# Congreso sobre Avances Integrados en Oncología, Radiocirugía y Física Médica:

## Innovación y Precisión en el tratamiento del cáncer

ORGANIZADO POR:
FUNDACION MARIE CURIE
Córdoba - Argentina

### Soledad Del Castillo - Luis Martínez

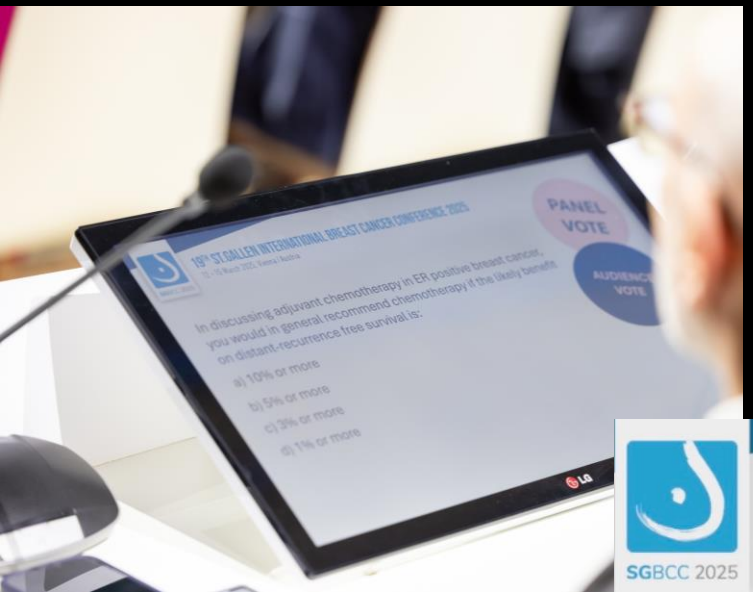
**Controversias del Consenso de Saint Gallen:**
**Discusión a partir de un caso clínico**

**Panel de discusión:**
Mario De Romedi
Agustín Esteban
Luis Reñe
Pamela Roque

**Moderador:**
Néstor Garello

**Co-Moderador:**
Patricia Murina



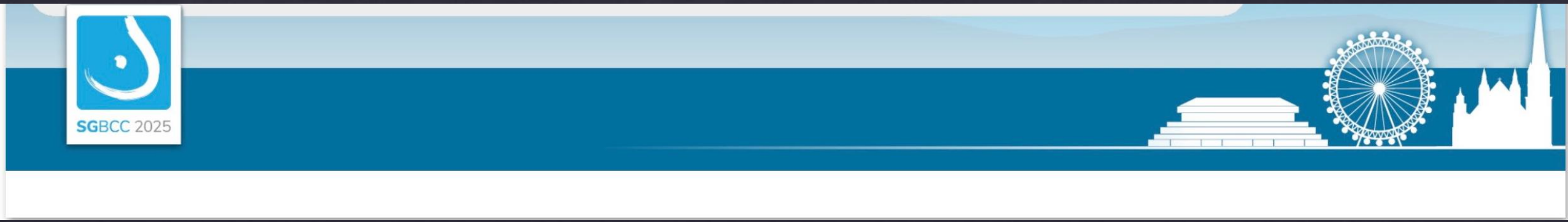



SGBCC 2025

# 19TH ST.GALLEN INTERNATIONAL BREAST CANCER CONFERENCE 2025

12 – 15 March 2025, Vienna / Austria


- Síndrome de cáncer de mama hereditario
- Carcinoma in situ
- Cirugía mamaria
- Cirugía axilar
- Radioterapia
- Tratamiento sistémico: cáncer triple negativo
- Tratamiento sistémico: cáncer HER 2 +
- Tratamiento sistémico: cáncer RE +
- Recurrencia locorregional
- Oligometástasis
- Seguimiento y supervivencia



https://www.sg-bcc.org/programme/consensus/

ARTICLE IN PRESS

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

SPECIAL ARTICLE

# Tailoring treatment to cancer risk and patient preference: the 2025 St Gallen International Breast Cancer Consensus Statement on individualizing therapy for patients with early breast cancer

**H. J. Burstein[1*†], G. Curigliano[2,3†], M. Gnant[4,5], S. Loibl[6], M. M. Regan[1], S. Loi[7], C. Denkert[8], P. Poortmans[9,10], D. Cameron[11], B. Thurlimann[12] & W. P. Weber[13], Panelists of the St. Gallen International Breast Cancer Consensus 2025**

