החברה הישראלית למחלות השד
Israel Senological Society

The 6th Biennial Congress of the Israel Senologic Society

February 23-24, 2023 | Elma Arts Complex Luxury Hotel, Zichron Ya'acov

PROGRAM

האיגוד הישראלי
לכירורגיה פלסטית ואסתטית
The Israel Society
of Plastic & Aesthetic Surgery

KALEIDOSCOPE
Conferences Events Exhibitions

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Welcome Letter

Dear Colleagues,

It is our pleasure to welcome you to the Sixth Biennial Congress of the Israel Senologic Society. This meeting will be a multidisciplinary event, introducing novel technology and discussing controversial issues concerning breast cancer diagnosis and treatments.

Our program includes presentations by national and international leading breast cancer professionals, debates and case presentations. This meeting also offers an opportunity for social get-togethers and informal discussions.

We are looking forward to welcome you to beautiful Zichron Ya'acov for this intriguing and interesting conference.

Best wishes,

Schlomo Schneebaum
Congress President
President, Israel Senologic Society
President Elect, Senologic International Society

Organizing Committee

Prof. Schlomo Schneebaum,
Sourasky Medical Center, Tel Aviv – Congress President

Prof. Meirav Ben-David, Assuta Medical Centers

Dr. Michael Icekson, Rabin Medical Center on Beilinson Campus

Dr. Moshe Carmon, Shaare Zedek Medical Center, Jerusalem

Dr. Ada Rosen, Wolfson Medical Center, Holon

Dr. Eran Sharon, Rabin Medical Center on Beilinson Campus

Dr. Miri Sklair, Sheba Medical Center, Tel Hashomer

Prof. Rinat Yerushalmi, Rabin Medical Center on Beilinson Campus

Dr. Ady Yosepovich, Kaplan Medical Center, Rehovot

Invited Speakers

Prof. Eli Avisar

Institution and location:
Hadassah School of Medicine, Jerusalem, 1982-1989, Medicine
Shaare Zedek Medical Center, Jerusalem, 1990-1994, Surgery
Beth Israel Medical Center, New York, NY, 1994-1998
University of Pittsburgh, Pittsburgh, PA, 1998-2000, Surgical Oncology

*Professor Avisar has MD degree

Prof. Hossam Haick

Hossam Haick is a Full Professor in the Technion - Israel Institute of Technology and the Dean of Undergraduate Studies. He is an expert in the field of nanotechnology and non-invasive disease diagnosis.

His studies include the research and development of nano-array devices for screening, diagnosis and monitoring of disease, nanomaterial-based chemical (flexible) sensors, electronic skin, breath analysis, volatile biomarkers, and cell-to-cell communication. His studies have generated more than 300 publications, with H-index ~79. The technologies developed by Prof. Haick and his team have led to the production of more than 56 patents and patent applications - many of which have been licensed to six international companies and ground for startup companies.

Prof. Haick has received more than 82 prizes and recognitions, including the Knight of the Order of Academic Palms, the Humboldt Senior Research Award, the "Michael Bruno" award for scientists of truly exceptional, etc. He was also included in more than 42 important ranking lists, such as the of the world's 35 leading young scientists by MIT Magazine (2008), top-100 innovators in the world (2015-2018) by various international organizations, etc.

Prof. Carole Mathelin

Prof Carole Mathelin, MD PhD, is head of the surgery Unit at the Strasbourg University Hospital and ICANS (Institut de Cancérologie Strasbourg Europe). She is University Professor at the Faculty of Medicine of Strasbourg (France). She organizes each year the University Diploma of Breast Diseases, under the auspices of the International School of Senology (ISS). In addition to her surgery and teaching activities, she contributes to fundamental research programs within the UMR 7104-U964 team of the Institute of Genetics and Molecular and Cellular Biology of Breast Cancers. She is in charge of the Senology Commission of the Collège National des Gynécologues et Obstétriciens Français (CNGOF) and Vice-President of the Senology International Society (SIS). She was co-chairing the 20th World Congress of the SIS with Prof Vahit Ozmen. She is a member of the National Academy of Surgery and responsible for the feminization of surgery. She has published about 200 international works. She is also very involved in the associative world, in particular in breast cancer patient associations.

