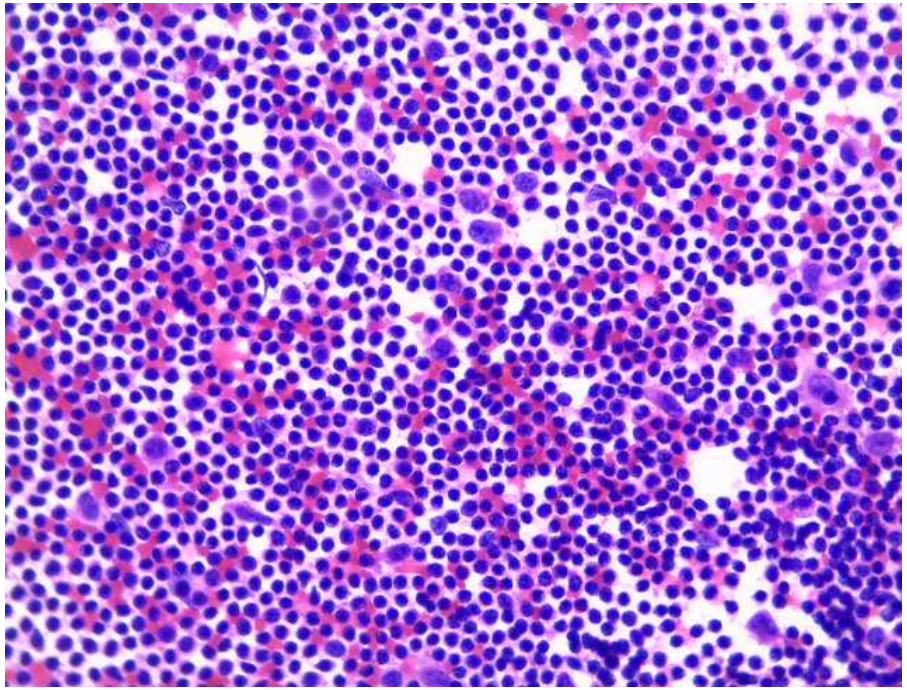
- SE IMPRONTAN CADA SUPERFICIE DE CORTE
- SE ESTUDIAN I.O. TODOS LOS CORTES

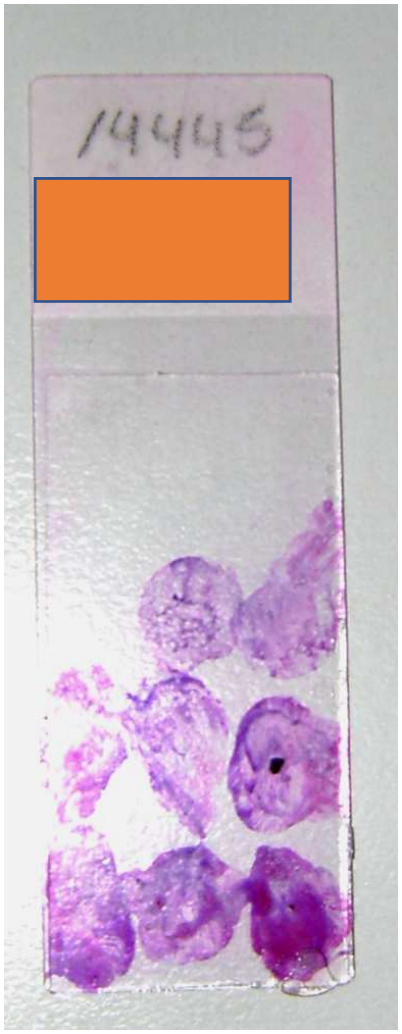


DIFERIDO

- SE INCLUYEN TODOS LOS CORTES
- SE OBTIENEN 4 CORTES DE CADA TACO
- IHQ: SI HAY DUDAS



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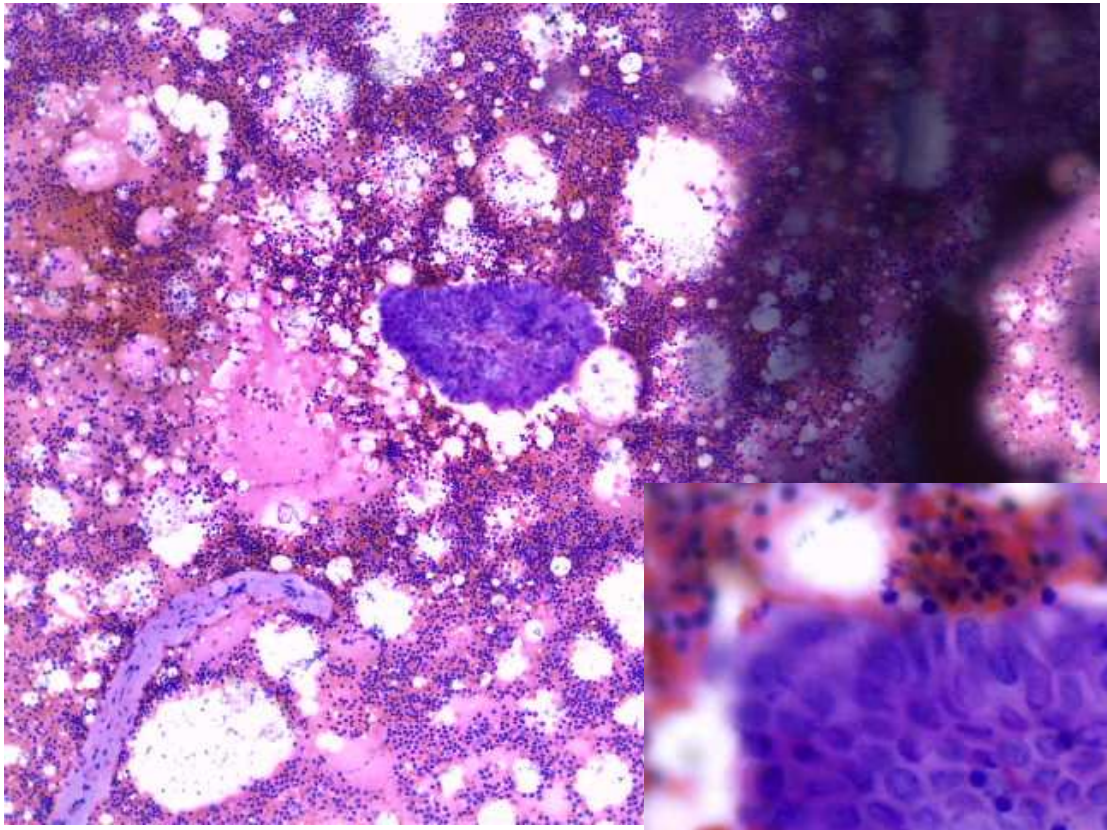
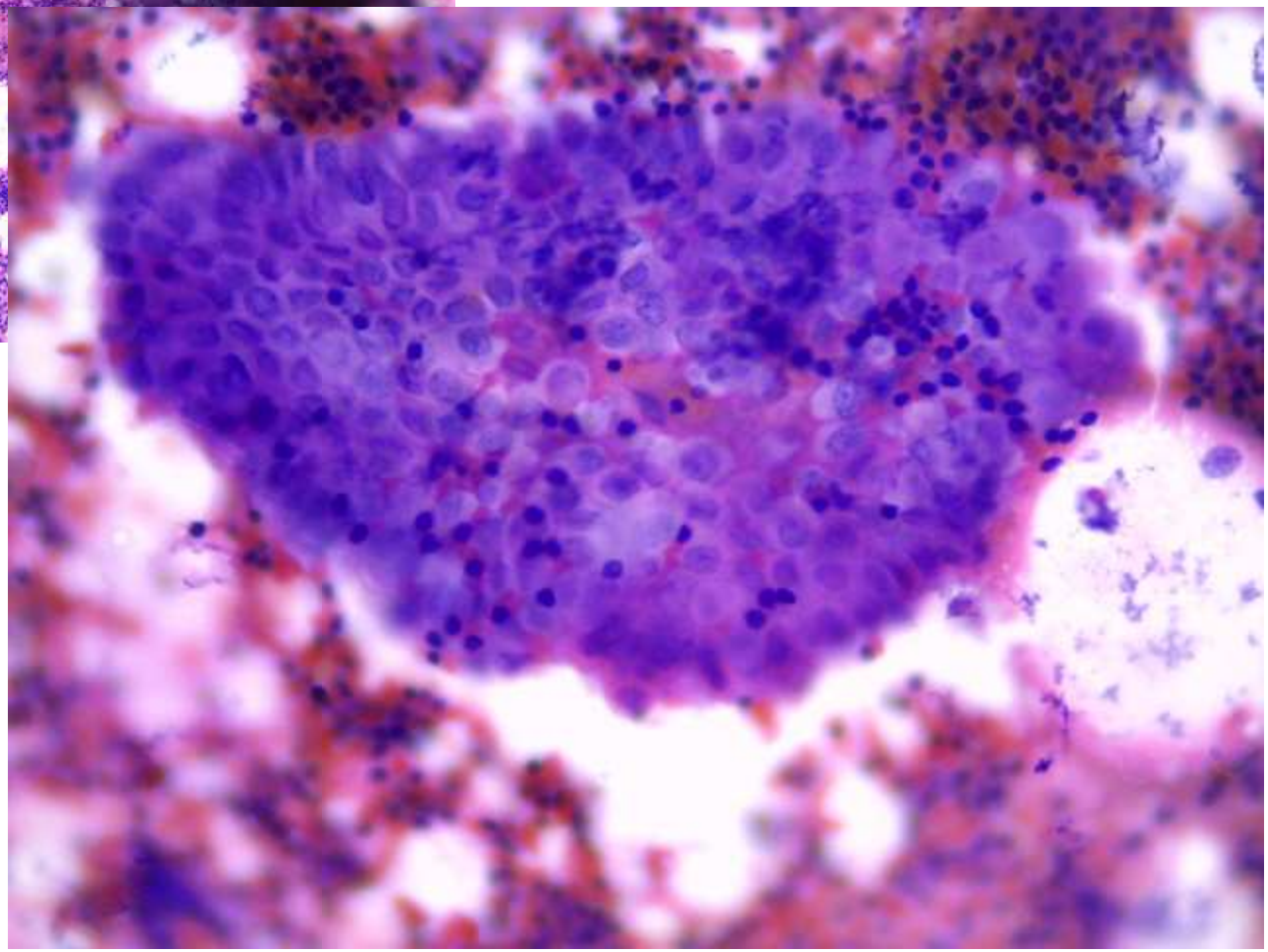
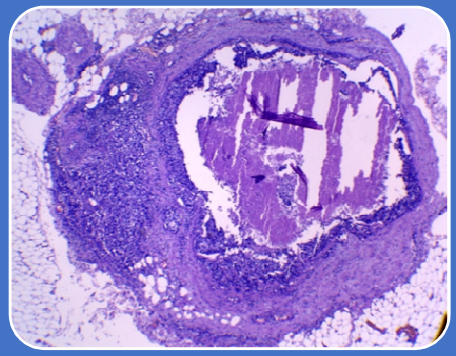
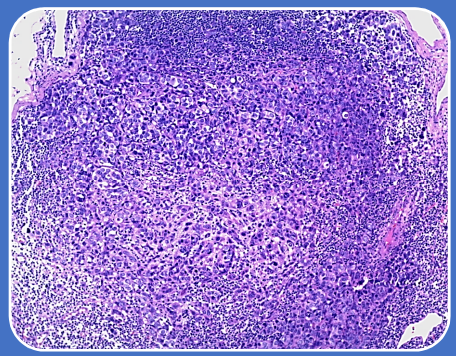