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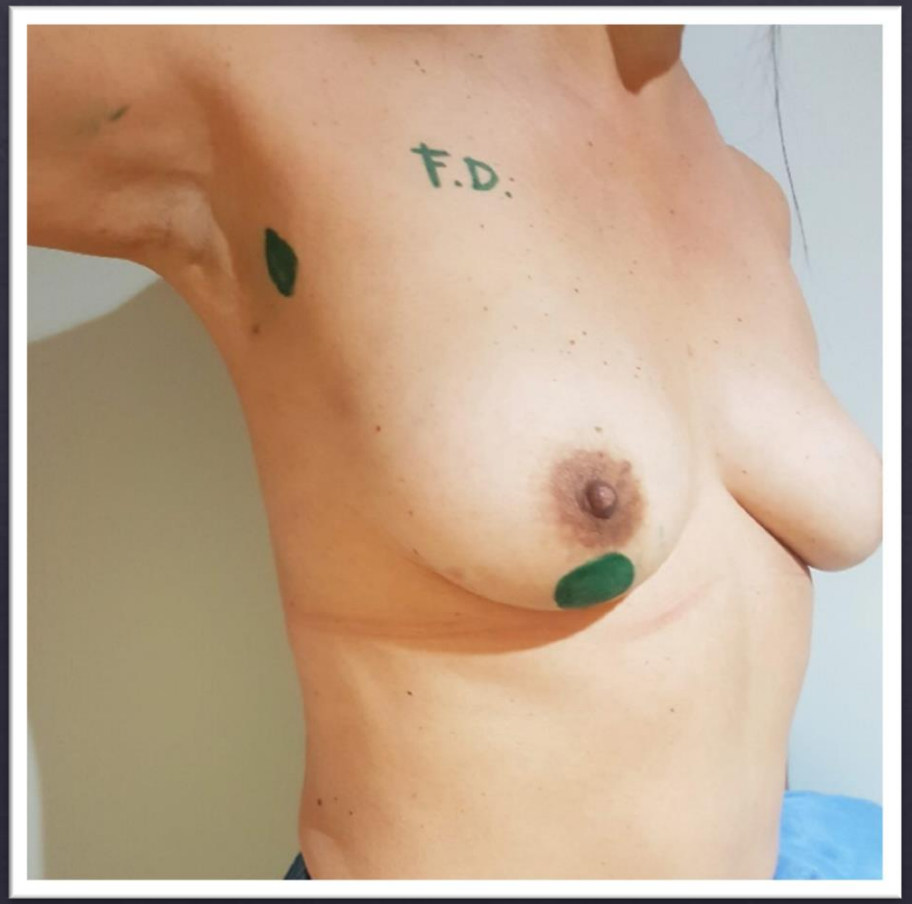
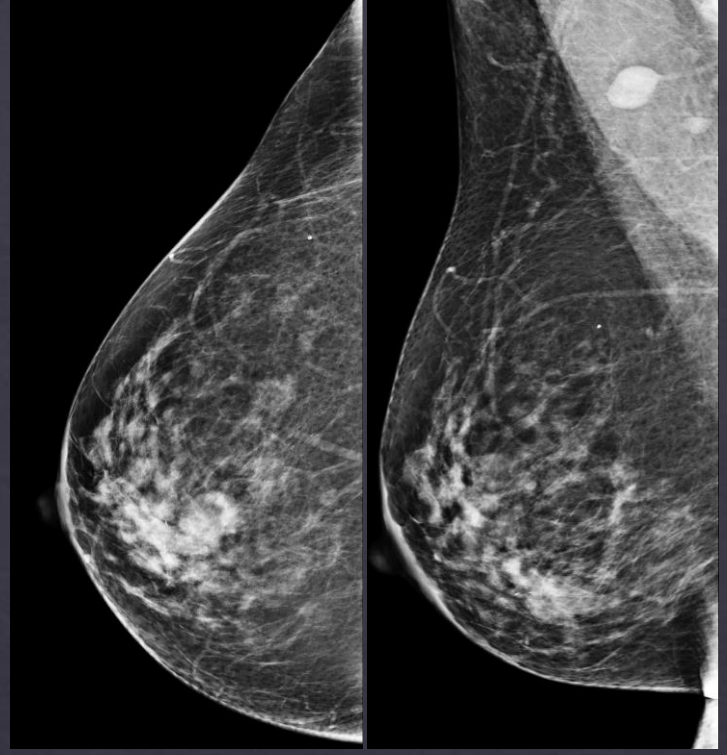
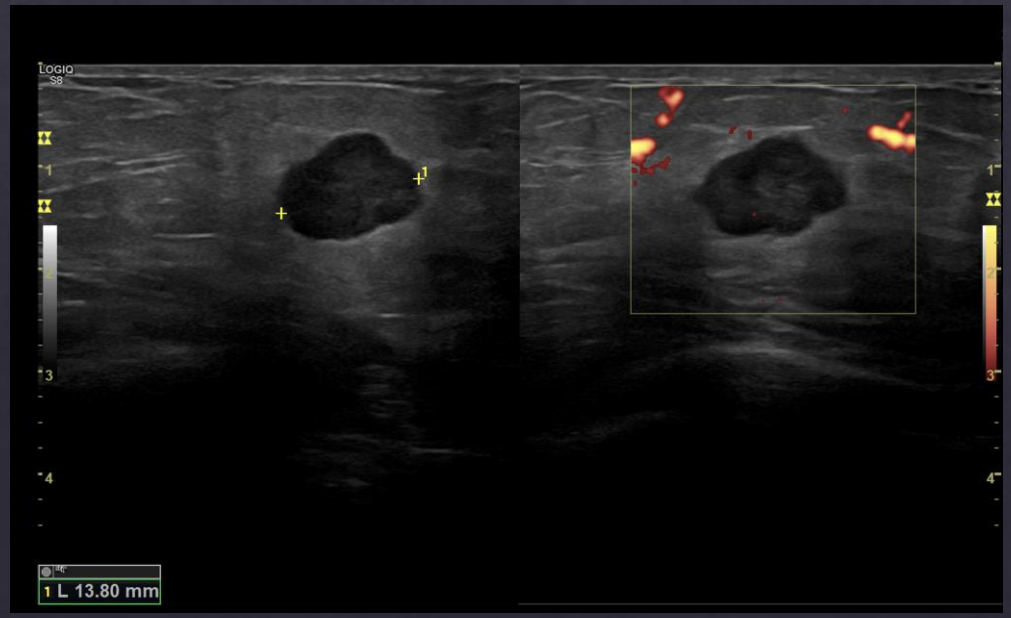
# Caso clínico

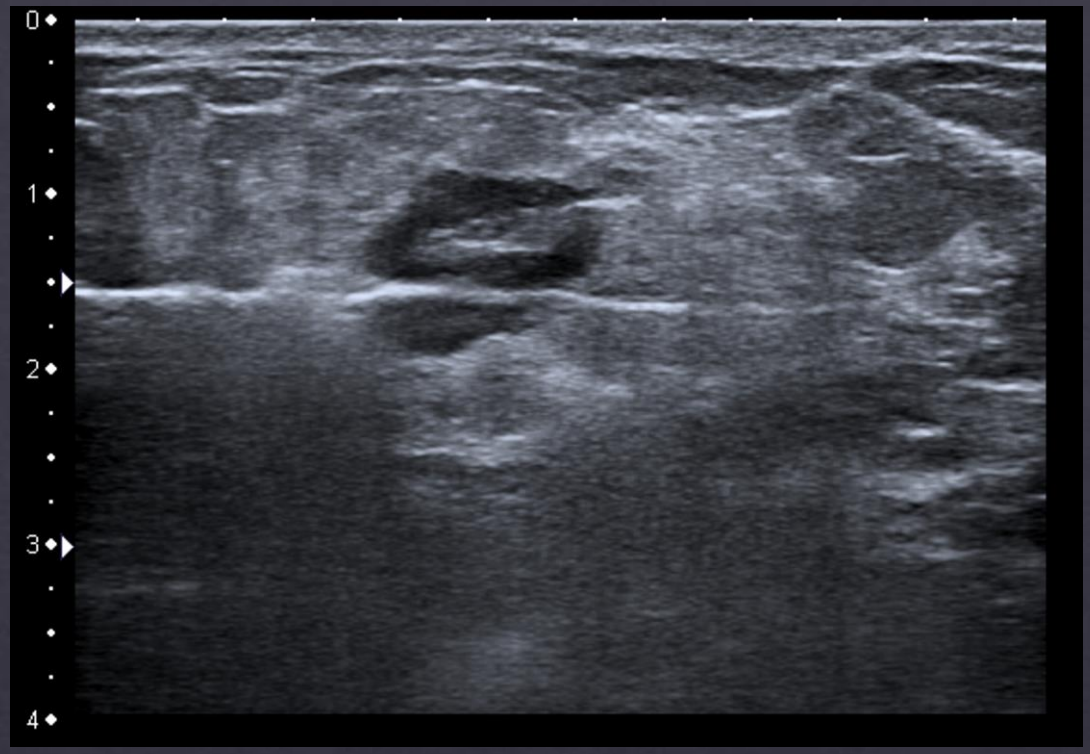
IMGO INSTITUTO MODELO GINECOLOGÍA & OBSTETRICIA

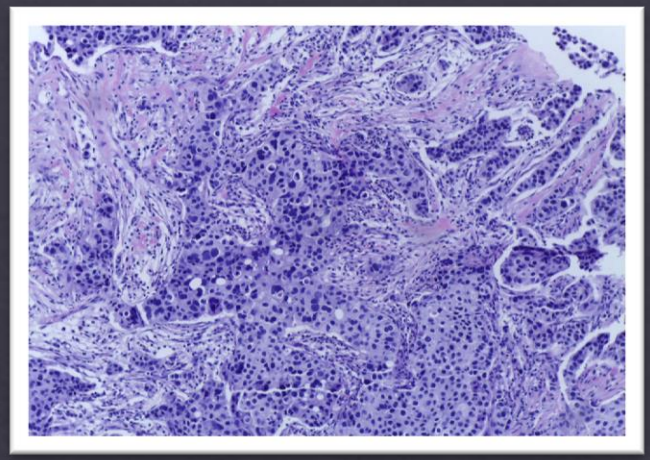
45 años premenopáusica
MC:  nódulo en mama derecha
AF (-) para cáncer de mama

