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10-Year Follow-up of Axillary Dissection vs No Dissection in Breast Cancer With Sentinel Node Micrometastases

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In the 10-year follow-up of the phase III International Breast Cancer Study Group (IBCSG) 23-01 trial reported in *The Lancet Oncology*, Galimberti et al found no significant difference in disease-free survival with axillary dissection vs no axillary dissection in patients with breast cancer and sentinel-node micrometastases, confirming findings from the 5-year follow-up.

In the trial, 934 patients from 27 sites in 9 countries were randomly assigned between April 2001 and February 2010 to surgery (mastectomy or breast-conserving) with no axillary dissection (n = 469) or axillary dissection (n = 465). Patients had a largest lesion diameter of ≤ 5 cm and 1 or more metastatic sentinel nodes ≤ 2 mm with no extracapsular extension. The current 10-year analysis was not prespecified in the trial protocol and was not adjusted for multiple sequential testing.

Treatment Outcomes

Median follow-up was 9.7 years (interquartile range = 7.8–12.7 years). Disease-free survival at 10 years was 76.8% in the no axillary dissection group vs 74.9% in the axillary dissection group (hazard ratio [HR] = 0.85, *P* = .24; *P* = .0024 for noninferiority). The 10-year cumulative incidence of breast cancer events was 17.6% vs 17.3% (HR = 0.98, *P* =.92). Overall survival at 10 years was 90.8% vs 88.2% (HR = 0.78, *P* = .20).

Long-term surgical complications included lymphedema of any grade in 4% of the no axillary dissection group vs 13% of the axillary dissection group, sensory neuropathy of any grade in 13% vs 19%, and motor neuropathy of any grade in 3% vs 9%. A serious adverse event, consisting of postoperative infection and inflamed axilla requiring hospital admission that resolved without sequelae, was considered related to axillary dissection.

The investigators concluded: “The findings of the IBCSG 23-01 trial after a median follow-up of 9.7 years … corroborate those obtained at 5 years and are consistent with those of the 10-year follow-up analysis of the Z0011 trial [no significant differences in locoregional recurrence, disease-free survival, or overall survival]. Together, these findings support the current practice of not doing an axillary dissection when the tumour burden in the sentinel nodes is minimal or moderate in patients with early breast cancer.”

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