Utility for Additional Axillary and/or Systemic Staging Evaluation in Clinical T3N0M0 Breast Cancer Patients

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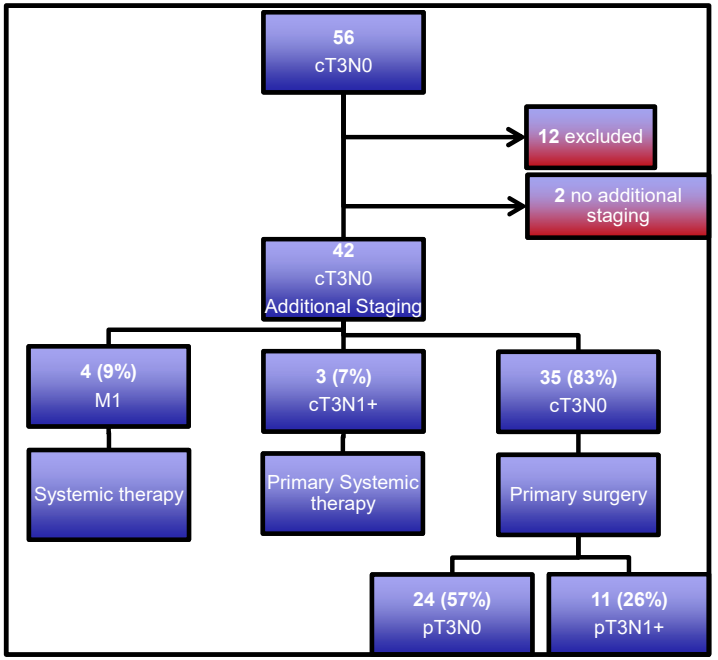
OBJECTIVE

Initial work up recommendations and the role of preoperative staging evaluation of American Joint Committee on Cancer (AJCC) clinical stage T3N0M0 breast cancers is less clear as the overall clinical stage can now range from clinical stage IB to IIIB depending on grade and receptor status according to the AJCC 8th edition. In order to better define the utility of preoperative staging evaluation, this study sought to identify the tumor characteristics and upstage rate for cT3N0 breast cancer cases found to be clinical N1 or clinical M1 by additional axillary or systemic staging evaluation.

METHODS

Our metropolitan hospital IRB approved breast cancer database was queried for the years 2010-2019 for clinical stage T3N0M0 cases. Patient demographics, cancer staging, tumor characteristics, survival data were obtained. Chart review was performed for regional staging evaluation (axillary ultrasound, MRI) and preoperative systemic staging evaluation (PET/CT, CT chest/abdomen/pelvis).

RESULTS



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RESULTS

56 patients were identified from 2010 to 2019 that presented as cT3N0M0. Of these, 12 patients did not meet inclusion criteria – synchronous cancer (4), left system (4), or never returned (4). This left 44 patients of which 42 had additional imaging work up that revealed a 15.9% upstaging rate. Of those upstaged, over half (57%) were upstaged to stage 4. Of those upstaged, all of their management plans were initiated with systemic therapy.

CONCLUSION

Of our clinical T3N0M0 cohort, even though the overall clinical stage can vary from stage IB to stage IIIB depending on grade and receptor status, additional imaging for axillary and systemic evaluation still had a significant impact on patient care as 15.9% were upstaged and ultimately had their cancer treatment/management plan directed by these findings. This is important to appreciate as the 8th edition AJCC staging system may not yield an overall stage for clinical T3N0M0 breast cancer cases that would drive this further imaging.

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