

Sentinel lymph node biopsy after neoadjuvant chemotherapy in women with breast cancer: Clinical profile and prognosis

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PURPOSE

Describe the frequency and factors associated with the indication of Sentinel lymph node biopsy (SLNB) after neoadjuvant chemotherapy (NACT) and the impact of SLNB on prognosis

METHODS

Retrospective cohort study of women with breast cancer submitted to NACT from January 2013 to July 2015 at Hospital do Câncer III of the National Cancer Institute (HCIII/INCA).

The data were collected in electronic and physical records.

This study was approved by INCA's ethics and research committee.

SUMMARY RESULTS

A total of 783 women with mean age of 52 years (± 11) were included. The majority were diagnosed with clinical stage IIIA (23%) and IIIB (33%), and with a Luminal A subtype (ER+ and / or PR+, HER2-) (52%).

After NACT, complete response was observed in 15% and partial in 58%. Mastectomy was performed in 85% of the women, and 25% were submitted to SLNB (alone 14% and SLNB + Lymphadenectomy 11%).

The factors associated with SLNB were: Initial clinical stage (OR = 6.22 95%CI 4.28 - 9.06) and complete response to NACT (OR=1.96 CI95% 1.29 - 2.97).

In the follow-up, were observed 23% of recurrence /metastasis and 13% of death.

The mean disease-free survival time was 20.6 months, being higher among those submitted to SNB ($p < 0.001$) (Figure 1).

