

Henry Ford Health

## Henry Ford Health Scholarly Commons

---

Hematology/Oncology Articles

Hematology-Oncology

---

11-5-2022

### ASO Visual Abstract: Surgical Management of the Axilla in Breast Cancer-Evolving but Still Necessary

Theresa Schwartz

*Henry Ford Health*, [tschwar2@hfhs.org](mailto:tschwar2@hfhs.org)

Ashley D. Marumoto

Armando E. Giuliano

Follow this and additional works at: [https://scholarlycommons.henryford.com/hematologyoncology\\_articles](https://scholarlycommons.henryford.com/hematologyoncology_articles)

---

#### Recommended Citation

Schwartz T, Marumoto AD, and Giuliano AE. ASO Visual Abstract: Surgical Management of the Axilla in Breast Cancer-Evolving but Still Necessary. *Ann Surg Oncol* 2022.

This Article is brought to you for free and open access by the Hematology-Oncology at Henry Ford Health Scholarly Commons. It has been accepted for inclusion in Hematology/Oncology Articles by an authorized administrator of Henry Ford Health Scholarly Commons.



ASO VISUAL ABSTRACT

## ASO Visual Abstract: Surgical Management of the Axilla in Breast Cancer—Evolving but Still Necessary



Theresa Schwartz, MD<sup>1</sup>, Ashley D. Marumoto, MD<sup>2</sup>, and Armando E. Giuliano, MD<sup>3</sup>

<sup>1</sup>Department of Surgery, Henry Ford Cancer Institute, Detroit, MI; <sup>2</sup>Department of Surgery, University of Hawai'i John A. Burns School of Medicine, Honolulu, HI; <sup>3</sup>Department of Surgery, Cedars-Sinai Medical Center, Los Angeles, CA

Currently, axillary surgery is necessary for most women with breast cancer. There is no method to detect axillary metastases as effectively as axillary operation. Sentinel lymph node biopsy remains the cornerstone of axillary

management. It can only be omitted in a small number of selected patients. It is not outmoded or obsolete, and cannot be discarded (<https://doi.org/10.1245/s10434-022-12605-x>).

### Surgical Management of the Axilla in Breast Cancer: Evolving but Still Necessary

<p><b>The Past:</b> Axillary surgery is therapeutic</p> <ul style="list-style-type: none"><li>• ALND for <b>everyone</b><ul style="list-style-type: none"><li>✓ High rates of lymphedema</li><li>✓ High rates of paresthesias</li><li>✓ High rates of arm dysfunction</li></ul></li></ul> 	<p><b>2022:</b> Axillary surgery is prognostic</p> <ul style="list-style-type: none"><li>• ALND for <b>some</b><ul style="list-style-type: none"><li>✓ Node positive after NAC</li><li>✓ Inflammatory cancer</li><li>✓ ≥3 positive nodes</li></ul></li><li>• SLNB for <b>most</b><ul style="list-style-type: none"><li>✓ cNO with invasive disease</li></ul></li><li>• Omission for <b>some</b><ul style="list-style-type: none"><li>✓ Older, cNO, HR+</li><li>✓ Co-morbidities</li><li>✓ Will not affect treatment recs</li></ul></li></ul>	<p><b>The Future:</b> Continued de-escalation?</p> <ul style="list-style-type: none"><li>• Ultrasound instead of SLNB if cNO?</li><li>• Axillary RT instead of ALND if cN1?</li><li>• Omission of nodal staging if complete clinical response to NAC?</li></ul> 
---	--	---

Schwartz TL et al. *Ann Surg Oncol*.  
Visual Abstract by @t\_schwartz23 for @AnnSurgOncol

ANNALS OF  
**SURGICAL ONCOLOGY**

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.