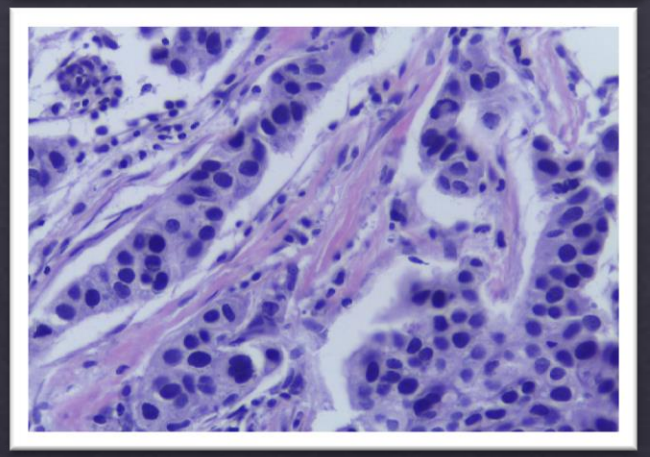


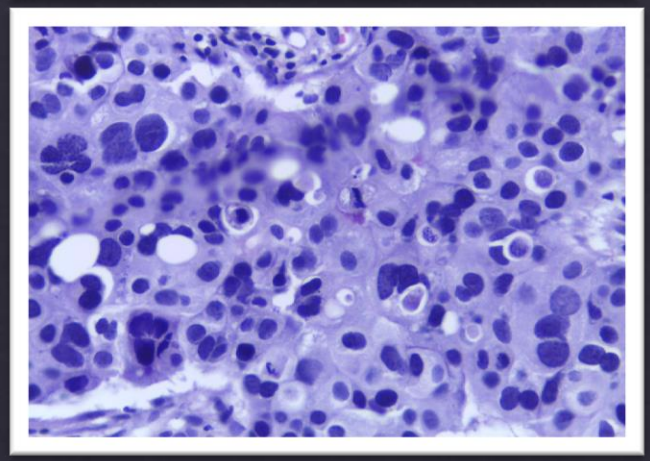











Punción bajo guía ecográfica de mama y axila derecha

CARCINOMA INVASOR POCO DIFERENCIADO
RICO EN LINFOCITOS (TILS 40%)

Metástasis axilar

IHQ: Triple negativo

Pac de 45 años.  Carcinoma invasor ductal poco diferenciado.
IHQ:  Triple negativo
cT1 cN1 M0

**Tratamiento sistémico neoadyuvante**

RNM previo al inicio de la QMT

Colocación de clip en el tumor mamario

Inyección de carbón activado periganglionar

Derivación a asesoramiento oncogenético

You are planning to treat a healthy patient with stage 2, node-positive TNBC using the TCb/AC/pembrolizumab regimen. For the chemotherapy portion, you would recommend which of the following:

Weekly paclitaxel with every 3 week carboplatin, then every 3 week AC

Weekly paclitaxel with weekly carboplatin, then every 3 week AC

Weekly paclitaxel with every 3 week carboplatin, then every 2 week AC

Weekly paclitaxel with weekly carboplatin, then every 2 week AC

Total votes: 60

Tratamiento indicado:

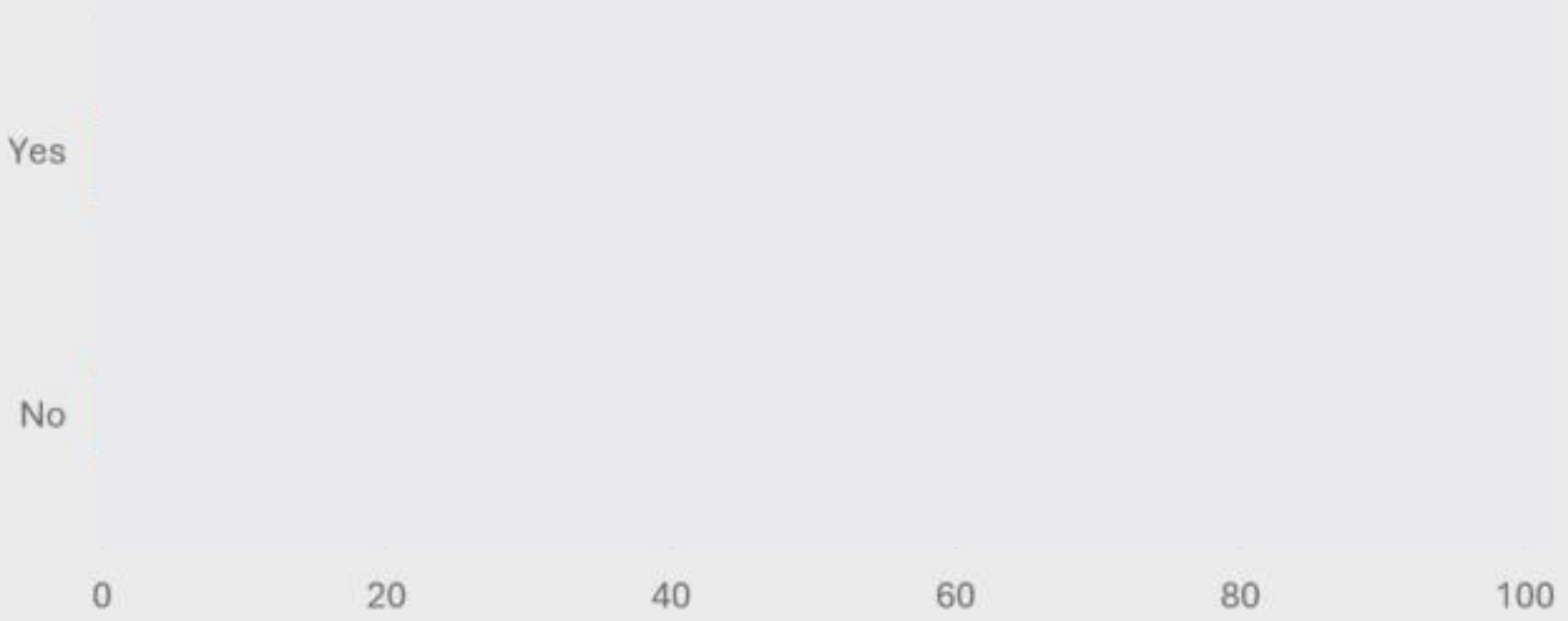
Paclitaxel semanal/carbopaltino c/21 (4 cursos) +
Pembrolizumab 200 mg c/21 días

AC + Pembrolizumab c/21 días x 4 cursos.

Derivación a asesoramiento oncogenético

* Panel genético realizado: negativo

While the likelihood of finding pathogenic variants is low, I would favor routinely recommending genetic testing to all patients with newly diagnosed breast cancer.



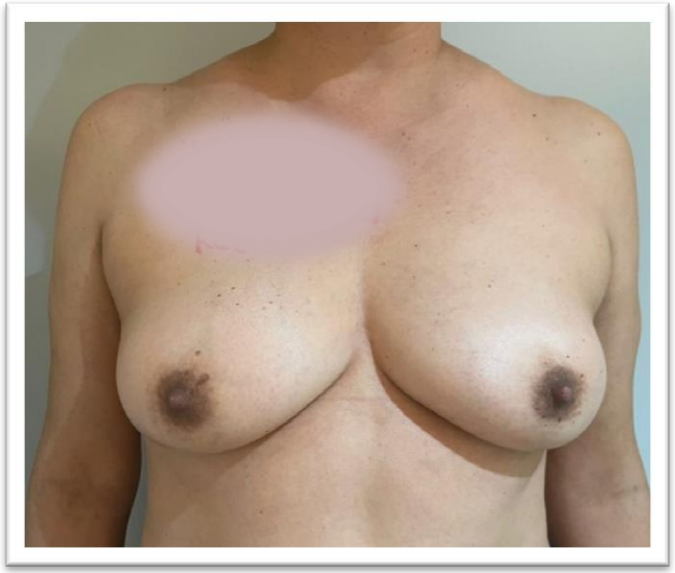

Total votes: 75

Genetic testing should be done for all patients age 50 or less with newly diagnosed, early-stage breast cancer.

