GBCS GOIANIA BREAST CANCER SYMPOSIUM 2017

HOSPITAL DE CLÍNICAS PORTO ALEGRE RS

Omission of Intraoperative Evaluation of Sentinel Lymph Node in Patients with Early Stage Breast Cancer and Optimization of Surgical Time

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Key words: sentinel lymph node; breast cancer; intraoperative evaluation of sentinel lymph node; frozen section

Introduction

- New axillar management protocol

- Recent evidence suggests further node surgery is not necessary in patients undergoing lumpectomy with cancer found in fewer than three sentinel lymph nodes (SLNs) if patients receives other recommended cancer treatments.

  - Decisions about axillary management…

Objective

- To determine if the omission of the intraoperative evaluation of sentinel lymph node (SLN) in patients with early stage breast cancer reduces the surgical time.

Methods

- Cohort
- Retrospective
- March 2015 to December 2016

Inclusion Criteria

- Women with histologically confirmed **invasive breast carcinoma**
- Tumor clinically ≤ 3cm
- No palpable adenopathy
- Lumpectomy to negative margins (no tumor at ink)
- **None lymph node metastases or ≤ two metastatic SLNs (paraffin)**

Exclusion Criteria

- Axillary lymph node dissection
- Neoadjuvant therapy
  - Hormonal therapy
  - Chemotherapy
- Multicentric disease

Primary End Point

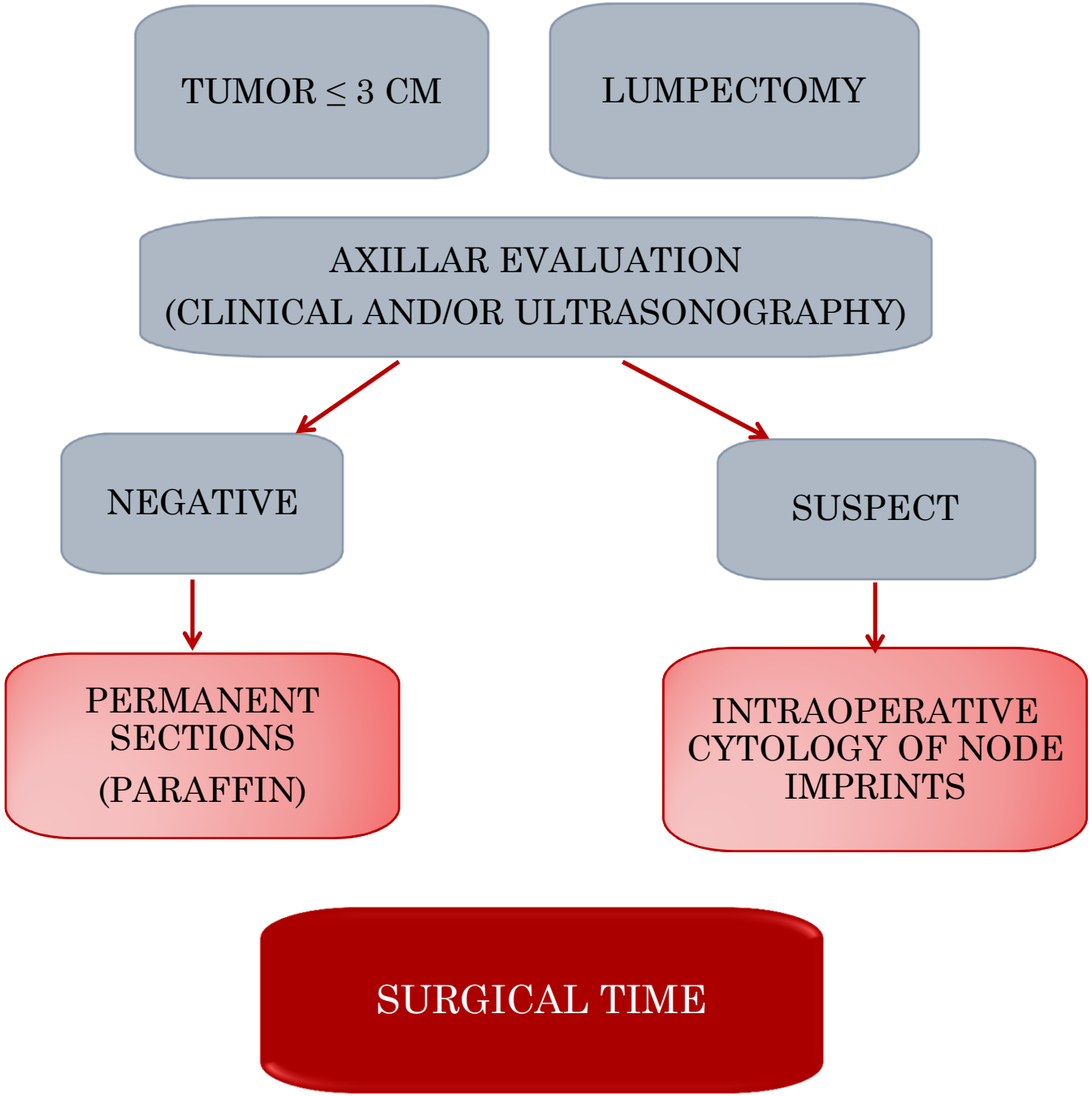
- To determine if the omission of the intraoperative evaluation of SLN **reduces the surgical time**.

