

How are Auckland Surgeons Managing the Axilla?

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Auckland Breast Cancer Study Group



[Axillary Lymph Nodes]

- Staging ✓
- Prognosis ✓
- Adjuvant therapy ✓
- Local control ✓
- Overall survival ???

[Sentinel Node Biopsy]

- Can be identified ✓
- Reflects the status of the axilla ✓
- False negative rate ✓
- Increase axillary recurrence ?
- Overall survival ?

[What is the Auckland Practice?]

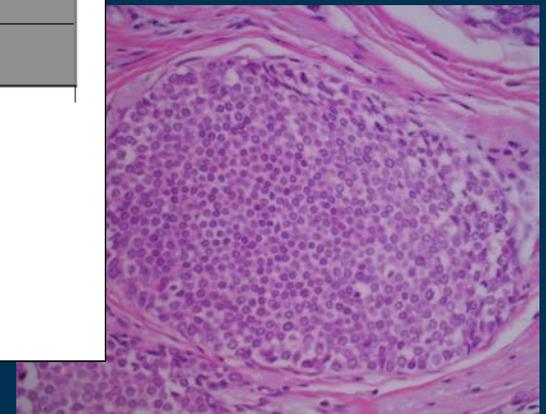
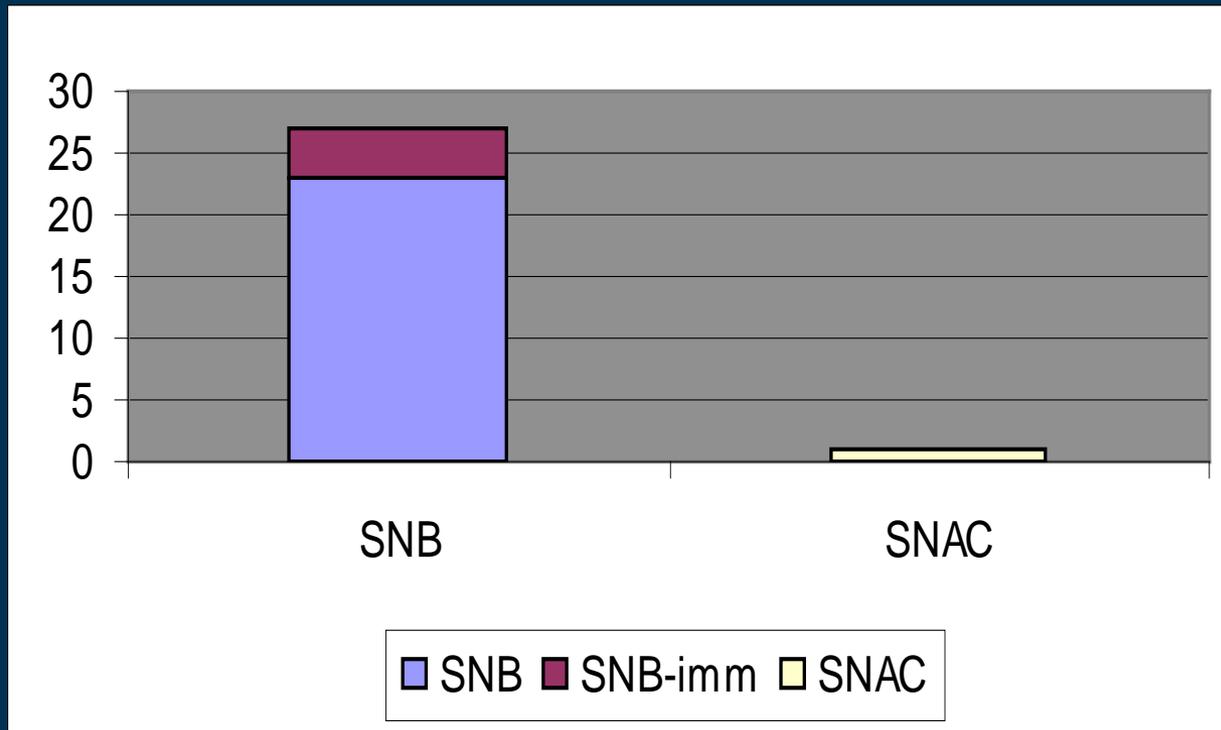
- Auckland Breast Cancer Register
- Comprehensive database
- NZ residents with consent
- June 1st 2000
- Detailed information annually
- SNB data June 1st 2000- 31 Dec 2003
- Data sent onto RACS audit

[Results]