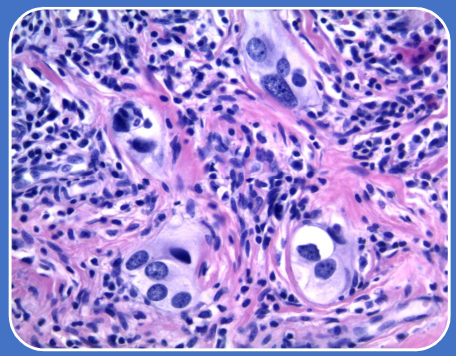


MACROMETASTASIS: > 2MM

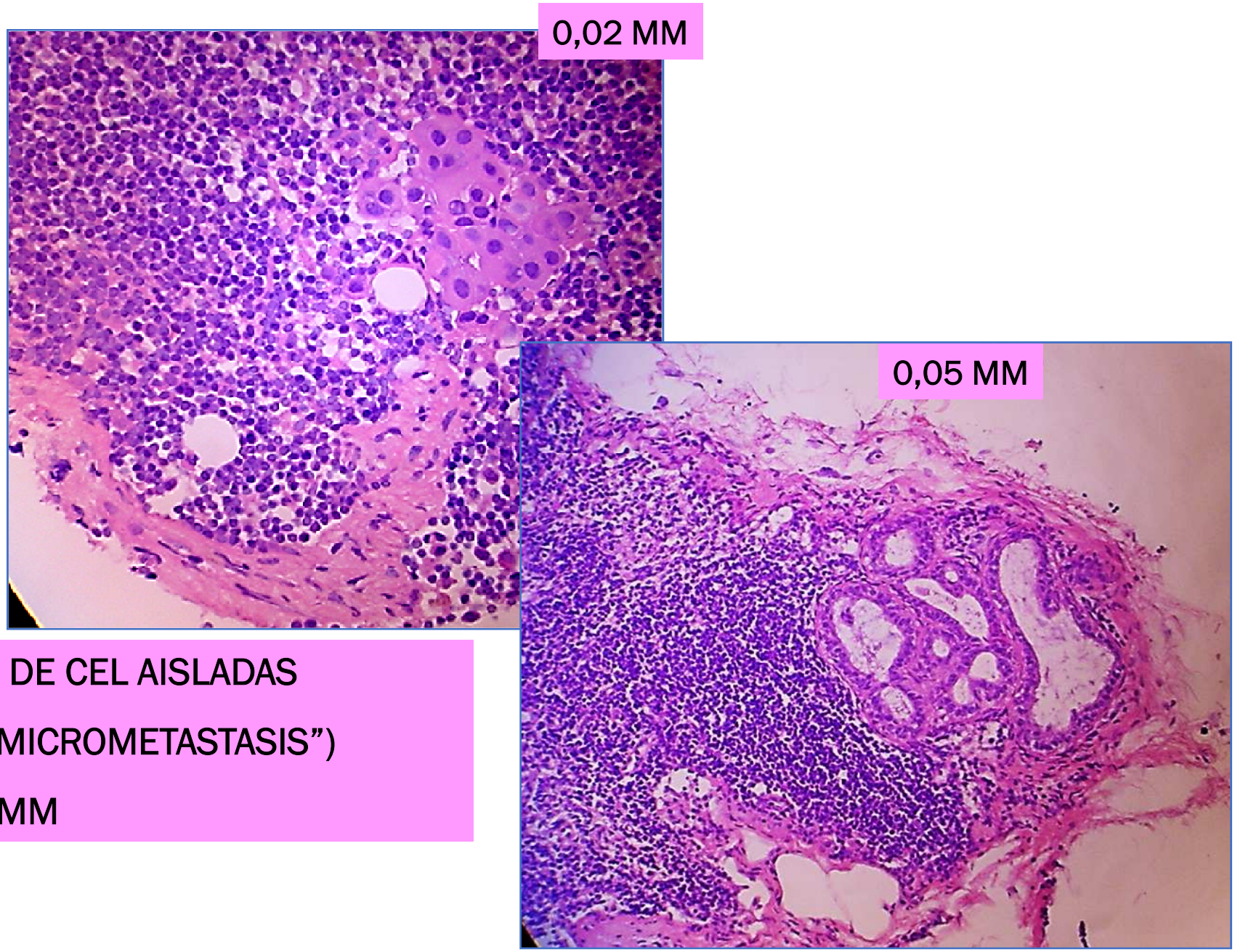
Amplia necrosis



MICROMETASTASIS : 0,2 – 2 MM / > 200 CELULAS



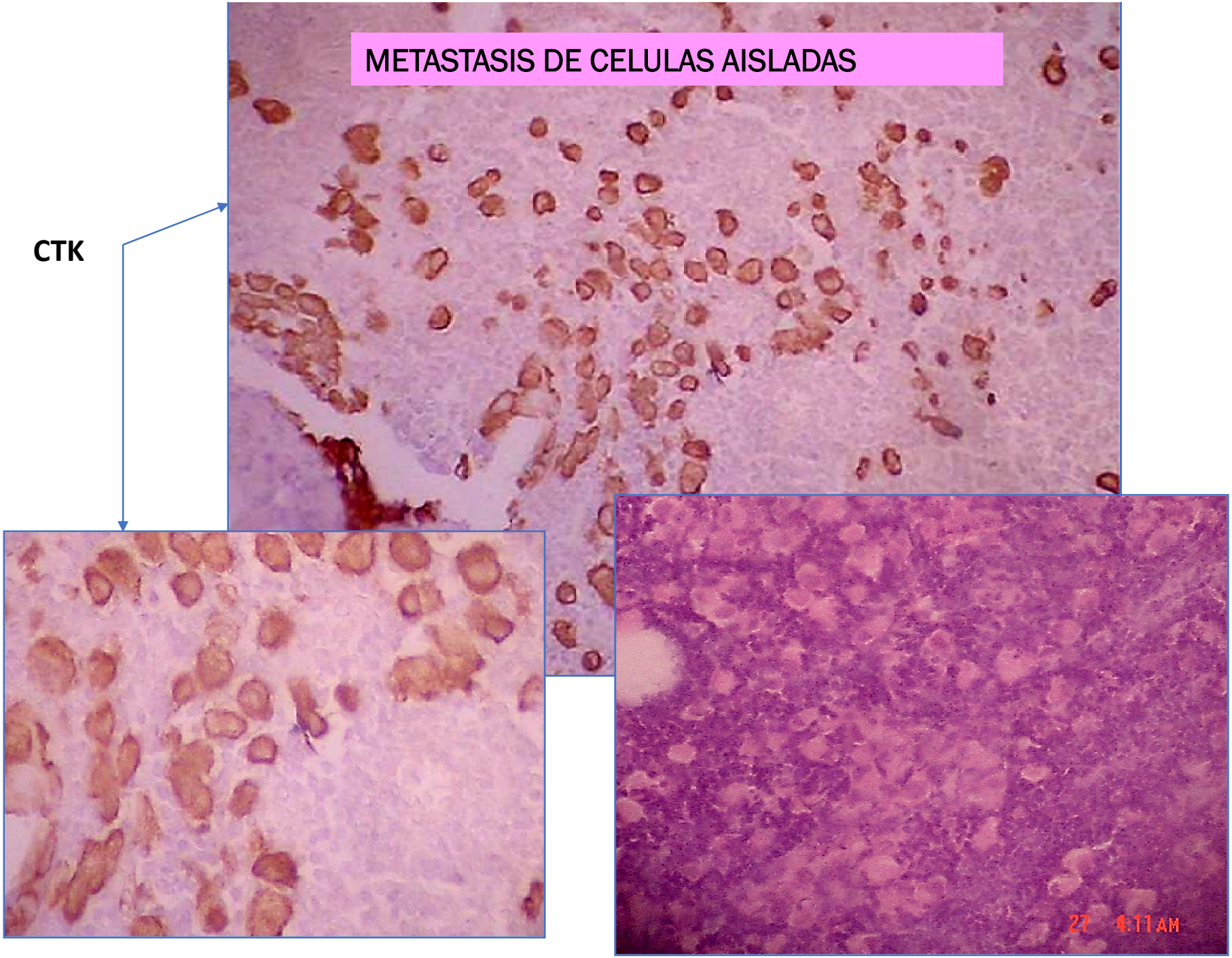
METASTASIS DE CELULAS AISLADAS: < 0,2 MM / < 200 CELULAS



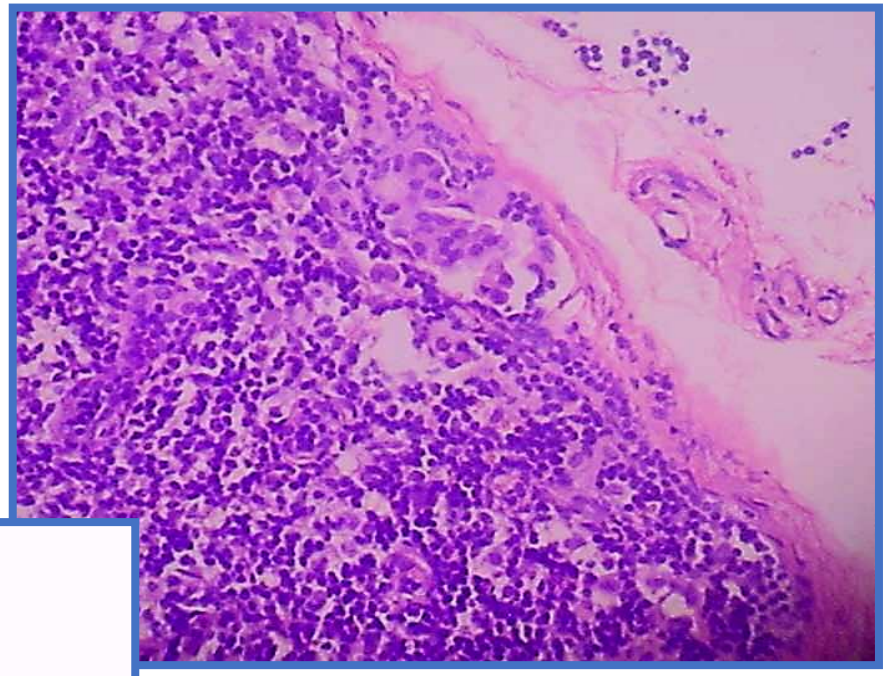
MMTT DE CEL AISLADAS

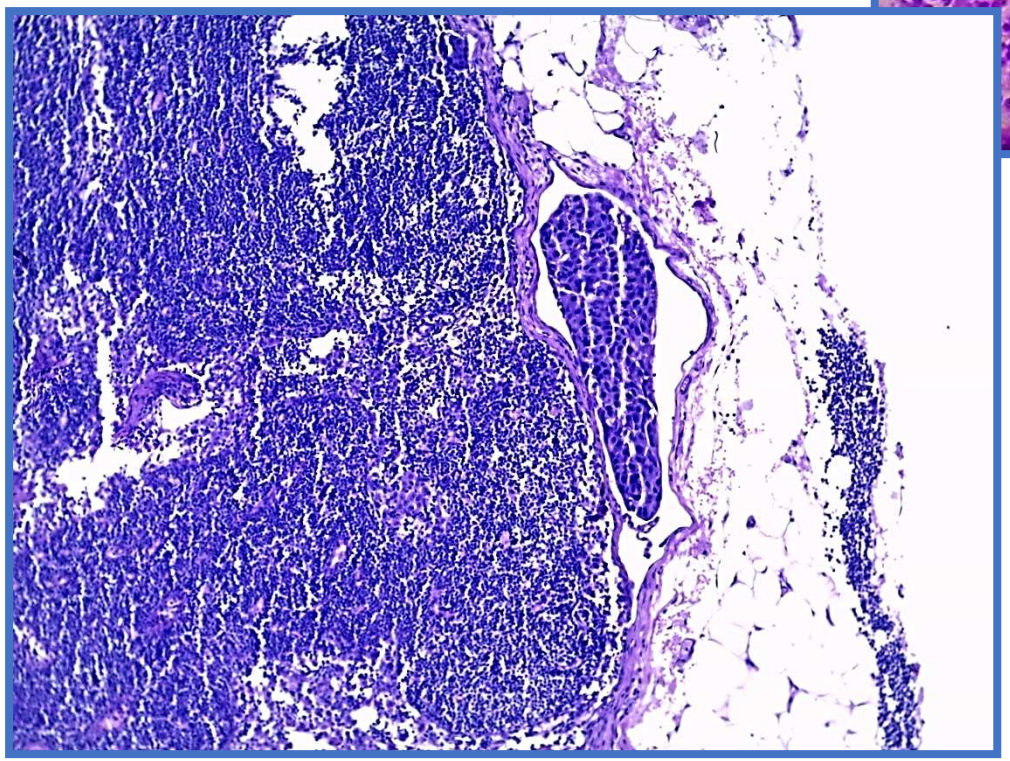
(“SUBMICROMETASTASIS”)