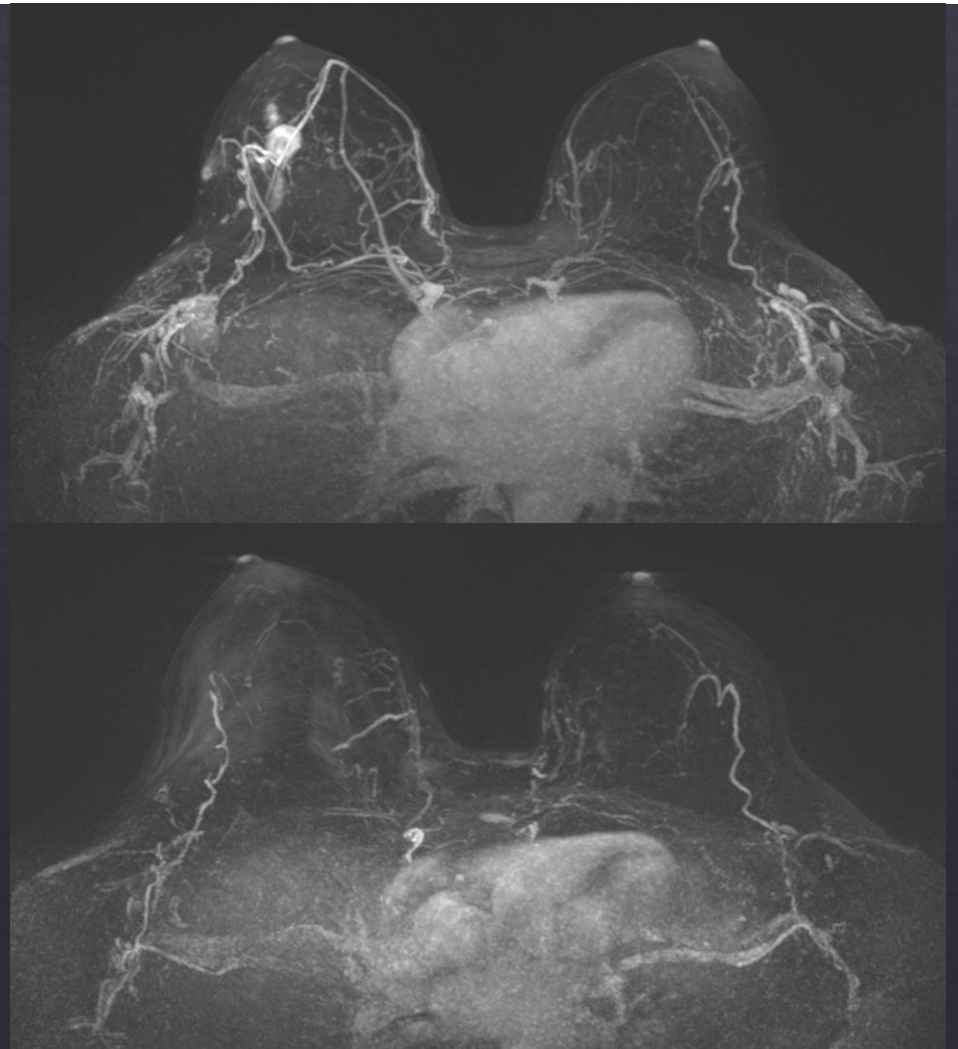

Total votes: 75

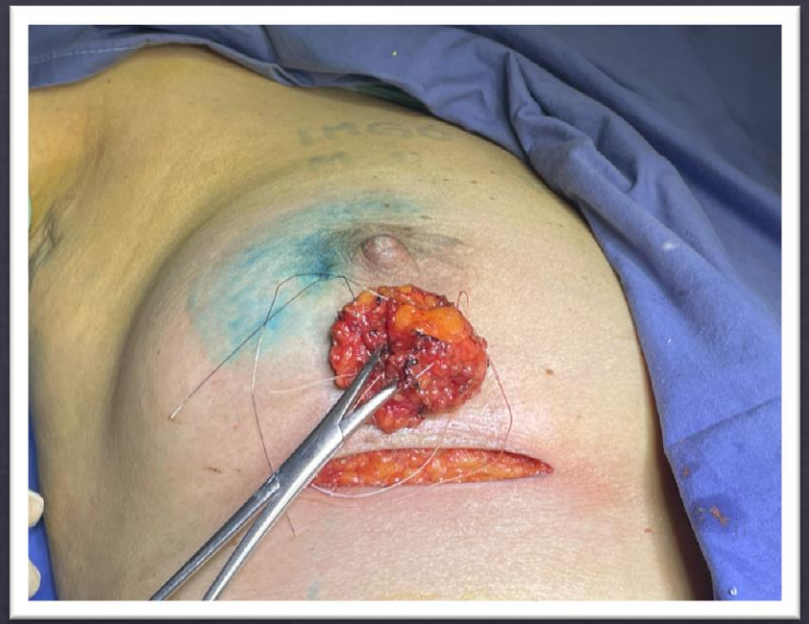
Valoración postneoadyuvancia

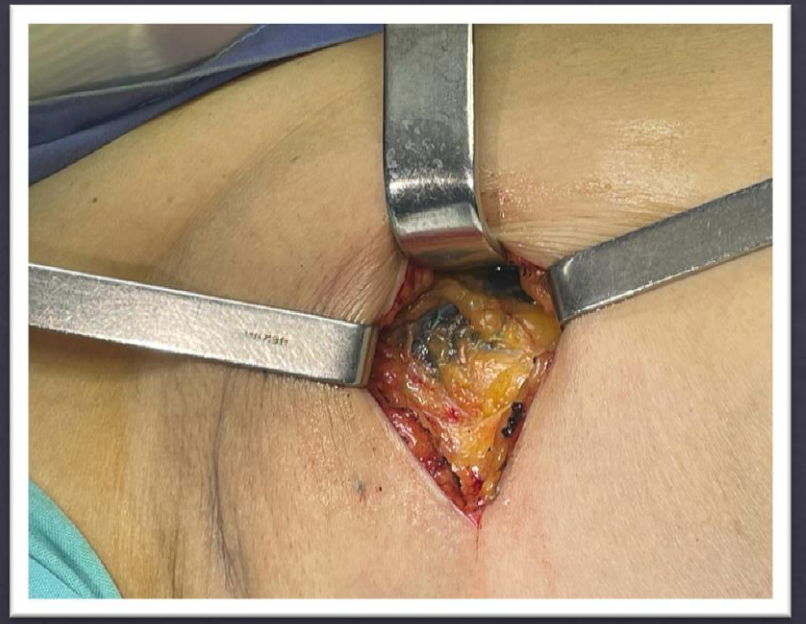
Respuesta clínica completa
a nivel mamario  y axilar

