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腋下淋巴轉移之三陰性乳癌於接受前導性化學治療及化學免疫治療後的腋下淋巴手術處理以及相關腫瘤風險及預後分析

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The axillary surgery and related oncologic outcome in triple-negative breast cancer (TNBC) patients with initial clinical node positive after neoadjuvant chemotherapy (NAC) and chemo-immunotherapy

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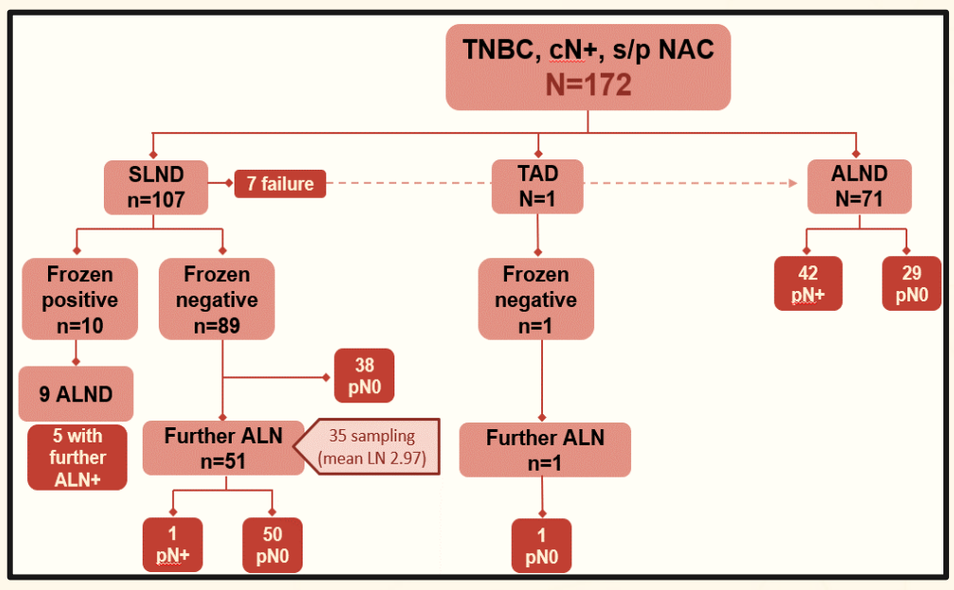
Purpose

To investigate and compare the diagnostic performance of sentinel lymph node biopsy (SLNB) after NAC and chemo-immunotherapy in TNBC patients with initially cN+, and the oncologic safety after omission of axillary dissection.

Materials and Methods

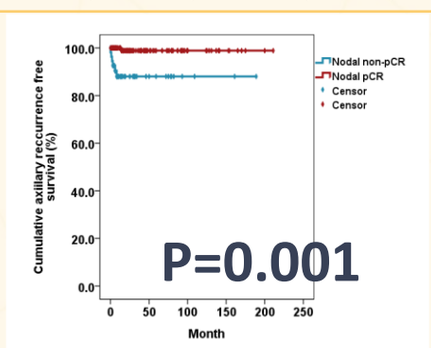
A total of 172 TNBC patients with initial cN+ (defined by any positive image finding) underwent breast surgery from 2005-2022 in Chung Gung Memorial Hospital, 127 receiving NAC and 45 receiving neoadjuvant chemo-immunotherapy, were included in the study.

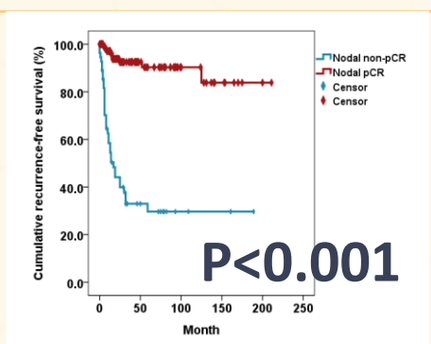
Results

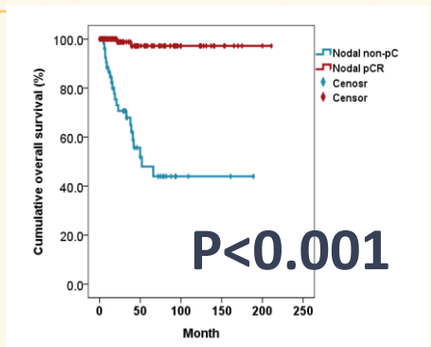


The overall identification rate (IR) of SLN is 93.5%, and the false negative rate is 16.6%. The axillary relapse rate is 0.9% in all patients with pCR, while 10.9% in non-pCR group. Nodal pCR played a significant role in axillary relapse and local recurrence (both p<0.001), while breast pCR didn't (p=0.895, 0.186, respectively). The comparison between NAC and chemo-immunotherapy was shown in the table, and there was no significant difference in DFS and OS between the two groups. In patients with pCR after neoadjuvant treatment, SLNB only didn't increase the risk of recurrence compared to axillary dissection (p=0.970).

Overall	Axillary relapse, n(%)	Local recurrence, n(%)	Distant metastasis, n(%)	Death, n(%)
ypN0 (n=117)	1 (0.9)	2 (1.7)	8 (6.8)	2 (1.7)
ypN+ (n=55)	6 (10.9)	12 (21.8)	29 (52.7)	22 (40.0)







Neoadjuvant therapy regimen	Chemotherapy only (N=127)	Chemo-immunotherapy (N=45)	P-value
Nodal cCR, n(%)	46 (36.2)	13 (29.5%)	0.270
LN OP method, n(%)			< 0.001
SLNB/TAD	23 (18.1)	16 (35.6%)	
SLNB + further sampling / dissection	41 (32.2)	21 (46.7%)	
ALND	63 (49.6)	8 (17.8%)	
SLN ID rate, %	92.7	97.3	0.017
SLN NPR, %	97.1	100.0	
Nodal pCR, n(%)	82 (64.5)	35 (77.7)	0.137
Overall pCR, n(%)	27 (29.0)	21 (46.7)	0.002
Axillary relapse, n(%)	4 (3.1)	2 (4.4)	0.915
Follow-up time (m)	60.2 (0-211)	19.2 (3-57)	<0.001

Conclusion

Our findings suggested that the sentinel lymph node is reliable in TNBC patients with nodal positive after neoadjuvant therapy, with a even better performance in chemo-immunotherapy group compared to chemotherapy group. The nodal recurrence rate is very low in patients with nodal pCR without axillary dissection. Omission of lymph node sampling or dissection after sentinel lymph node negative is feasible and safe in the demonstrated situation.