

Title: Clinically node negative T4B breast cancer is a poor indication of axillary clearance: A single center experience**Abhishek Sharma***, Pragati Singhal, Sanjit Agrawal and Rosina Ahmed

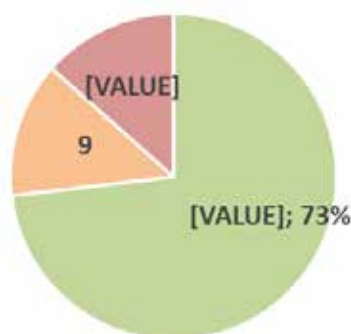
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Introduction/Aims: Sentinel Lymph Node Biopsy (SLNB) is the procedure of choice for axillary treatment in clinically node negative early breast cancer, but it is debatable in T3 and particularly in T4 breast cancer. Traditionally, T4b breast cancer characterized by skin nodule, ulceration or Peau D Orange edema is treated with routine axillary dissection (ALND), even in clinically node negative disease. However, if nodal involvement is low in this subset, this morbidity may be avoided by doing SLNB. This study aims to find the actual number of involved nodes in clinical node negative T4b breast cancer patients who underwent axillary dissection. We report one of the largest datasets of T4B breast cancer lesions from India.

Materials and methods: This is a retrospective, observational study of patients treated for breast cancer in between 2011 and 2021, with T4b tumors using AJCC 8 criterion at TATA medical Center Kolkata. Patient records were retrieved from REDCAP database.

Results: 437 patients with T4b disease were operated between 2011-2021. The median age of patients was 54 years (IQR: 46-63 years). The median tumor size was 6 cm (IQR: 1–8 cm). 67 out of 437 patients (15.33 %) patients were clinically and radiologically node negative. Amongst 67 patients 49 patients (73.13%) had no nodal involvement on final histology while 9 patients (13.43%) had 4 or more nodes involved [Figure 1].

**Figure 1.** Flowchart of the research process

Conclusion: 73.13% (49/67) of clinically node negative T4b breast cancer patients had no positive nodes on final histology. Clinically node negative T4b breast cancer is a poor indication for axillary clearance and these patients should be considered for SLNB to avoid axillary morbidity.

Biography: Sharma is presently employed as Consultant in Breast Surgery department in Tata Medical Centre Kolkata, India. He started his medical career from West Bengal. He was a distinction holder in his MBBS. After his bachelor degree, he completed his masters in surgery from Bangalore Medical College in 2011.