

Can axillary treatment in selected breast cancer patients be avoided?

Elga Majdič

Institute of Oncology Ljubljana, Slovenia

Purpose. To determine the locoregional control in the patients with invasive breast cancer who had no axillary treatment.

Patients and methods. Axillary dissection remains an integral part of breast cancer surgery at our institute; therefore, we can report on only 30 patients with invasive breast cancer who had no axillary treatment from 3.91 till 3.99. The reasons for omitting the axillary treatment were the age and/or the prognostic factors favoring the decision on adjuvant therapy determined by the primary tumor features. All patients had clinically negative axillary nodes. 25 were post- and 5 were premenopausal with a mean age of 64.8 years (range 32-78). Five tumors were pathologically ≤ 1 cm, 13 between 1-2 cm and twelve > 2 cm in diameter. Histologically, 21 carcinomas were ductal, 8 lobular and 1 papillary; 10 were grade I, 13 grade II and 7 grade III (BRE). HR were positive in 20 cases. Breast conserving surgery was performed in 24 patients, with post-operative radiotherapy in 18 and mastectomy in 6 patients. Nineteen patients received tamoxifen and 3 chemotherapy.

Results. Within a mean follow-up of 48 months (range 12-108), there were no axillary failures. One had a breast recurrence (treated by tumorectomy without any adjuvant therapy), no patient had distant metastases, no one died. All patients had a fully functional arm without oedema, paresthesias or pain.

Conclusion. Good regional control in our patients could be explained by the following: In most cases treated by conservation surgery the breast was irradiated postoperatively and the lower portion of the axilla is usually included within the tangential fields that treat the breast. In mastectomized patients, the lower axillary nodes are usually removed with the breast. Most of our patients also had systemic therapy as determined by the primary tumor characteristics. Although the number of our patients is very small, we believe that, in selected NO patients, axillary dissection or radiotherapy to the axilla with separate fields could be omitted. Morbidity would be greatly diminished, thereby improving the quality of life without compromising regional control. The sentinel lymph node detection technique is promising, but cannot yet be used routinely in most centers.

Correspondence to: Elga Majdič, M.D., Institute of Oncology, Zaloška 2, SI-1000 Ljubljana, Slovenia. Phone: +386 (0)1 232 30 63; Fax: +386 (0)1 431 41 80.