מידע כללי

מקום

אלמא מרכז אומנויות ומלון יוקרה, רחוב יאיר 1, זכרון יעקב.

טלפון המלון: 04-6300111

פקס: 04-6300112

שפה

כדי לאפשר מעורבות משמעותית של האורחים מחו"ל שפת הכנס הרשמית תהיה אנגלית.

שעות רישום ומזכירות הכנס (קומה 2)

יום חמישי, 23.02 8:00-17:30

יום שישי, 24.02 8:00-12:00

תערוכה

במסגרת הכנס תתקיים תערוכת ציוד רפואי ותרופות במקביל לכנס.

התערוכה תתקיים בקומת הכנס, קומה 2.

אינטרנט

קיים שירות אינטרנטי אלחוטי (Wi-Fi) חינמי ברחבי המלון.

General Information

Congress Venue
Elma Arts Complex Luxury Hotel, 1 Yair Street Zichron Ya'acov, Israel
Hotel Tel: +972- 6300111
Fax: +972-4-6300112
Email: guestrelations@elmahotel.co.il

Language
The official language of the congress is English

Registration and Hospitality Desk
The registration desk on the second floor will be open as follows:
Thursday, February 23: 8:00-17:30
Friday, February 24: 8:00-12:00

Exhibition
A commercial and professional exhibition will be held on the second floor during the Congress, parallel to the Congress sessions.

Internet
Complementary Wi-Fi is available at the hotel.

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SCIENTIFIC PROGRAM

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Thursday | February 23, 2023

08:00-09:00 Registration and Welcome Reception

09:00-09:15 Welcome Remarks:
Schlomo Schneebaum, Moshe Bar Haim, Doron Koppelman, Gil Bar Sela

Session A

09:15-09:45 Pathology

Chairpersons:
Ada Rozen, Ady Yosepovich

09:15-09:45 Are all triple negative the same tumors?
Eli Golomb

Session B

09:45-10:45 Innovations in Medicine

Chairpersons:
Moshe Carmon, Aviad Hoffman

09:45-10:15 Liquid biopsy - are we ready for Prime time?
Shlomit Strulov Shachar

10:15-10:45 Invited Lecturer | Clinics of Human Body
Hossam Haick, *Technion, Haifa*

10:45-11:15 Coffee Break & Exhibition

Session C

11:15–13:00 Treatment of Elderly Women

Chairpersons:
Orit Person, Larisa Ribo, Dov Zippel

11:15–11:45 Invited Lecturer | Why and how should we improve breast cancer management in elderly women? The Senologic International Society (SIS) survey
Carole Mathelin, *Strasbourg University Hospital and ICANS (Institut de Cancérologie Strasbourg Europe)*

11:45–11:57 Surgery | Yossef Dux

11:57–12:09 Plastic Surgery | Adi Maisel Lotan

12:09–12:21 Chemotherapy | Ayelet Shai

12:21–12:33 Radiation | Yonina Tova

12:33–12:45 Geriatric Evaluation | Lisa Cooper

12:45–13:00 Discussion

13:00–14:00 Lunch Break

Session D

14:00–15:00 Innovations in Medical Oncology

Chairpersons:
Moshe Inbar, Tal Sella,
Rinat Yerushalmi Mishaeli

14:00–14:30 Recent advances in therapeutic strategies for early triple negative breast cancer
Rinat Yerushalmi Mishaeli
*Sponsored by MSD

14:30–15:00 Optimizing treatments in HER2+ eBC
Tal Sella
*Sponsored by Roche

Session E

15:00-17:15 Updates in Luminal Cancer Treatment

Chairpersons:
Karen Drumea, Hadar Goldvaser, Eran Sharon

15:00-15:15 ALND - Multidisciplinary case discussion - positive lymph nodes
Idit Melnik

