IS THERE ANY ADVANTAGE OF TARGETED AXILLARY DISSECTION AFTER NEOADJUVANT CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED BREAST CANCER WITH INITIALLY POSITIVE CLIPPED AXILLARY NODE?

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INTRODUCTION

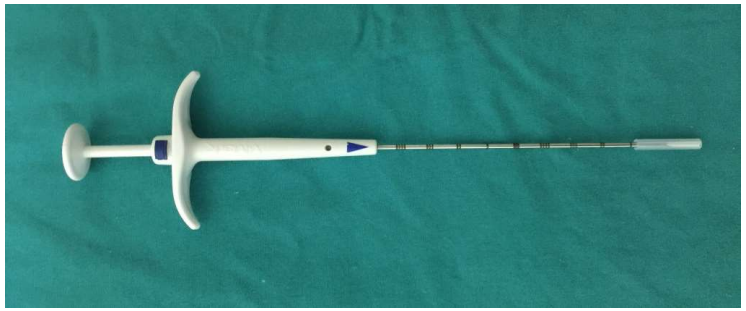
T0-T4 N(+) LABC→placement clip into the index metastatic index LAP→NAC→**removing lymph node with clips**

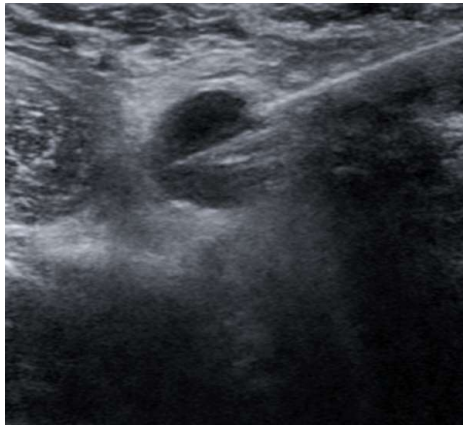
False negative rate ⇓⇓⇓

AIM: Can we omit ALND by Targeted Axillary Dissection (TAD) +/-SLNB ?

MATERIAL AND METHODS

- Placement of the clip into the index patologic lymph node before NAC)





- SLNB by:
  - Isosulfane blue : n=27; 67%
  - Combine method(radioisotop&blue dye): n=13; 33%

RESULTS

Patient Characteristics	
Median age (n=40)	45 (24-70)
T1	3 (7.5%)
T2	24 (60%)
T3	11 (27.5%)
T4	2 (5%)
N1	31 (77.5%)
N2	9 (22.5%)
Median SLN	2(1-5)
SLN 2≤	31 (77.5%)
Surgery:	
SLNB alone	16 (40%)
ALND (intraopeartive pathologic examination: (+)	24 (60%)
TAD:	
Wire localisation	32 (80%)
ROLL (Radioguided Occult Lesion Localisation)	7 (%17,5)
Carbon dye	1 (2.5%)

RESULTS

Non-sentinel lymph node positivity

SLNB technique alone 12.5%	Only removal of lymph node with clip 12.5%

If both these techniques have performed
4.2%

CONCLUSION

TARGETED AXILLARY DISSECTION

Before NAC: marking metastatic LAP with clip
+
After NAC: ROLL/wire/carbon
&
SLNB

In patients with SLNB and/or clip(+):
non-sentinel positivity <%5

We can omit axillary dissection