2024

Taipei International Breast Cancer Symposium

台北國際乳癌研討會

Speech Abstract

Topic:

How to avoid axillary dissection in breast cancer patients with metastatic axillary lymph nodes on preoperative ultrasound

Abstract

Throughout the last decades, we have seen significant de-escalation efforts relating to the extent of axillary surgery in breast cancer patients. Today, clinically node-negative patients undergoing primary surgery will not need an axillary lymph node dissection if up to two sentinel lymph nodes show macrometastases. Clinically node-positive patients with an indication for neoadjuvant systemic treatment may be down-staged and can avoid axillary lymph node dissection through marking of the metastastic lymph node(s) followed by targeted axillary dissection, or even avoid marking and undergo a sentinel lymph node biopsy only if at least three sentinel lymph nodes are identified.

Despite these developments, there are still knowledge gaps preventing de-escalation in specific patient subgroups which have not been included in published trials; one example is the group of patients who have metastastic lymph nodes detected on preoperative ultrasound but are no candidates for neoadjuvant systemic treatment. Most guidelines recommend an axillary lymph node dissection in such patients, but efforts to limit the extent of axillary surgery are ongoing.

We will discuss different clinical scenarios taking into consideration biological tumour subtypes and clinical findings, pointing towards possible de-escalation strategies and scientific evaluation.