

2nd World Congress on Controversies in  
Breast Cancer (CoBrCa)

Barcelona, Spain — September 8-11, 2016

第二届世界乳腺癌争议大会

乳腺癌争议 (CoBrCa)

西班牙巴塞罗那- 2016 年 9 月 8 日,

## Scientific Program

Session 1: 阶段 1:

Neoadjuvant therapy 新辅助化疗

1. That neoadjuvant systemic therapy should be standard of care for all operable breast cancer >2cm

2. That all patients with positive LN preNACT should have axillary dissection as part of cancer surgery

3. What about the patients?

1. 新辅助系统化疗应该成为> 2 厘米所有可手术乳腺癌的标准治疗吗?

2. 所有有淋巴结阳性患者 preNACT 都该进行腋窝淋巴结清扫, 其做为乳腺癌手术的一部分吗?

3. 病人呢?

Session 2 阶段 2:

Adjuvant endocrine therapy 辅助内分泌治疗

1. That Ovarian Function Suppression should be standard for all but low risk premenopausal ER+ve patients

2. That all patients with Hormone Receptor positive early breast cancer should receive 10 years of endocrine therapy

3. That topical estrogens and HRT are not totally contraindicated in patients with HR positive breast cancer

1. 卵巢功能抑制应该做为所有但是低风险绝经前 ER +病人的标准
2. 所有激素受体阳性的早期乳腺癌患者应该接受内分泌治疗的 10 年
3. 局部雌激素及荷尔蒙替代疗法在激素受体阳性乳腺癌患者并不是完全的禁忌

### Session 3 阶段 3

Early triple negative breast cancer 早期三阴性乳腺癌

1. TNBC pathology
2. TNBC subtype specific clinical management
3. That all TNBC should receive a platinum agent

1. TNBC 病理学
2. TNBC 亚型特定的临床管理
3. 所有 TNBC 应该接受 Platinum 治疗

### Session 4 阶段 4

Imaging 影像学

1. MRI for local staging: Essential tool or unnecessary luxury?
2. That PET-CT alone is the staging investigation of choice in breast cancer

1. MRI 局部分期: 基本工具或不必要的奢侈品?
2. Pet - CT 仅是乳腺癌分期的选择

### Session 5 阶段 5

Screening 筛查

1. Breast cancer screening beyond mammography
2. That breast cancer screening should be tailored according to risk

3. That detecting DCIS through screening is beneficial

1. 钼靶以外的乳腺癌筛查
2. 乳腺癌筛查应该根据风险定制
3. 通过筛查检测 DCIS 是有益的

## Session 6 阶段

Supportive care/Survivorship 支持性护理/生存

1. That lifestyle factors are a critical part of breast cancer treatment
2. Survivorship planning
3. Who should be responsible for the expanding load of follow-up?
  1. 生活方式因素是乳腺癌治疗的一个关键部分
  2. 生存计划
  3. 谁应该负责后续的 follow-up 跟踪?

## Session 7 阶段 7

Advanced breast cancer 晚期乳腺癌

1. That the term ‘cure’ can now be applied to select patients with metastatic disease
2. That correct sequence of chemotherapy drugs in MBC is important
3. The emerging role of immunotherapy in advanced breast cancer
  1. “治愈”这个词现在可以选择的应用于转移性疾病患者
  2. 化疗药物的正确顺序在转移性乳腺癌是很重要的
  3. 新兴的免疫治疗在晚期乳腺癌的作用

## Session 8 阶段 8

DCIS 原位乳腺导管癌

1. The Sloane Project
2. That adjuvant RT after BCS for DCIS represents overtreatment

3. Can the pathologist help determine appropriate extent of treatment?

1. Sloan 项目

2. DCIS 辅助放射治疗在 BCS 后代表过度治疗

3. 病理学家是否可以帮助确定适当的治疗?

Session 9 阶段 9

Molecular assays 分子检测

1. Introduction 介绍

2. Why I recommend this approach for ER+/HER2- ESBC

为什么对 ER + / HER2 - ESBC 我推荐这种方法

a. Oncotype Dx 肿瘤型

b. Mammaprint

c. PAM50

d. Endopredict 内分泌预测

e. Pathology alone 病理独立考虑

3. Discussion 讨论

Session 10 阶段 10

Free papers 文章自由讨论

Session 11 阶段 11

CNS metastases 中枢神经系统转移

1. That WBRT is a toxic and now redundant therapy

2. Management of CNS only metastatic disease: Does systemic therapy help?

1. WBRT 是有毒的, 现在多余的疗法

2. 只中枢神经系统管理只对转移性疾病: 系统性治疗有帮助吗?

## Session 12 阶段 12

### Reconstruction 乳房重建/再造

1. That implant with ADM is a good alternative to autologous reconstruction
  2. That PMRT after reconstruction is a good option
1. 对于自体重建与 ADM 植入是一个很好的替代品
  2. 重建后 PMRT 是一个很好的选择

## Session 13 阶段 13

### HER2 positive disease HER2 阳性病例

1. That sequencing of agents in HER2-positive neoadjuvant setting matters
  2. That all early stage HER2-positive patients should receive adjuvant anti-HER therapy
  3. What to do when Pertuzumab and TD-M1 have failed
1. 在 HER2 阳性的序列新辅助设置问题
  2. 所有早期 her2 阳性的病人应该接受辅助 anti-HER 疗法
  3. 当 Pertuzumab 和 TD-M1 失败了要做什么？

## Session 14 阶段 14

### Local therapy 局部治疗

1. That size (of margins) still matters
  2. That IORT should be offered to suitable patients
  3. That adjuvant radiotherapy is overused in node negative early breast cancer
1. 大小(边缘)仍然很重要
  2. IORT 应该提供给合适的病人
  3. 对于淋巴结阴性早期乳腺癌辅助放疗是过度治疗

## Session 15 阶段 15

### Locoregional management 局部区域管理

1. That further axillary treatment trials in SLN +ve disease are required
  2. That regional nodal radiotherapy is required in all early stage node positive breast cancer
  3. That internal mammary nodes should be included in locoregional treatment
1. 在 SLN + 的疾病进一步的腋窝治疗试验是必需的
  2. 区域淋巴结放疗在所有淋巴结阳性早期乳腺癌是必需的
  3. 内乳淋巴结应该包含在局部区域的治疗

#### Session 16 阶段 16

##### Prevention/Genetics 预防/遗传学

1. Tamoxifen and Aromatase inhibitors for breast cancer prevention: Are they worth it?
  2. Food and tumours
  3. That the majority of breast cancer patients should have genetic testing
1. 三苯氧胺和芳香化酶抑制剂预防乳腺癌:他们是值得的吗?
  2. 食品和肿瘤
  3. 大多数乳腺癌患者应该基因检测

#### Session 17 阶段 17

##### Breast cancer 2020 2020 年乳腺癌

1. Replacing issue biopsies with liquid biopsy: The future is written in blood
  2. That sequencing breast cancers allows personalized treatment
  3. The drugs that will change breast cancer management in the next 10 years
1. 更换液体活检的问题:未来是用血写的
  2. 乳腺癌测序可以帮助个性化的治疗
  3. 乳腺癌的药物会在未来 10 年改变