- 2302 patients
- DCIS 285
- Cancer 1967
- 88 treated non- surgically

[DCIS]

- 285 patients - 1 node positive

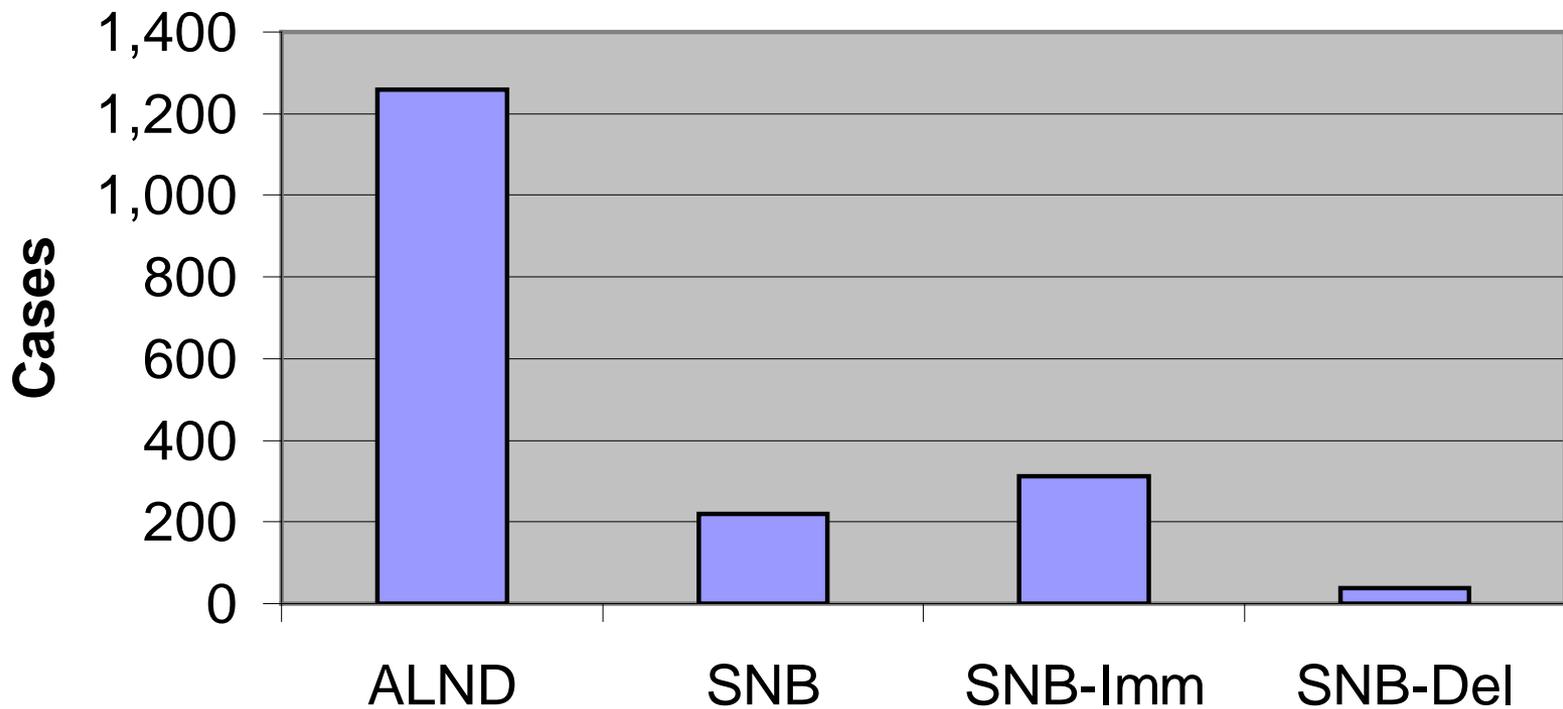


[Cancer]