secondary End Point

- To determine the false-negative rate of intraoperative evaluation of SLN in this sample.

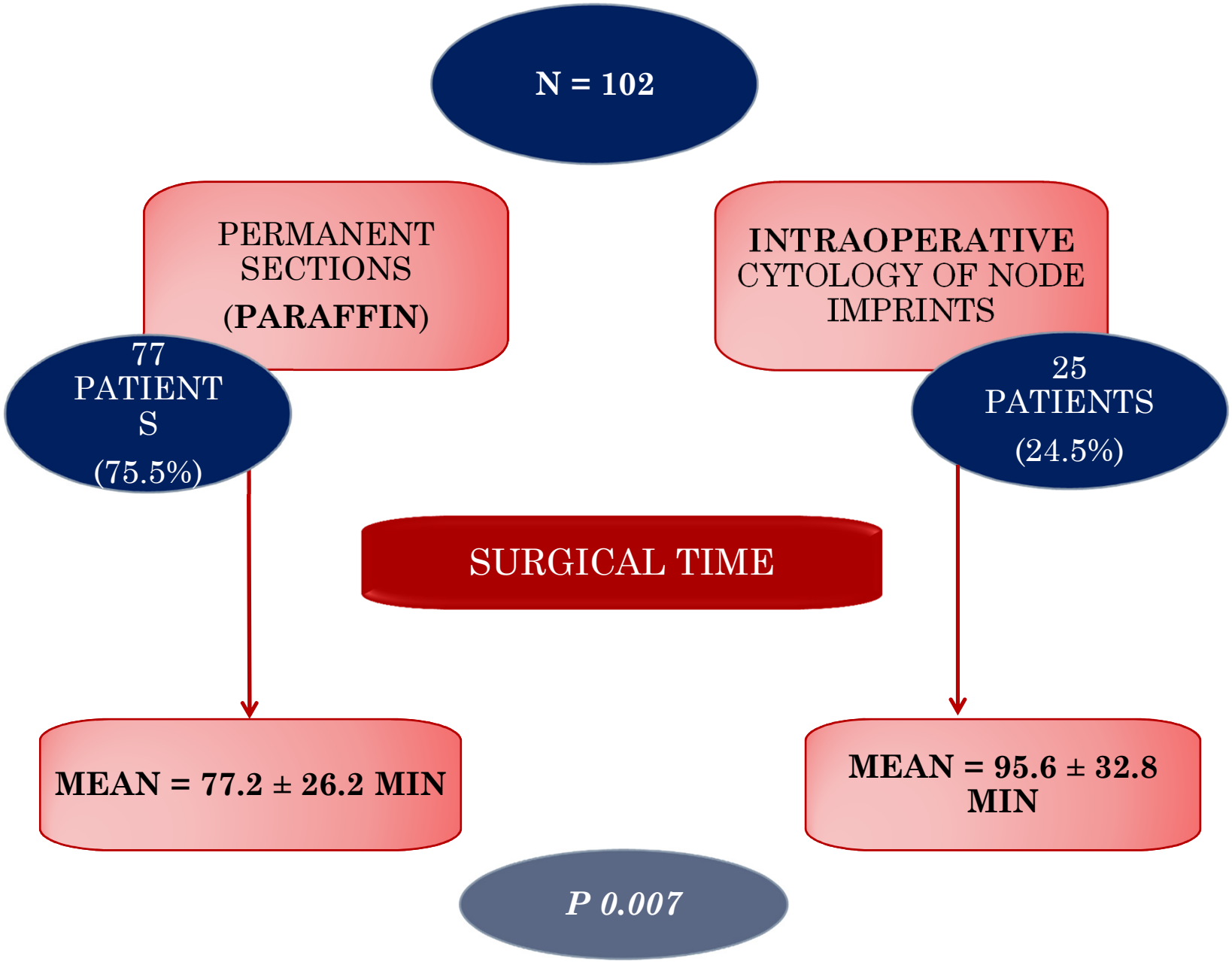
Statistical Analysis

- T-test
- Mean and standard deviation
- The data were analyzed by the SPSS software 18.0
- 2-sided *P* values, 5% significance, and a 95% Confidence Interval