15:15-15:45 Invited Lecturer | Management of the Positive Axilla for Luminal A And B NAC or Operate?
Eli Avisar, *Miami Florida*

15:45-16:15 Oncological innovations in ER positive early breast cancer
Amir Sonnenblick
*Sponsored by Lilly

16:15-16:45 Coffee Break

16:45-17:15 The Current Approach to 1st Line HR+/HER2- Metastatic Breast Cancer
Hadar Goldwasser
*Sponsored by NOVARTIS

Session F

17:15–18:40 Oral and case presentations

Chairpersons:
Merav A. Ben-David, Tanir Alwiess, Michael Icekson, Miri Sklair

17:15–17:45 Selected Oral Presentations

17:15–17:25 Is there a real difference between invasive breast cancer in Bedouin and Jewish women?
Julie Vaynshtein

17:25–17:35 Surgical site infection in reconstructive and aesthetic breast surgery: A single center retrospective analysis of the association between healthcare workers and infections
David Ben-Harosh

17:35–17:45 Optimizing Safety and Aesthetics in Immediate Implant Based Breast Reconstruction
Ram Kalus

17:45–17:50 Discussion

17:50–18:35 Case Presentations of 3 Fellows

Mahmood Nawass | Adi Vaknin | Noam Wiener
Panel : Merav A. Ben-David | Tanir Alwiess Michael Icekson Miri Sklair

19:30–21:30 Cocktail dinner

Friday | February 24, 2023

08:00-08:15 Registration and Welcome Reception

Session G

08:15-09:20 Selected Abstract Presentations and Invited Lecture:
Environmental endocrine disruptors as risk factors for breast cancer

Chairpersons:
Tehilah Menes, Schlomo Schneebaum

08:15-08:25 Strategic Salvage Treatment for Postoperative Complications Following Implant-Based Breast Reconstruction
Liza Kouniavski

08:25-08:35 Oncologic and Aesthetic outcomes in Oncoplastic and Reconstructive Breast Surgery: A single surgeon's experience
Adi Vaknine-Bahat

08:35-08:45 Prophylactic surgical treatment for patients at high risk for lymphedema
Daniel Kedar

08:45-08:50 Discussion

08:50-09:20 Invited Lecturer | Identification of risk factors for breast cancer. What is the impact of environmental endocrine disruptors?
Carole Mathelin, *Strasbourg University Hospital and ICANS (Institut de Cancérologie Strasbourg Europe)*

Session H

09:20-11:15 Genetics and Genomic Tests

Chairpersons:
Einat Carmon, Naama Hermann

09:20-09:50 BRCA carriers in breast cancer patients
Rinat Bernstein
*Sponsored by AstraZeneca

09:50-10:20 Genomic tests in breast cancer: what, when and for whom?
Einav Gal-Yam
*Sponsored by ONCOTEST

10:20-10:50 Coffee Break & Exhibition

10:50-11:00 The evaluation of the 21-gene Breast Recurrence Score assay as a prognostic factor for locoregional recurrence in early breast cancer treated by lumpectomy and intraoperative radiotherapy only
Adar Malik

11:00-11:10 Comparative study of intraoperative interventions for post-operative pain control for patients undergoing breast surgery
Omri Barkan

11:10-11:15 Discussion

Session I

11:15-13:15	**Mastectomy**
	Chairpersons: **Dafna Barsuk, Zahava Gallimidi, Ilana Haas**
11:15-12:15	Contra lateral Mastectomy- non BRCA For | Marian Khatib Against | Dan Hershko Plastic Surgeon | Yoav Gronovich Radilogy | Tali Arazi Kleinman
12:15-12:45	Imaging Post Mastectomy Ahuva Grubstein
12:45-13:15	Breast Radiation - Hypo Fractionation Yasmin Koretz Ceder Breast Irradiation - Recurrent Roxolyana Abdah-Bortnyak
13:15	Lunch

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ABSTRACTS

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The evaluation of the 21-gene Breast Recurrence Score assay as a prognostic factor for locoregional recurrence in early breast cancer treated by lumpectomy and intraoperative radiotherapy only

