

AB010. SOH22ABS169. De-escalation of axillary surgery post neoadjuvant therapy in hormone-positive breast cancer: feasible or futile

Ishapreet Kaur¹, Lauren O'Connell¹,
Alexandra Zaborowski¹, Cecily Quinn²,
Sorcha McNally³, Janice Walshe⁴,
James Geraghty¹, Denis Evoy¹, Ruth Prichard¹,
Damian McCartan¹

¹Department of Breast-Endocrine-General Surgery, St. Vincent's University Hospital, Dublin, Ireland; ²Department of Pathology, St. Vincent's University Hospital, Dublin, Ireland; ³Department of Radiology, St. Vincent's University Hospital, Dublin, Ireland; ⁴Department of Medical Oncology, St. Vincent's University Hospital, Dublin, Ireland

Background: A proportion of patients with breast cancer presenting with nodal metastases will undergo an axillary pathological complete response (pCR) following neoadjuvant chemotherapy (NACT). The probability of an axillary pCR is highly dependent on tumour subtype with the lowest probability in patients with estrogen receptor (ER) positive disease.

Methods: A retrospective review was conducted of patients with symptomatic breast cancer who received NACT from 2013 to 2021. Inclusion criteria comprised newly diagnosed ER positive breast cancer patients with histologically proven axillary metastasis, undergoing treatment with curative intent. Univariate and multivariate analysis was performed to identify predictors of axillary pCR. Statistical analyses were performed with SPSS v.26.0.

Results: During the study period, 154 patients with biopsy confirmed axillary nodal disease and ER positive breast cancer were treated with NACT. Of these 35% (n=54) were also HER2 positive. Axillary pCR was significantly more likely in the patients with ER positive and HER2 positive breast cancer (pCR in 59%). In patients with HER2 negative disease only 19% attained an axillary pCR

($P < 0.001$). On multivariate analysis of the HER2 negative cohort the only factor significantly associated with axillary pCR was a complete radiological response of the primary tumour ($P = 0.004$). In patients without a radiological complete response, the axillary pCR rate was 16%.

Conclusions: In patients with ER positive, HER2 negative breast cancer, the rate of axillary pCR remains low and in those without a radiological complete response in the breast primary, axillary lymph node dissection should still be considered the standard of care.

Keywords: Breast cancer; hormone positive; axillary pathological complete response (axillary pCR); neoadjuvant chemotherapy (NACT); predictors of response

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-22-ab010

Cite this abstract as: Kaur I, O'Connell L, Zaborowski A, Quinn C, McNally S, Walshe J, Geraghty J, Evoy D, Prichard R, McCartan D. AB010. SOH22ABS169. De-escalation of axillary surgery post neoadjuvant therapy in hormone-positive breast cancer: feasible or futile. *Mesentery Peritoneum* 2022;6:AB010.