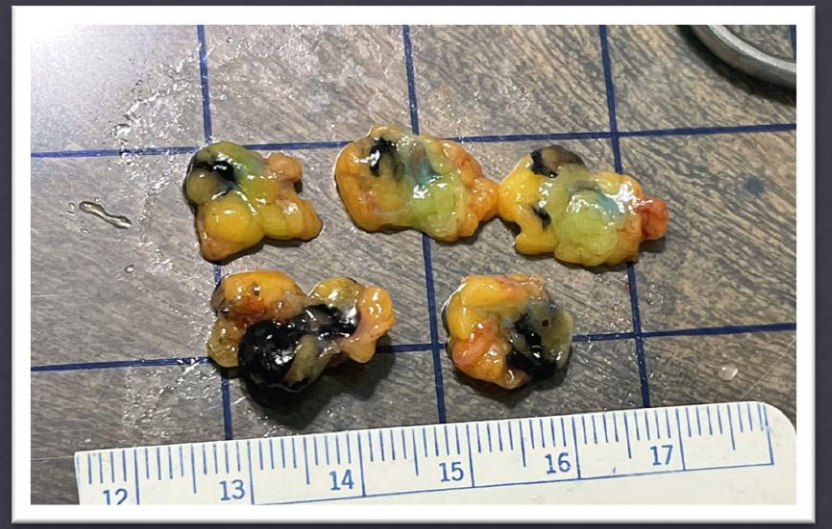


Respuesta imagenológica completa





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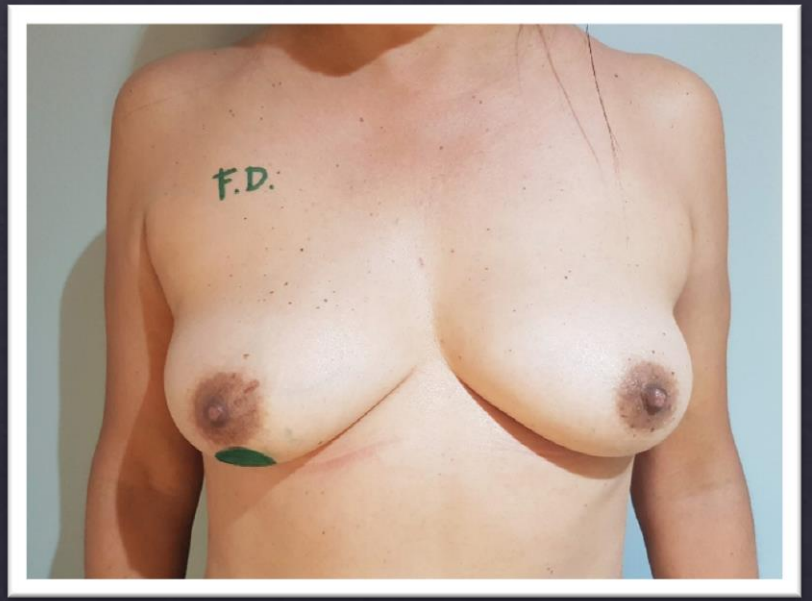
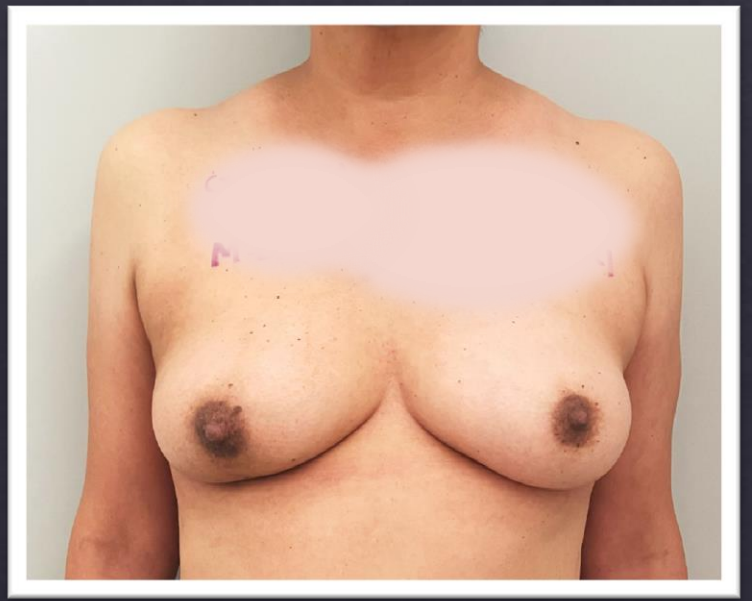

F.D.



DIAGNOSTICO PATOLÓGICO

A nivel de la mama: tej cicatrizal

A nivel axilar: micrometástasis axilar 1 mm (1/4 ganglios)

**RCB 1: Enf residual mínima**

Vaciamiento axilar?

Vaciamiento axilar + RT áreas ganglionares?

Radioterapia axila + RT áreas ganglionares?

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# 19TH ST.GALLEN INTERNATIONAL BREAST CANCER CONFERENCE 2025

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submitted by a delegate

A patient with breast cancer has received neoadjuvant chemotherapy with clinical response, and at the time of sentinel lymph node surgery. She will receive radiation therapy to the breast. What additional axillary therapy would you recommend?

| | Number of affected sentinel lymph nodes | Micrometastatic residual disease |
|---|---|---|
| | | 1 of 4 SLN |
| triple negative | None | |
| | ALND | |
| | nodal irradiation | |
| | ALND+nodal irradiation | |

# 19TH ST.GALLEN INTERNATIONAL BREAST CANCER CONFERENCE 2025

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A patient with ER- breast cancer has received neoadjuvant chemotherapy with clinical response, and at the time of sentinel lymph node surgery had macrometastatic residual disease in one of the sentinel lymph nodes. She will receive radiation therapy to the breast. What additional axillary therapy would you recommend for ypN1 disease (3 mm) in 1 of 4 sentinel lymph nodes?

a. No further axillary management

b. ALND

c. Nodal radiation

d. ALND and nodal irradiation

Total Votes : 65

Harold J. Burstein
USA

**Table 1. Recommendations for axillary therapy for residual disease after neoadjuvant chemotherapy**

| Tumor subset | SLN tumor burden after neoadjuvant chemotherapy | | |
|---|---|---|---|
| | ITCs | 1 of 4 micrometastases | 1 of 4 macrometastases |
| ER-positive, HER2-negative | **No VAx** Control o RT | **NO VAx**, control o RT | Nodal RT (preferred) or axillary dissection |
| Triple-negative | | Nodal RT or axillary dissection or both | **VAx + RT** |
| HER2-positive | | Nodal RT or axillary dissection or both | Nodal RT (preferred) or axillary dissection |

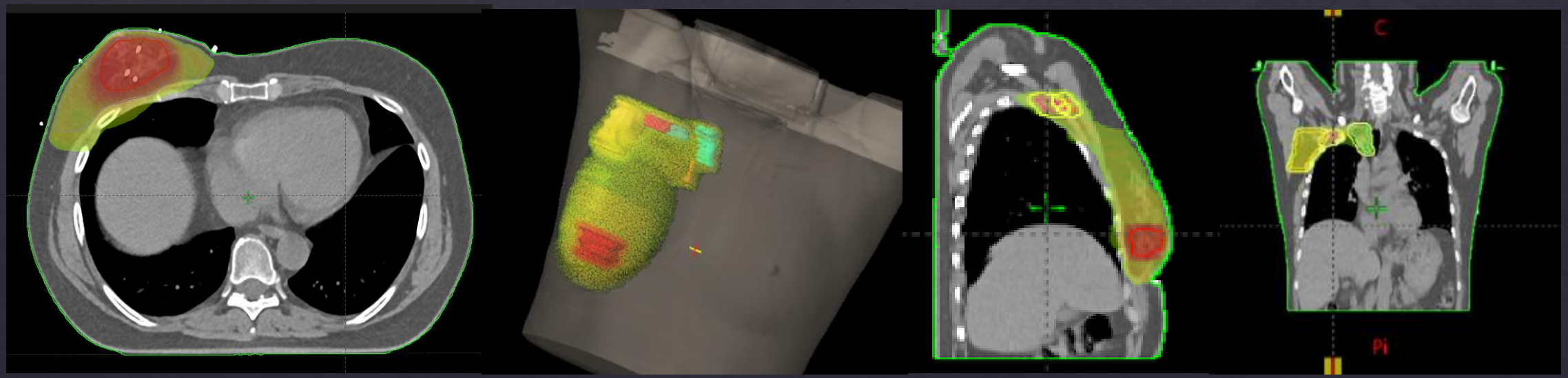
ER, estrogen receptor; ITC, isolated tumor cell; RT, radiation therapy; SLN, sentinel lymph node.

