

120P: AXSANA (AXillary Surgery After NeoAdjuvant Treatment) EUBREAST-3: an international prospective multicenter cohort study to evaluate different surgical methods of axillary staging in clinically node-positive breast cancer patients treated with neoadjuvant chemotherapy (NCT04373655)

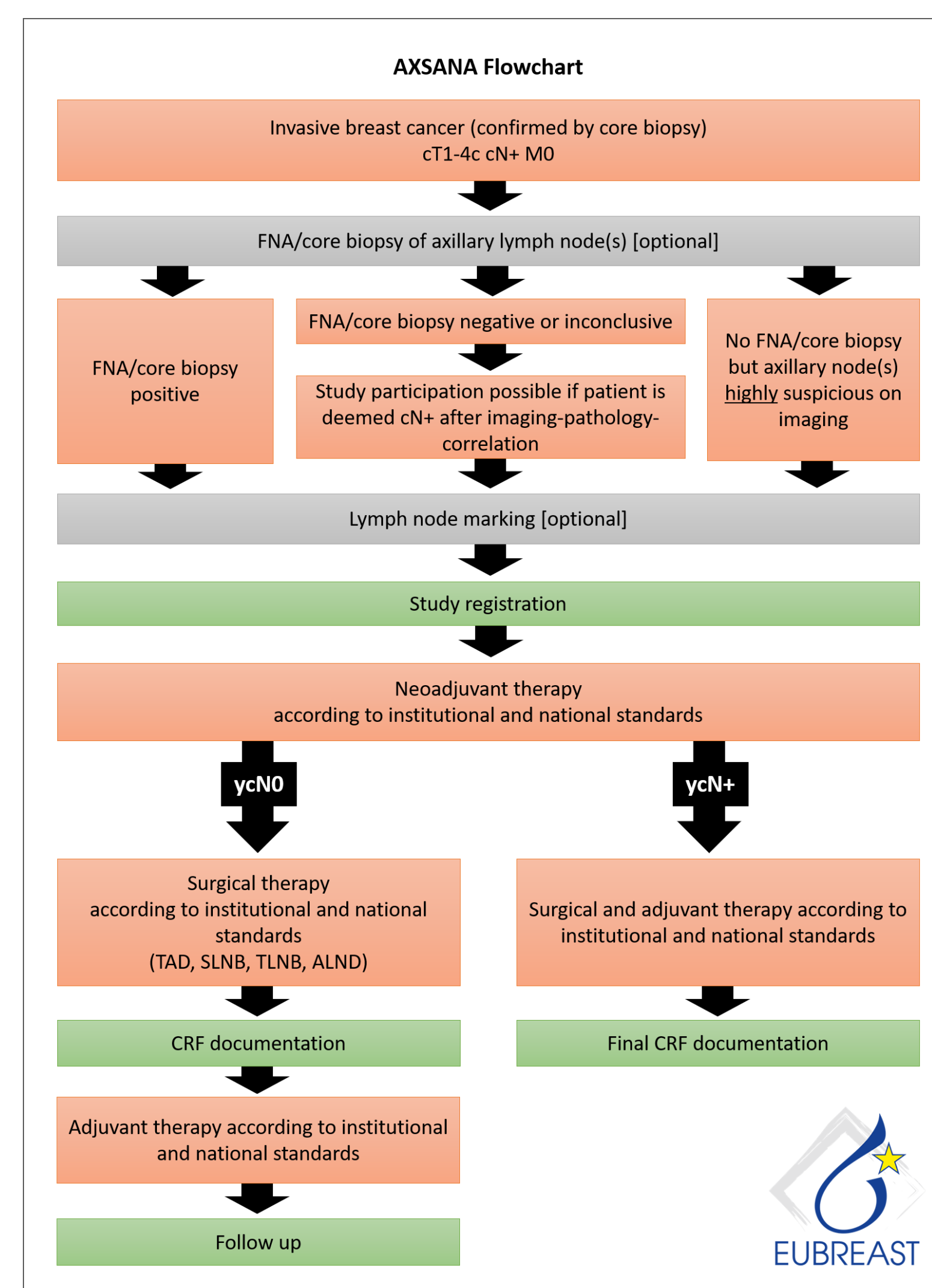
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Background

The surgical staging procedure of the axilla in patients who convert from clinically positive (cN+) to clinically negative node status (ycN0) through neoadjuvant chemotherapy is still controversial. Different techniques such as Axillary Lymph Node Dissection (ALND), Targeted Axillary Dissection (TAD), Target Lymph Node Biopsy (TLNB) and Sentinel Lymph Node Biopsy (SLNB) are recommended by the national and international guidelines. In case of TAD and TLNB, the target lymph node can be marked using such markers as clip/coi, carbon ink, magnetic or radioactive seed, or a radar or radiofrequency marker. The AXSANA study is aiming to compare outcomes and morbidity rates between different techniques and will hopefully contribute to defining the optimal axillary staging procedure resulting in high oncological safety and improved quality of life.