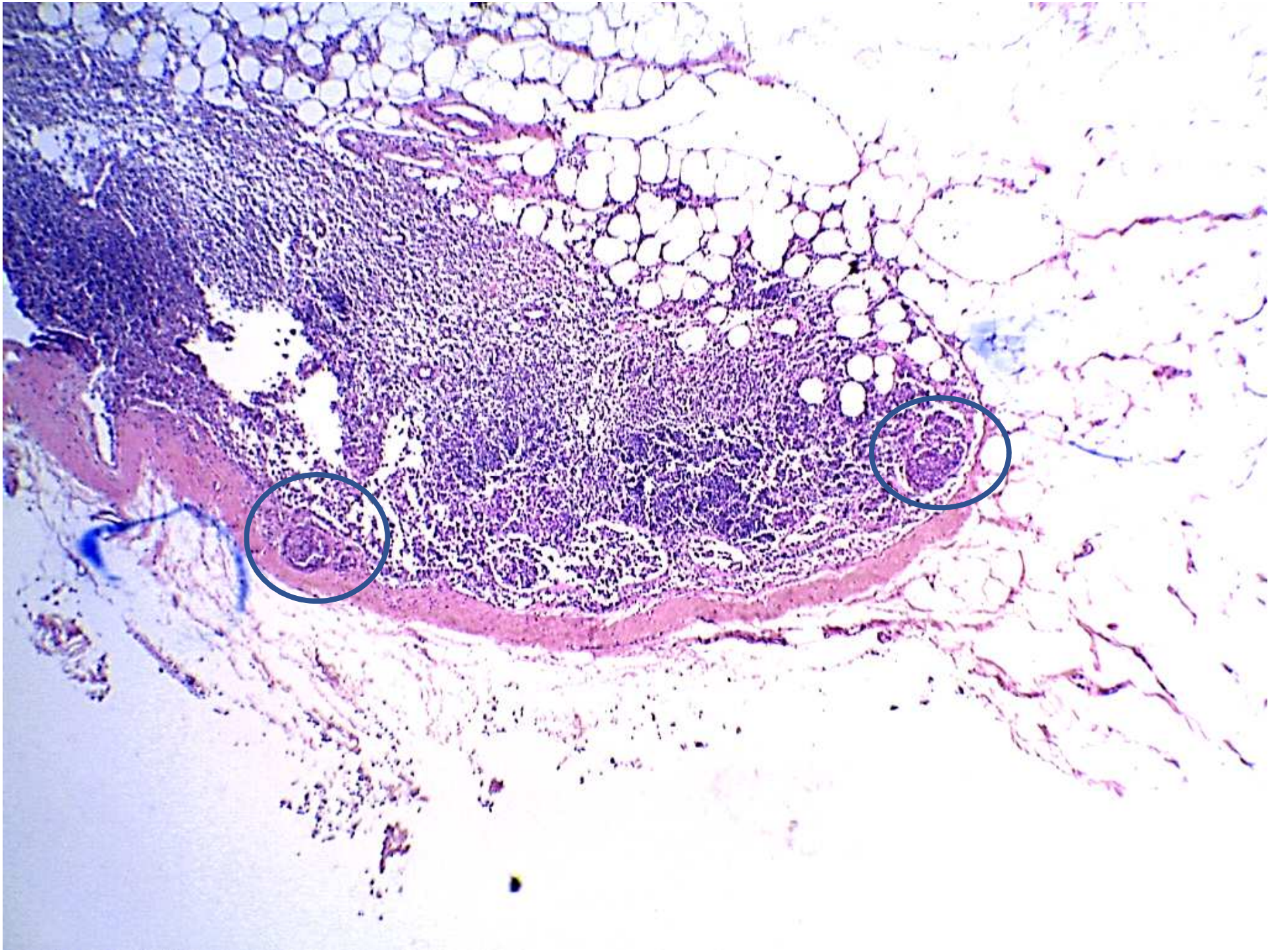
< 0,2 MM

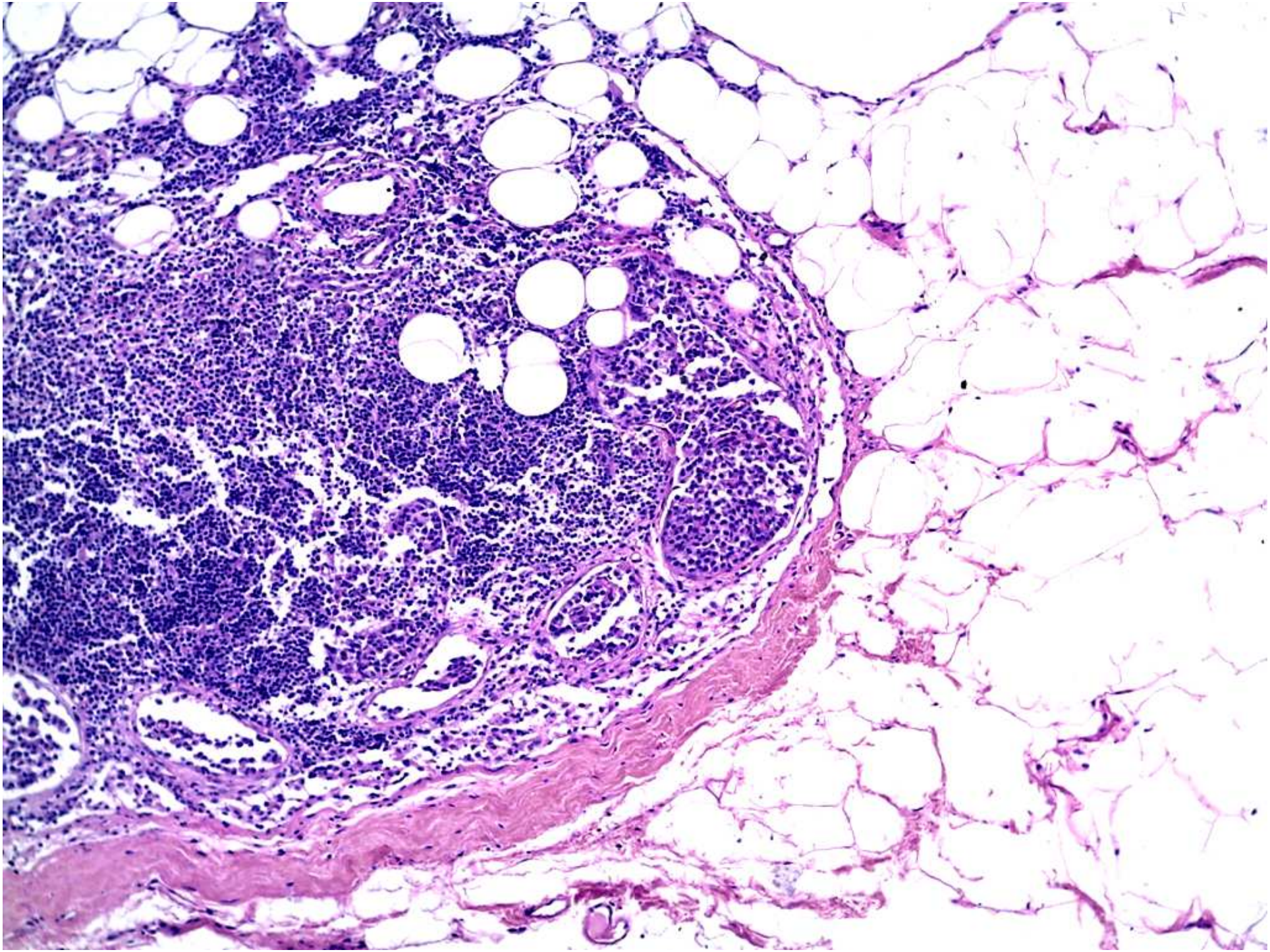

METASTASIS DE CELULAS AISLADAS
CTK
27 4:11AM

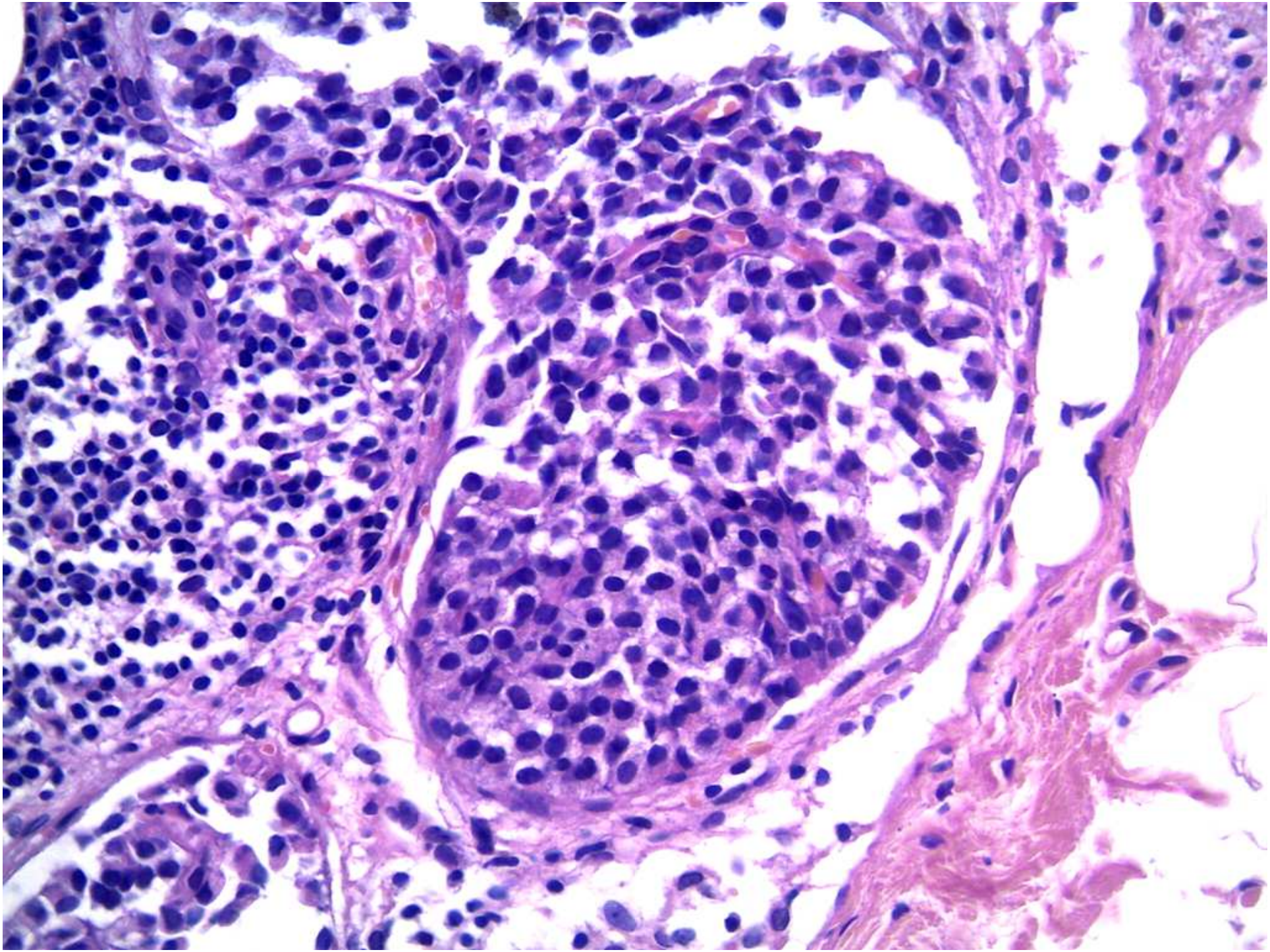
PERMEACIONES DE LOS SENOS PERIFERICOS





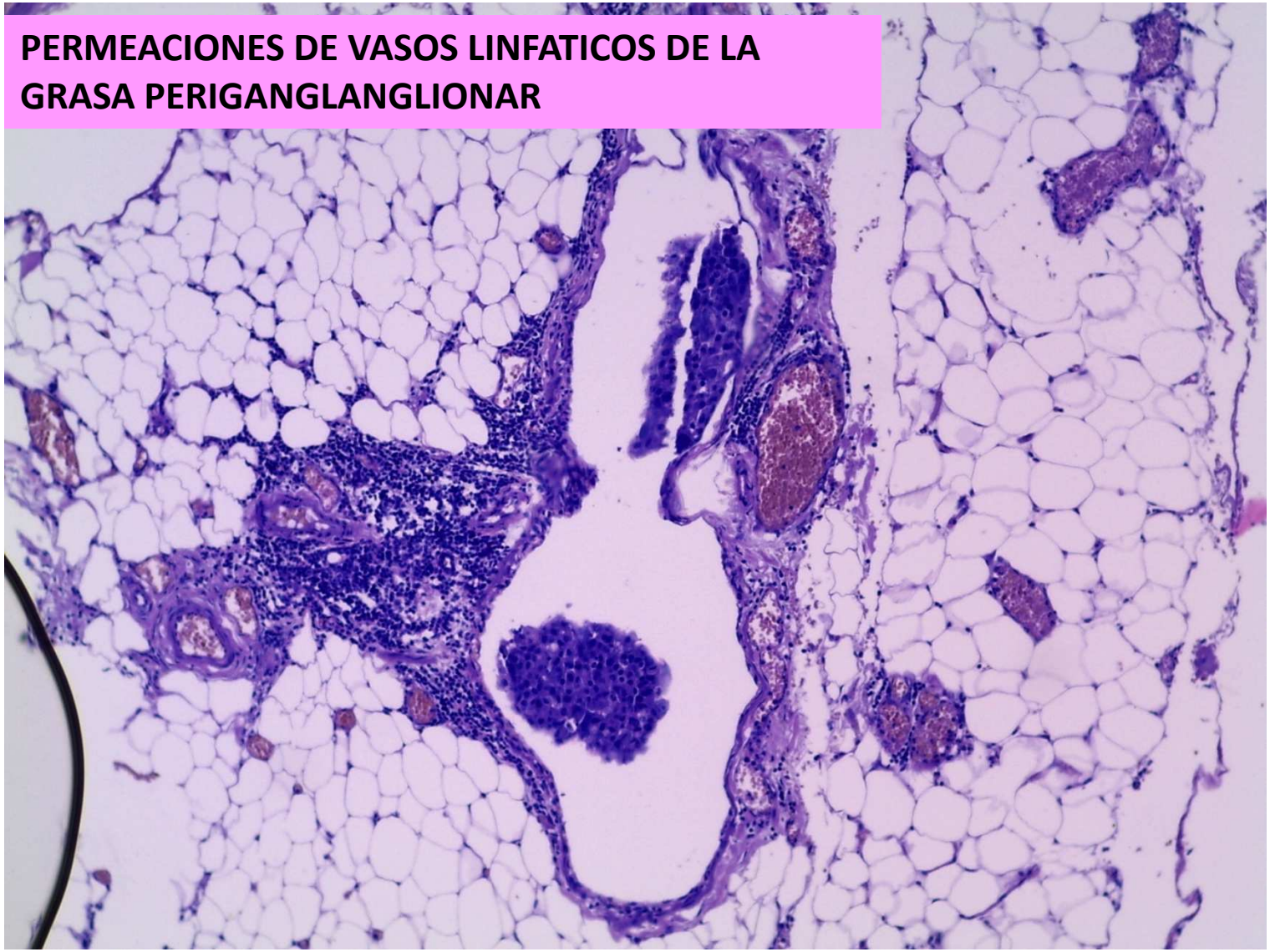






LINFATICO AFERENTE

PERMEACIONES DE VASOS LINFATICOS DE LA GRASA PERIGANGLANGLIONAR



PROTOCOLO MACROSCOPICO GANGLIOS

ymph Node Sampling (select all that apply) (required only if lymph odes are present in the specimen)

(Note B)

___ Sentinel lymph node(s)

___ Axillary dissection (partial or complete dissection)

___ Lymph nodes present within the breast specimen (ie, intramammary lymph nodes)

___ Other lymph nodes (eg, supraclavicular or location not identified)

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PROTOCOLO MICROSCOPICO

- **Lymph Nodes (required only if lymph nodes are present in the specimen) (Note B)**
- **Total number of lymph nodes examined (sentinel and nonsentinel): ___**
- **Number of sentinel lymph nodes examined: ___**
- **<u>Lymph Node Involvement (required only if one or more lymph nodes have tumor cells identified)</u>**
- **Number of lymph nodes with macrometastases (>2 mm): ___**
- **Number of lymph nodes with micrometastases (>0.2 mm to 2 mm and/or >200 cells): ___**
- **Number of lymph nodes with isolated tumor cells (≤0.2 mm and ≤200 cells)[#]: ___**
- **+ Size of largest metastatic deposit: ___**
- ***[#] Reporting the number of lymph nodes with isolated tumor cells is required only in the absence of macrometastasis or micrometastasis in other lymph nodes.***
- ***Note: The sentinel node is usually the first involved lymph node. In the unusual situation in which a sentinel node is not involved by metastatic carcinoma, but a nonsentinel node is involved, this information should be included in a note.***

- **+ <u>Extranodal Extension</u>**
- **+ ___ Present**
- **+ ___ Not identified**
- **+ ___ Cannot be determined**

