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1168 – De-escalation of axillary management in breast cancer: analysis of real-life data from a mastology service

Stephani da Costa e Sousa Freire da Silva¹, Giulia Severini Lazarini¹, Fernanda Mayumi Tengan¹, Rodrigo Macedo da Silva¹, Vinicius Miranda Borges¹, Carlos Elias Fristachi¹, Fábio Francisco Oliveira Rodrigues¹

¹Instituto de Câncer Dr. Arnaldo Vieira de Carvalho– São Paulo (SP), Brazil.

Introduction: Axillary surgical management in breast cancer has evolved towards de-escalation. The ACOSOG Z0011 trial demonstrated that, in patients with early breast cancer and positive sentinel lymph node biopsy (SLNB) undergoing breast-conserving surgery, SLNB alone is non-inferior to axillary lymphadenectomy (ALND) in terms of overall survival and 10-year recurrence, with lower morbidity, and the SENOMAC randomized clinical trial has expanded this concept. Recently, studies have shown that omitting SLNB, even in locally advanced tumors, can be safe in selected cases with clinically negative axillae. However, the incorporation of this evidence into practice is gradual.

Objective: To evaluate the trend toward axillary surgical de-escalation in a mastology service between 2023 and 2025.

Methods: A retrospective descriptive study was conducted with analysis of medical records from the Mastology Service of the Dr. Arnaldo Cancer Institute. The database is ongoing, with preliminary data from breast surgical procedures with axillary management being included. The variables were the type of axillary procedure, type of surgery, and use of neo-adjuvant chemotherapy (NAC).

Results: A total of 270 axillary procedures were analyzed. SLNB was performed in 136 cases (50.4%) and ALND in 134 (49.6%). The SLNB rate increased from 37.9% in 2023 to 60.0% in 2024. In breast-conserving surgery, SLNB was predominantly performed, while in mastectomies, ALND was the most prevalent (75 ALND vs 17 SLNB). Without NAC, SLNB was more frequent (59.2%); post-NAC, ALND predominated (72.6%).

Conclusion: The service demonstrates progressive incorporation of evidence from Z0011, with a significant increase in SLNB over two years. The persistence of ALND post-NAC and in mastectomies reflects scenarios still under debate, with potential for future de-escalation.

Ethics: Research Ethics Committee Approval (CAAE 74462723.1.0000.5471).

Keywords: breast cancer; sentinel lymph node; axillary dissection; surgical de-escalation; real-world data.