The impact of axillary lymph node dissection on the indication of adjuvant abemaciclib in high-risk hormone receptor-positive breast cancer: Real-world analysis from a multicenter cohort in Brazil

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Introduction

- Adjuvant CDK4/6 inhibitor therapy with abemaciclib plus endocrine therapy has demonstrated a significant improvement in invasive disease-free survival for patients with high-risk, hormone receptor–positive, HER2-negative (HR+/HER2–) early-stage breast cancer (BC).
- Lymph node involvement is a major determinant of recurrence risk and plays a central role in guiding adjuvant treatment decisions. However, the optimal extent of axillary surgery remains uncertain, particularly when the number of involved nodes may influence eligibility for systemic therapy. Importantly, axillary lymph node dissection substantially increases the risk of lymphedema.
- This study aimed to evaluate, in a real-world cohort, the proportion of cases in which axillary dissection was necessary to establish eligibility for adjuvant abemaciclib.

Methods

- We conducted a multicenter retrospective study of patients diagnosed with early-stage BC between 2018 and 2025 within a national Brazilian cancer network,
- We evaluated the proportion of patients eligible for adjuvant abemaciclib based on phase 3 monarchE trial criteria.
- Indications were stratified into three sequentially applied groups (patients meeting a prior criterion were not reassigned to subsequent ones):

1. Positive axillary lymph node(s) nodes and either Grade 3 disease or tumor size ≥5 cm

2. Positive axillary lymph node(s) and Ki-67 ≥20%

3. Four or more positive axillary lymph nodes

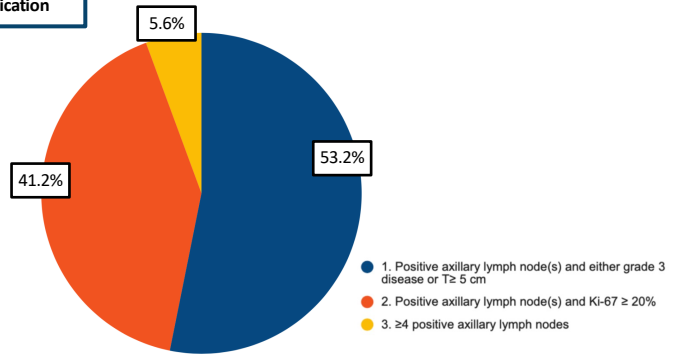
Patients meeting only criterion 3 were considered reliant on axillary dissection for abemaciclib indication.

Results

656 HR+/HER2- BC patients » **284 Adjuvant abemaciclib indication**

Table 1. Patients' characteristics

Variable	Adjuvant abemaciclib (n=284)
Age, median (range)	49 (24 – 83)
Histology	
Ductal	205 (72.2%)
Lobular	47 (16.5%)
Premenopausal Status	150 (52.8%)
Ki67 index ≥ 20%	229 (80.6%)
Grade	
1	20 (7.0%)
2	151 (53.2%)
3	98 (34.5%)
Clinical T status	
T1	63 (22.2%)
T2	107 (37.7%)
T3	67 (23.6%)
T4	19 (6.7%)
Clinical Nodal status	
N0	66 (23.2%)
N1	136 (49.3%)
N2-N3	44 (15.5%)
Chemotherapy	
Neoadjuvant	133 (46.8%)
Adjuvant	148 (51.1%)
Axilliary surgery	
Sentinel Lymph Node Biopsy	146 (51.4%)
Axillary dissection	125 (44.0%)



The distribution of criteria leading to abemaciclib indication is shown in the Pie Chart

Conclusions

This real-world analysis shows that only a small proportion of patients eligible for adjuvant abemaciclib qualify exclusively on the basis of having four or more positive axillary lymph nodes. These findings reinforce that axillary lymph node dissection should not be performed solely to determine eligibility for adjuvant CDK4/6 inhibitor therapy.

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