

UNIVERSITY

HOSPITAL



Oncologic Outcomes for Different Axillary Staging Techniques in Nodal Positive Breast Cancer undergoing Neoadjuvant Systematic Treatment: A Cancer Registry Study André Pfob, MD^{1,2}; Daria B. Kokh, PhD³; Irina Surovtsova, PhD³; Fabian Riedel, MD¹; KRBW (Krebsregister Baden-Wuerttemberg); Philipp Morakis³, MD; Joerg Heil, MD^{1,4}

Background:

- Targeted approaches like targeted dissection (TAD) or sentinel-lymph node biopsy (SLNB) recently showed false-negative rates <10% compared to axillary lymph node dissection (ALND).
- Oncologic outcomes of targeted approaches are unclear
- Aim: To evaluate oncologic outcomes for different axillary staging techniques in patients with nodal positive breast cancer undergoing **neoadjuvant** systemic treatment (NAST).

Methods:

- Nodal positive breast cancer patients undergoing NAST from 2016 to 2021 with at least 1-year follow-up from the state cancer registry of **Baden-Wuerttemberg**, Germany
- **Outcome**: Invasive disease-free survival (iDFS)
- Kaplan-Meier statistics and multivariate cox regression models (adjusted for age, pN stage, pT stage, and tumor biologic subtype).

Future Directions for Research:

- This data suggests that **ALND provides no benefit** terms of iDFS compared to in approaches for patients with nodal breast cancer undergoing NAST.
- with longer-term follow-up Studies welcomed to fully inform this discussion.

axillary

targeted positive

are

ALND provides no benefit in terms of iDFS compared to targeted approaches (TAD, SLNB) for patients with nodal positive breast cancer undergoing NAST

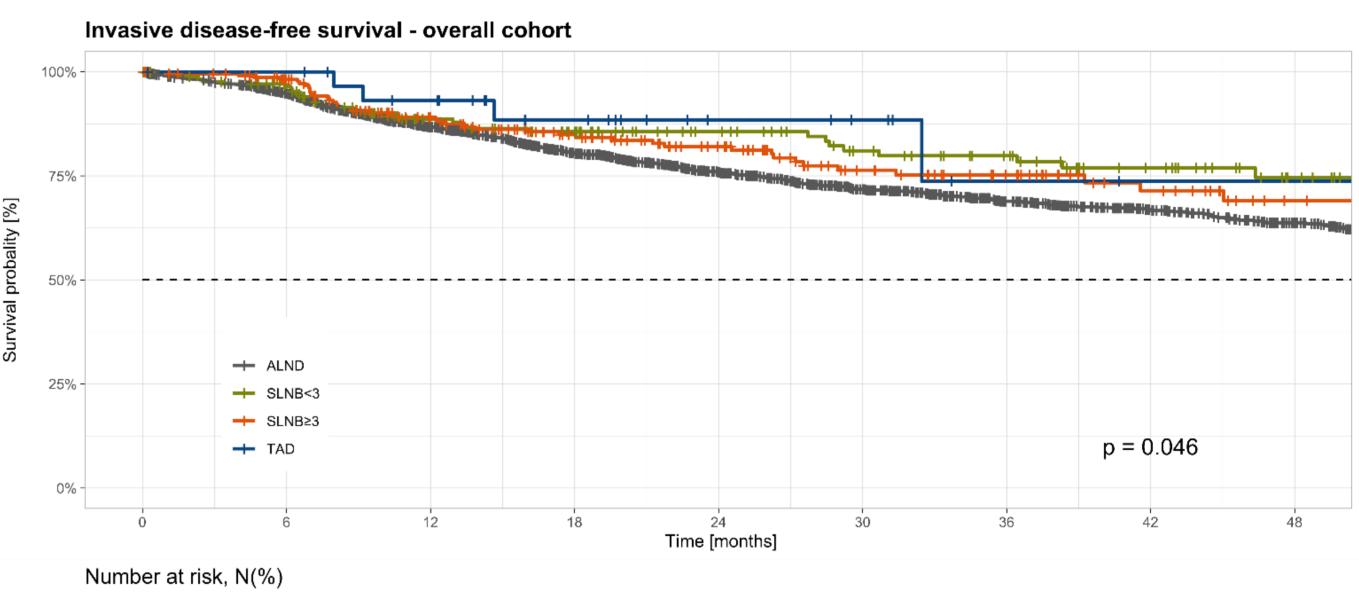
1 Department of Obstetrics and Gynecology, Heidelberg University Hospital, Heidelberg, Germany 2 National Center for Tumor Diseases (NCT) and German Cancer Research Center (DKFZ), Heidelberg, Germany 3 Klinische Landesregisterstelle, Krebsregister Baden-Württemberg, Germany

4 Breast Centre Heidelberg, Klinik St. Elisabeth, Heidelberg, Germany

This presentation is the intellectual property of the author/presenter. Contact them at andre.pfob@med.uniheidelberg.de for permission to reprint and/or distribute

Results:

staging techniques



	Number at risk, IN(70)																	
ALND	1963 ((100)	1725	(88)	1376	(70)	1079	(55)	849	(43)	663	(34)	498	(25)	376	(19)	264	(13)
SLNB<3	177 (*	100)	157	(89)	118	(67)	103	(58)	82 (46)	68 ((38)	58 ((33)	43 (24)	28	(16)
SLNB≥3	230 (*	100)	203	(88)	158	(69)	127	(55)	101	(44)	68 ((30)	54 ((23)	37 (16)	24	(10)
TAD	33 (1	00)	31 (94)	26 (79)	17 ((52)	10 (30)	8 (2	24)	4 (12)	3 (9)	3	(9)

Figure 2. Multivariate Cox Regression Analysis

staging	ALND (N=1963)	
	SLNB<3 (N=177)	(0
	SLNB≥3 <i>(N=230)</i>	(0
	TAD (N=33)	(0
рN	pN0 <i>(N=1004)</i>	
	pN+ (N=990)	(1
рТ	рТ0 <i>(N=529)</i>	
	pT1-pT2 <i>(N=760)</i>	(1
	рТ3-рТ4 <i>(N=123)</i>	(2
subtyp	HRpHER2n <i>(N=945)</i>	
	changing (N=253)	(1
	HRnHER2p <i>(N=238)</i>	(0
	HRpHER2p <i>(N=467)</i>	(0
	TNBC (N=386)	(1
age	<55years (N=927)	
	>80years <i>(N=256)</i>	(0
	55-80years <i>(N=1219)</i>	(0
# Events: 311: Global p-	value (Log-Rank)	. 1

Events: 311; Global p-value (Log-Rank): 1.6467e-27 AIC: 3913.77; Concordance Index: 0.72

Pfob A et al. Oncologic outcomes for different axillary staging techniques in nodal positive breast cancer undergoing neoadjuvant systematic treatment: A cancer registry study. Journal of Clinical Oncology 2023 41:16_suppl, e12571-e12571



Figure 1. Kaplan Maier Plots of invasive disease-free survival for different axillary

