

AXILLARY RELAPSE AFTER NEGATIVE SENTINEL BIOPSY IN PATIENTS WITH BREAST CANCER

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INTRODUCTION

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- Axillary status is the most powerful prognostic factor in patients with initial breast cancer
- In this setting , the use of sentinel node biopsy avoid extensive axillary dissection, with false-negative rates of 5-10%
- Axillary recurrence is 0 -4,5%
- What's this impact in our patients ?

OBJECTIVES

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- ***Primary endpoint:*** determination of exclusive axillary relapse (AR) incidence in patients with breast cancer submitted to negative sentinel node biopsy (SNB)
- ***Secondary endpoints :*** determination of overall survival (OS), disease free survival (DFS) and relationship between immunophenotype profile, tumor measurement, histological and nuclear grade and AR

METHODOLOGY

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- 327 breast cancer patients were enrolled in a retrospective study between January 2006 and May 2014 in Hospital Sirio Libanes' Senology Service and Professor Alfredo Barros' Clinics
- Clinical stage I to III with negative SNB and not submitted to complete axillary node dissection
- Excluded neoadjuvant, metastatic disease and prophylactic surgeries setting

METHODOLOGY

- We determined : AR
OS
DFS
- Used Kaplan-Meier's curves and correlated immunophenotype profiles, tumor measurement, histological and nuclear grades with uni and multivariate analyses with p significance < 0,005

RESULTS

RESULTS

- 327 patients, media age of 57,02 years
- 113 – pre-menopausal, 210 menopausal status and 04 unknow
- 230 patients clinical stage I, 96 stage II and 1 stage IIIa

RESULTS

VARIABLES	NUMBER OF PATIENTS
AGE (years)	
<50	111 (33,9%)
>50	216 (66,1%)
MEDIA	57,02 ys (29-88 ys)
TUMOR (cm)	
<2	230 (70,3%)
2-5	92 (38,8%)
>5	5 (1,5%)
MEDIA	1,83 cm (0,2-8,5 cm)
HYSTOLOGIC TYPE	
SOE	284 (84,2%)
LOBULAR	18 (15,7%)
OTHERS	05 (0,1%)

RESULTS

VARIABLES	NUMBER OF PATIENTS
<i>ESTROGEN RECEPTOR</i>	
POSITIVE	272 (84,2%)
NEGATIVE	51 (15,7%)
UNKNOWN	04 (0,1%)
<i>PROGESTERONE RECEPTOR</i>	
POSITIVE	257 (79,5%)
NEGATIVE	66 (20,4%)
UNKNOWN	04 (0,1%)
<i>Her 2 RECEPTOR</i>	
NEGATIVE	283 (86.5%)
POSITIVE	41 (12,5,%)
NOT-AVALIABLE	05 (0,9%)

RESULTS

VARIABLES	NUMBER OF PATIENTS
<i>HYSTOLOGIC GRADE</i>	
I	68 (21,1%)
II	165 (50,1%)
III	88 (27,4%)
<i>NUCLEAR GRADE</i>	
I	20 (6,11%)
II	169(51,6%)
III	138 (42,2%)
<i>SENTINEL NODE</i>	
1	95 (29%)
2	80 (24,4%)
3	46 (14%)
>3	106 (30,8%)
MEDIA	3,52 (1-22)

