A comparison of overall mortality in SOUND matched population – A single institution experience

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Introduction

Sentinel lymph node biopsy (SLNB) is the standard of care for axillary staging in early-stage breast cancer (EBC).

Nodal positivity in T1 disease remains low.

The early results of the SOUND trial have demonstrated that eliminating SLNB in patients with cT1 cN0 disease is not inferior and may potentially lead to further de-escalation of axillary surgery in EBC without compromising the oncological safety.

Aim

To investigate nodal positivity in similar cohort as in the SOUND trial and its association with overall mortality.

Inclusion Criteria (in-line with SOUND trial)

All invasive breast cancer up to 2 cm in diameter.

No involvement of the axillary nodes at presentation (cN0).

A planned breast-conserving surgery and radiation.

Methods and Materials

A retrospective study using single unit data from October 2008 to August 2023.

Pre-operative axillary ultrasonography was performed in all these patients as part of their preoperative assessment to confirm cN0 status and any suspicious nodes were then subjected to FNA.

Patients' demographics, disease distribution, nodal positivity were studied.

Table 1. Characteristics

Patient Characteristics	Node Positive Cohort	Total Study Cohort
Source		
Symptomatic	21	244
Screening	41	418
Grade		
1	20	198
2	32	365
3	10	99
Receptor Status		
ER+	55	511
ER-	4	94
Her2+	3	57

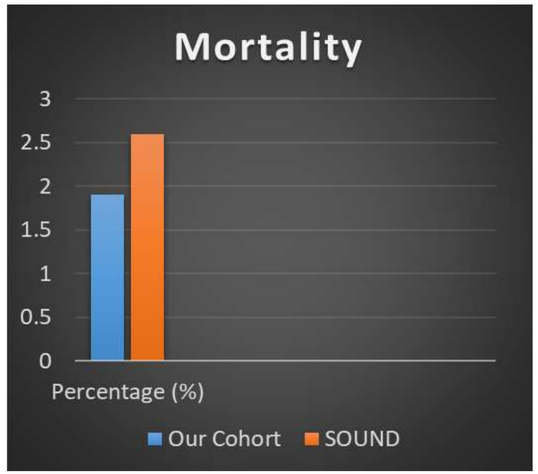
Results

Out of 662 patients in the given period, 198(29.9%) had Grade 1 disease, 365(55.1%) had Grade 2 and 99(14.9%) Grade 3 disease.

Mean age of the entire cohort was 61.1, the mean tumour size was 12.31mm. 65(9.8%) patients had positive sentinel nodes; out of which 53(8%) had pN1 disease, 6(0.9%) had pN2 disease, 6 had micro-metastasis only.

Among the node positive population 41(63.07%) patients were screen detected cancers, and 21(32.3%) patients were symptomatic. 56(86.1%) patients were hormone receptor positive, 3 (4.61%) were triple negative and 3(4.61%) HER2 positive. Also, in the node positive cohort, 58(89.2%) patients had ductal carcinoma and 3(4.61%) had lobular carcinoma. Mean follow up in the study was 66.3 months. 3 out of 65 node positive patients were lost to follow up.

Two ipsilateral breast recurrences,1 contralateral breast cancer and 2 distant metastases were noted. The mortality rate in this subset was 1.9% compared to 2.6% in SOUND trial.



Conclusions

Our study showed a nodal positivity rate of 9.8% compared to 14% in SOUND trial with comparable N2 disease (0.9% vs 0.6%).

The mortality rate in our study was similar to SOUND trial (1.9% vs 2.6%).

A long-term follow-up data from SOUND trial may have further impact on omission of SLNB practice in EBC.

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