



2024

# Taipei International Breast Cancer Symposium

## 台北國際乳癌研討會

### Speech Abstract

Topic:

#### Axillary Surgery in Clinically Node Negative and Positive Disease: Current Indication

Abstract

Axillary surgery remains a pivotal component in the management of breast cancer, offering both prognostic information and therapeutic benefits. The indications for axillary surgery have evolved, particularly in the context of clinically node-negative and node-positive disease.

#### 1. Clinically Node-Negative Disease:

- 1) Sentinel Lymph Node Biopsy (SLNB):** SLNB has become the standard of care for axillary staging in patients with clinically node-negative breast cancer. It minimizes morbidity associated with axillary surgery while providing accurate staging information.
- 2) Avoidance of ALND:** In patients with negative SLNB, ALND is generally avoided. For those with micrometastases or isolated tumor cells in SLNB, omission of further axillary surgery is increasingly accepted based on evidence from trials such as ACOSOG Z0011 and AMAROS.
- 3) Avoidance of SLNB :** In select low-risk patients, particularly older women with small, hormone receptor-positive tumors, SLNB may be safely omitted. Studies such as CALGB 9343 support this approach, indicating no significant difference in overall survival with the omission of SLNB in these cases. The SOUND trial specifically demonstrated that axillary ultrasound (AUS) alone could be a viable alternative to SLNB for staging, avoiding the need for more invasive procedures in certain populations.

#### 2. Clinically Node-Positive Disease:

- 1) Neoadjuvant Chemotherapy:** Patients receiving neoadjuvant chemotherapy who convert to clinically node-negative status may be candidates for SLNB, potentially avoiding ALND if the SLNB is negative.
- 2) Axillary Lymph Node Dissection (ALND):** Traditionally recommended for patients with clinically positive nodes, ALND is now selectively performed based on the extent of nodal involvement and response to systemic therapy. The use of ALND is being re-evaluated in the context of favorable responses to neoadjuvant treatments.

#### 3. Radiotherapy Considerations:

- 1)** Recent trials indicate that axillary radiotherapy may be a viable alternative to ALND in patients with limited nodal disease, reducing surgical morbidity without compromising oncological outcomes.

The indications for axillary surgery in breast cancer are increasingly tailored to individual patient profiles, balancing oncological control with quality of life considerations. Sentinel lymph node biopsy is the preferred approach in clinically node-negative patients, while the role of axillary lymph node dissection is becoming more selective in clinically node-positive disease. The SOUND trial highlights the potential for axillary ultrasound to replace SLNB in specific low-risk populations, marking a significant shift towards less invasive management strategies. Ongoing trials (NAUTILUS, ASLAN trial) and emerging data continue to refine these indications, emphasizing a multidisciplinary approach to optimize patient outcomes.