M. Leviov[1], A. Malik[2], J. Goldman[3], A. Bitterman[2], N. Stein[4], M. Steiner[1]

Oncology Department (1), Surgery A Department (2), Breast Imaging Unit (3), Department of Community Medicine and Epidemiology (4), Carmel Medical Center, Haifa, Israel

Goals: To evaluate if a high 21-gene breast recurrence score assay is a potential prognostic factor for locoregional recurrence (LRR) in patients treated with intraoperative radiotherapy (IORT) as the only local post lumpectomy treatment for early breast cancer.

Methods: In 2006 we IORT as the only post lumpectomy radiotherapy in clinical stage I ductal carcinoma patients. The Breast Recurrence Score assay ® (RS) (21-gene expression assay from Exact Science corporation) was analyzed as a potential prognostic factor for LRR in patients treated by IORT only. Statistical analysis was performed using IBM statistics vs 24 (SPSS). Univariate Cox proportional hazard regression was performed in order to identify potential risk factors for LRR. Multiple univariable Cox proportional hazards regression models were estimated to identify potentially statistically significant covariates associated with LRR.

Results: During 2006-2016 365 IDC stage1, ER positive and HER2 negative patients were treated with IORT only and had available Oncotype Dx RS results. 338 (92.6%) had RS results =< 25 and in 27 (7.4%) it was > 25. Median follow up is 100 months (1-171). LRR was diagnosed in 31/365 patients, (8.5%), 7.1% in the ipsilateral breast and 1.4% in regional lymph nodes. LRR occurred in 25/338 (7.4%) of patients with RS=< 25 vs 6/27 (22.2%) of those with RS > 25 (p<0.007, HR 3.39 CI 95% 1.39-8.3). At multivariate analysis RS >25 was found to be associated with higher LRR rate (p<0.001, HR 4.8 CI 95% 1.9-12.0). Median time to failure was shorter in patients with RS > 25 (47 months (34-66) than in those with RS =<25 (78 months (6-138). None of the 25 patient with RS =< 25 and LRR died of breast cancer while 3/6 of patients with RS > 25 and LRR succumbed to the disease.

Conclusions: In early ER positive Her2 negative breast cancer treated locally by lumpectomy and intraoperative irradiation only, recurrence score result > 25 appears to be a significant prognostic factor for locoregional recurrence. In addition it seems to be associated with earlier and more aggressive type of recurrence suggesting that more intensive local therapy should be strongly considered in these patients. Due to the small number of locoregional recurrences this observation should be further investigated.

Is there a real difference between invasive breast cancer in Bedouin and Jewish women?

I. Ben Shitrit, A. Wang, K Ilan, J. Vaynshtein

Background: Invasive Breast Cancer (IBC) is a leading cause of cancer-related death among women in Israel, regardless of ethnicity. This study compared the epidemiological, clinical, and pathological characteristics of IBC in Bedouin and Jewish patients in the Negev region of Israel.

Methods: Medical records of 1514 Jewish and 191 Bedouin women with IBC treated at Soroka Medical Center between 2014-2021 were analyzed retrospectively. Initial diagnosis ranged from 1991-2020. Baseline patient and tumor characteristics were compared between groups. Overall survival (OS) were analyzed using log-rank test to identify significant predictors. Multivariate analysis was performed using Cox proportional hazard model.

Results: Compared with Jewish women, Bedouins were diagnosed at a younger age (median 48 vs.62 years, p<0.001), had larger tumor (median 2 vs.1.8cm, p<0.001), and more advanced stage (19.4% vs.17.5%, p=0.017). Median OS weren't significant between groups. OS at five was 80% for Bedouin and 74.5% for Jews; OS at ten years was 43.2% for Bedouins and 45.2% for Jews. Surgery (124.5 vs.29.6months, p<0.001) and radiation therapy were associated with better OS (109.5 vs.59.6months, p<0.001). Chemotherapy was associated with worse OS (95.5 vs 109.5 months, p=0.001). Neoadjuvant wasn't associated with OS outcome. In multivariate analysis, Surgery and radiation therapy remained significant, while age, tumor size, triple negative status, and metastasis were associated with worse OS.

