

# “SCRUTINY OF EXTENT OF AXILLARY NODE DISSECTION FOR PATIENTS WITH PRIMARY BREAST CANCER”

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## INTRODUCTION

Carcinoma of breast is the second most common of non-skin malignancy in women being a cause of cancer deaths. The treatment of the primary breast cancer relies primarily on surgery. The number of positive axillary lymph nodes foresee prognosis and is important in determining adjuvant therapy in breast cancer patients.

## AIMS AND OBJECTIVE

This study was undertaken to determine, if differences in the extent of axillary node dissection would alter the number of reported positive nodes; to study the pattern of lymph node metastases in the axilla in each stage of disease; To emphasize the importance of dissecting the interpectoral node (Rotter's Node) and Level III nodes.

## METHODOLOGY

Patients with primary operable breast cancer were evaluated according to NCCN guidelines and were subjected to Modified Radical Mastectomy for whomsoever it was needed. 32 consecutive cases from department of General Surgery, Govt. Stanley Medical College Chennai, were enrolled and underwent

Modified Radical Mastectomy with complete axillary dissection (level I/II/III and interpectoral node) according to identical procedure. Level I/II, Level III and interpectoral lymph nodes were sent separately for routine pathological examination as per CAP guidelines. Observations were tabulated according to the pre-designed proforma. The results are analyzed using Microsoft Excel for tabular transformation and graphical representation.

## RESULTS

An average of 13 lymph nodes were examined per case (range: 8–20). Axillary lymph node involvement was found in 56% of the cases (18/32). Of the 18 cases, 83% (n = 15) had involvement of level I/II nodes only, and 16% (n = 3) had positive ALN in levels III and, or, interpectoral nodes, in addition to level I/II. Involvement of lymph nodes in level III and interpectoral nodes without a level I metastasis was not found. By the inclusion of level III to a level I/II dissection, two cases (11%) were converted from one to three positive nodes (pN1) to  $\geq 4$  positive nodes (pN2). Involvement of lymph nodes in level III was found in 3 cases (16%). 10/32 cases (31%) had  $\geq 4$  positive nodes that required adjuvant therapy. Palpability of ALN, pathological tumour size, and lymphovascular invasion, were significantly associated with level III involvement and  $\geq 4$  positive nodes

## CONCLUSION

Variations in the level of axillary node dissection for primary invasive breast cancer can result in significant changes in the number of positive axillary

nodes. This can potentially bias adjuvant therapy recommendations if treatment decisions are based on this prognostic factor.

#### KEY WORDS

Primary Invasive Breast Cancer, Interpectoral Nodes, Level III nodes