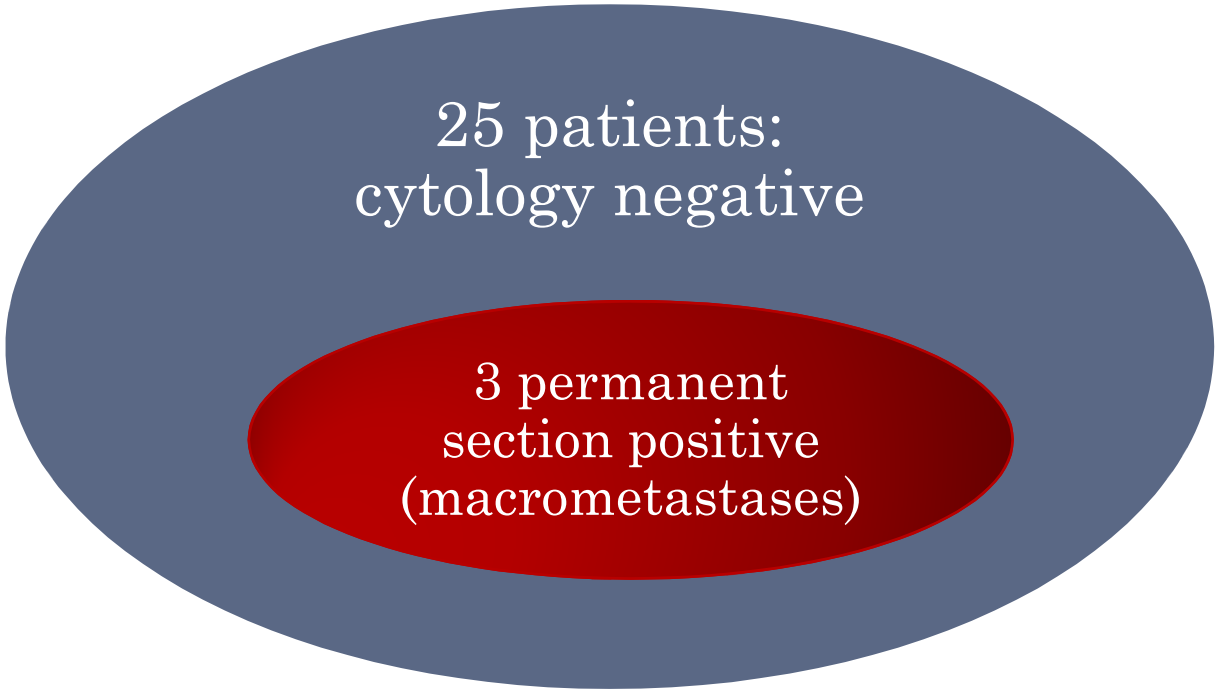

TUMOR ≤ 3 CM
LUMPECTOMY
AXILLAR EVALUATION
(CLINICAL AND/OR ULTRASONOGRAPHY)
NEGATIVE
SUSPECT
PERMANENT SECTIONS
(PARAFFIN)
INTRAOPERATIVE CYTOLOGY OF NODE IMPRINTS
SURGICAL TIME

Results

- N = 102 patients
- Mean of surgical time (min) = 81.6 ± 28.8
  - Lumpectomy (81%)
  - Lumpectomy + oncoplastic techniques (19%)
  - Blue dye + radiolabeled colloid (74%)


N = 102
PERMANENT SECTIONS
(PARAFFIN)
INTRAOPERATIVE CYTOLOGY OF NODE IMPRINTS
77 PATIENTS
(75.5%)
25 PATIENTS
(24.5%)
SURGICAL TIME
MEAN = 77.2 ± 26.2 MIN
MEAN = 95.6 ± 32.8 MIN
P 0.007

False-negative rate



- 12% false negative rate for macrometastases
- 1 patient micrometastases (4%)

CONCLUSION

- ✓ The omission of intraoperative evaluation of SLN reduces the surgical time.
- ✓ The false negative rate of cytology was in accordance to the one described in literature (up to 25%).
  - ➢ But what is its real benefit in this group?
- ✓ The omission of intraoperative SLNs analysis in patients with early stage breast cancer seems to be cost effective.