- 1967 patients
688 node positive
- Total SNB 570
- SNAC Trial 33

- 2004 data:16 SNAC enrolled AKL

Cancer

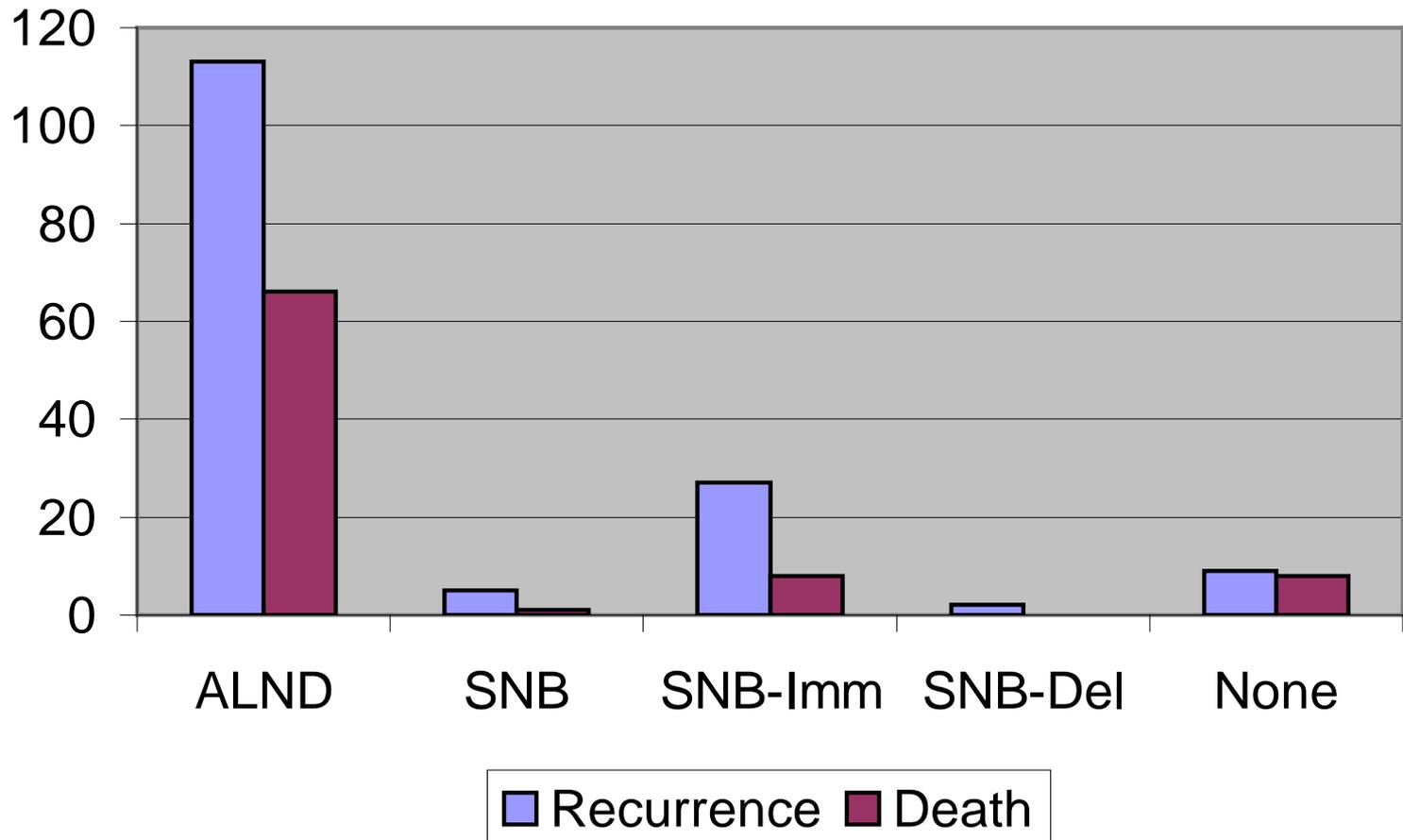


[Sentinel Node Count]

- 79% 1-4 nodes
 - 2 0 nodes
 - 2 16-17 nodes??
-
- No early data available on method of detection



Follow-up



Local Recurrence After SNB

- LR after ALND 0-21%
(max f/u 180 months)
- LR after SNB/- 0-0.14%
(max f/u 46 months)
- Veronesi 2003 8% FN
- No LR in either arm



[Local Recurrence After SNB]

- MSKCC(2004) 4008
- SNB-/ No ALND 0.12%
- SNB+/No ALND 1.4% (210)
- ACOSOG Z0011 Trial

[Does LR impact on survival?]

- Controversial !
- NSABP- 04 25 year f/u
No survival advantage despite 17%
difference on LR rate.
- Ragaz; Overgaard; Vinh-hung

[Other issues....]

- Micrometastases
- ?upstaging with extensive SN analysis leading to over-treatment
- If SN negativity leads to less adjuvant treatment in the future, will the FN rate of 5% become more significant ?

[Summary]

- SNB accepted by surgeons and patients in Auckland region
- SN technique results: staging and prevention of LR is equivalent to ALND
- Long term survival data awaited