DIAGNOSTICO PATOLÓGICO

A nivel de la mama: tej cicatrizal
A nivel axilar: micrometástasis axilar 1 mm (1/4 ganglios)

**RCB 1: Enf residual mínima**

| Volúmenes | 16 fracciones | | |
|---|---|---|---|
| | DD Gy | DT Gy | EQD2Gy $a/b_3$* |
| Lecho tumoral (SIB)* | 3.25 | 52 | 65 |
| Volumen mamario proximal** | 2.7 | 43.2 | 49.2 |
| Volumen mamario distal*** | 2.5 | 40 | 44 |
| Regiones ganglionares (Supra, Sub, Axila y CMI) | 2.7 | 43.2 | 49.2 |



Ante esta enfermedad residual,

¿ Qué tratamiento sistémico indiciaría ?

submitted by a delegate


Harold J. Burstein
USA

You are treating a patient with stage 2 TNBC. She received neoadjuvant TCb/AC/pembrolizumab (ala KN522) with a good clinical response, but was found at surgery to have residual disease constituting less than 1 cm tumor in the breast with negative lymph nodes. You would recommend which of the following in adjuvant therapy?

Ongoing pembrolizumab

Ongoing pembrolizumab and capecitabine

Capecitabine alone

Total votes: 66

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## Otros escenarios…. De enfermedad triple negativa

A patient has undergone surgery for a 1.2 cm, grade 3, node-negative, triple negative breast cancer. The pathology report indicates a high percentage of TILs (> 50%). The appropriate adjuvant systemic therapy is:

50 years old

68 years old

- None
- Chemotherapy
- Combination immunotherapy with ipilimumab and nivolumab

69


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USA

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A 50 year old woman is discussing treatment options for a 3-4 cm, clinically node-negative breast cancer with grade 3 features. The tumor is ER low-positive (5%), PR < 1%, and HER2 negative by IHC. Repeat ER testing confirms the result. As neoadjuvant therapy, you would recommend:

a. AC/T

b. TC

c. Pembrolizumab with concurrent taxane then AC chemotherapy


# Cirugía  mamaria y  axilar

A 60 year old woman has been diagnosed with early stage breast cancer. A core biopsy shows grade 2 invasive ductal carcinoma. Axillary exam and axillary ultrasound are negative. Based on clinical exam and imaging, up to what size tumor would you be comfortable omitting sentinel lymph node surgery?


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USA

tumor is strongly ER+, PR+, HER2 negative

tumor is strongly ER+, PR+, HER2 positive

tumor is triple-negative

- 1.0 cm or less
- 1.5 cm
- 2.0 cm
- 2.5 cm
- 3.0 cm
- any cT1 or cT2 lesion
- Perform SLN surgery regardless of size

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For a postmenopausal woman in her 60s who has a T1c cancer with low risk features, and a negative axillary ultrasound. You would recommend which of the following?


# Radioterapia

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submitted by a delegate

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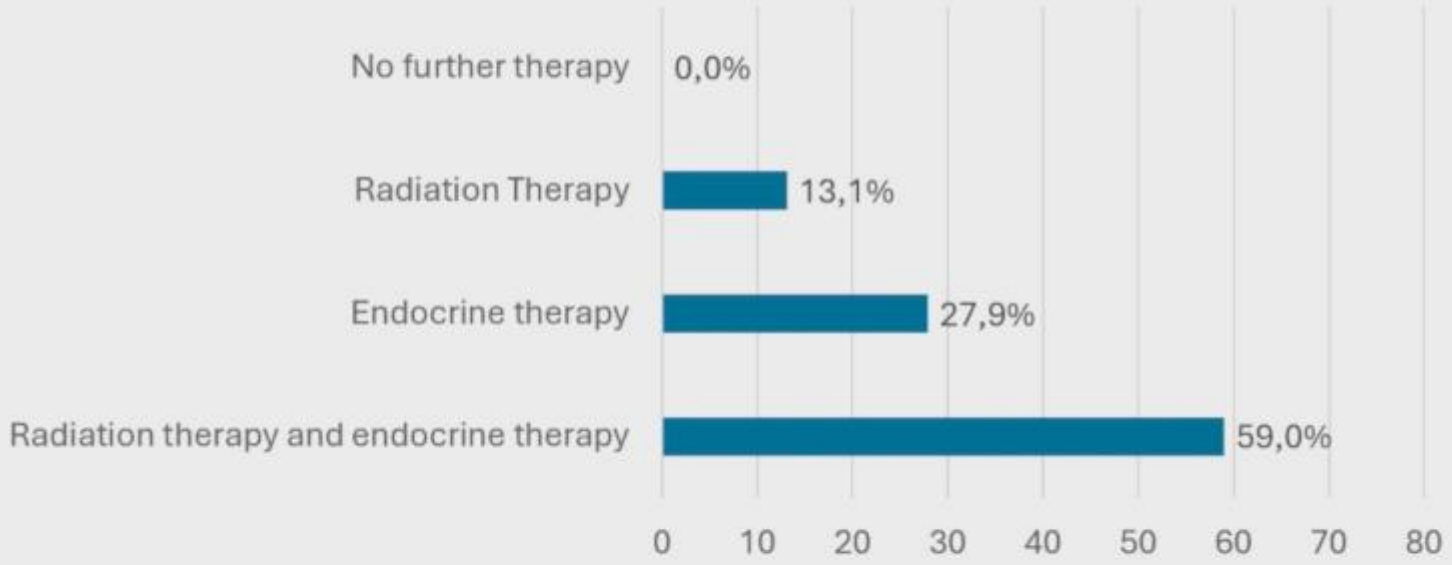
USA

A 70 year old woman has undergone breast conserving surgery for a 1.3 cm, grade 1-2 of 3, and strongly ER positive, PR positive breast cancer, and HER2 0 by IHC. You would recommend:




Total votes: 61

50

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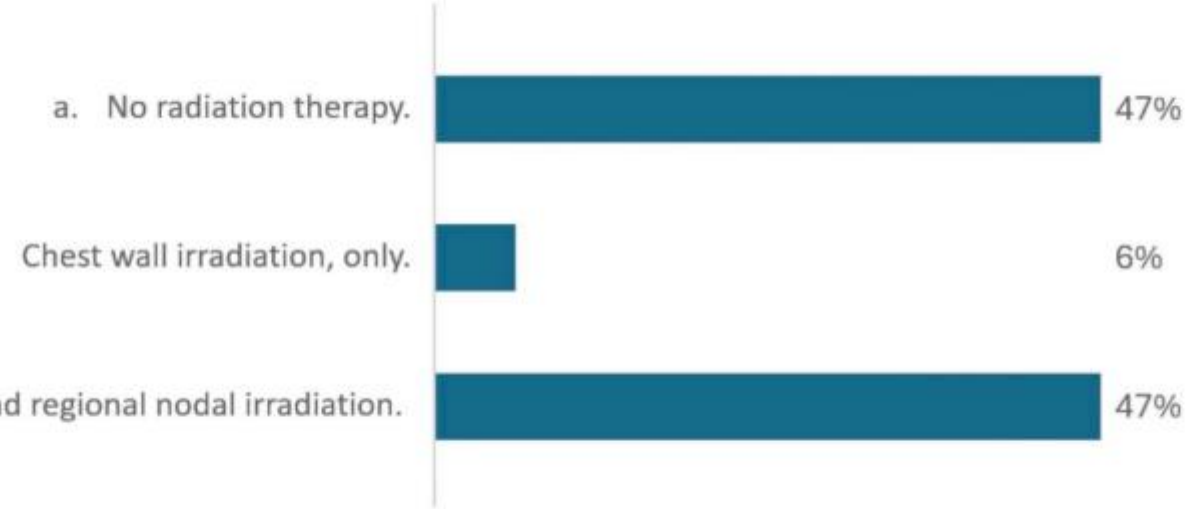
A 41 year old women has undergone mastectomy for a grade 2, ER positive, HER2 negative breast cancer. The tumor measures 1.6 cm, and 1 of 3 sentinel lymph nodes are positive and the genomic score is low to intermediate risk. In addition to systemic therapy, what radiation therapy would you recommend?