RESULTS

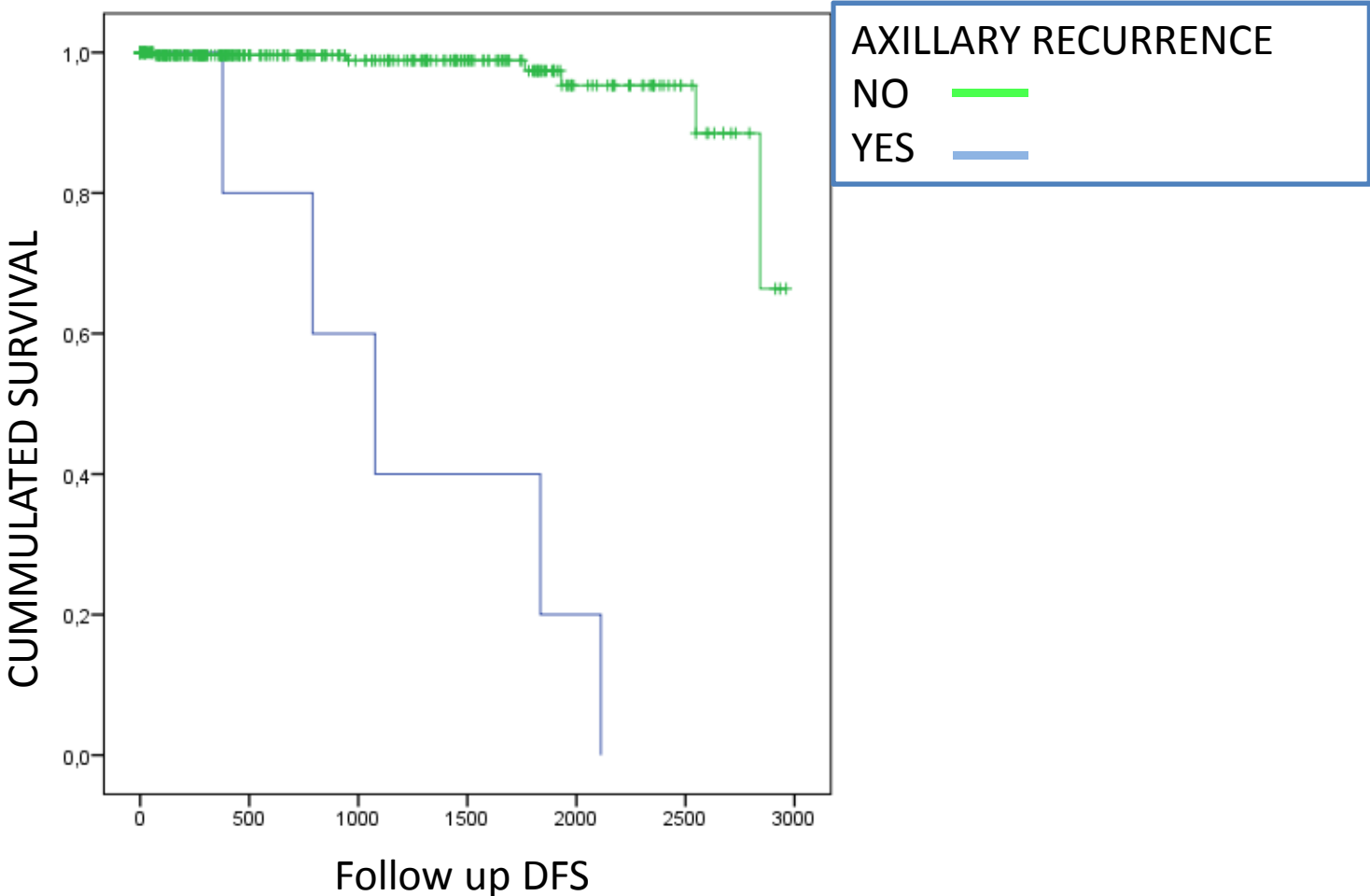
ADJUVANT THERAPY	NUMBER OF PATIENTS
<i>RDT</i>	
YES	140 (42,8%)
NO	138 (42,2%)
IORT	23 (7%)
NO INFORM	49 (15%)
<i>HT</i>	
YES	234 (71,5%)
NO	42 (12,8%)
NO INFORM	51 (21,5%)
<i>CT</i>	
YES	153 (46,1%)
NO	174 (53,2%)

RESULTS

- AR : 1,53 % , follow up 0 -123,3 months (79,4 mth)
- AR'S media time 3,3 years (1,03 – 5,7 yrs)
- OS wasn't determinated – no deaths
- DFS – 80 % patients - 1,3 years
 - 40% patients > 2,7 years
 - 20% patients > 5,4 years

RESULTS

Avaliation - Disease Free Survival (DFS).



RESULTS

- Univariate analyses (Spearman correlation):
Use of HT $p < 0,004$
- Multivariate analyses (Logistic regression analyses):
Use of CT 98,5% X no Use 50%

CONCLUSIONS

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- AR's – 1,53%
- No impact in OS
- The variables -histological type, tumor measurement, histological and nuclear grades and immunophenotype's tumor wasn't correlated with AR
- HT reduces the AR ; CT increases AR



THANK YOU



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