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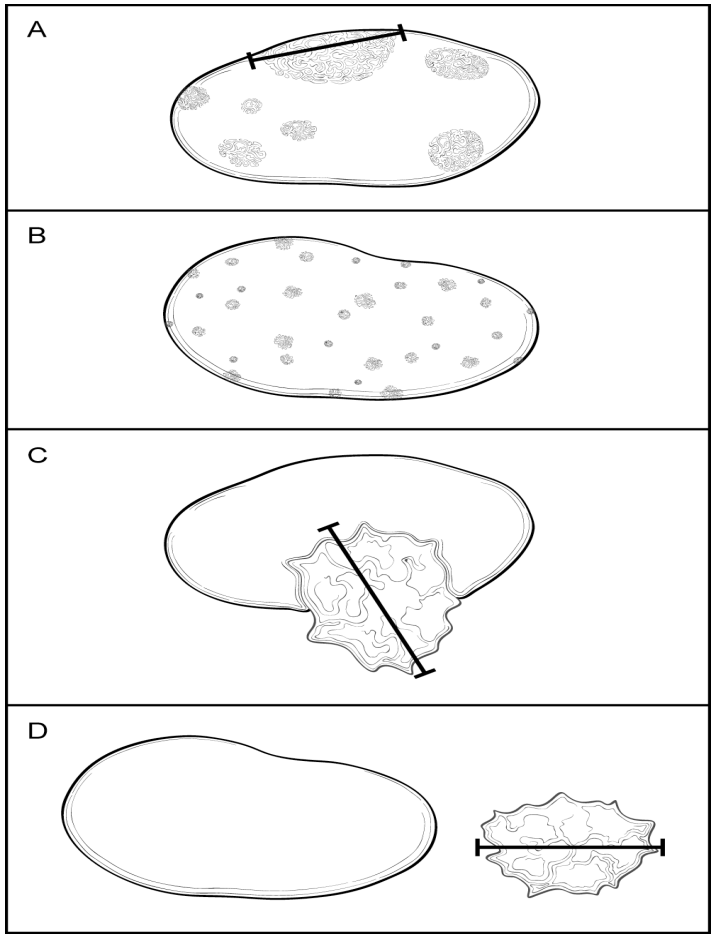
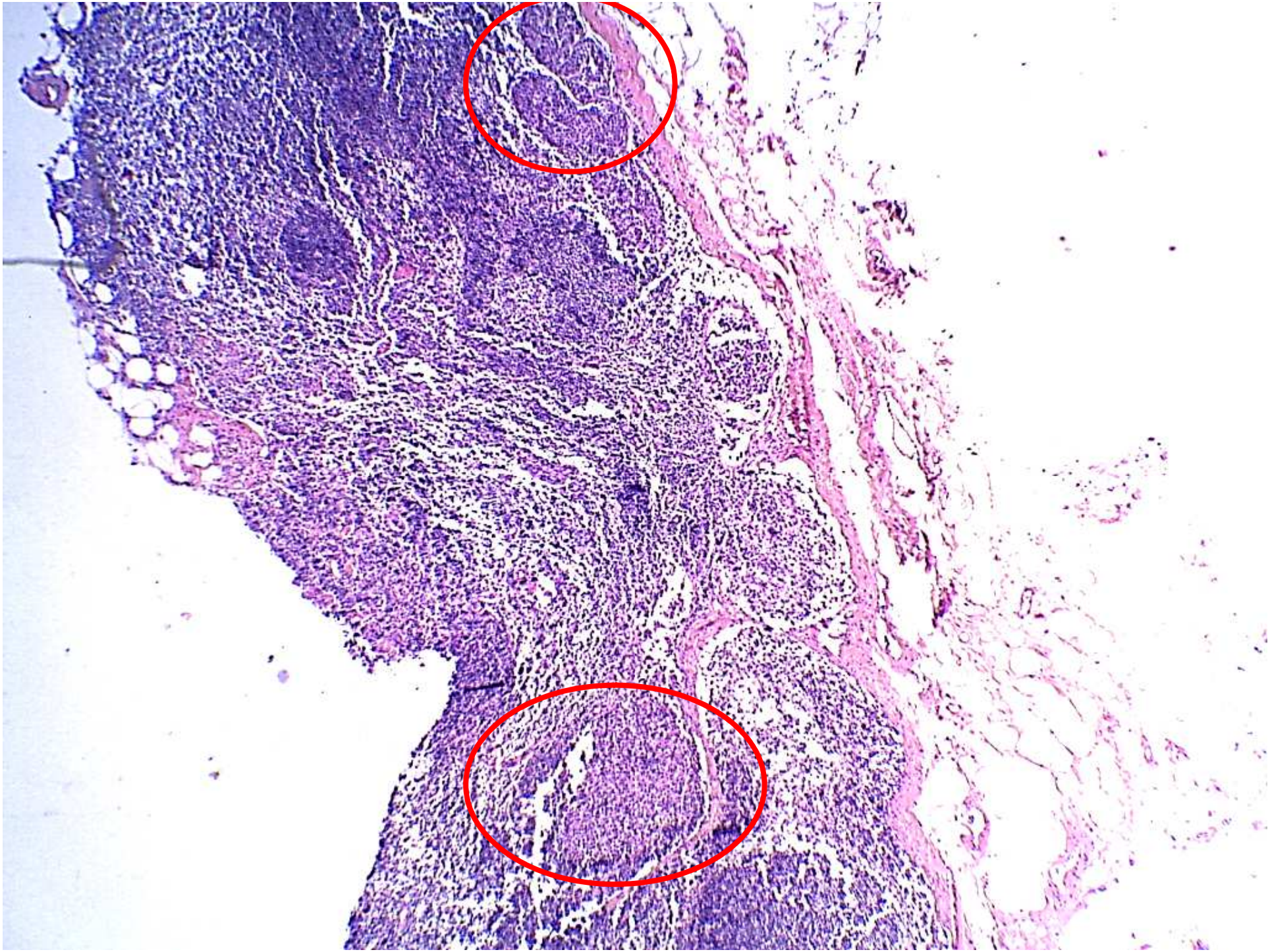
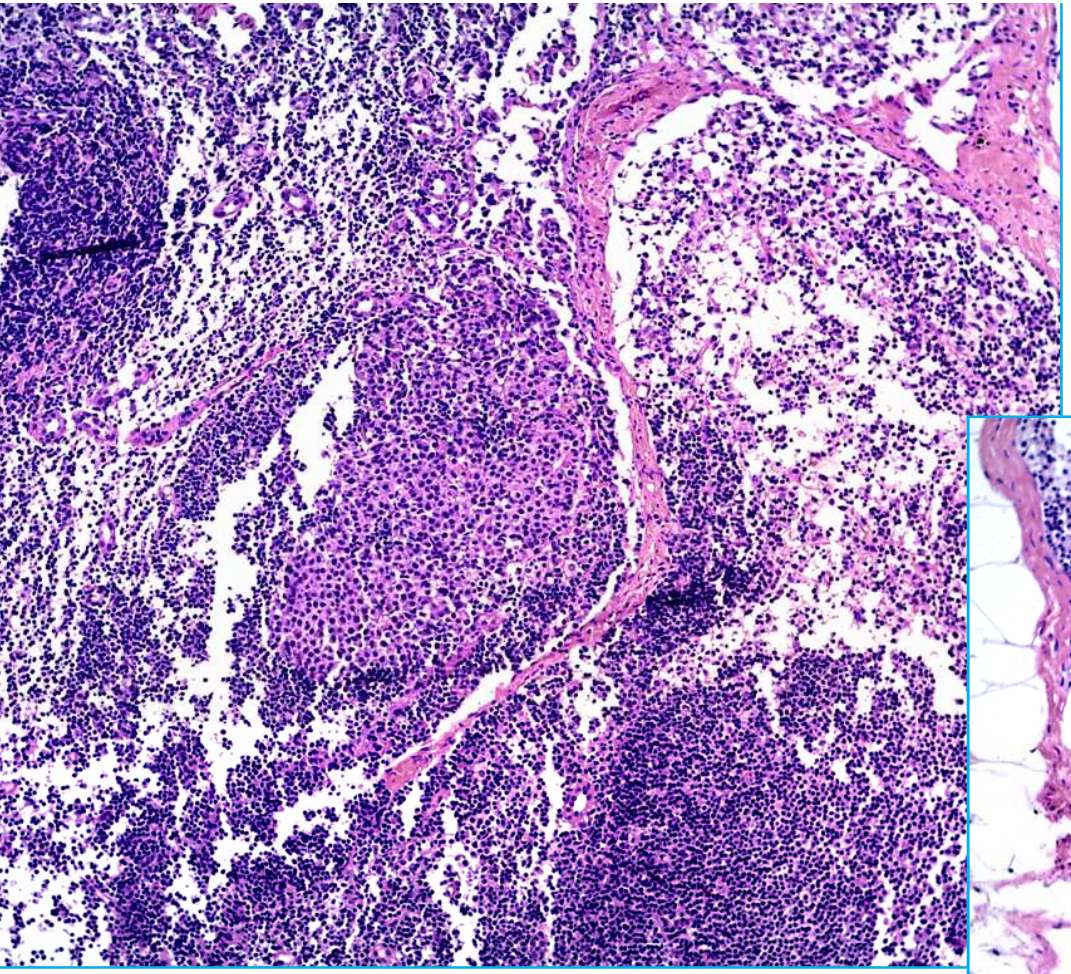
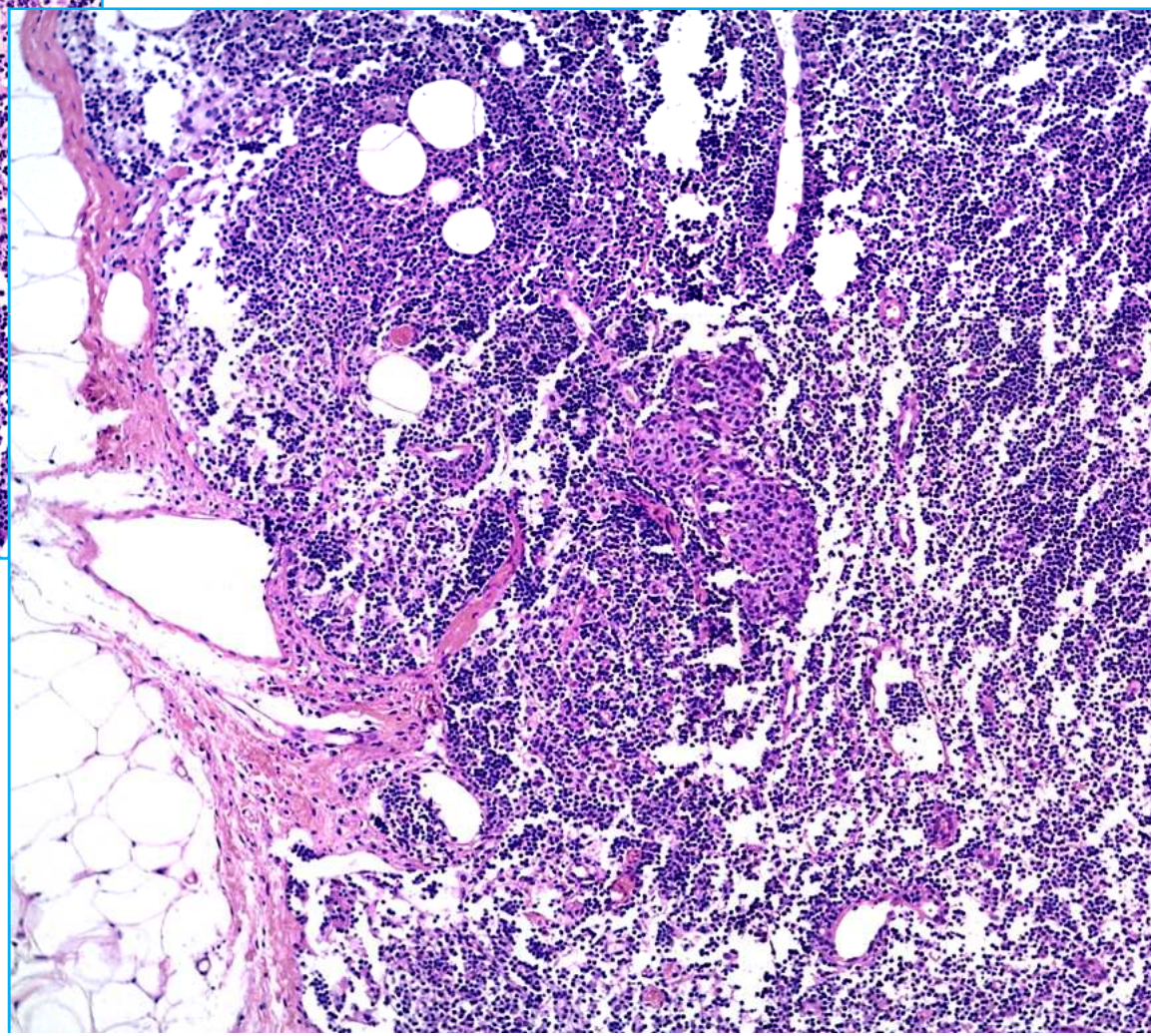
In some cases, the best N classification can be difficult to determine (Figure 1).

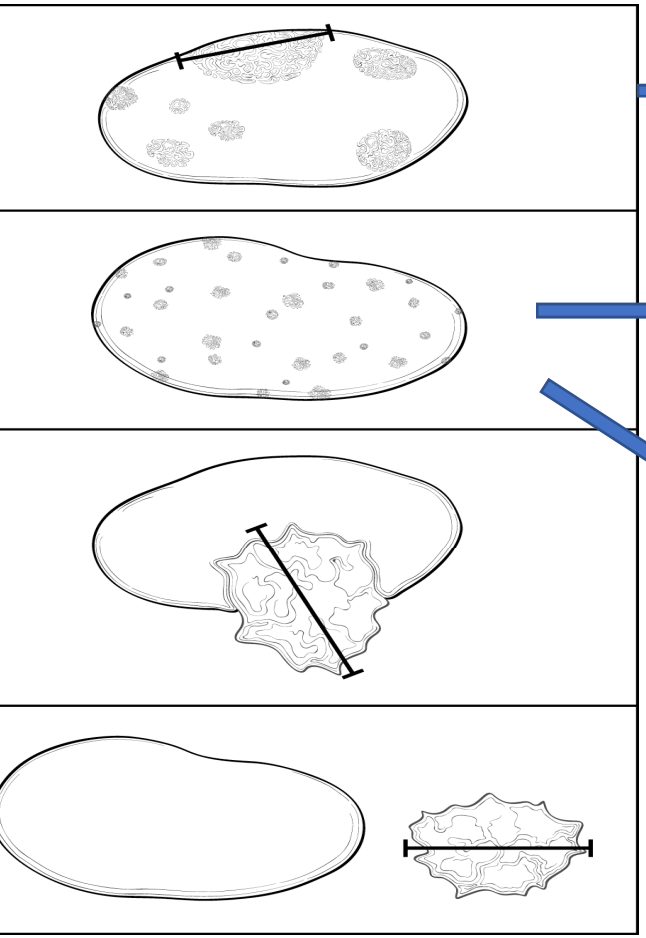


C.A.P 2016





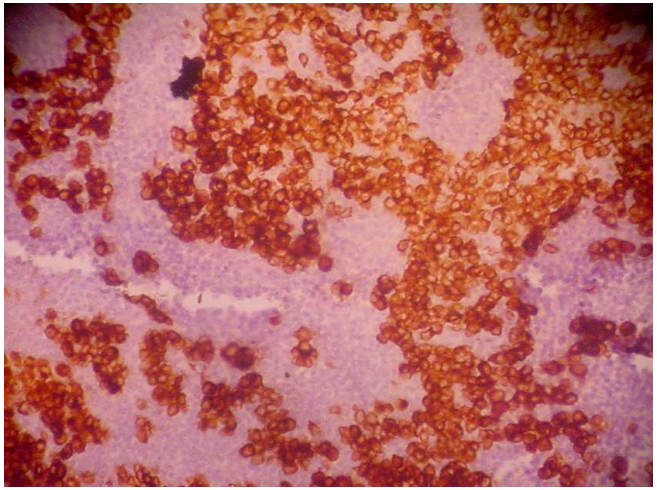




MULTIPLES FOCOS: SE DEBE CONSIDERAR EL TAMAÑO DEL MAYOR

…”SI EL VOLUMEN TOTAL (de los focos) ES SIMILAR EN SU MAYOR DIMEN
A UNA CATEGORIA SUPERIOR, SE RECOMIENDA QUE EL PATOLOGO UTILIC
CRITERIO PARA ASIGNAR LA MEJOR CALIFICACION E INCLUIR UNA NOTA ACLARATORIA”….

SI HAY MAS DE 200 CELULAS AISLADAS, LA CATEGORIA DEBE SER SUPERI



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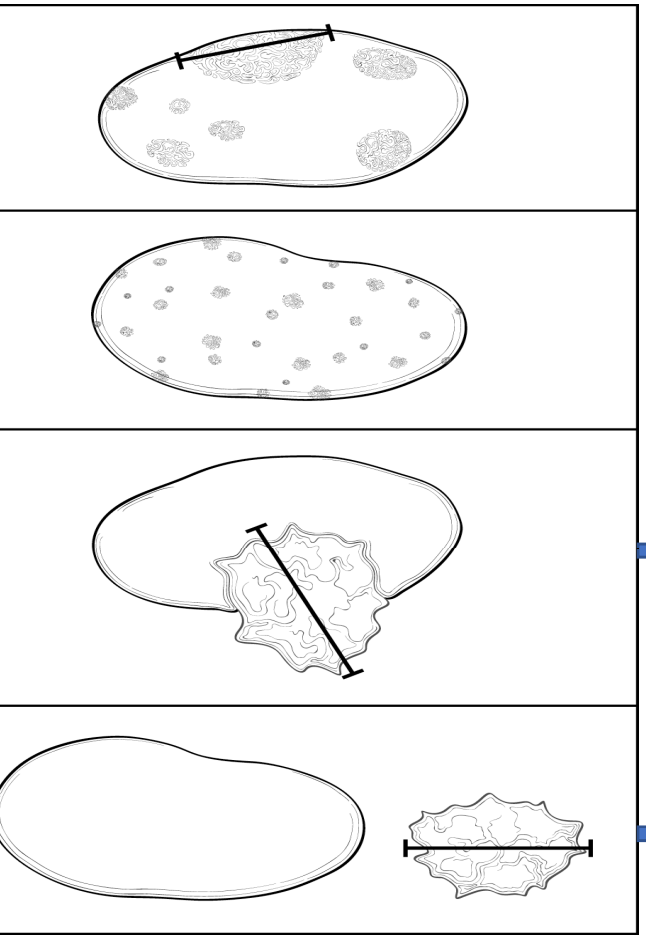

LA INFILTRACION EXTRAGANGLIONAR DEBE SER INCLUIDA EN EL TAMAÑO TOTAL DE LA MMTT

FOCOS FUERA DEL GANGLIO: ¿OTRO GANGLIO REEMPLAZADO? SI HAY TEJIDO MAMARIO ALREDEDOR: ES OTRO FOCO INVASOR DE CANCER

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METASTASIS DE CELULAS AISLADAS NO DEBEN SER INCLUIDAS EN EL TOTAL DE GANGLIOS POSITIVOS

- Isolated tumor cell clusters (ITCs) are defined as single cells or small clusters of cells not larger than 0.2 mm and no more than 200 cells in a single cross-section, usually with no histologic evidence of malignant activity (eg, proliferation or stromal reaction).10 If morphologic techniques (either H&E or immunohistochemistry) are used to detect ITCs, the regional lymph nodes should be designated as pN0(i+) or pN0(i-), as appropriate. Isolated tumor cells are not included in the total number of positive nodes for N classification.

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PROTOCOLO DE ESTUDIO DE G. C.

- **MACROSCOPIA: (CADA G.C. POR SEPARADO/No. TOTAL)**
  - **TAMAÑO**
  - **MÉTODO DE IDENTIFICACIÓN (COLORANTE O RADIOISÓTOPO O AMBOS)**
  - **CANTIDAD DE CORTES MACROSCÓPICOS OBTENIDOS**
  - **RPEIO**

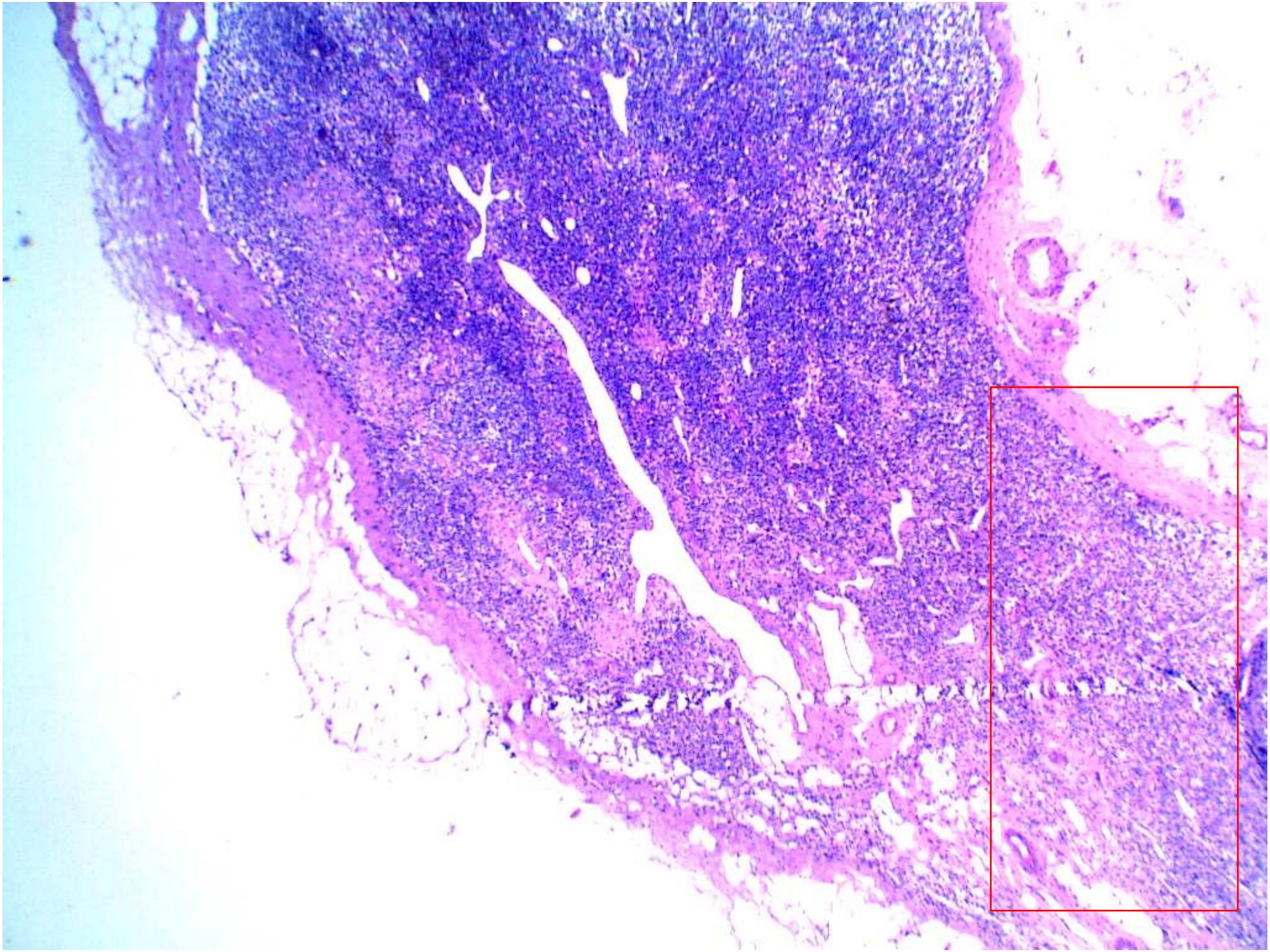
PROTOCOLO DE ESTUDIO DE GANGLIOS AXILARES

