

RESEARCH TOPIC CLI32

Sentinel lymph node biopsy only versus axillary lymph node dissection in breast cancer patients undergoing mastectomy with 1-2 metastatic sentinel lymph nodes: enrollment in single-arm prospective experimental clinical trial

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Abstract

Axillary lymph node dissection (ALND) remained the routine operation for axillary staging and loco-regional control in breast cancer (BC) treatment, conferring a high clinical burden due to its frequent morbidity: lymphedema, pain, nerve damage, and decreased range of motion. The initial results of the SINODAR-ONE trial reported that patients with T1-2 BC and 1-2 metastatic sentinel lymph nodes (SLNs) treated with breast-conserving surgery, SLN biopsy (SLNB) only, did not present worse 3-year survival, regional, or distant recurrence rates than those treated with ALND. There is still insufficient evidence to recommend ALND omission for women with BC and 1-2 SLN metastasis undergoing mastectomy. To collect further evidence regarding the safety of the experimental treatment and extend the recommendation of ALND omission even in patients treated with mastectomy, the enrollment of 300 additional patients as part of a single-arm experimental trial will be performed over the next 3 years.

Scientific references

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