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Percutaneous cryoablation in the treatment of metastatic breast cancer

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Metastatic breast cancer is considered an incurable disease, and the main treatment goal is palliation, with the aim of maintaining or improving the quality of life and possibly improving survival. Palliative treatment options currently available to these patients include external-beam radiotherapy, chemotherapy and combined modalities, endocrine therapies, and biologic agents. Traditionally, the local treatment of stage IV breast cancer, through either surgery or radiotherapy, has been reserved for palliation of advanced local disease to prevent local complications. Population and institutional data base reviews suggest that a significant percentage of women (approximately 40%–60%) receive surgery for their primary breast tumor as a component of therapy for stage IV disease. The biologic rationale for removing the primary breast tumor in cases of proven disease dissemination is debatable, but several observational studies have exhibited a higher survival rate among patients with stage IV breast cancer in whom the primary tumor is completely excised at the time of diagnosis. Ablative techniques, such as radiofrequency ablation percutaneous cryoablation, interstitial laser ablation, and high-intensity focused ultrasound ablation, are being explored in the hope to avoid the need for surgery. Among these local ablative therapies, percutaneous cryoablation is a minimally invasive technique that has been proven to be a safe and effective technique for the treatment of local malignant disease in various organs. The aim of this retrospective review of our hospital's database was to assess the technical safety, feasibility, and efficacy of percutaneous cryoablation to treat primary breast tumors in patients with metastatic breast cancer.

Biography

Pusceddu Claudio graduated in March 1986 from the University of Cagliari (Italy) and specialized at the same university in Diagnostic Radiology in 1996 and in Medical Oncology in 2004. He has worked in an oncological hospital since 1992, and he has specialized in extra-vascular interventional radiology in the field of Oncological Disease. Every year, he performs more than 300 procedures (radiofrequency thermal ablation, microwave ablation, cryoablation, percutaneous screws fixation, osteoplasty with PMMA injection and combination of these procedures) in cancer patients.

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