

AB059. 228. The impact of ACOSOG Z0011 trial on axillary management of breast cancer in the Galway University Hospitals

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Background: The Z0011 trial concluded that Axillary Lymph Node Dissection (ALND) could be safely omitted in selected breast cancer patients with a positive sentinel lymph node biopsy (SLNB). These results have led to a change in the surgical management of the axilla in breast cancer. The aim of this study is to determine the impact of Z0011 on axillary management of breast cancer at our centre.

Methods: Data was collected on all consecutive breast cancer patients who underwent breast cancer surgery including an axillary procedure from 2004 to 2017. A total of 2,628 consecutive patients were included. Patients were divided into pre Z0011 (surgery before 2012, n=1,724) and post Z0011 (surgery after 2012, n=896). Surgical practice

was compared between these groups with respect to axillary surgery.

Results: Mean age at diagnosis was 57.3 (SD =12). 12.5% of patients were stage 0, 34.3% were stage 1, 38.0% stage 2, 15.2% stage 3, 2.8% stage 4 at diagnosis. 70% were ductal, 11.2% lobular and 18% were other subtypes. SLND was performed on an equivalent rate pre and post Z0011 (73.5% *vs.* 73.9%), as was ALND (25.5% *vs.* 25.7%). Completion (c) ALND in patients with limited [1–2] positive SLN was performed less frequently post Z0011 (n=137) *vs.* preZ011 (n=306) (43% *vs.* 75%, P<0.0001). Significantly more sentinel lymph nodes (SLNs) were taken at each SLND post Z0011 (mean 3.65 *vs.* 3.12, P<0.0001)

Conclusions: The recommendations from Z0011 have been adopted into clinical practice, with significantly fewer node positive patients undergoing ALND and an increase in the number of SLNs taken.

Keywords: Post Z011; axillary surgery; sentinel lymph node biopsy; axillary lymph node dissection

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