

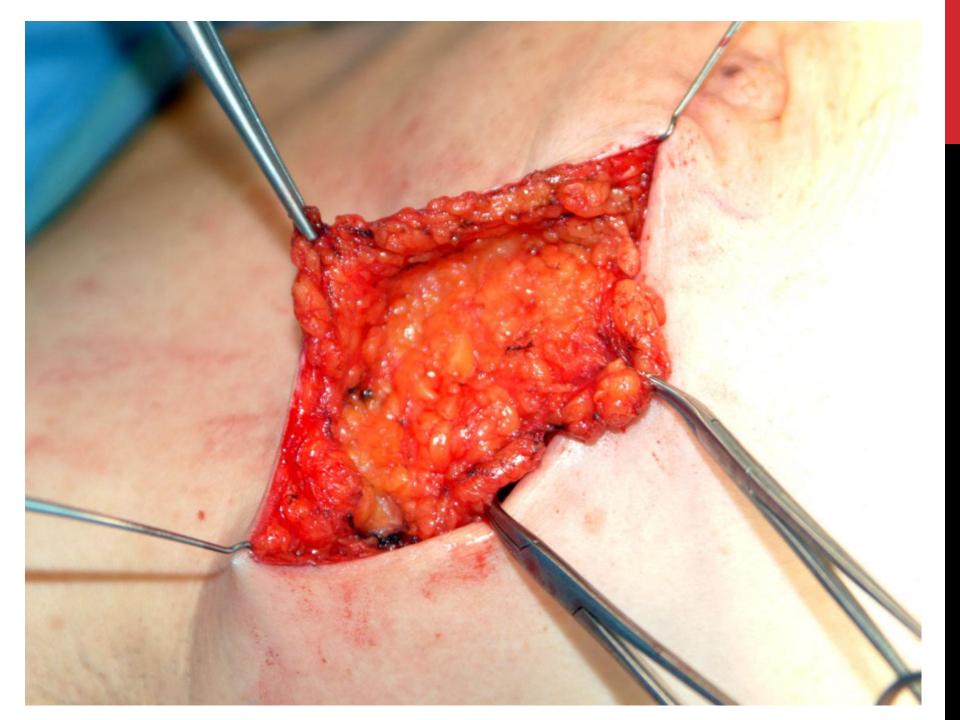
Breast surgery has had a great development during the last century

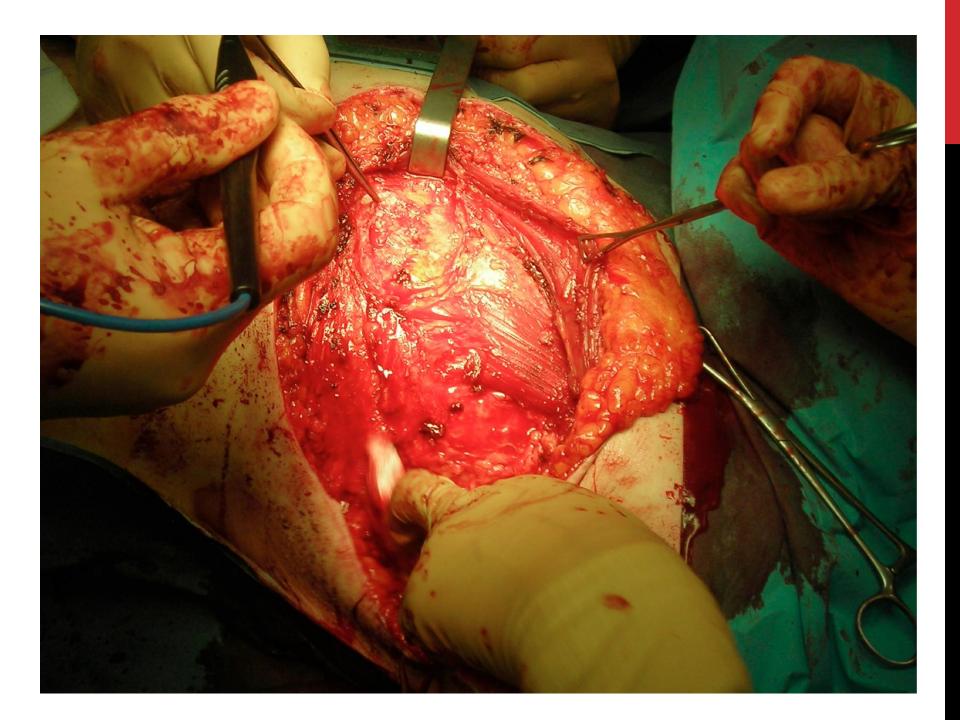
MASTECTOMY (HALSTED 1906)

