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525 - USE OF NEOADJUVANT CHEMOTHERAPY AND DISSECTION OF THE POSITIVE SENTINEL LYMPH NODES IN THE TREATMENT OF BREAST CANCER ONLY ON STAGES T1 TO T2

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Objective: Breast cancer is the most common cancer that occurs in women. Its treatment is based on mastectomy, which can be radical or quadrantectomy. Surgery is performed with axillary lymph node dissection (ALND) or sentinel lymph node dissection (SLND), in addition to the prior or subsequent use of radiotherapy and chemotherapy. This article aims, in this sense, to evaluate the displacement of surgery with positive sentinel in patients undergoing neoadjuvant chemotherapy (NAC) and radiotherapy compared to standard treatment of ALND in positive or expectant sentinel in patients with negative lymph nodes associated with NAC. **Methods:** This is a retrospective study based on an analysis of medical records from the Hospital São Vicente de Paulo (HSVP) in Guarapuava, PR, from 2011 to 2020. Patients are selected for breast cancer at an early stage, with maximum stage IIIA, quadrantectomy, NAC, and lymph node sentinel biopsy based on the patent blue application being the inclusion criteria for all groups. **Results:** The results showed recurrence in two patients in the control group (7%) and in one patient in the study group (17%), which resulted in posterior death. **Conclusion:** Standard breast cancer patients, who are in intermediate stage, post menopause and positive lymph node in biopsy, had a better treatment response when compared with other patients. Furthermore, in this study, young patients had a worse response than the others. However, more studies with diversification and longer follow-up time are needed to have more solid conclusions.