

LETTER TO THE EDITOR

In Reply: Micrometastases in Breast Cancer Sentinel Lymph Node

TO THE EDITORS:

We thank Drs. Ziogas and Zografos for their comments regarding our recent publication in the *Annals of Surgical Oncology*.¹

There are two fundamentally different questions regarding the presence of micrometastases in the sentinel lymph node (SLN) of early-stage breast cancer patients:

1. Should these patients receive adjuvant treatment?
2. Should these patients undergo completion level I and II axillary lymph node dissection (ALND)?

A recent retrospective publication in the *New England Journal of Medicine* provides an answer to the first of these questions: de Boer and colleagues compared large cohorts of early-stage breast cancer patients with isolated tumor cells or micrometastases in the SLN who did and did not receive adjuvant treatment.² The authors found adjuvant therapy to be associated with improved disease-free survival. In our investigation, 26 out of 27 patients with SLN micrometastases underwent adjuvant treatment.

The answer to the second question is more challenging. To our knowledge, our prospective investigation is the first in the literature that presents an unselected cohort of early-stage breast cancer patients with SLN micrometastases, in whom a level I and II ALND was systematically omitted. In our study, no local, regional or distant recurrences occurred in any of the 27 patients with SLN micrometastases during a median follow-up of 77 months. Our findings are corroborated by a recent publication by Bilimoria et al.³ Based on a large national cancer database, they identified 2,203 patients with microscopic nodal metastases. No significant difference with respect to axillary recurrence and survival was found between patients who underwent completion ALND versus those who did not.

It is well known that the short- and long-term sequelae after ALND are considerable and significantly higher than after SLN procedure alone.⁴ Therefore, it is imperative that breast surgeons carefully consider whether or not an ALND is indicated and if there is any benefit at all to the patient.

In summary, based on the current literature, SLN micrometastases in early-stage breast cancer patients appear to have prognostic value and should impact decision-making regarding adjuvant therapy; however, they do not necessarily require further surgical treatment.

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