



ASO VISUAL ABSTRACT

ASO Visual Abstract: Risk of Surgical Overtreatment in cN1 Breast Cancer Patients Who Become ypN0 After Neoadjuvant Chemotherapy: SLNB Versus TAD

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Among cN1 breast cancer patients who experience a nodal pathologic complete response after neoadjuvant chemotherapy, both sentinel lymph node biopsy and targeted axillary dissection were associated with technical failures,

leading to overtreatment with axillary lymph node dissection in approximately 15% of patients (<https://doi.org/10.1245/s10434-024-16625-7>).

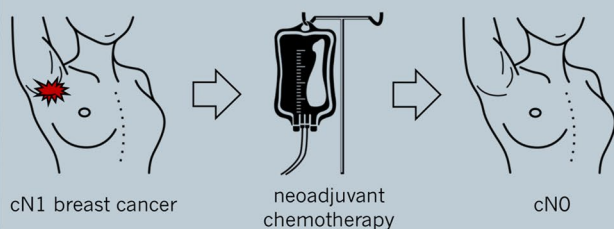
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Institutional axillary surgery protocol:

2017-2018	Sentinel lymph node biopsy (SLNB) -dual tracer, immunohistochemistry (IHC) -retrieval of ≥ 3 SLN	ypN0	Axillary lymph node dissection (ALND) only if failed SLN mapping or < 3 SLN retrieved
2019-2022	Targeted axillary dissection (TAD) -dual tracer, IHC -retrieval of ≥ 2 SLN -retrieval of clipped node (CN)	ypN0	ALND only if failed SLN mapping or < 3 total nodes retrieved or CN not retrieved

The rate of required ALND among ypN0 patients due to technical failure was 14.7% and did not differ between SLNB vs. TAD

	SLNB (n=77)	TAD (n=114)	p-value
Failed mapping	6.5%	2.6%	0.19
< 3 nodes retrieved	10.4%	3.5%	0.06
CN not retrieved	--	7.1%	--
TOTAL need for ALND	16.9%	13.2%	0.48

Axillary recurrence was a rare event regardless of approach: N=1 (1.3%) for SLNB and N=0 for TAD

Conclusion: SLNB and TAD for cN1 patients treated with NAC showed equivalent technical failure rates. When strict criteria are applied to minimize the false negative rate, approximately 15% of ypN0 patients will be overtreated with ALND.

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Visual Abstract for @AnnSurgOncol

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