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SENTINEL LYMPH NODE BIOPSY AFTER NEOADJUVANT CHEMOTHERAPY IN WOMEN WITH BREAST CANCER: CLINICAL PROFILE AND PROGNOSIS

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Objectives: Describe the frequency and factors associated with the indication of Sentinel lymph node biopsy (SLNB) after neoadjuvant chemotherapy (NACT) and the impact of SLNB on prognosis. **Methods:** Retrospective cohort study of women with breast cancer submitted to NACT from January 2013 to July 2015 at Hospital do Cancer III of the National Cancer Institute (HCIII/INCA). The data were collected in electronic and physical records. This study was approved by INCA's ethics and research committee. **Results:** A total of 783 women with mean age of 52 years (± 11) were included. The majority were diagnosed with clinical stage IIIA (23%) and IIIB (33%), and with a Luminal A subtype (ER+ and / or PR+, HER2-) (52%). After NACT, complete response was observed in 15% and partial in 58%. Mastectomy was performed in 85% of the women, and 25% were submitted to SLNB (alone 14% and SLNB + Lymphadenectomy 11%). The factors associated with SLNB were: Initial clinical stage (OR = 6.22 95%CI 4.28–9.06) and complete response to NACT (OR=1.96 95%CI 1.29–2.97). In the follow-up, were observed 23% of recurrence /metastasis and 13% of death. After adjustment (cT, cN and NACT response), there was no association between the performance of SLNB with recurrence/metastasis (HR=1.51 95%CI 0.93–2.46) and death (HR=1.48 95%CI 0.76–2.90). **Conclusion:** The indication of SLNB after NACT was associated with initial clinical stage and complete response to NACT. After adjustment, SLNB was not associated with prognosis.