Discussion: Despite the cultural and lifestyle differences between Bedouin and Jewish populations, the prognosis for IBC is similar in the two groups. Although a previous study on IBC found worse OS in Bedouin than Jewish patients, we did not detect differences in survival between groups. This finding could be contributed to the improved cancer care in the south especially in Bedouin communities. Prior to the establishment of Soroka Cancer Center there were only 22 beds at the oncology ward. Since then, there are increased healthcare founding in the region which resulted in increasing numbers of community clinics in the Bedouin settlements. Increased physician compensation also contributed to the retention of oncological specialists in the south. Furthermore, the transition of the Bedouin population from a semi-nomadic lifestyle to a more modernized lifestyle also improved their access to healthcare.

Surgical site infection in reconstructive and aesthetic breast surgery: A single center retrospective analysis of the association between healthcare workers and infections

Sharon Kracoff[1], Ariel Berl[2], Tanir M. Allweis[3,4], Dana Egozi[1,3]

1 Department of Plastic and Reconstructive Surgery, Kaplan Medical Center, Rehovot, Israel
2 Department of Plastic Surgery, Meir Medical Center, Kfar Saba, Israel
3 The Faculty of Medicine, The Hebrew University, Jerusalem, Israel
4 The Department of Breast Surgery, Hadassah Medical Center, Jerusalem, Israel

Background: Reconstructive and aesthetic breast surgeries are frequently performed procedures, and the consequences of a postoperative infection are devastating both for the patient and the healthcare (HC) system. Over the years, there has been heightened interest in the physical and mental well-being of physicians and HC workers. Little is known about the relationship between HC workers and surgical site infections (SSI), and whether HC workers are at an increased risk for SSI.

Aim: the purpose of this study was to investigate whether women working in the HC system have an increased risk for SSI following reconstructive and aesthetic breast surgery.

Materials and methods: We conducted a retrospective analysis of all patients who underwent aesthetic and reconstructive breast surgery at our institution between the years 2013–2020. Women who were recognized as HC workers were analyzed in a separate group and compared to those who were not.

Results: Records of 378 patients were reviewed, of whom 53 (14%) were identified as HC workers. The overall infection rate was 17.4%. HC workers manifested a higher infection rate than the other group (32% vs. 15.1%, $p < 0.05$) and a significantly higher relative risk for SSI (RR 2.12, $p < 0.01$).

Conclusions: Women working in the HC system may have an increased risk of developing post-operative infectious complications following aesthetic and reconstructive breast-related surgery. Further research is needed to corroborate these findings and elucidate the causes.

Optimizing Safety and Aesthetics in Immediate Implant Based Breast Reconstruction

R. Kalus MD, FACS

Senior Attending, Department of Plastic Surgery, Sheba Medical Center, Tel Hashomer; Private Practice, Herzliya & Charleston, South Carolina

Background: The most common method of breast reconstruction globally remains implant based breast reconstruction (IBBR) with a two stage approach, the first stage being a tissue expander insertion at the time of mastectomy, followed by a second stage removal of the tissue expander and placement of a permanent prosthesis, most commonly silicone gel filled. Over the last decade, first in the United States, and in the last five years in Israel, techniques involving immediate placement of the permanent implant (Direct to Implant or DTI) with the use of Acellular Dermal Matrices (ADM) has gained popularity, parallel to a more recent trend of implant placement in the prepectoral versus subpectoral plane, yet complication rates remain unacceptably high. Complications and/or reconstruction failure can be emotionally devastating for the breast cancer patient.