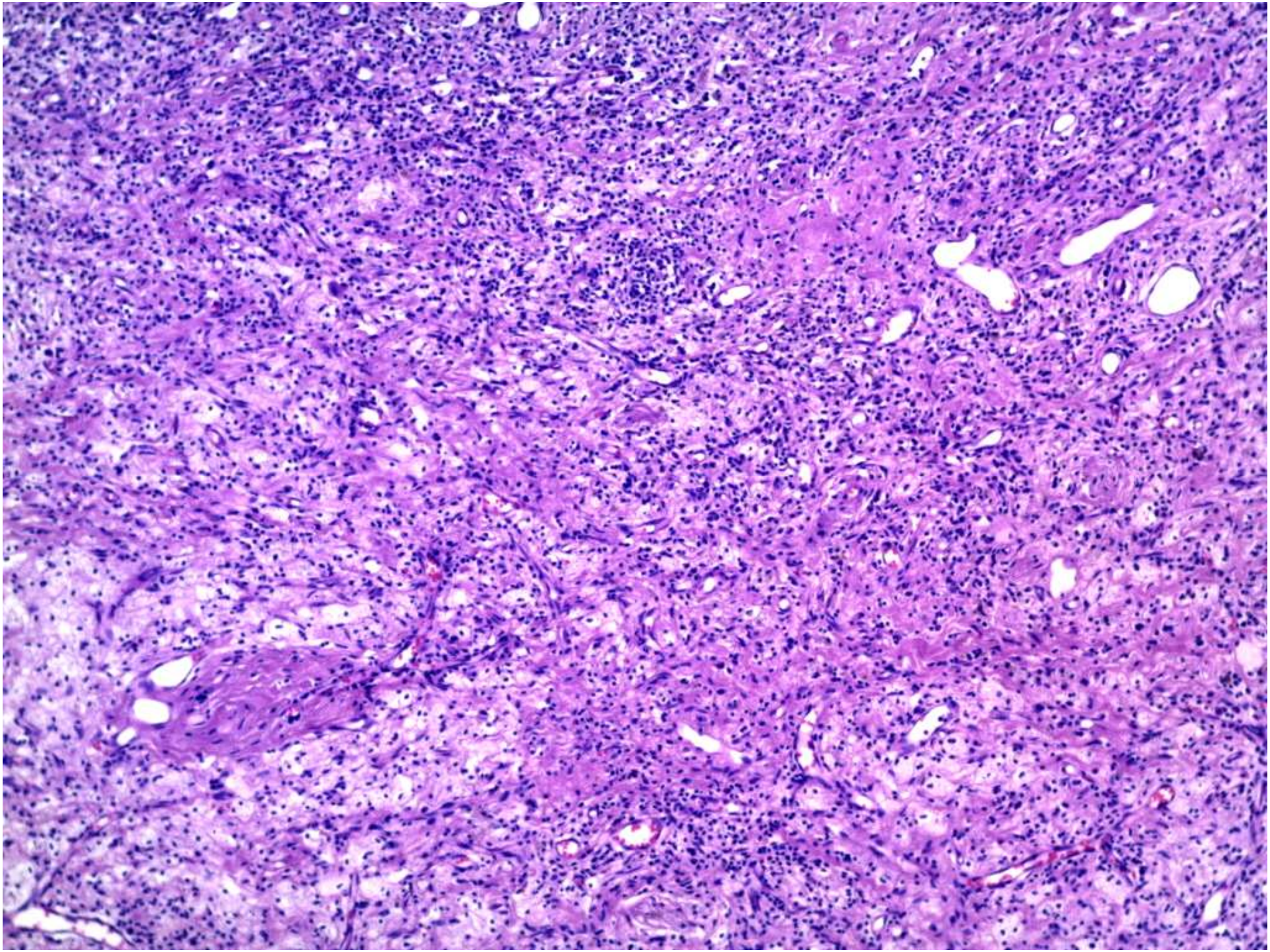
MICROSCOPIA (DIFERIDA)

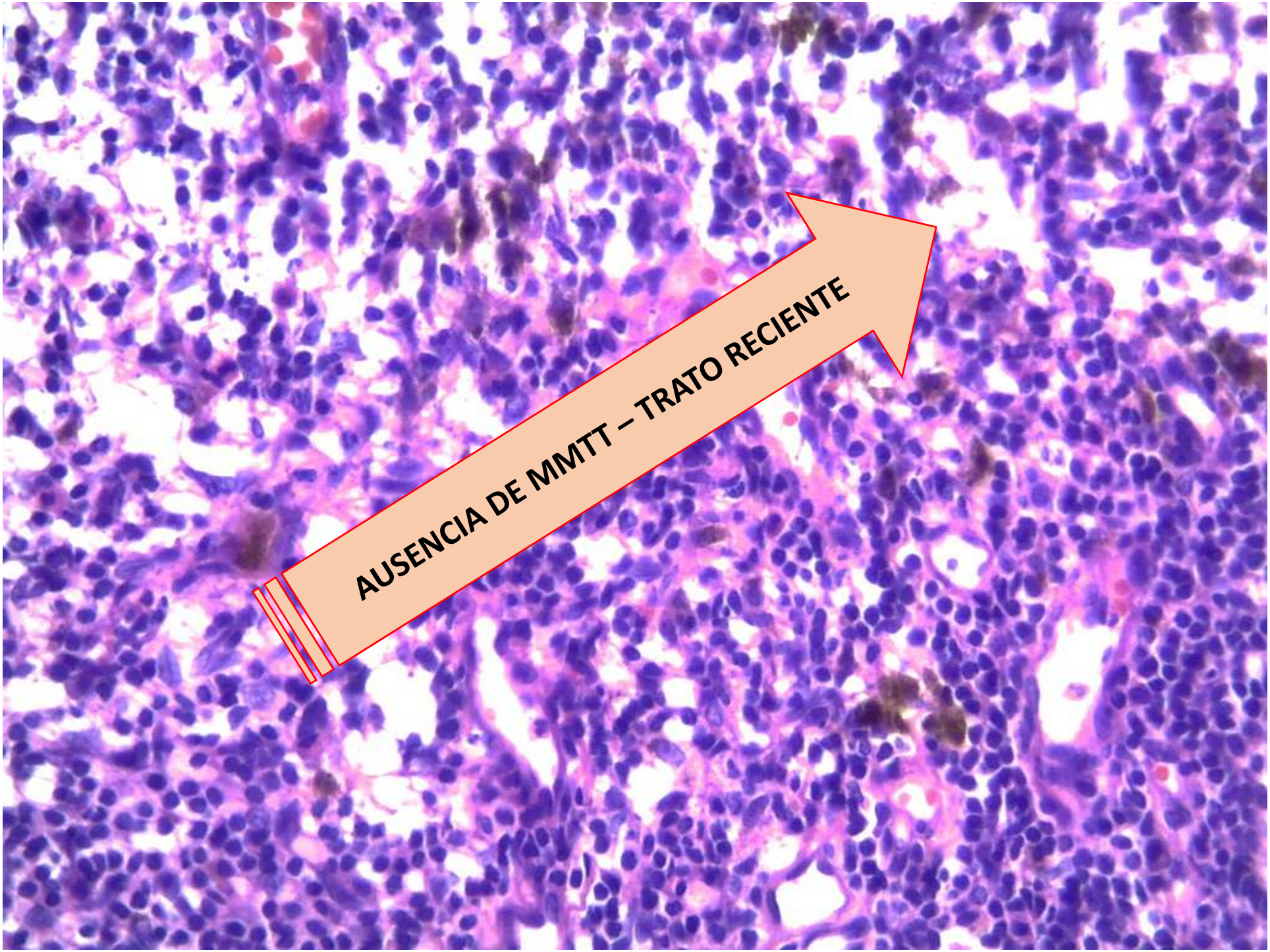
- **CANTIDAD TOTAL DE GANGLIOS OBTENIDOS (CENTINELAS Y NO CENTINELAS)**
- **No. GANGLIOS NEGATIVOS / POSITIVOS**
- **TAMAŇO DE LAS METASTASIS**
- **INFILTRACION GRASA PERIGANGLIONAR**
- **PERMEACIONES DE LOS VASOS LINFATICOS PERIGANGLIONARES**

