Management of the axilla in invasive breast cancer (IBC) has shifted away from radical surgery such as axillary lymph node dissection (ALND) towards less invasive procedures, such as sentinel lymph node biopsy. A previous study utilizing the ACS-NSQIP database showed an overall national downward trend in ALND procedures being performed in women from 2007-2014. We hypothesize that there has also been a national downward trend in ALND procedures in the male population.

**Background**

Male Patients with IBC were identified in the ACS-NSQIP database (2007 to 2017)

Included ICD-9 & ICD-10 codes:
- Malignant neoplasm of the female breast
- Malignant neoplasm of male breast

Included CPT codes were identified:
- Partial mastectomy w/ axillary lymphadenectomy (19302)
- Modified radical mastectomy (19307)
- Radical mastectomy (19305,19306)
- Superficial axillary lymphadenectomy (38740)
- Complete axillary lymphadenectomy (38745)

Outcomes:
- % of patients with IBC undergoing ALND per year
- % of male patients with IBC undergoing ALND per year

A Cochran-Armitage trend test was used to determine if there was any significant increase or decrease in the rate of ALND over the included years.

**Results**

A total of 200,132 patients were identified with IBC, 1.17% (2,024) of which were male. The average age was 64.9 years old.
- 25.26% of all patients underwent ALND
- 25.09% of all female patients underwent ALND
- 39.62% of all male patients underwent ALND

The percentage of all, female, and male patients with IBC undergoing ALND significantly decreased over the study (p<0.001) There was an average annual decrease of 1.81% within the male population and 2.01% within the female population.

**Conclusions**

While de-escalation of breast and axillary management in female breast cancer patients has been reported over the years, the same has not been noted in the management of male breast cancer patients, with mastectomy being more prevalent. Interestingly, this study has demonstrated that there is a national downward trend in ALND procedures in men with IBC similar that seen in women. However, the average yearly decrease was slightly lower than in women (1.81% vs. 2.01%) and male patients had a higher rate of ALND overall during the study period (39.62% vs. 25.09%). We hypothesize that this is because men present at a later stage than female patients and are more likely to have axillary involvement, however, this data is not available within the NSQIP database. Future research will be needed to assess this hypothesis.

**References**