Methods: Advantages and disadvantages of single stage versus two stage, prepectoral versus subpectoral prosthesis placement are reviewed. Although the optimal method of reconstruction remains controversial, and the literature is conflicted, success or failure is clearly dependent on the experience of the individual surgeon(s) and/or institution(s). A description of a multistep algorithm is presented to improve both safety and aesthetic outcomes, with an emphasis on precise preoperative planning in coordination with the multidisciplinary breast cancer team of specialists, especially with regard to the question of the need for post-operative radiation therapy, intraoperative objective measurement of skin flap hemoglobin oxygen saturation to reduce the risk of skin flap ischemia and necrosis, and strict post-operative protocols for drain management, wound care, patient compliance, and a schedule of frequent post-operative evaluations. Clinical examples are included.

Conclusions: The technical modifications associated with the newer techniques of DTI reconstruction with prepectoral implant placement have a steep learning curve, yet there are clear clinical advantages for the patient, especially in the setting of post-operative radiation. The surgical techniques for such must be mastered through proper mentoring, precise pre-operative planning, and adherence to sound surgical principles. An algorithm is presented for pre-operative, intraoperative and post-operative

management of the patient undergoing IBBR. With this algorithm, DTI with prepectoral implant placement can be undertaken safely with a high degree of predictability.

Strategic Salvage Treatment for Postoperative Complications Following Implant-Based Breast Reconstruction

S. Kracoff-Sella[1*], E. Kouniavski[1*], M. Lemberger[1], D. Egozi[1,2]

**These authors contributed equally to this work*

1 *The Department of Plastic and Reconstructive Surgery, Kaplan Medical Center, Rehovot, Israel*

2 *The Faculty of Medicine, Hebrew University, Jerusalem, Israel*

Background: Implant-based reconstruction following mastectomy is a common practice. Infectious complications, among others, remain a major challenge. If treated improperly, early implant failure may occur. Traditionally, management strategies for severe infections include explantation and delayed reconstruction. No single accepted algorithm for the treatment of periprosthetic infections currently exists. Salvaging the prosthesis following infection is a debatable subject. We summarized here the salvage protocol practiced in our department regarding infected implants or ones impending extrusion post-mastectomy and implant reconstruction.

Methods: We reviewed 127 patients (179 breasts) who underwent mastectomy and implant reconstructions between the years 2013-2021 in our department. Salvage and explantation rates for implants impending extrusion due to infection, skin flap necrosis, or deep wound dehiscence with implant exposure were further characterized and analyzed. Final reconstruction status was examined and compared between those who were salvaged to those who were not.

Results: Debridement and/or antimicrobial treatment of implants at risk achieved a salvage rate of 62%. The majority of explantations were due to infection. The most common pathogen was non- resistant Pseudomonas aeruginosa. Cefazolin-Ciprofloxacin was the most administered drug combination. Final reconstruction rates among salvaged implants were 97%, compared to only 30% in the explanted group ($p<0.01$).

Conclusions: Presented here is a relatively high percentage of salvaged implants, which resulted in higher rates of patients achieving final reconstruction. We encourage different centers to develop their own strategic salvage protocols according to local microbiologic trends, and also include our experience.

Key words: Breast reconstruction, implant-based breast reconstruction, direct-to-implant reconstruction, post-operative infection, antibiotics

Level of evidence: III

Oncologic and Aesthetic outcomes in Oncoplastic and Reconstructive Breast Surgery: A single surgeon's experience

A.Vaknine-Bahat, S. Haberman, A. Eshel Fuhrer, M. Khatib

Background: Oncoplastic breast surgery (OPBS) is a customized surgical technique aims to achieve wider excision margins without compromising on the cosmetic outcomes. OPBS in Israel is usually practiced by cooperation between breast surgeons and plastic surgeons, while in Europe it›s usually performed by a single surgeon (breast/plastic surgeon) with subspecialty in this field. The aim of this study was to summarize oncological, surgical (objective) and aesthetic (subjective) outcomes of all patients who underwent OPBS or Mastectomy with immediate reconstruction in our center from 2019 to date, operated by a single surgeon.

Methods: A retrospective chart review of patients diagnosed with stage 0-3 breast cancer and treated with oncoplastic techniques by a single surgeon over a 35-months period between September 2019 to August 2022. Patient›s demographics, oncological and surgical data were collected electronically, and patient›s satisfaction was assessed through the Breast-Q online questionnaire distributed to all eligible patients.