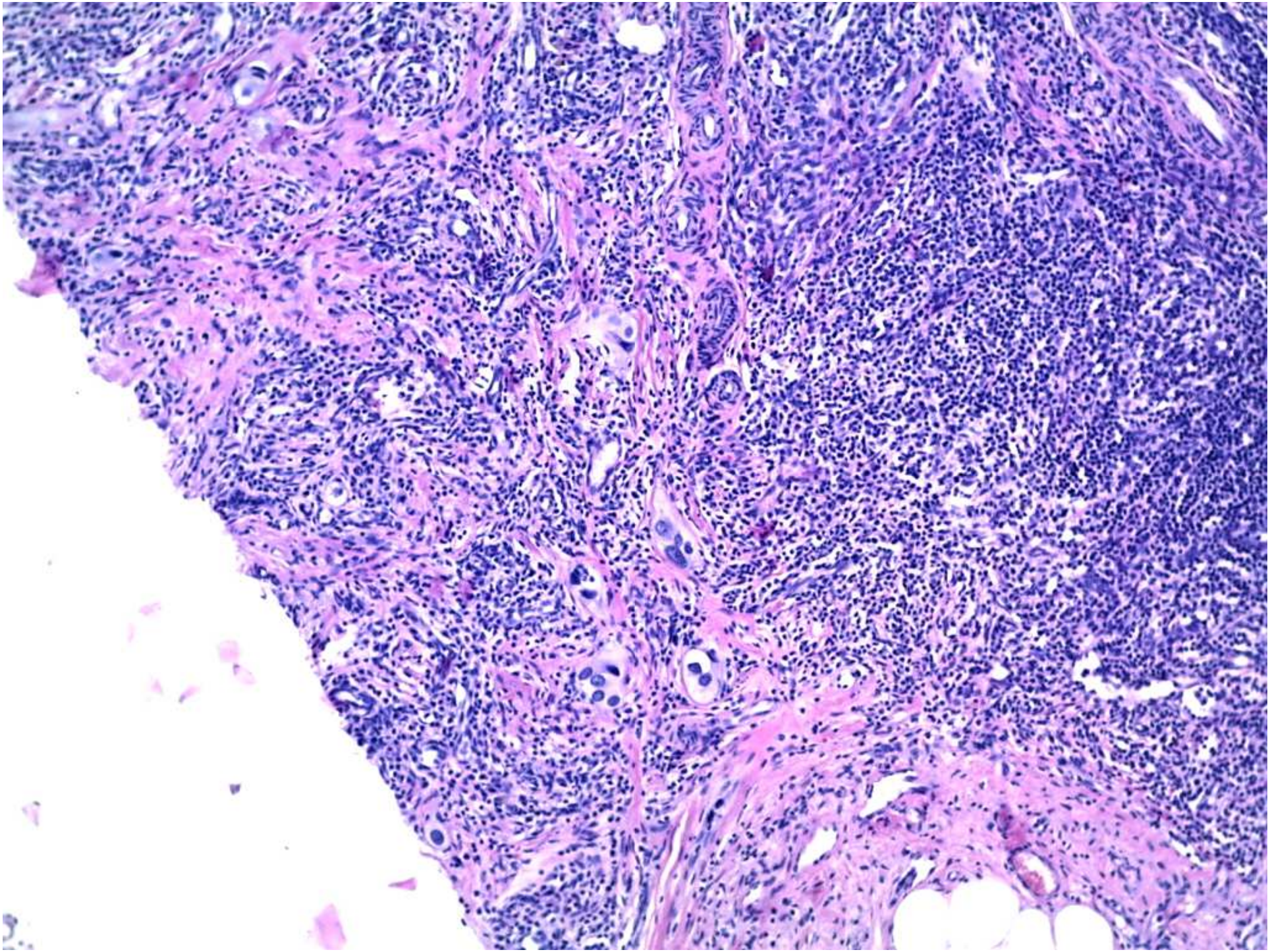
GANGLIOS LINFATICOS

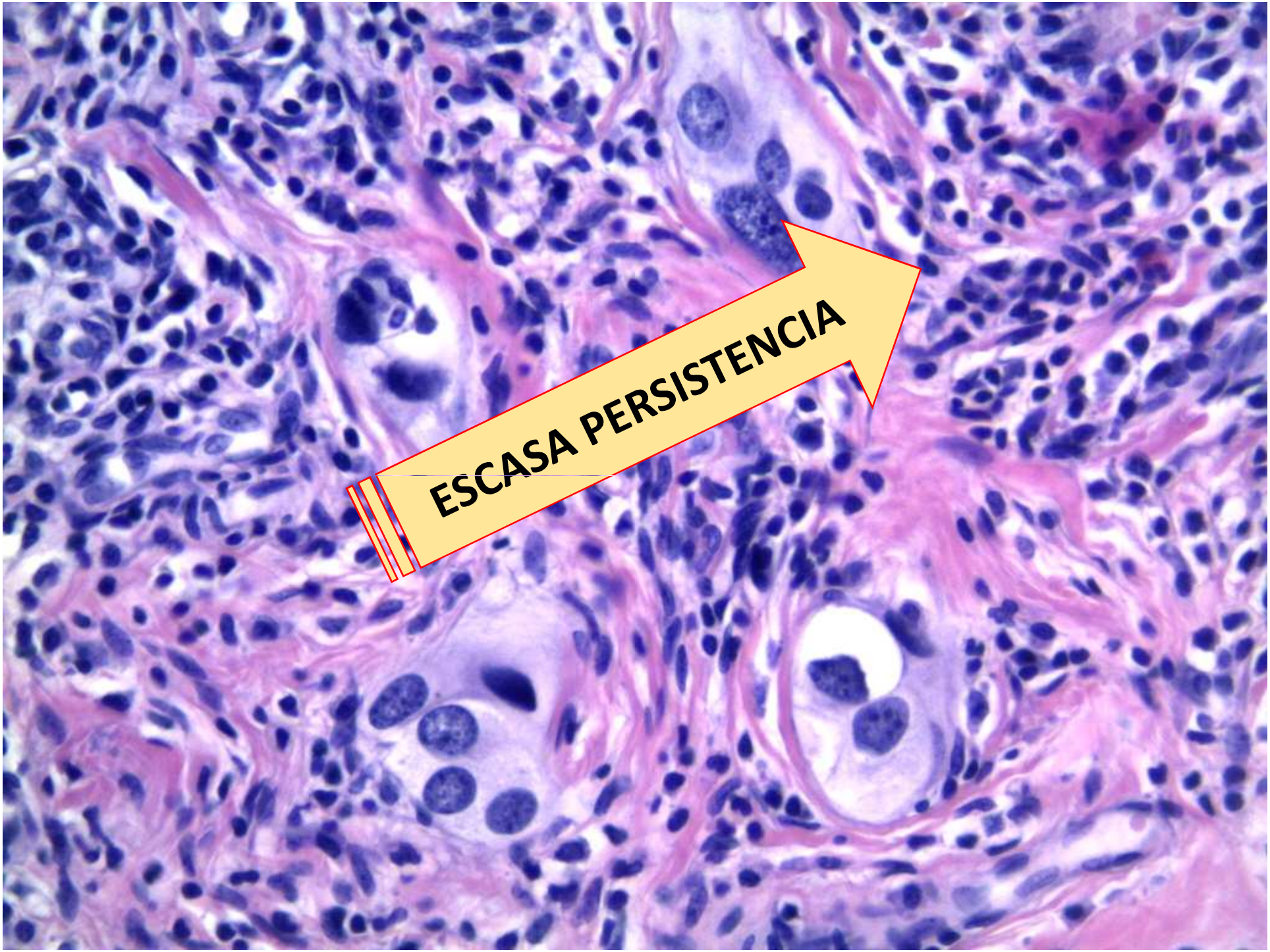
EVALUACION POSTQUIMIOTERAPIA

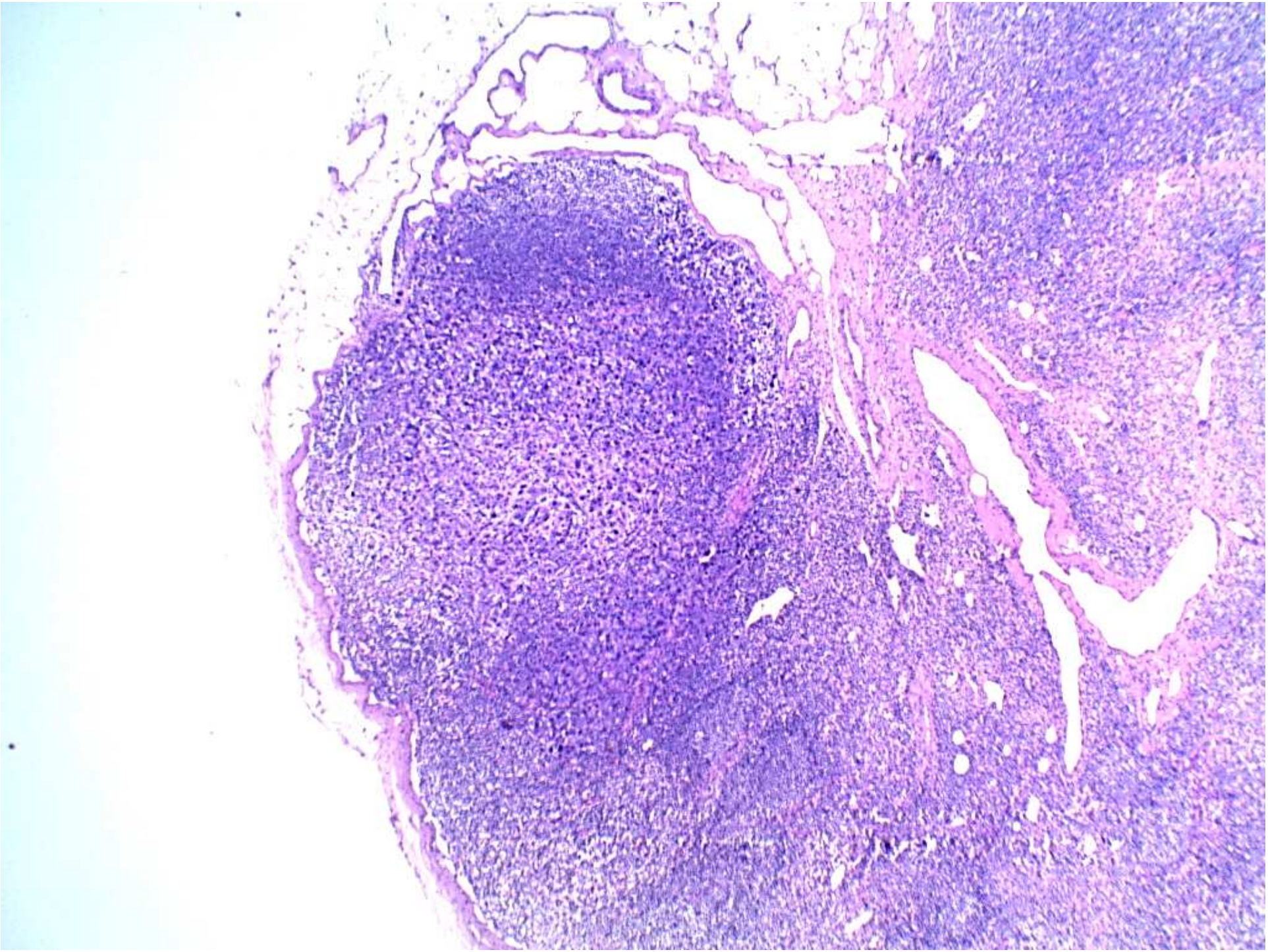


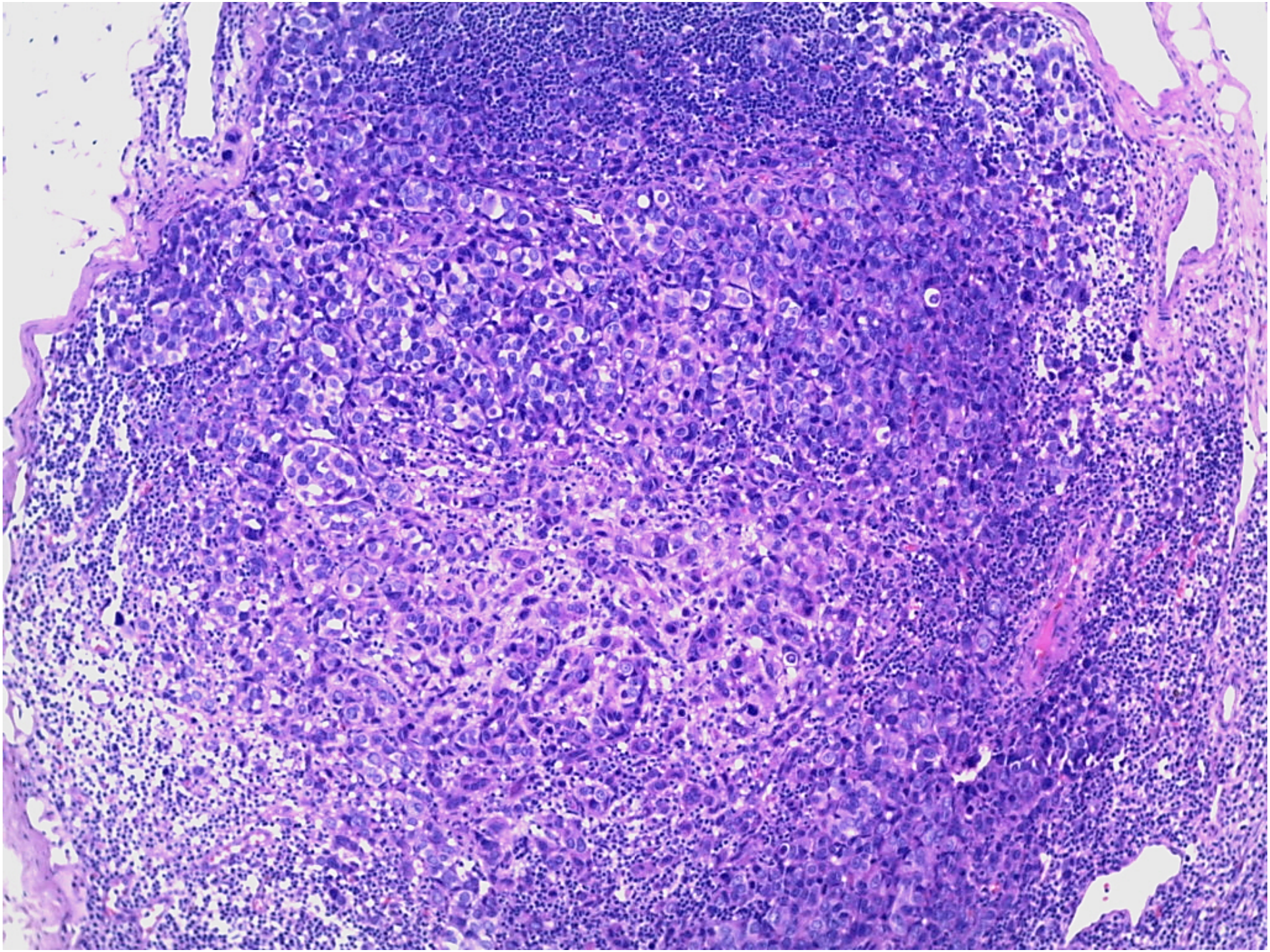


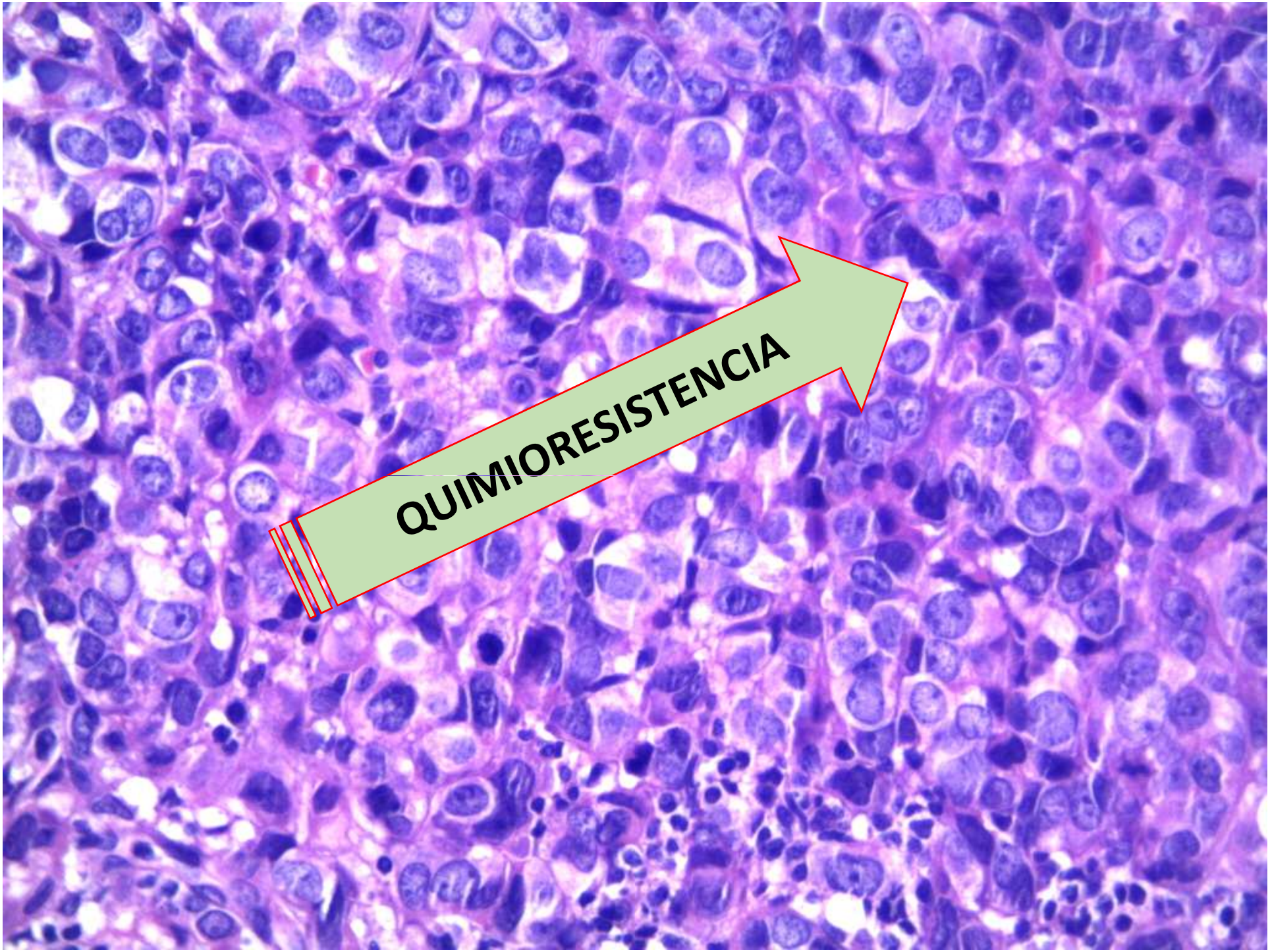

AUSENCIA DE MMTT – TRATO RECIENTE




ESCASA PERSISTENCIA






QUIMIORESISTENCIA

Nodes after neoadjuvant therapy: The response of metastatic carcinoma in lymph nodes after treatment is an important prognostic factor. In addition to the information described above, evidence of treatment response (eg, small tumor deposits within an area of fibrosis) should also be reported (see Note K).

