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Is sentinel lymph node biopsy enough for axillary macrometastasis?

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Although omission of further treatment to axilla in clinical N0 T1-2 breast cancer patients with conserved breast and positive micrometastatic 1-2 sentinel lymph node(s) is relatively well established, optimal management of the axilla in macrometastatic disease is controversial. Z0011 (micro- and macromets), International Breast Cancer Study Group (IBCSG) 23-01 (micromets), and AMAROS (micro- and macromets) are randomized trials to determine best management. According to Z0011 axillary lymph node dissection (ALND) isn't necessary and sentinel lymph node dissection (SLND) could be the appropriate choice. IBCSG 23-01 not only further strengthens this idea for the micrometastatic cases but also shows that quality of life could be improved with SLND. In Saint Gallen consensus report 2013, 73% of the experts state that avoiding full axillary clearance after 1-2 positive sentinel nodes is endorsed in situations of conservative surgery and radiotherapy (RT). AMAROS announced at ASCO 2013 Meeting and showed that both axillary RT and ALND were equally effective but less lymphedema with axillary RT. Although Z0011 changes the practice, details of radiotherapy fields have recently been announced at the San Antonio 2013 Meeting. In review of patients with evaluable detailed radiotherapy records, roughly 70% of them received some form of lymphatic RT. Omission of further treatment to axilla with macrometastatic sentinel lymph node isn't appropriate and either ALND or axillary RT can be an effective option treating patients but with less lymphedema in RT arm. It's still not clear whether these suggestions could be applicable to the patients treated with mastectomy.

Biography

Merdan Fayda is an associate professor at Istanbul University, Institute of Oncology, Dept. Of Radiation Oncology. He has been working in the field of radiation oncology since 1999, when he began his education at Istanbul University's Institute of Oncology Dept. of Radiation Oncology. Since then, Dr. Fayda has been involved with the Italian Hospital Dept. of Radiation Oncology, Gulhane Military Medical Academy, Dept. of Radiation Oncology, Kocaeli University Faculty of Medicine, Department of Radiation Oncology, and his current affiliation with Istanbul University Institute of Oncology, Department of Radiation Oncology. Dr. Fayda is a member of the Turkish Society of Radiation Oncology, ASTRO and ESTRO. He has several publications which include his thesis on 'Patient and treatment related factors affecting locoregional recurrence after post-mastectomy adjuvant radiotherapy', 'Axillary versus sentinel-lymph-node dissection for micrometastatic breast cancer' and his most recent publication 'The diagnostic, predictive, and prognostic role of serum epithelial cell adhesion molecule (EpCAM) and vascular cell adhesion molecule-1 (VCAM-1) levels in breast cancer.'

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