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Sentinel node biopsy in breast cancer: Comparison between post-operative histologic exam, intraoperative histologic exam and one-step-nucleic acid amplification (OSNA) analysis

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Introduction: Sentinel node (SN) biopsy is still a fundamental step of breast surgery. In the last years, the amount of tumor burden in SN is matter of debate and the axillary dissection in case of micrometastases and even of some cases of macrometastases is changing its role.

Materials & Methods: We realized a retrospective cohort study with 3 different groups of patients: In group A, we analyzed sentinel node post-operative with histologic exam, in group B the sentinel node was analyzed with intraoperative histologic exam and in group C we used OSNA (One-Step-Nucleic Acid Amplification) technique. We selected only patients with T1 and T2 infiltrative carcinomas (DCI and LCI) that underwent either breast conservative surgery or mastectomy. In case of ITC (Isolated Tumor Cells) in the SN, we didn't perform an axillary dissection while in case of micrometastasis and macrometastasis, a 1°, 2° and 3° level dissection was done. We also analyzed time and cost of the 3 different procedures and we also compared Overall Survival (OS), Disease Free Survival (DFS), Cumulative Loco-Regional Recurrence (CLRR) and Cumulative Distant Metastases (CDM) at 2 years of follow-up.

Results: We collected 450 patients in group A, 427 in group B and 406 in group C. BCS was performed in 65% of women, while mastectomy was done in 35% of cases. The SN was overall positive in 22.5% of patients (20.7% in group A, 18.5% in group B, 28.8% in group C). The rate of micrometastasis was respectively 5.6%, 4.4% and 12.1% in the 3 groups. The mean time of OSNA analysis was 42 minutes per patient and it was the fastest method. OSNA method was more expensive than intraoperative histologic analysis but if you consider also the operating theatre's cost it's cheaper. There was no difference in OS, DFS, CLRR and CDM.

Discussion: In group B and C we found a higher percentage of micrometastasis, in accordance with the major published studies. We have to correlate these data with the new role of axillary dissection in order to decide in which case it's necessary to perform it or not.

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Impact of investment case approach on equitable access to maternal and child health services in Nepal

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The Investment Case (IC) is a strategic and evidence-based problem-solving approach to support effective maternal, neonatal and child health planning and budgeting. It highlights the urgent need to accelerate progress towards health related SDGs3 and indicator 3.1 and 3.2, now sustain by describing health problems being faced by a country in the area of maternal new-born and child health. IC approach at local level, aims at developing plan that are coherent with local level development plans, which is equitable and responsive to the bottlenecks and local needs. This approach combines the basic setup of strategic problem solving with a decision-support model and is helpful to identify the bottlenecks and make the strategic action plans to address the identified MNCH bottlenecks.Bottleneck analysis framework and process includes collecting an extensive set of primary and secondary data, identifying current barriers to better coverage and proposing feasible strategies through a consultative and participatory process. In this approach, the five determinants are (i) availability (ii) accessibility (iii) acceptability (iv) contact and (v) effectiveness. The gap between these five different determinants is termed as bottleneck. Equity analysis is important in developing country like Nepal where the achievement in health has not been evenly distributed. Theselected districts for this study have very low HDI, have inadequate health services, and are predominantly inhabited by marginalized and socio-economically underprivileged people. Thus, equity assessment, will give insights on the effectiveness and scalability of IC approach to other parts within country and outside the country with similar settings.

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