MASTECTOMY (PATEY 1948)

MASTECTOMY (MADDEN 1965)

CONSERVATIVE BREAST SURGERY (1985)



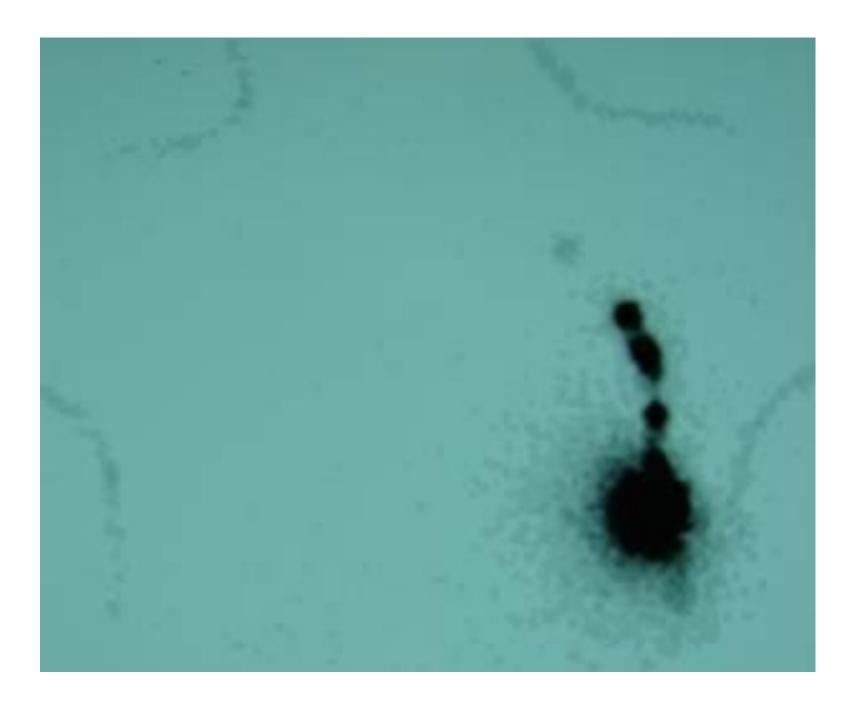


Axillary surgery has had as well a great development during the last decades.

COMPLETE AXILLARY RESECTION (XVII SECOLO)



SENTINEL LYMPHNODE(1994)



Many possible diagnostic and therapeutic options

Many possible breast cancer managements considering time and diagnostic exams

NOWADAYS THERE IS NO AGREEMENT ABOUT THE BEST DIAGNOSTIC AND THERAPEUTIC PATHWAY

CLINICAL ACTIVITY IS ORGANIZED ACCORDING TO THE STRUCTURE AND THE REQUIREMENTS OF THE SINGLE HOSPITAL

OUR STRUCTURE

WE OFFER
MAMMOGRAPHY
BREAST ULTRASOUND
BREAST MRI

BREAST MRI IS OFFERED TO ALL
THE PATIENTS

SLN SURGERY WITH IMMEDIATE PATHOLOGIST ANALYSIS

OTHER RENOWNED STRUCTURES

THEY OFFER
MAMMOGRAPHY
BREAST ULTRASOUND

BREAST MRI JUST IN SELECTED CASES

SLN SURGERY WITH IMMEDIATE PATHOLOGIST ANALYSIS

STANDARD PATHWAY

IT OFFERS
MAMMOGRAPHY
BREAST ULTRASOUND

BREAST MRI JUST IN SELECTED CASES

SLN SURGERY WITH DELAYED PATHOLOGIST ANALYSIS

BREAST MRI

PROS:

FUNCTIONAL EXAM
ANALLERGIC CM
HIGH SENSIBILITY
LOW FALSE NEGATIVES
FINDS PATHOLOGIC MICROSPOTS

CONS:
LOW SPECIFICITY

HIGH FALSE POSITIVES

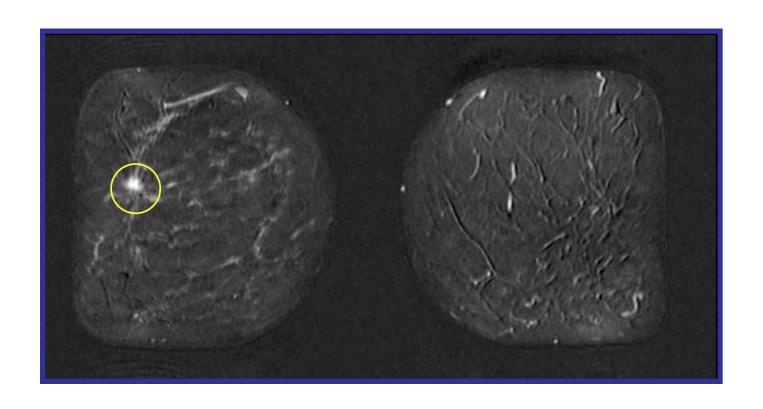
IMMEDIATE ANALYSIS OF SLN

PROS:

IMMEDIATE RESULTS
CLEAR SURGICAL STRATEGY

CONS:

TIME FOR ANALYSIS



AIM OF THE STUDY

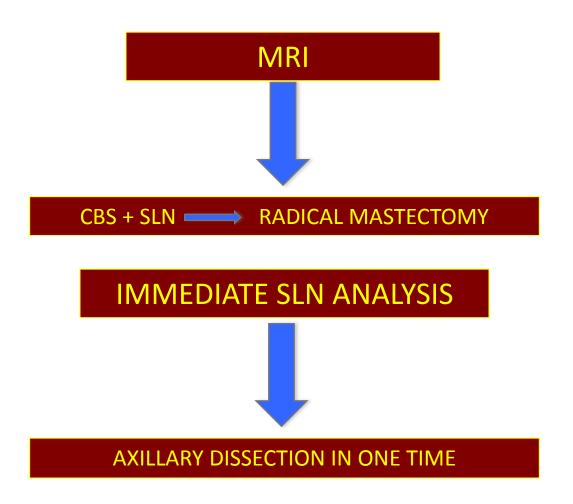
MRI and SLN analysis are an additional cost when considering the other pathways

BUT

They may lead to a preoperative/intraoperative correction of the projected surgery

They may then AVOID second operations to obtain a R0 surgery.

AIM OF THE STUDY



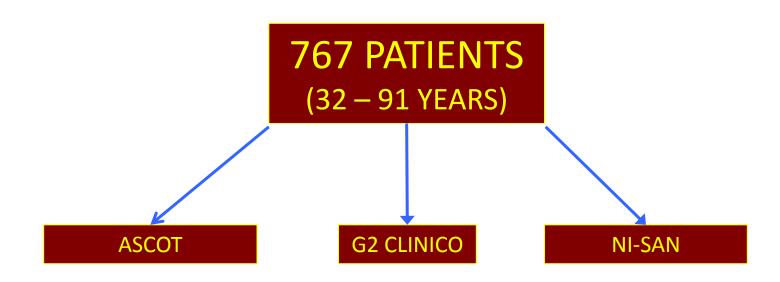
AIM OF THE STUDY

ETHICAL CONVENIENCE

IS IT EXPENSIVE?



