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Importance of ALND: 8-year retrospective analysis of a tertiary breast surgical unit

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Introduction & Aim: Following the release of the ACOSOG Z0011 trial debate exists as to which patients with a positive Sentinel Lymph Node Biopsy (SLNB) should precede to Axillary Lymph Node Dissection (ALND). We aim to identify predictors of positive non-sentinel lymph nodes in these patients.

Method: All patients undergoing a Level 1-3 ALND for breast cancer between January 2008-December 2016 at the Royal Brisbane and Women's Hospital were identified through an established database maintained by the Breast and Endocrine Surgery Unit. Ethics approval was obtained to conduct this retrospective review.

Result: A total of 887 patients underwent SLNB for breast cancer during the study period. Of these, 179 (20.2%) progressed to a level 1-3 ALND. 67 patients had positive non-sentinel axillary nodes representing 37.4% of patients undergoing ALND. Level 3 nodes were positive in 18% of patients. Lymphovascular invasion was present in 59% of patients with a positive non-sentinel lymph node as opposed to 39% of patients with a negative ALND ($p=0.01$). Additionally, grade 3 tumors accounted for 40% of patients with positive non-sentinel lymph nodes in comparison to 25% of patients who were negative ($P=0.03$). T stage, ER status, PR status and HER-2 status did not affect risk of non-sentinel disease.

Conclusion: Axillary clearance remains an important therapeutic approach for management of axillary disease in breast cancer. Following a positive sentinel lymph node biopsy patient with lymphovascular invasion and grade 3 tumors should proceed to a Level 1-3 ALND given their increased risk of non-sentinel lymph node disease.

Biography

Kowski Murugappan is a Breast and Endocrine Surgeon and recently commenced her private practice at St Andrew's War Memorial Hospital. She has developed a passion for health care while growing up in northern country Victoria and seeing the impact of a dedicated medical professional. This passion took her to completing a Medical degree at Monash University in 2004 followed by General Surgical training at the Austin Hospital and Monash Health during 2006-2012. During training, she developed a strong interest toward breast cancer management. She has pursued and completed three years of Breast and Endocrine Fellowships at Nepean Hospital, Sydney, Christchurch Hospital and RBWH. At the end of her Fellowship at RBWH she accepted her current role as Staff Specialist in Breast and Endocrine Surgery.

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