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INTRODUCTION

Breast cancer is one of the most common type of malignant in the world. Although all the efforts that have been done with screening tests, by the moment diagnoses are made when the disease is already in advanced stages. This implies the use of more aggressive treatments like neoadjuvant chemotherapy. This strategy allows not only to create better conditions for the patient with clinical indication for mastectomy but also to facilitate conservative surgery and to estimate the tumor response “in vivo”. With the increase in the recommendation of conservative surgery after neoadjuvant chemotherapy, the interest about the best surgical approach of the axilla for these patients was also increasing, focusing in the viability of the sentinel node biopsy (SNB) and its meaning in these situations.

OBJECTIVE

To evaluate the prediction of axillary status of SNB in breast cancer patients submitted to neoadjuvant chemotherapy.

METHOD

A cohort study will be performed. Will be included women with breast cancer submitted to neoadjuvant chemotherapy in Hospital of Cancer III (HCIII / INCA), from June 2013 to June 2016. Patients with inflammatory breast carcinoma; patients submitted to neoadjuvant radiotherapy or neoadjuvant hormone therapy prior to chemotherapy; women with contraindications to clinical / cardiologic surgery; bilateral breast cancer; pregnant women; non-epithelial tumors, clinical stage IV will be excluded from the study. Data will be collected through active search of medical records (physical and electronic). The prediction of the axillary status of sentinel lymph node will be considered as outcome, considering the pathological results (positive or negative for neoplastic cells) of sentinel lymph nodes and other lymph nodes removed (non-sentinels). Socio-demographic variables (age, marital status, educational level, occupation, skin color); habits of life (smoking, alcoholism); comorbidity (Charlson Index); treatments in the neoadjuvance (drug used, start and end dates); tumor characteristics (location, size, degree, clinical and histopathological staging, hormone receptor expression, HER2); lymph nodes (number of sentinel and non-sentinel lymph nodes removed) will be analyzed. For the descriptive analysis of data, we will perform the measures of central tendency and measures of dispersion for the continuous variables and distribution of absolute and relative frequencies for the categorical ones. To evaluate the prediction of axillary status, simple and random agreement (Kappa statistics) will be performed. SPSS version 23.0 will be used to analyze data. This project was approved by the INCA's ethics committee on December 10, 2012 (CAAE 06794512.3.00005274).