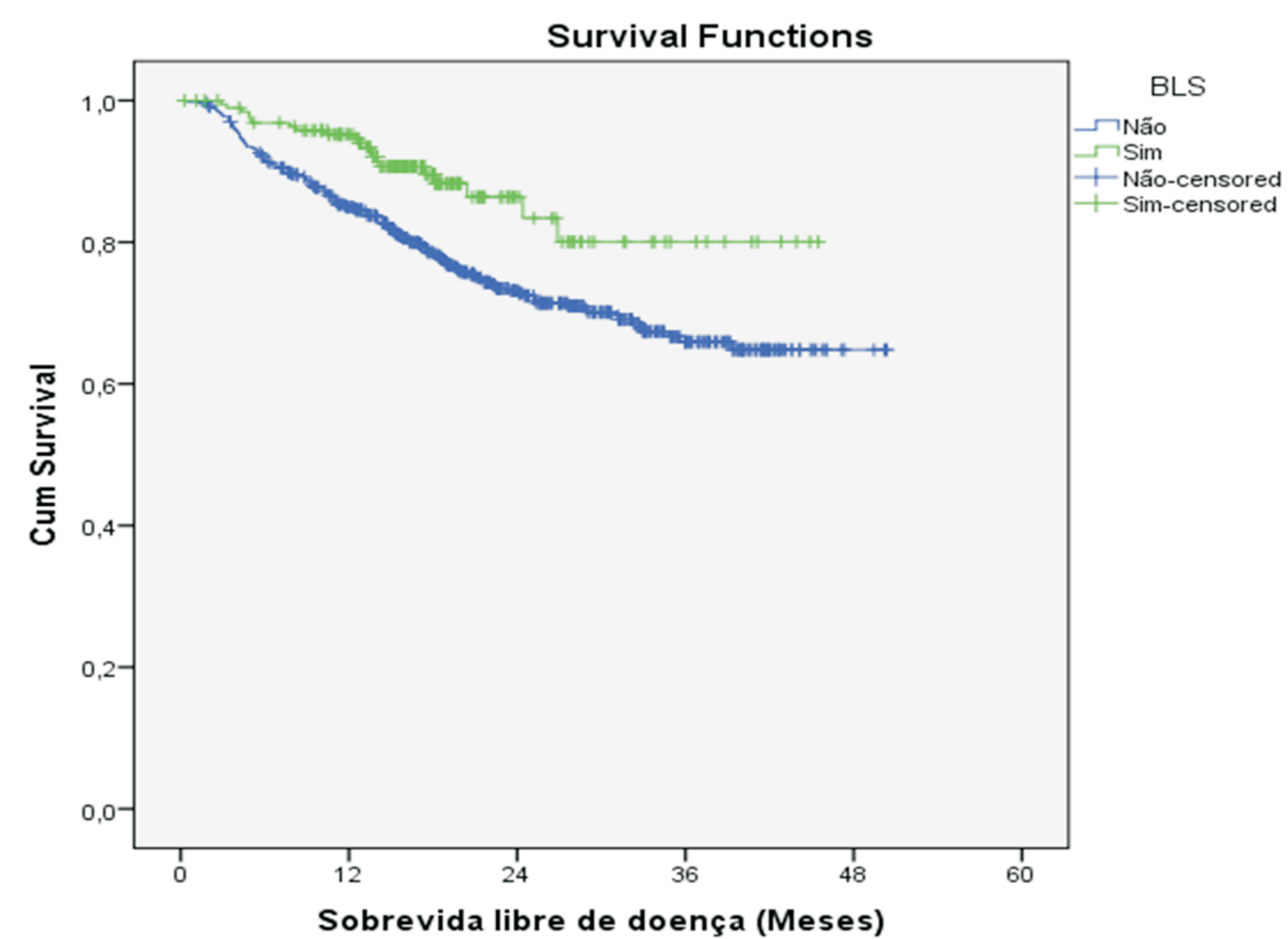


Figure 1 - Disease-free survival

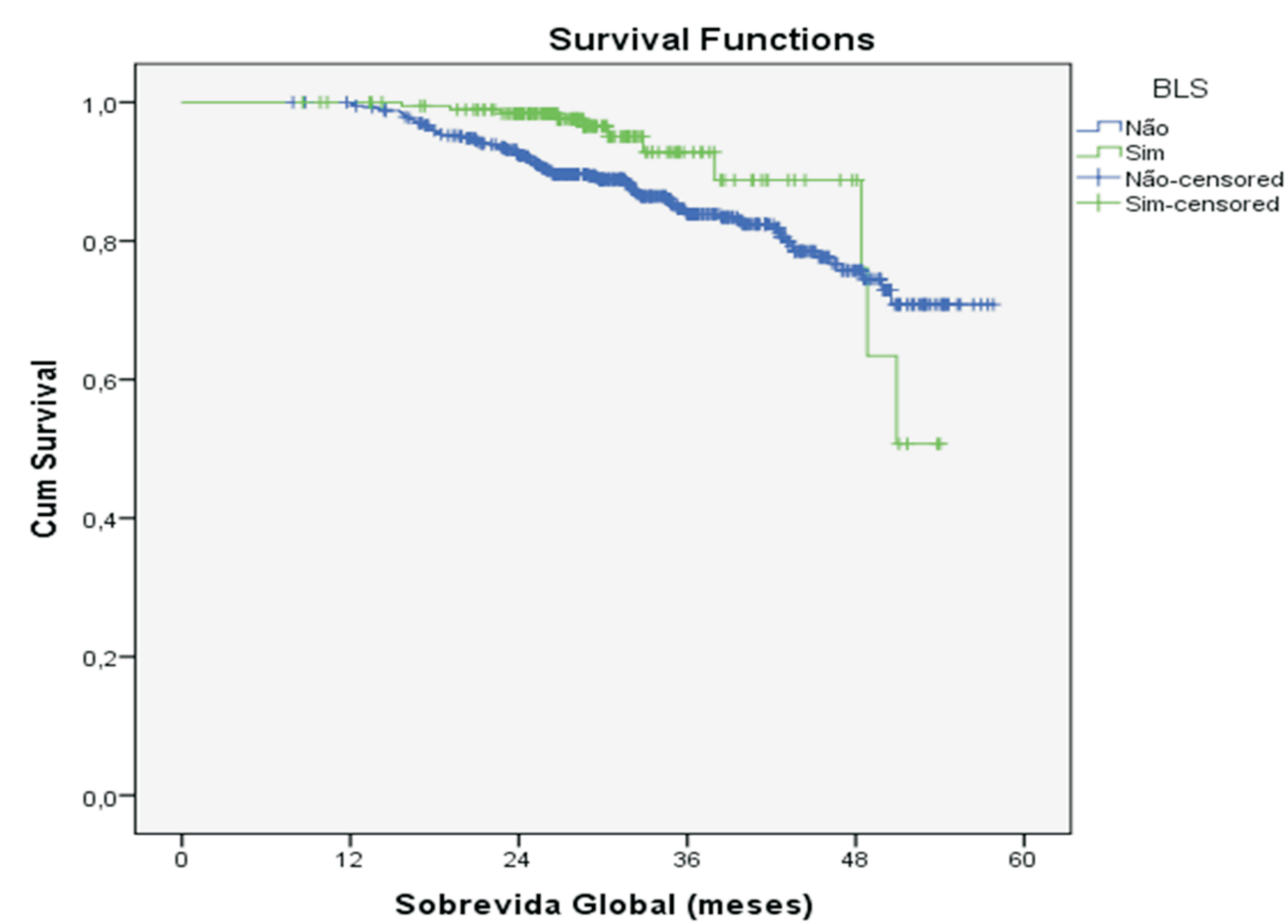


Figure 2 - Overall survival

The mean overall survival time was 32.6 months, being lower among those submitted to SNB ($p < 0.021$) (Figure 2). After adjustment (cT, cN and NACT response), there was no association between the performance of SLNB with recurrence/metastasis (HR=1.51 CI95% 0.93 - 2.46) and death (HR=1.48 CI95% 0.76 - 2.90).

CONCLUSION

The indication of SLNB after NACT was associated with initial clinical stage and complete response to NACT. After adjustment, SLNB was not associated with prognosis.