Duration of the study: november 2005 – december 2010



Analysis of:

- MRI
 - Done/not done
 - Comparison with basic diagnostic exams (Mx, US)
 - Efficacy in modifying the therapeutic pathway
 - Kind of operation
 - SLN biopsy
 - Dissemination
 - Immediate axillary dissection
- Surgery duration (hours)
- Hospital stay (days)

Analysis:

- OR costs for each minute (personnel, structure and instruments)
- SLN analysis (immediate/delayed)
- Hospital stay costs (days)
- Costs of a delayed axillary dissection operation

THE COST PARAMETHERS HAVE BEEN APPLIED TO ALL THE THREE POSIBLE PATHWAYS

OUR CENTER

RENOWNED CENTERS

EVENTUAL REOPERATION: RADICAL MASTECTOMY

STANDARD PATHWAY

TWO EVENTUAL REOPERATIONS:
RADICAL MASTECTOMY
DELAYED AXILLARY DISSECTION

766 Females, 1 male

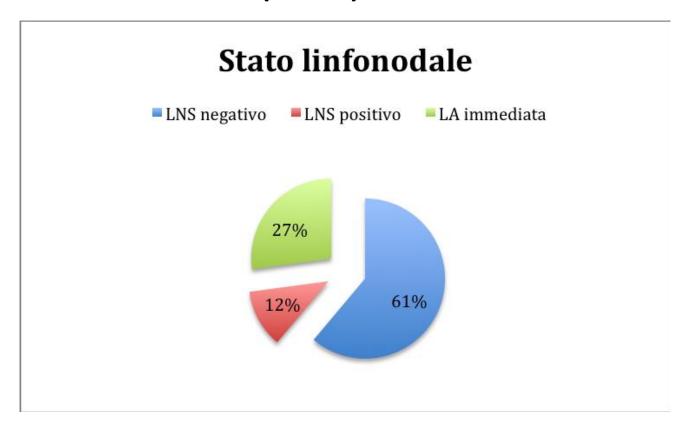
489 BCS (63.7%)

278 mastectomies (36.3%)

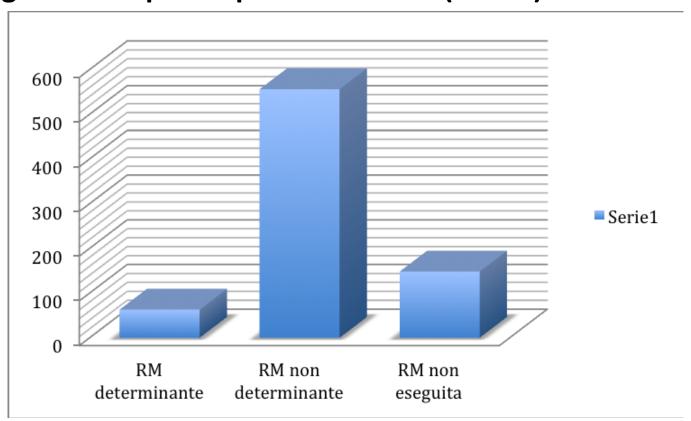


SLN biopsy in 559 cases (72.9%)

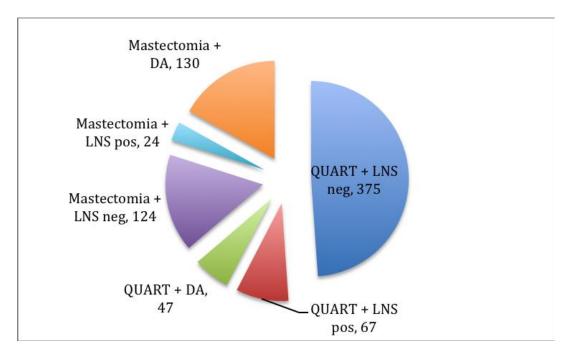
Positive search in 90 cases (16.1%)

