

Cryotherapy in breast cancer

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Introduction

- Population is getting older
 - Increases the risk of cancer
- Breast cancer
 - Ist cause of death of women between 65 and 84 yo

Treatment decision is based on¹:

- Comorbidity
 Autonomy
- \circ Life expectancy

- Geriatric evaluation

• Desire of the patient

Less surgery in elderly patients than in younger ²

Technical point

Cryothérapie en sénologie



Freezing phase

Joule-Thomson effect

Compressed argon is expanded in the needle and is cooled to -180 ° C

Direct cell damages

- I. Crystal formation
- 2. Appotosis



Warming phase

Vascular damages

Cell destruction

Similar to a biopsy under ultrasound guidance with local anesthesia (Xylocaine 2%)



77 yo, IDC in the ULQ of the right breast



77 yo, IDC in the ULQ of the right breast



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Skin protection by clinical monitoring, warming, and salin serum injection between the skin and the ice block



77 yo, IDC in the ULQ of the right breast



77 yo, IDC at the ULQ of the right breast



Multiple cryoprobes

The number of needle depends on the tumor size

- <10 mm = 2 needles</pre>
- +I needle per I cm
- Multiple tumors



Bicentric Study Bergonier and Saint-Louis

Purpose

- To evaluate feasibility, tolerance, and mid-term results of cryotherapy of breast cancer
- To compare cryotherapy to surgery in term of performances and complications
- To define target population

Patients treated by cryotherapy for breast cancer ≤ 35 mm Between february 2012 and february 2015

> Contraindication of surgery : n=29 Refusal of surgery : n=7 Total = 36





Parameters

	Cryotherapy group	Control groups
Population	Age	
	Charlson score (comorbidity)	
	ADL, IADL score (autonomy)	
	Satisafaction	
Tumor	size, pathology, grade, RH, HER-2	
Cryotherapy	Protocole	
	Type et nombre d'aiguille	
	Tolérance	
Cryotherapy and surgery	Complication	
	Lengh of hospital stay	
Follow-up	Clinic : Relaps at 24 month?	
	MRI : 3, 6, 12, 24, 36 mois	

Results

Population in cryotherapy group

- Age = 84 yo [73-102]
- Population
 - Charlson score (Comorbidity)
 - ▶ 30% > 4
 - ▶ 30% ≤ 2
 - ADL Score (Autonomy in intimate life) : 5,5/6
 - IADL Score (Autonomy in social life) = 7/7
- Life expectancy : >4 years for 50% of the patients

- > 33 IDC, 3 ILC
- 33 RH+ lesions
- Grade
 - I: 10 cas
 - ▶ II : 20 cas
 - III:5 cas











Follow up with MRI



Follow up with MRI



Follow up with MRI



Follow up





Follow-up

- Duration = 14,4 month [1 36]
- 2 relaps
 - At 6 month: IDC, triple negative breast cancer of 26 mm
 - Only I cryosonde was used
 - At 24 month: IDC of 13 mm
 - Only I cryosonde was used
- > 35 / 36 of the patient were satisfied with this treatment



Follow-up

Groups	Side effect	No progression at 24 month
Cryotherapy	2/35	8/10
Surgery + Radiotherapy + chemotherapy	I/35	39/41
Þ	0.5917	0.09333
Neoadjuvante hormonotherapy + cryotherapy	2/25	8/9
Neoadjuvante hormonotherapy + Surgery	3/16	10/11
Þ	0.3616	I

Discussion

Results

- Cryotherapy of breast cancer in agged women is feasible under local anesthesia
 - Few complication
 - Few relaps due to technical issue
- Cooperation of the patient is essential
 - Good autonomy
 - Limited comorbidity
- Tumor caracteristics
 - Size limit: <35 mm?</p>
 - Number limit: 2?
 - Localization: <5 mm of the skin</p>

Limits

- Retrospective study
- Small number of patients
- Short follow-up of 14,4 month
- No pathology after cryotherapy: margins? lymph nodes?

Conclusion

- Cryotherapy of breast cancer in agged women is feasible under local anesthesia
- Further prospective studies with geriatric assessment before and after treatment are desirable
- Cryotherapy remain an alternative treatment when surgery is not possible