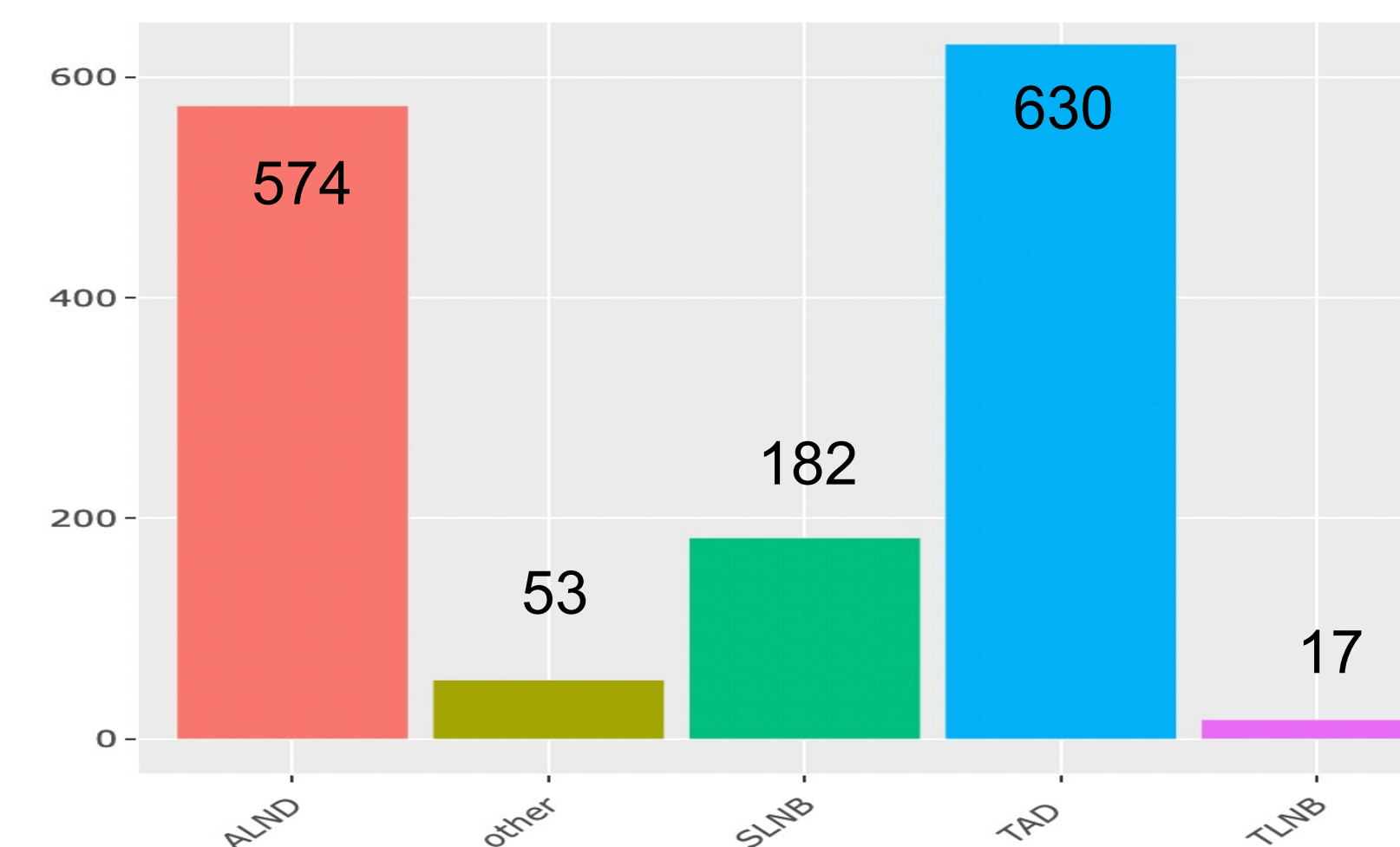
Methods

AXSANA is an international prospective, non-interventional cohort study including patients clinically node-positive and scheduled to receive neoadjuvant chemotherapy. The surgical staging procedure is performed according to the standard at their treating institution. Target accrual is 3000 patients.



Results

So far, 1819 (04/2022) patients from 21 countries were recruited and 53% converted to ycN0 status after NACT. In 43% of patients, the planned surgical staging procedure was TAD, followed by ALND (39%), SLNB (12%) and TLNB (1%). In 53% of enrolled patients, at least one node was marked before NACT, mostly using clips/coils (82%), carbon ink (9%), magnetic seeds (8%) and radar markers (1%).



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Conclusions

The preliminary data show a strong heterogeneity regarding axillary staging among participating countries. After only 20 months of recruitment, over half of the target accrual (3000 patients) has been reached. TAD is a widely used technique, but ALND and SLNB are also common. The results of the AXSANA study will clarify whether de-escalation of axillary surgery is a safe option for patients converting from cN+ to ycN0 through neoadjuvant chemotherapy.

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