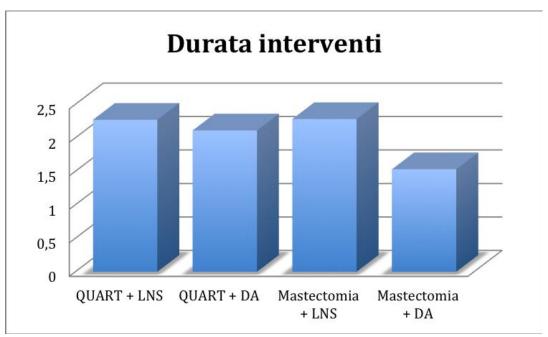


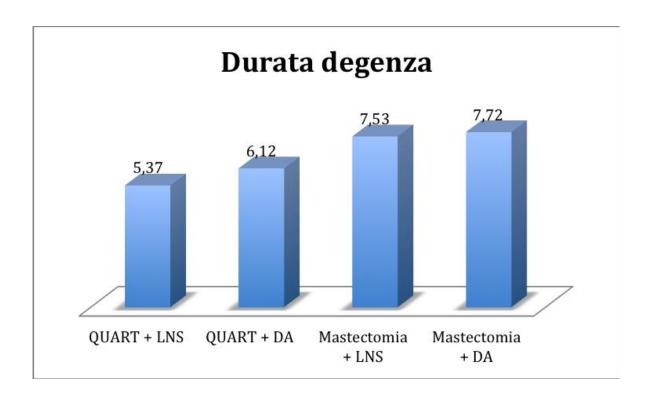
MRI performed and evaluable in 619 cases (80.7%)
Change of therapeutic plan in 63 cases (10.1%)



TIPO DI INTERVENTO	Numero di interventi
QUART + LNS	375 (48.9%)
QUART + DA per LNS positivo	67 (8.7%)
QUART + DA	47 (6.2%)
Mastectomia + LNS	124 (16.2%)
Mastectomia + DA per LNS positivo	24 (3.1%)
Mastectomia + DA	130 (16.9%)
	767 (100%)