Results: A total of 106 females aged 49.2±12.1 years were included. The mean lesion size was 22.8±20.4 mm, with 23 patients having lesions 2-5 cm in size (22%), nine patients having lesions larger than 5 cm (8.5%), and 23 patients having multifocal lesions (22%). Procedures included 63.5% Lumpectomy + mammoplasty (n=67), 28% Mastectomy + Reconstruction (n=30) and 8.5% Lumpectomy + Licap Flap(n=9). Eight patients experienced a complication requiring intervention (7.5%). The positive margins rate was 6.7% (n=6), with 1.9% recurrence rate (n=2) and 100% overall survival rate. Breast-Q scores of 32 patients were recorded to date (30% response rate). The vast majority of the patients responded to be "satisfied" or "highly satisfied" in all questionnaire domains including: breast nipple and implant satisfaction, psychosocial, physical and sexual well-being, and satisfaction with process of care.

Conclusions: According to our experience, patients who underwent oncoplastic breast surgery achieved good oncologic outcomes, with reasonable complications severity and rate. In addition, overall satisfaction with cosmetic results among OPBS patients was very high.

Prophylactic surgical treatment for patients at high risk for lymphedema

D J Kedar[1], A Zaretski[1], E Nizri[2], A Magen[2], D Barsuk[3], M Hatib[2], Y Barnea[1]

1 *Department of plastic and reconstructive surgery, Sackler Tel-Aviv Medical center*
2 *Department of General Surgery, Sackler Tel-Aviv Medical center*
3 *Department of General Surgery, Tel-Aviv Assuta Medical Center*

Introduction: Lymphedema is a chronic, morbid condition in which the upper or lower extremity experiences swelling and fibrosis due to impaired lymphatic clearance. Among cancer patients, this condition is primarily attributed to lymph node dissection and radiation treatment. While nonoperative and operative approaches to lymphedema management may be implemented to «manage» this condition, they are typically not curative. Therefore, lymphedema prevention in high risk patients is of critical importance.

Methods: We briefly describe available management strategies for lymphedema, focus on an algorithm for identification of high risk patients and the operative prevention approaches for these patients patients and our experience with these methods.

results: between November 2020 and August 2022, 7 high risk patients underwent prophylactic lymph surgery at the Tel-Aviv medical center. The first case of prophylactic LVB added 130 minutes to the total surgery time while by the 4th case and on the added time was reduced to 45 minutes. So far none of the patients developed lymphedema.

Conclusion: Currently available clinical and experimental evidence suggests that prophylactic Lymph surgery may provide protection against the development of lymphedema in carefully selected patients. This procedurecan be implemented into the routine and serve as an adjunct surgical option for patients at the time of ALND.

Comparative study of intraoperative interventions for post-operative pain control for patients undergoing breast surgery

O. Barkan[1], Y. Gadulov[2], T. Allweis[3,4], D. Egozi[1,4]

1 *Department of Plastic and Reconstructive Surgery, Kaplan Medical Center, Rehovot, Israel*
2 *Department of anesthesia, Kaplan Medical Center, Rehovot, Israel*
3 *Department of Breast Surgery, Hadassah Medical Center, Jerusalem, Israel*
4 *Faculty of Medicine, Hebrew University, Jerusalem, Israel*

