

Conference Abstracts

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Sentinel Lymph Node in Breast Cancer

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Abstract

Background

The sentinel lymph node has become the standard in breast cancer management, allowing for a reliable assessment of lymph node status while reducing the morbidity associated with axillary dissection.

Methods

This is a retrospective descriptive and analytical study of patients treated for breast cancer at the Medical Oncology Department of Habib Bourguiba University Hospital in Sfax, who underwent sentinel lymph node biopsy.

Results

Thirty-eight patients were included in this study. The average age was 54 years (range 31 to 80 years). The disease was primarily discovered through self-palpation (81.6%), while only 15.8% of patients were detected through screening. Histologically, invasive ductal carcinoma (IDC) was the most common form (89.5%), followed by invasive lobular carcinoma (5.3%) and colloid carcinoma (2.6%). Estrogen receptor (ER) were positive in 86.8% and HER2 positive in 40% of cases. It was SBR 2 in 71.1%, followed by SBR 3 in 15.8% and SBR 1 in 10.5%. The Ki-67 proliferation index had a mean value of 28.8%. The mean tumor size was 28.4 mm (range 10-60 mm), with a predominance of stage T2 tumors. Most patients were classified as clinically N0

(81.6%), while 18.4% had clinically positive lymph nodes (N1). Breast-conserving surgery (lumpectomy) was performed in the majority of cases (92.1%), while mastectomy was indicated in 7.9% of patients. Neoadjuvant chemotherapy was administered to approximately 18.4% of patients. The sentinel lymph node was positive in 39.5% of cases (15/38). Axillary dissection was performed in 17 patients (44.7%), with the number of nodes excised ranging from 6 to 24, and a median of 12 nodes. Histopathological examination of the dissection showed lymph node involvement in 58.8% of cases, corresponding to a moderate positive predictive value (58.8%) of the sentinel lymph node in our series. Comparative analysis did not show any significant association between sentinel lymph node positivity and tumor characteristics, including tumor stage ($p = 0.427$), clinical lymph node status ($p = 0.29$), SBR grade ($p = 0.558$), HER2 status ($p = 0.53$), or hormone receptor status ($p = 0.97$). However, neoadjuvant chemotherapy was significantly associated with sentinel lymph node negativity ($p = 0.018$).

Conclusion

In our series, sentinel node positivity showed no significant association with tumor characteristics, whereas neoadjuvant chemotherapy was significantly associated with nodal negativity. These findings support its routine use and

highlight the need for larger studies to refine predictive factors and optimize patient selection.

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