COST OF ONE MRI: 323€

ONE DAY OF HOSPITAL STAY: 570€

IMMEDIATE SLN EVALUATION: 112€

DELAYED SLN EVALUATION: 107€

OR COST PER MINUTE (ALL INCLUIDED): 9.4€ BCS 8.9€ MASTECTOMY

COST OF A SINGLE DELAYED AXILLARY DISSECTION: 4081€

COST OF SURGICAL RADICALIZATION: 5717€

MRI EXCLUDED: 5394€

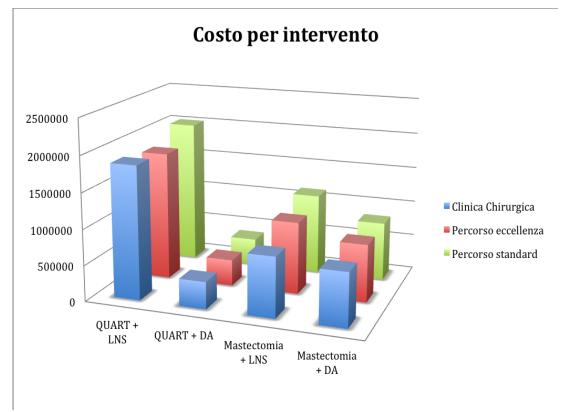
OUR STRUCTURE 3.825.890€

RENOVNED STRUCTURES 3.973.722€

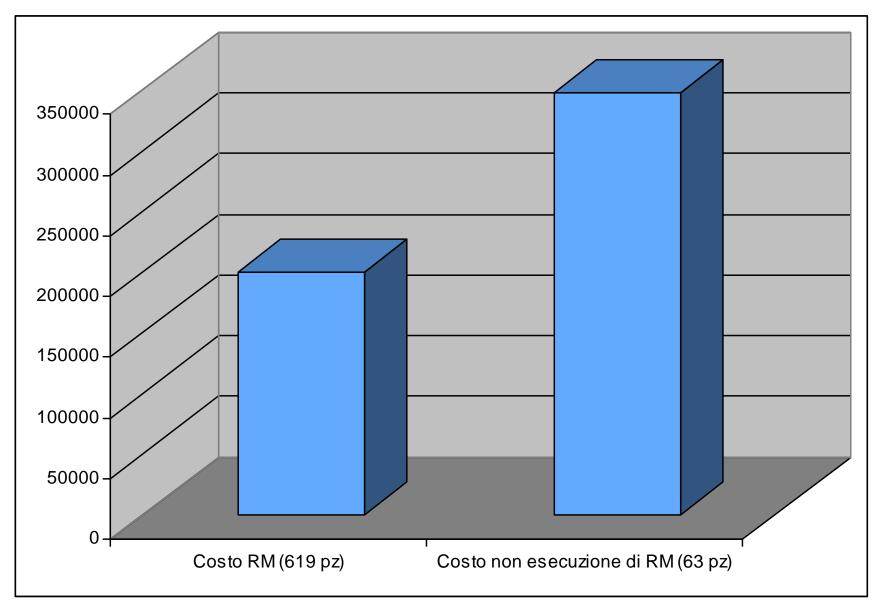
STANDARD PATHWAY
4.339.588€

SAVING RENOWNED CENTERS 147.832€

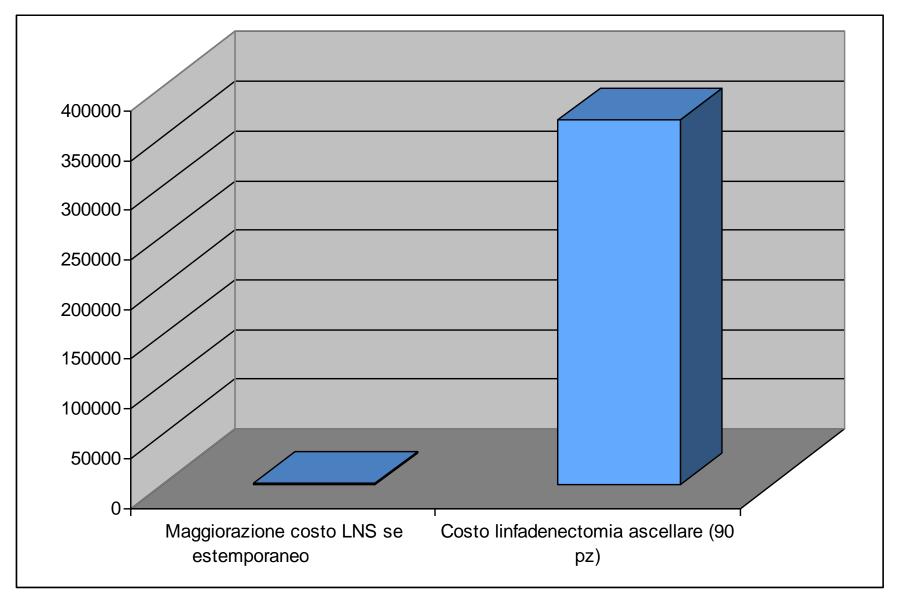
SAVING
STANDARD PATHWAY
513.698€



	Clinica Udine	Percorso eccellenza	Percorso standard
OHART LING	1 001 020	1 700 057	2.046.052
QUART + LNS	1.861.039	1.796.657	2.016.852
QUART + DA	378.221	366.714	377.177
Mastectomia + LNS	837.438	1.006.209	1.125.328
Mastectomia + DA	749.192	804.142	820.231



BREAK EVENT POINT: 37 PATIENTS



BREAK EVENT POINT: <1 PATIENT

DISCUSSION

MRI IS A TOLERABLE EXAM
4/619 PATIENTS

IMMEDIATE SLN BIOPSY IS A CORRECT CHOICE

ETHICALLY CORRECT RESULTS

ECONOMICALLY CHEAPER

CONCLUSIONS

OPTIMIZING THE ECONOMIC RESOURCES WITHOUT MODIFYING THE QUALITY PARAMETERS IS

FAIR

CONSCIOUS

USEFUL

	PERCORSO ECCELLENZA	PERCORSO STANDARD
RM MAMMARIA	458	1590
GIORNI DEGENZA	259	901
LNS ESTEMPORANEO	1320	4676
LNS DEFINITIVO	1382	4801
QUART + LNS	32	118
QUART + DA	19	67
MASTECTOMIA + LNS	26	89
Mastectomia + DA	24	84
Personale medico (un anno)	1	4
Personale Infermieristico (un Anno)	4	12
PERSONALE OSS (UN ANNO)	5	16