

THE INFLUENCE OF INTERNATIONAL STUDIES ON THE REALITY OF SUS IN BRAZIL: SENTINEL LYMPH NODE WITHOUT TRANS-OPERATIVE EXAMINATION

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INTRODUCTION

Two important studies published in the last years (ACOSOG Z0011 and AMAROS) showed there was no inferiority in certain patients with metastatic sentinel lymph nodes (SLN) who had not undergone axillary dissection (AD). These studies included patients with tumors that were smaller than 5cm, clinically negative axilla and established adjuvant systemic therapy according to tumor subtype. The study by Amaros also included patients who had mastectomies, and performed axillary irradiation versus AD in them.

Applying the knowledge of current studies, the mastology team of São Lucas Hospital has a routine of not performing trans-operative examinations of SLN in patients that meet the criteria of the studies mentioned above.

MATERIALS AND METHODS

Assessment and follow-up of all women with invasive T1 or T2 breast cancer, clinically negative axilla and sentinel lymph node without trans-operative assessment, who received surgical treatment from March 2013 to March 2015 at São Lucas Hospital, PUCRS university.

RESULTS

Seventy women were assessed, with average age of 65 years old, who met the inclusion criteria of the proposed study. The average tumor size was 15.5mm, with 22% of them bigger than 20mm. In the assessment of the characteristics of the tumors, 88% were unifocal, 15% presented vascular invasion, 91% were invasive carcinoma of no special type, 72% were degree 2 or 3. In the immunohistochemical assessment, 82% presented positive hormonal receptors with negative her2-negative. The average surgery time was

87 minutes. The average number of lymph nodes that were removed was 2.7, with 20% of patients presenting metastatic lymph nodes. In the systemic therapy assessment, 94% underwent radiotherapy, 25% underwent chemotherapy and 94% underwent hormone therapy. 93% of patients underwent mastectomies. With average follow-up of 14.4 months, the overall survival rate was 100%, and survival rate free of disease was 97%.

CONCLUSION

Considering the results of this study, in which none of the patients with metastatic lymph nodes relapsed, together with the results presented in current scientific literature, it is possible to conclude that axillary dissection can be avoided in the treatment of locoregional breast cancer in patients with the same profile as the ones in this study. Also, the two patients with local relapse in the negative SLN group did not undergo the recommended systemic treatment, confirming the importance of the tumor subtype for patient prognoses. It is essential that these patients receive follow-up treatment so as to better the results and clarify even more the surgical conduct regarding the axilla in breast cancer.

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