Total Votes : 53

Harold J. Burstein
USA

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 NOVEMBER 6, 2025 VOL. 393 NO. 18

## Ten-Year Survival after Postmastectomy Chest-Wall Irradiation in Breast Cancer

I.H. Kunkler,[1] N.S. Russell,[2] N. Anderson,[3] R. Sainsbury,[4] J.M. Dixon,[5] D. Cameron,[1] J. Loncaster,[6] M. Hatton,[7] H. Westenberg,[8*] J. Clarke,[9] H. McCarty,[9] R. Evans,[9] K. Geropantas,[10] V. Wolstenholme,[11] A. Alhasso,[12] P. Woodings,[13] L. Barraclough,[6] N. Bayman,[6] R. Welch,[14] F. Muturi,[15] T. McEleney,[15] J. Burns,[15] K. Riddle,[15] E. Macdonald,[15] J. Dunlop,[15] N. Sergenson,[16] G. van Tienhoven,[17] K.J. Taylor,[1] J.M.S. Bartlett,[1] T. Piper,[1] G. Velikova,[18] E. Aird,[19] B. Chua,[20] C. Hurkmans,[21] K. Venables,[19] L.J. Williams,[22] J.S. Thomas,[23] A.M. Hanby,[18] M. Maclennan,[24] S. Cleator,[25] E.T. Verghese,[18] Y. Li,[26] S. Wang,[26] and P. Canney,[12] for the SUPREMO Trial Investigators†


# Muchas gracias

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Would you recommend bilateral mastectomy in women with known BRCA2 mutation at age 65 or greater?

a. Yes

b. No

Total Vote

N1

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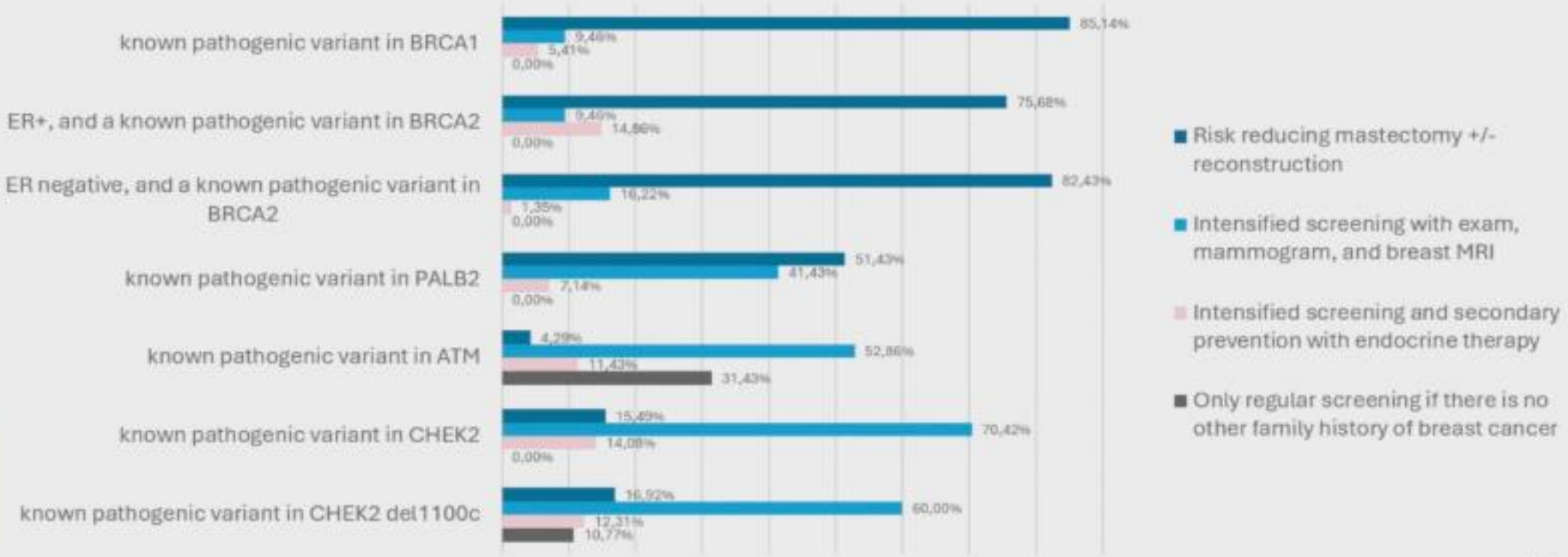
In discussing local therapy for a 45-year-old woman with newly diagnosed, stage 1 breast cancer, I would recommend the following for management of the contralateral breast:



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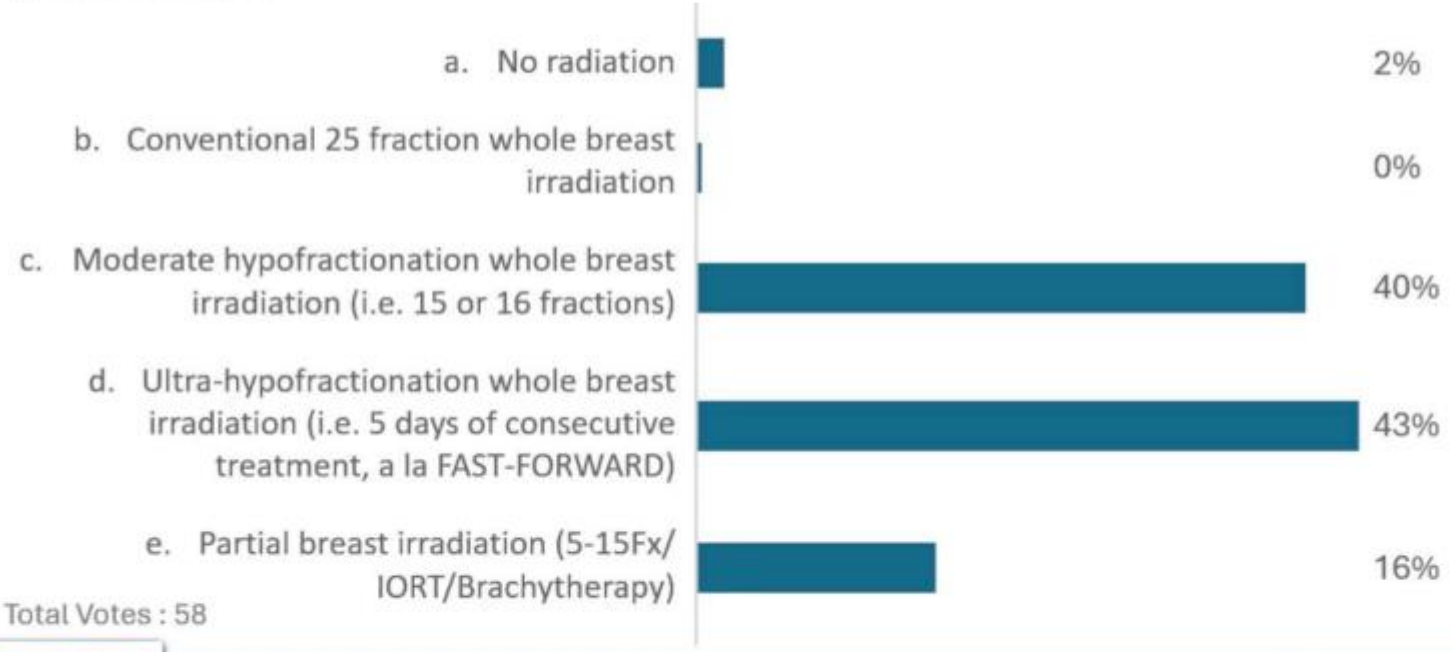
**Harold J. Burstein**
USA

