Abstracts

EP030/#867  PREDICTIVE FACTORS OF NON-SENTINEL LYMPH NODE INVOLVEMENT IN EARLY BREAST CANCER

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Objectives For a long time, axillary lymph node dissection (ALND) was routinely performed in patients with an involved sentinel lymph node (SLN). However, in 30 to 50% of cases, the non-sentinel lymph nodes (NSLN) were not involved, and these patients would have suffered the morbidity of ALND excessively. The aim of our study was to identify the risk factors for NSLN involvement in patients with a positive SLN.

Methods We included patients with early breast cancer and positive sentinel node who underwent ALND in Salah Azaiez Institute of Oncology between 2007 and 2018. We analyzed retrospectively the clinicopathological data to predict NSLN involvement.

Results Among the 77 selected patients, 36% did not have any NSLN involvement during the pathological examination of the ALND product. Univariate analysis using α=0.05 as the significance level, showed that radical surgery (p=0.05), tumor size >30 mm (p=0.01), number of extracted SLN>2 (p=0.02), number of positive SLN>1 (p=0.01), ratio positive SLN/Extracted SLN>0.5 (p=0.05), macrometastasis (p<10^-3), SBRIII grade (p=0.007), and Ki67>20% (p=0.04) were predictive of NSLN involvement. In multivariate analysis, the type of surgery, the tumor size, the Ki67 level and the ratio Positive SLN/Extracted SLN were excluded. Only the number of extracted SLN>2 (OR=18.518, CI=1.402–250, p=0.027), the number of positive SLN>1 (OR=9.624, CI=1.266–73.172, p=0.029), SBRIII grade (OR=58.82, CI=2.86–1000, p=0.008), and macrometastasis (OR=759.19, CI=10.166–56698.2, p=0.003) were found to be independent risk factors of NSLN involvement.

Conclusions Our results prove that there is a correlation between tumors’ clinicopathological features and NSLN involvement. Therefore, a careful study of these criteria could avoid unnecessary ALND in patients with positive SLN who do not need it.

EP031/#958  IS THE EXTEMPORANEOUS PATHOLOGICAL EXAMINATION RELIABLE FOR THE EVALUATION OF SURGICAL MARGINS DURING CONSERVATIVE TREATMENT FOR BREAST CANCER?

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Objectives We aim to compare the performance of the extemporaneous pathological examination (EPE) to the definitive pathology examination (DPE) for the pathological diagnosis of the nature of breast tumors.

Methods It is a retrospective single-center study including all the patients who an EPE to determine the pathological diagnosis of surgical limits. EPE was performed 366 times for the evaluation of surgical margins during conservative breast surgery. The EPE has a high rate of false negatives.

Results The EPE was performed 366 times for the evaluation of surgical margins. DPE objectified 279 healthy limits (76.2%) and 87 tumoral limits (23.8%). Of the 366 EPE carried out, the EPE was concordant with the final examination in 321 cases and discordant in 45 cases including 27 FN and 18 FP. The FN rate was 4.9%. The statistical analysis has shown that the EPE for the evaluation of the surgical limits had a sensitivity of 68.97% and a specificity of 93.55%. The positive and negative predictive values were 76.92% and 90.63% respectively. The diagnostic efficiency of the EPE for the surgical margins in conservative breast surgery was 87.70% and the Youden index was 0.63.

Conclusions Regarding the evaluation of the surgical margins in conservative breast surgery, the EPE has a low sensitivity and a high rate of false negatives.