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Current surgical, oncological and reconstructive outcomes of nipple sparing mastectomy: Results from a national multicentric registry with 1006 cases over a six-year period

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NSM is deemed safe upon several reviews from literature. Defined a “Conservative Mastectomy”, NSM implies an immediate reconstruction. No randomized trials have proven its surgical and oncological safety or the best reconstructive approach. Such trials are unlikely due to NSM wide acceptance and use. Large multi-institutional data-sets are therefore essential to analyze current outcomes of NSM. Present study evaluates results of the Italian National NSM Registry. In 2011, a panel of specialists agreed upon and designed a National database of NSM. Centers with at least 150 cancers per year and following the national follow-up guidelines could enter NSM cases, retrospectively and prospectively. During 2015, last oncological and reconstructive follow-ups and data extraction were performed. Present analysis consists of selected cases including those between January 1st 2009 and December 31st 2014. 913 women were included, accounting for 1006 procedures. Prophylactic mastectomies were 124 (12.3%). MRI increased over time. NAC necrosis rate was 4.8%. Larger skin-flap necrosis rate was 2.3%. Major surgical complications rate was 4.4%. Oncological outcomes (for primitive EBC cases) were: Locoregional recurrences 2.9% (NAC recurrence 0.7%), and 1.0% of systemic recurrences. 5 deaths (0.7%) occurred. Reconstructions were prosthetic in 93% of cases, with DTI equal to TE/two-stage reconstruction in 2014. Flaps decreased over time, despite 0% failure rate. Overall reconstruction failure was 2.6%. 12.3% are prophylactic mastectomies. Surgical and oncological outcomes prove NSM effectiveness, with low prosthetic reconstruction failures. This National multicentric analysis enables comparisons of results with no geographical differences and a “Safe” state-of-the-art of NSM in Italy.

Biography

Marco Bernini graduated from Florence University Med School in 2001, and completed a Surgery Master in USA in 2002. He obtained a period of research appointment in Scotland (UK) in 2008 and completed General Surgery Residency in 2008. He received his PhD in 2011 from University of Florence. He is a Breast Oncologic and Reconstructive Consultant Surgeon at Florence University Hospital Breast Unit. He has published more than 37 papers in indexed journals, has served as an Editor for a journal, and has participated as speaker and as a Board Member in international congresses.

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