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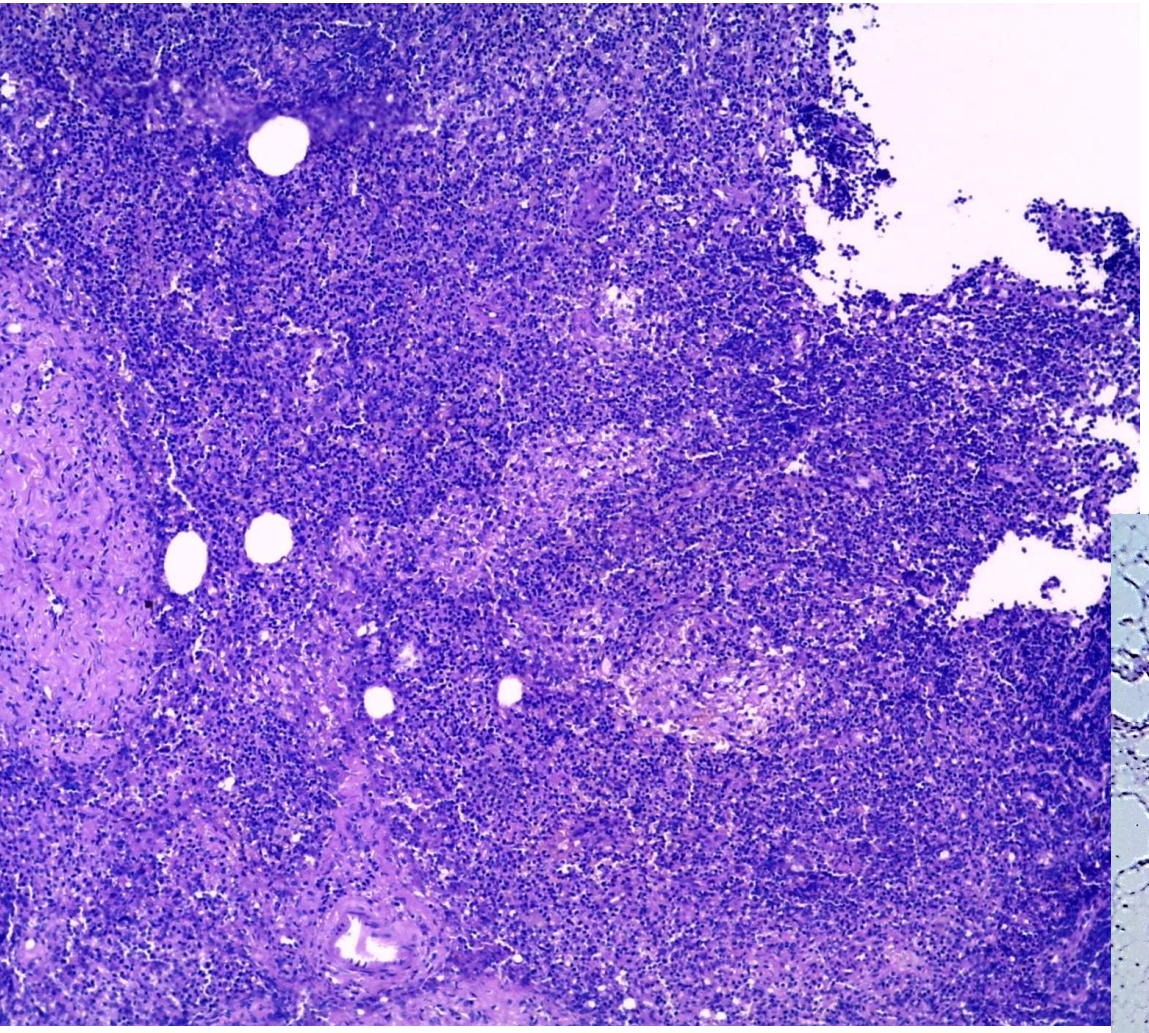
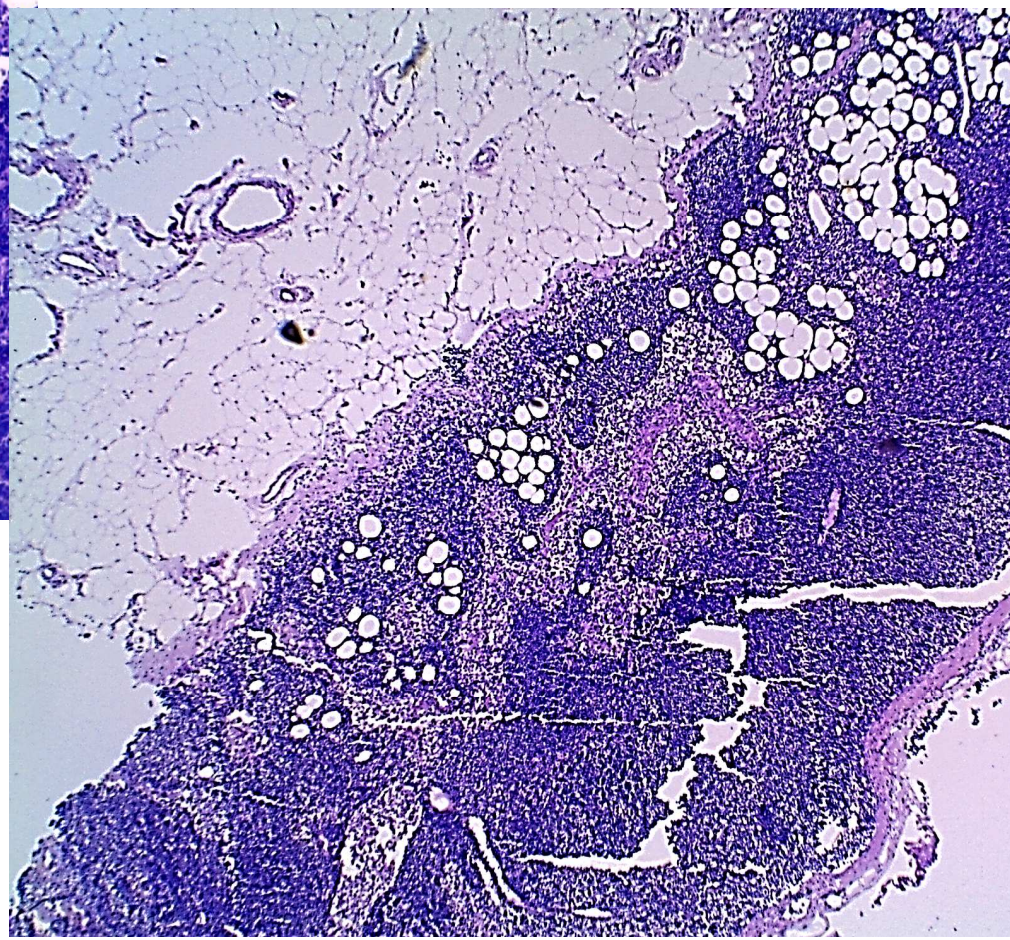
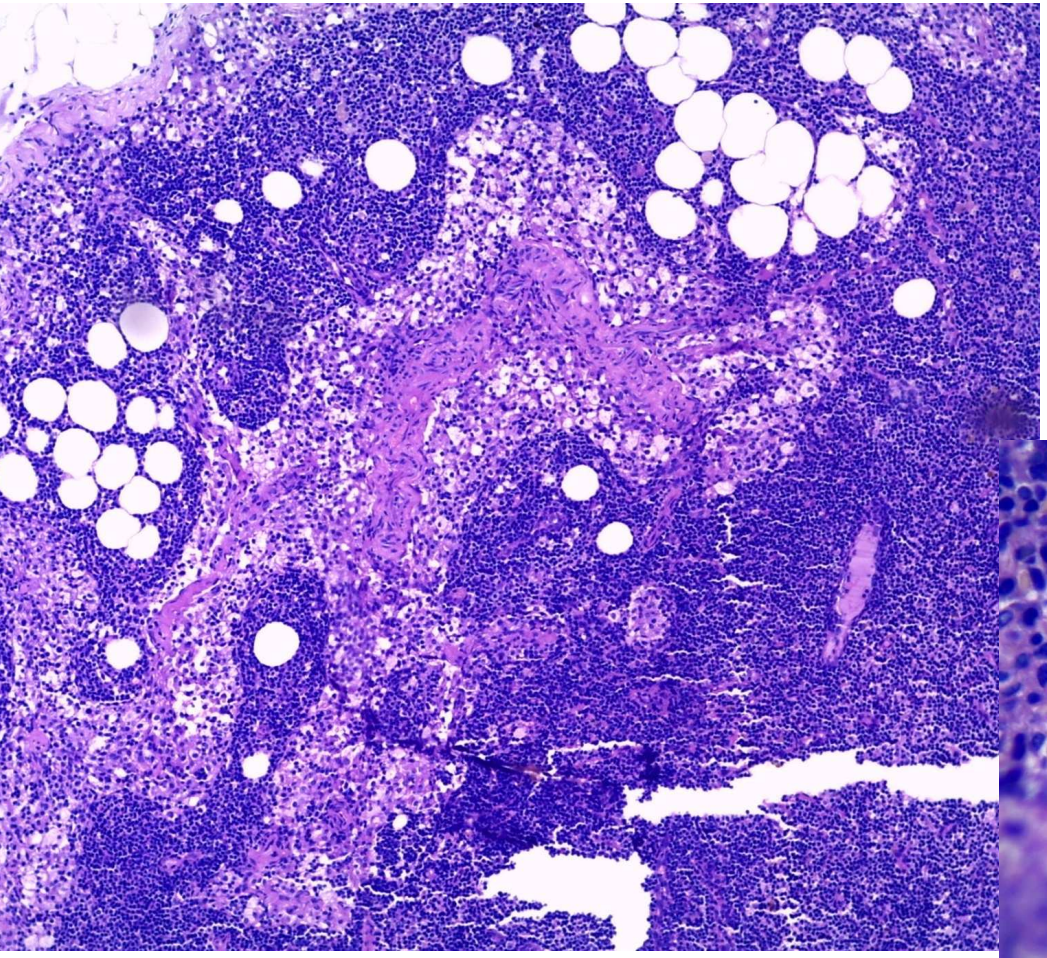
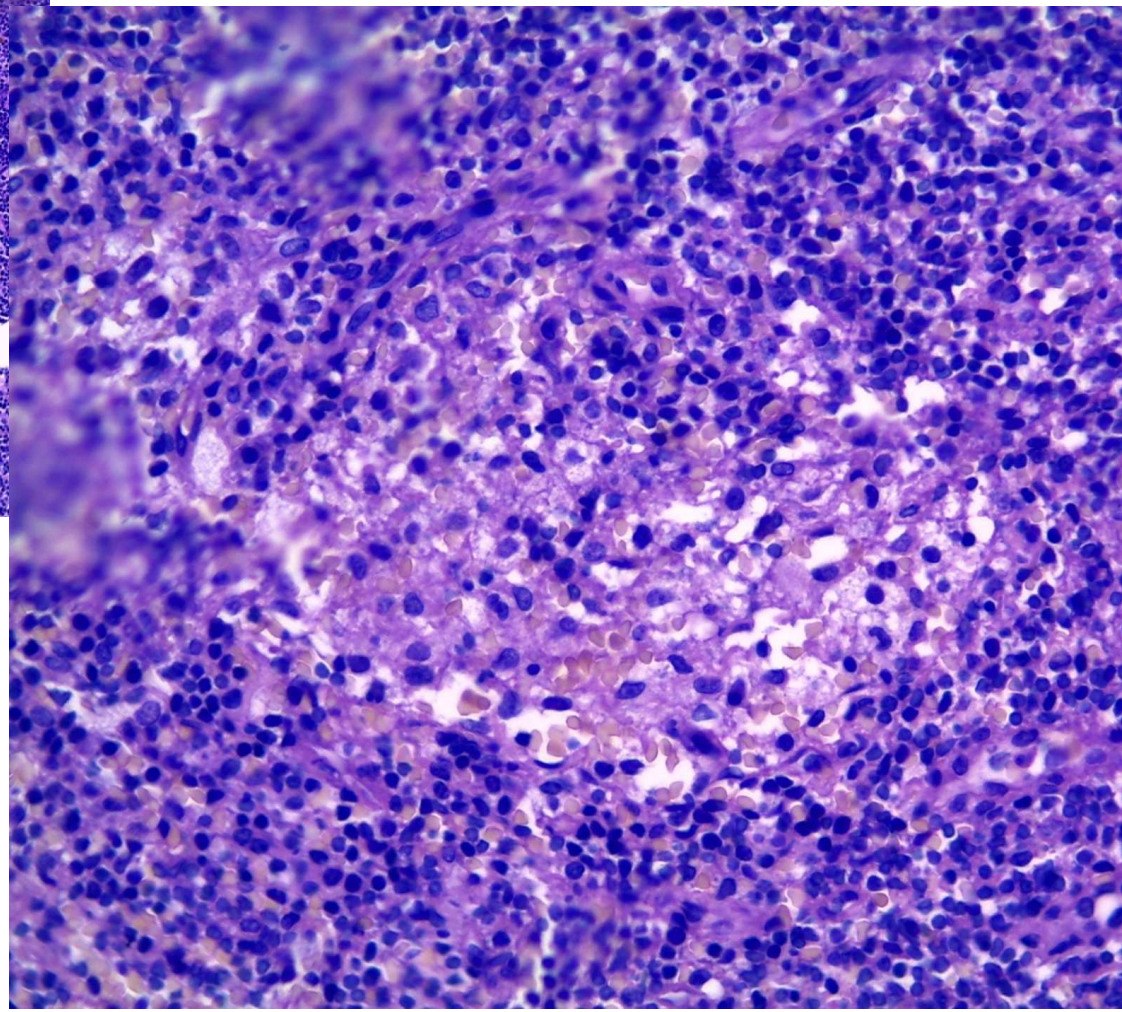
DIFICULTADES ESTUDIO G.C.

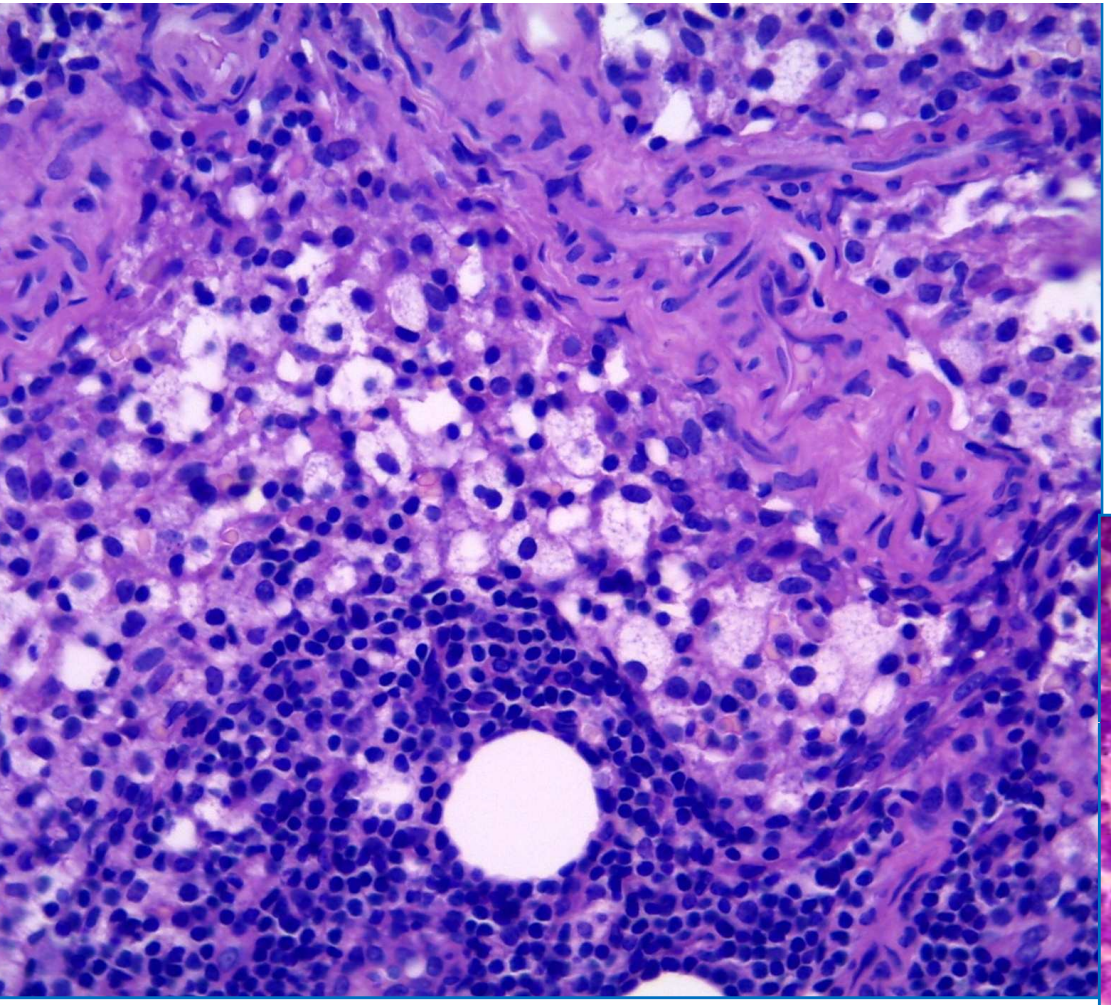
- **CAMBIOS REACTIVOS EN LOS GANGLIOS (POSTPUNCION, CIRUGIA PREVIA)**
- **NEOADYUVANCIA**

