

Meeting abstract

Breast cancer in older woman: can axillary dissection be omitted?

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Introduction

Older patients with breast cancer are generally fragile and the surgical therapy must be evaluated for each singular patient because of the high mortality due to systemic diseases and the shorter expectancy of life.

In the elderly, the role of axillary treatment remains controversial. In patients with early breast cancer the axillary nodes are often uninvolved on surgical dissection and this procedure is responsible for functional sequelae, mainly arm oedema.

Aim

From 1995 to 1998 the Breast Unit of University of Perugia participated to a randomized multicentric study coordinated by I.E.O (European Institute of Oncology, Milan) with the aim of assessing the role of axillary radiotherapy in reducing axillary metastases in patients with early breast cancer who did not receive axillary dissection.

Methods

From 1995 to 1998, 435 patients over 45 year old with breast cancer up to 1.2 cm and clinically uninvolved axilla were randomized in two arms: 214 to conservative surgery without axillary dissection and 221 to conservative surgery without axillary dissection plus axillary radiotherapy. Our Breast Unit participated in the study with 25 patients.

Results

After a median follow up of 63 months, 3 (1.5%) axillary metastases were found in the no treatment arm and 1 (0.5%) in the radiotherapy arm. The overall 5-year disease free survival was 96%.

Twenty-five patients of our Breast Unit during a follow up of 120 months never developed axillary metastatic disease.

Conclusion

Adjuvant therapy is usually administered considering the biological parameters of the primary carcinoma.

Many patients with isolated cancer cells or micrometastases in the lymph nodes may never develop axillary metastases; thus the strategy of sparing the axillary dissection can avoid to an elderly patient many surgical complications leading to a better quality of life.