A 52 year old postmenopausal woman has undergone BCS for a stage 1 breast cancer. The tumor is T1c, with negative sentinel lymph nodes, and was grade 1, ER positive > 95%, PR positive > 95%, and HER2 negative. She will receive adjuvant endocrine therapy. What radiation therapy schedule would you recommend?




Total Votes : 58

4.7

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# 19TH ST.GALLEN INTERNATIONAL BREAST CANCER CONFERENCE 2025

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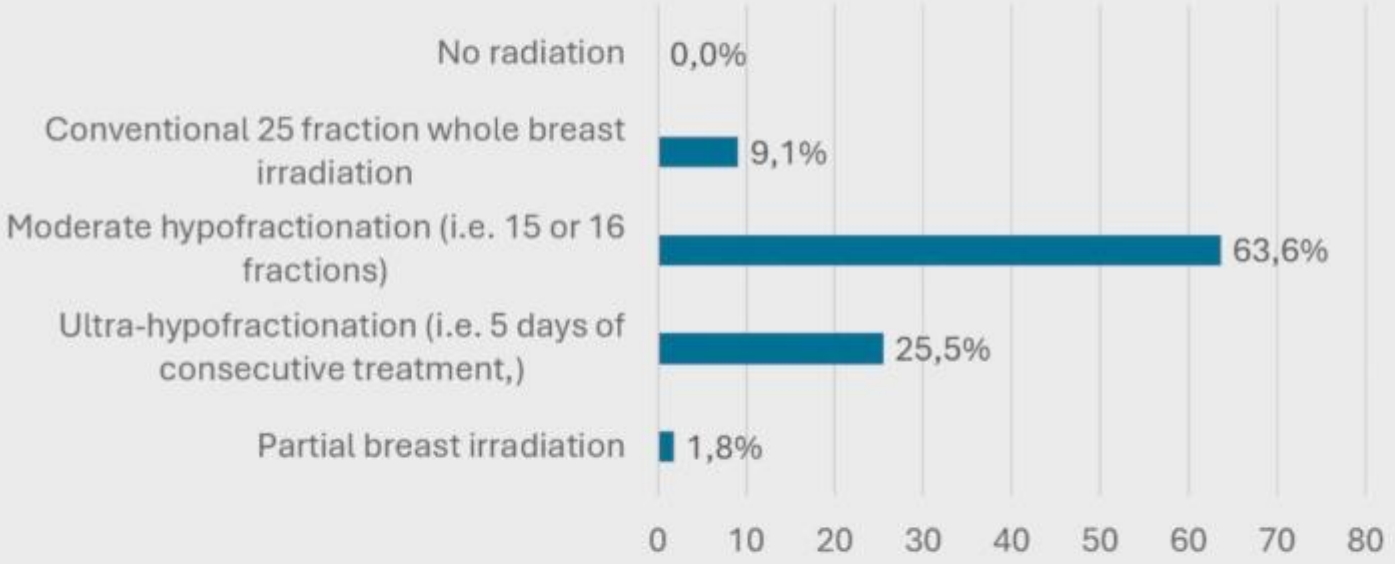
A 52 year old postmenopausal woman has undergone BCS for a stage 1 breast cancer. The tumor is T1c, with negative sentinel lymph nodes, and grade 3 and triple negative. She will receive adjuvant chemotherapy. What radiation therapy schedule would you recommend?




Total votes: 55


**Harold J. Burstein**
USA



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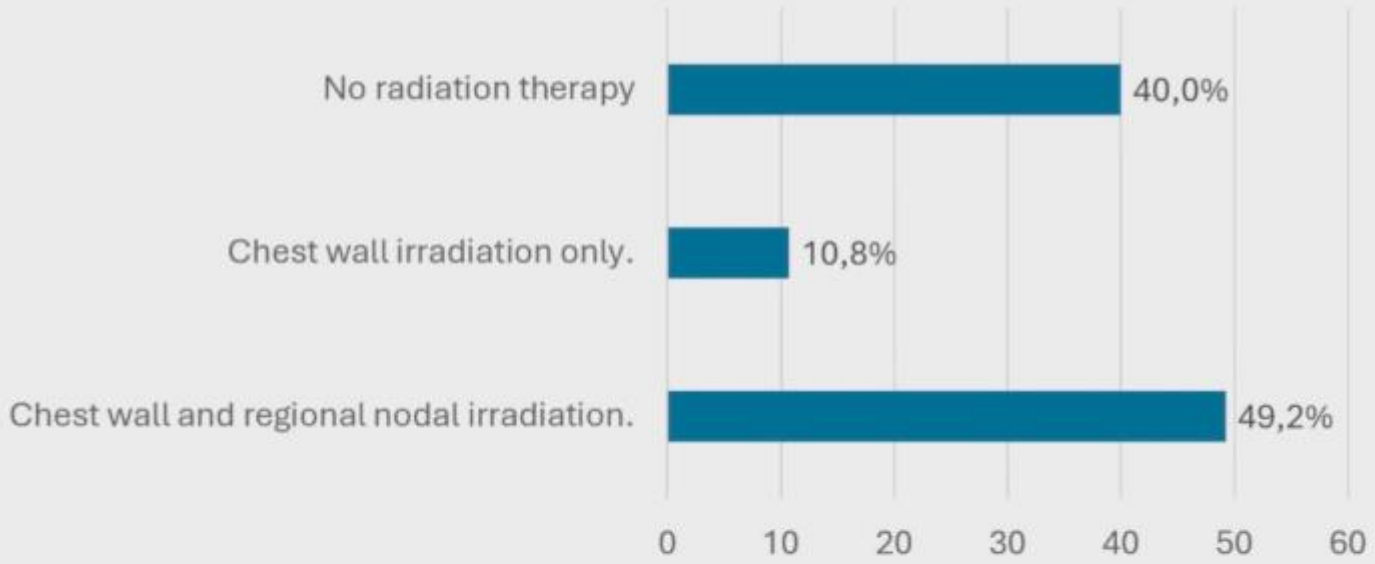
SGBCC 2025

submitted by a delegate


**Harold J. Burstein**
USA

A 66 year old woman has undergone mastectomy for a grade 2, ER positive, HER2 negative breast cancer. The tumor measures 1.6 cm, and 1 of 3 sentinel lymph nodes are positive. In addition to systemic therapy, what radiation therapy would you recommend?




Total votes: 65



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