Background: Post-operative pain is a known adverse effect associated with breast surgery, and in some cases, may deteriorate to chronic pain syndrome.
Analgesia options for breast surgeries include mainly opioid use which carries significant disadvantages and side effects.
Pectoral nerve block type 2 (Pecs2 block), provides better pain control and decreases post-operative opioid consumption compared to standard general anesthesia.
Purpose: Comparing preoperative ultrasound guided PECS2 block, to intraoperative direct PECS2 block in terms of pain and quality of recovery (QOR).
Methods: A randomized controlled trial was conducted at Kaplan Medical Center since 2020. Patients were randomly assigned into two groups – group A (anesthesiologist) – preoperative ultrasound guided PECS2 block, and group S (surgeon) – intraoperative direct PECS2 block. Collected data included demographics, pain level, opioid consumption in morphine equivalents (ME), QOR at different time points and complications.
Preliminary Results: 72 patients were evaluated, 31 (43.1%) in group A, 35 (48.6%) in group S, and 6 (8.3%) were bilateral. 27 cases (37.5%) were mastectomy, 45 (62.5%) were lumpectomy or oncoplasty. Mean pain score was lower than 4 on NRS scale at both groups without a statistically significant difference. For mastectomy – comparing groups A and S QOR 15 scores at five days post-operative showed better results for group S (11.1±11 vs. 16.6±16 p= 0.004).
ME doses of opioid consumption during the surgery differ depending on the type of surgery; mastectomy doses were higher than lumpectomy and oncoplastic (25.58 ±11 vs. 19.67±8, p=0.018). A statistically significant difference between the groups was not seen during the surgery, PACU or surgical department period.
Local complications (hematoma and infection) did not differ between the groups- 16.7% in group A versus 11.5% in group S (p>0.05).

Discussion: For BCS – less opioid consumption is shown using local anesthetics infiltration compared to US guided PECS2 block. For mastectomy – direct PECS2 block provided better QOR than US guided PECS2 block. On the other hand, US guided PECS 2 block showed a trend of lower opioid consumption during surgery and lower pain scores 48 hours post-op.

Conclusion: Direct PECS2 block is as good as US guided PECS2 block for mastectomy and the use of local infiltration for lumpectomy and direct PECS2 block for mastectomy should be encouraged.

החברה הישראלית לכירורגיה אונקולוגית
THE ISRAEL SOCIETY OF SURGICAL ONCOLOGY

יום העיון
של החברה הישראלית
לכירורגיה אונקולוגית

האיגוד הישראלי לכירורגיה פלסטית ואסתטית
The Israel Society of Plastic & Aesthetic Surgery

KALEIDOSCOPE

החברה הישראלית לכירורגיה אונקולוגית
THE ISRAEL SOCIETY OF SURGICAL ONCOLOGY

יום העיון של החברה הישראלית לכירורגיה אונקולוגית

08:00-08:30 רישום והתכנסות בוקר

08:30-08:45 דברי ברכה והצגת המרצים
ד"ר דב זיפל, יו"ר החברה הישראלית לכירורגיה אונקולוגית

08:45-09:15 טיפול הניאו-אדג'ובנטי במלנומה-דגשים לכירורגים
ד"ר גיא בן-בצלאל, מכון אלה; אונקולוגיה, כירורגיה, מרכז רפואי שיבא תל השומר

09:15-09:45 הטיפול הכירורגי במלנומה שלב IV
ד"ר ערן ניזרי, כירורגיה, מרכז רפואי תל אביב

09:45-10:00 הפסקת קפה

10:00-10:45 דיון: מקומה של דגימת בלוטת הזקיף בעידן שלאחרי מחקר Keynote-076
ד"ר שירלי גרינברג, מכון אלה; אונקולוגיה, כירורגיה, מרכז רפואי שיבא תל השומר
ד"ר שחר לקס, מכון אלה; אונקולוגיה, כירורגיה, מרכז רפואי שיבא תל השומר

10:45-11:45 פאנל: טומור בורד - הצגת מקרים מהקהל
ד"ר דב זיפל, ד"ר שחר לקס, ד"ר ערן ניזרי,
ד"ר גיא בן-בצלאל, ד"ר שירלי גרינברג

24 בפברואר 2023

אלמא מלון ומרכז אומנויות
זכרון-יעקב

החברה הישראלית למחלות השד
Israel Senological Society

The 6th Biennial Congress of the Israel Senologic Society

February 23-24, 2023 | Elma Arts Complex Luxury Hotel, Zichron Ya'acov

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KALEIDOSCOPE Conferences Events Exhibitions