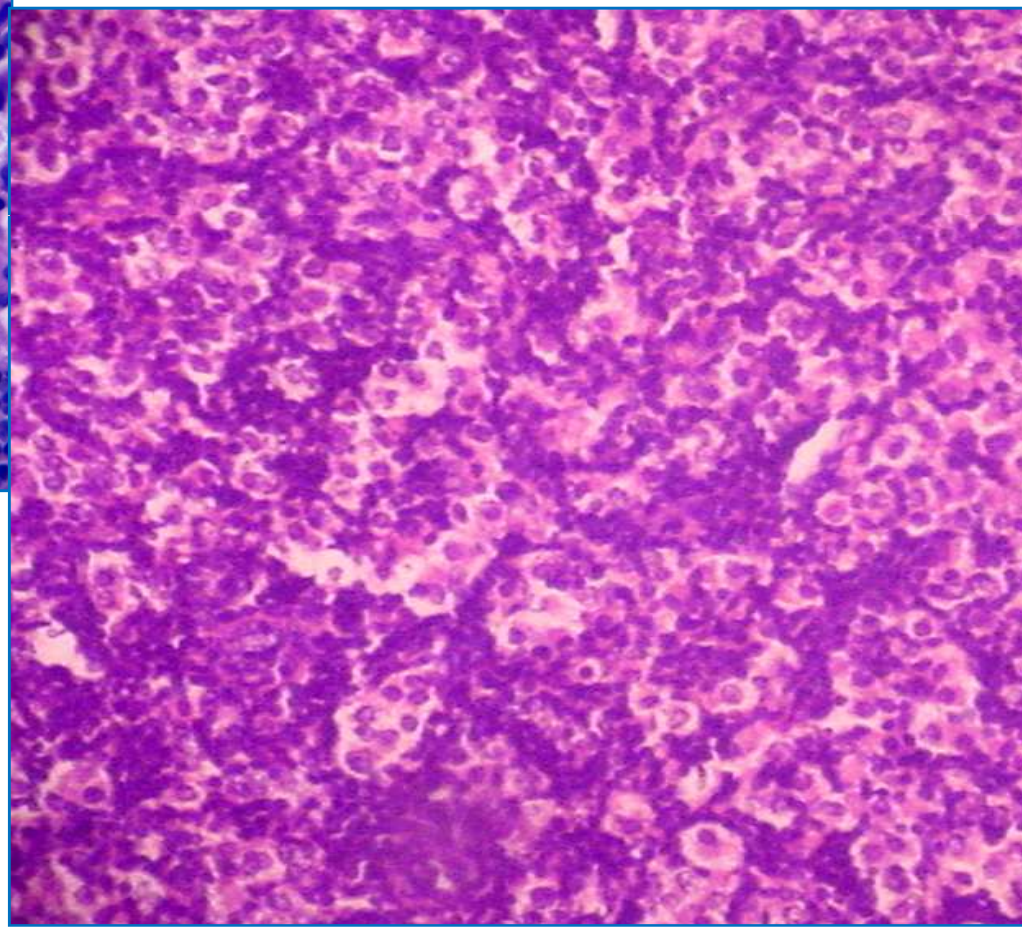


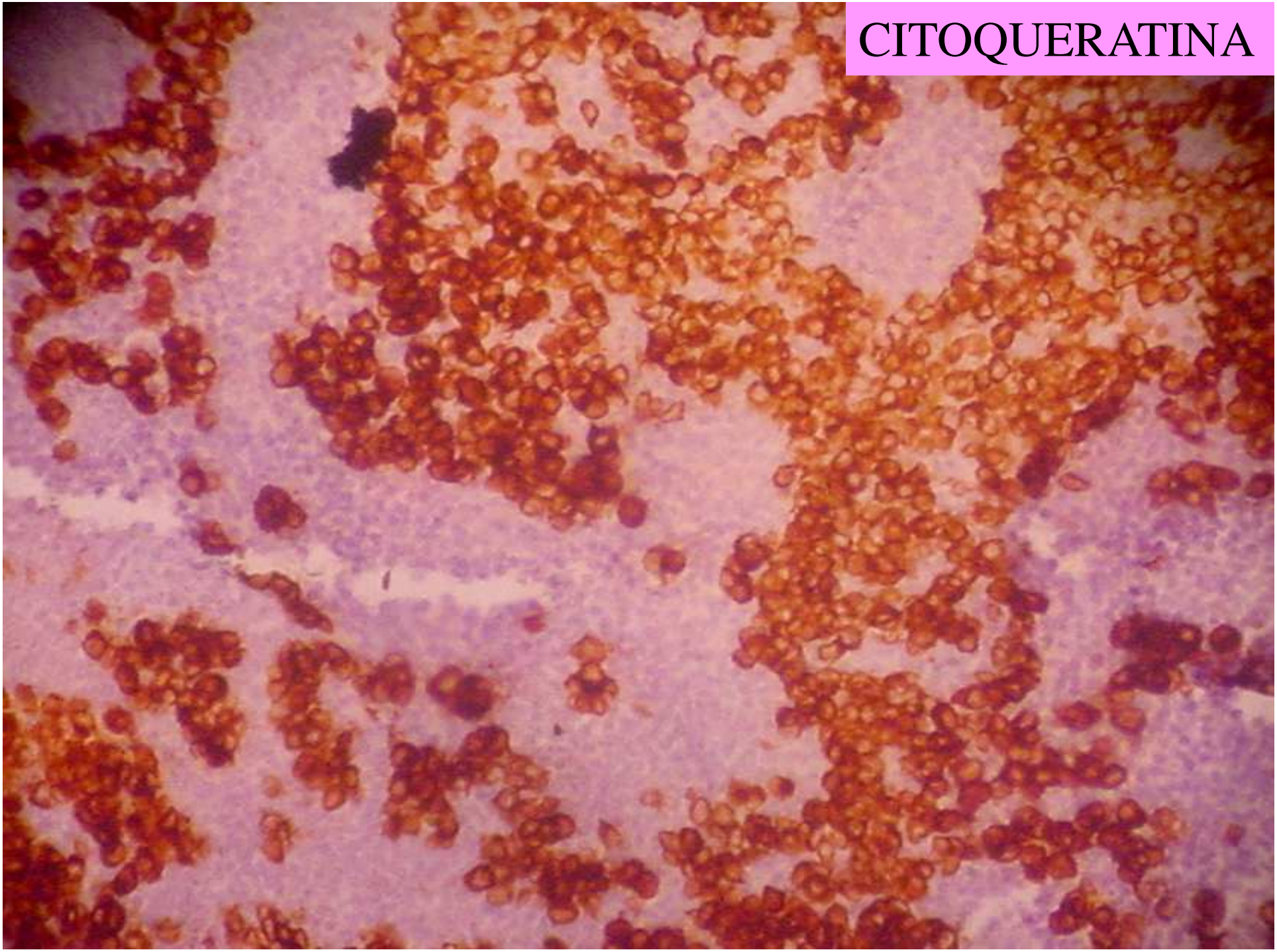




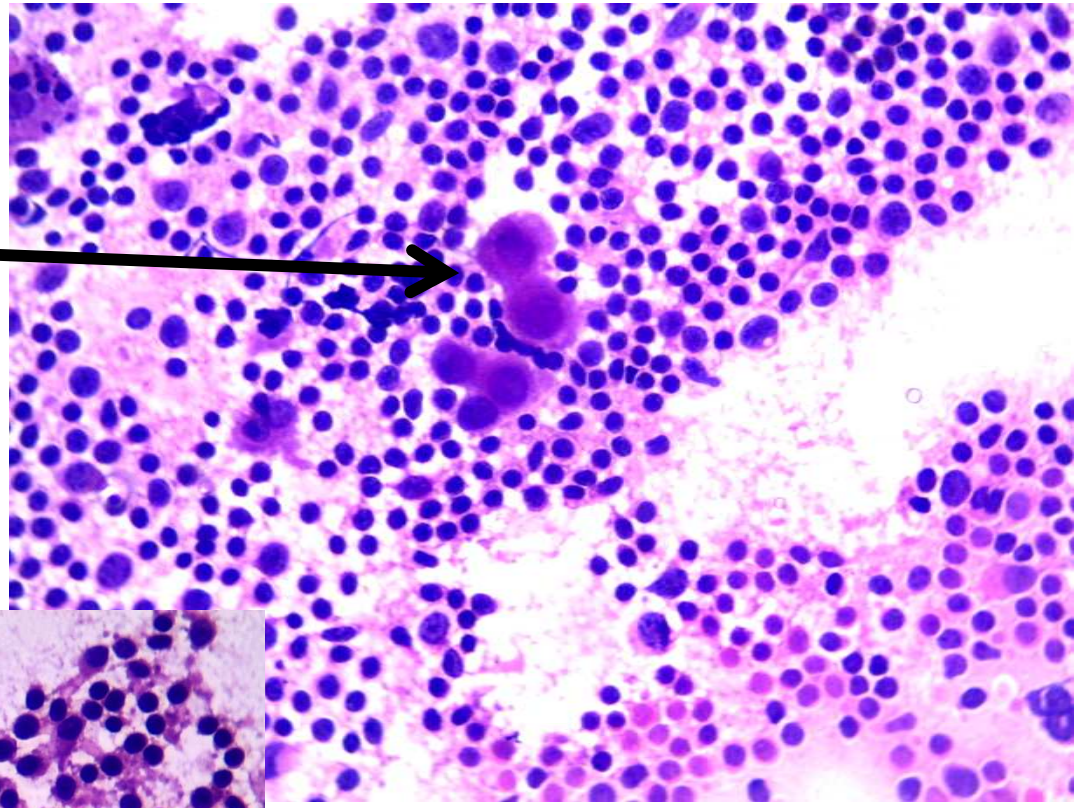


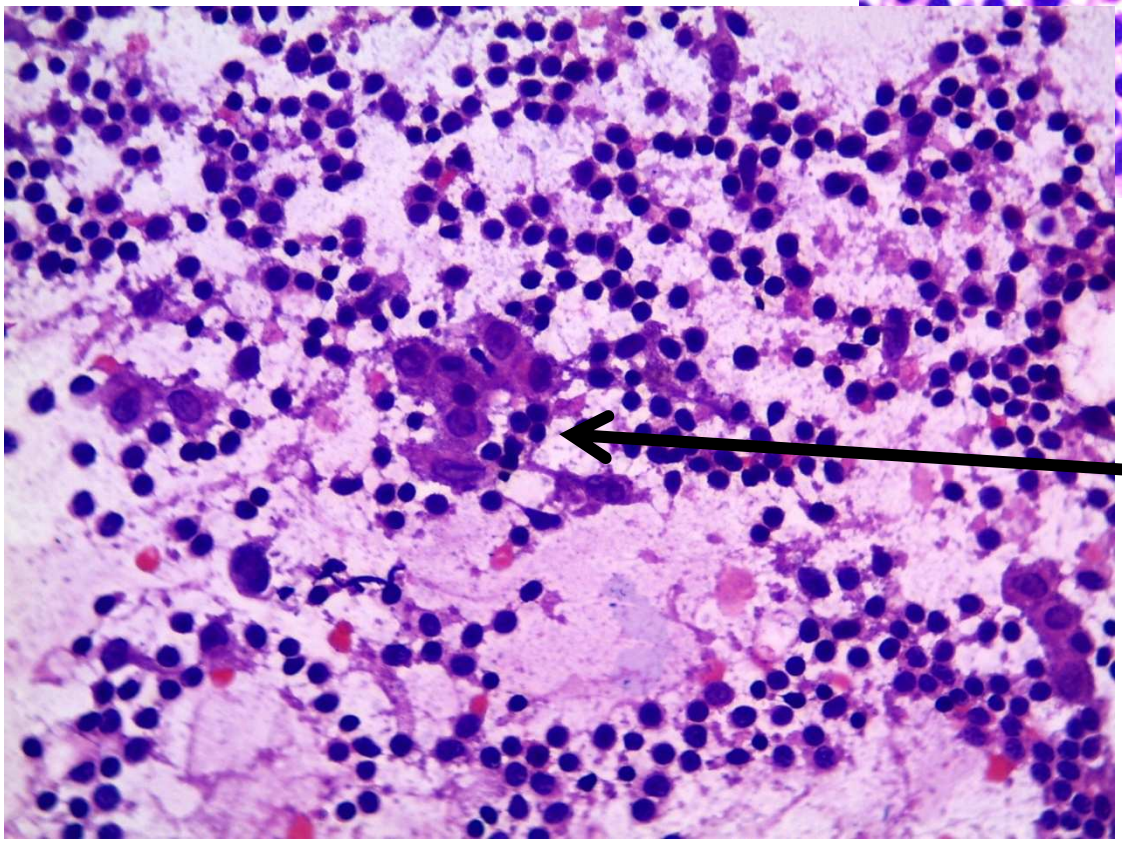




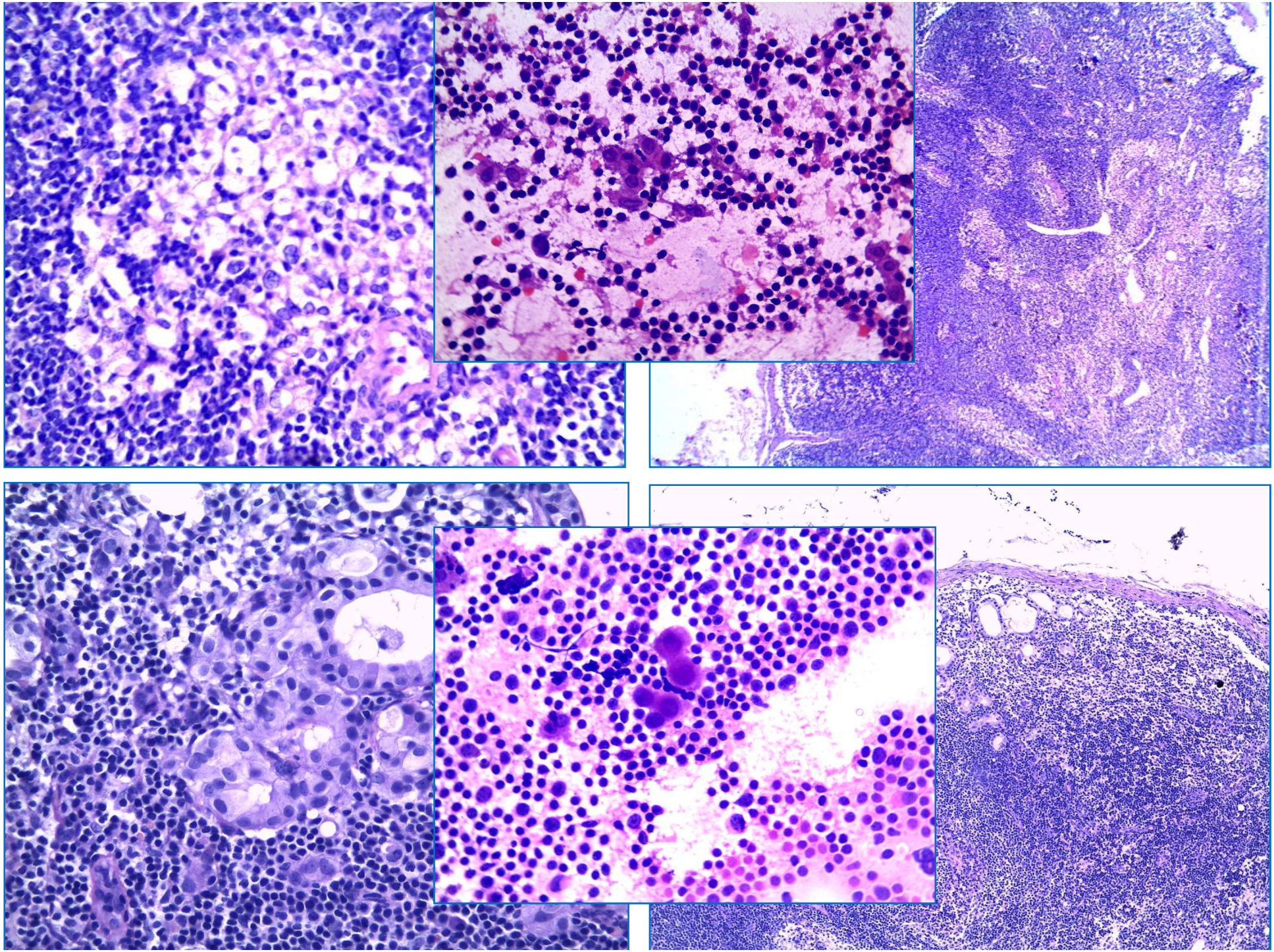

CITOQUERATINA

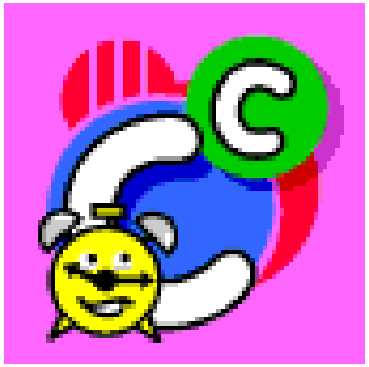
CELULAS NEOPLASICAS





HISTIOCITOS

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