L'abstention axillaire : possible ? pour qui ?

Mardi 24 février 2026
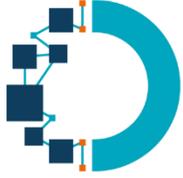
Limoges

DR MAXIME LEGROS

Gynécologue Obstétricien – Polyclinique de Limoges site Emailleurs

- Réunion « Actualités dans la prise en charge du cancer du sein »

Liens d'intérêts

- PROVEPHARM : Convention pour contrat de recherche scientifique

Rappel historique

IIème siècle — **Léonidas**
Première description chirurgicale

1948 — **Patey**
Conservation pectoraux

2000 — **Ganglion sentinelle**
Stadification ciblée
Réduction morbidité

XIXème siècle — **Halsted**
Mastectomie radicale
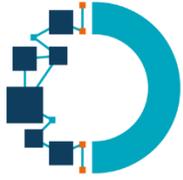Concept d'extension centifuge

1990 — **NSABP B-04**
Pas de bénéfice du curage sur la survie
Remise en cause du dogme d'Halsted

2015 — **AMAROS / ACOZOG Z0011 / IBSCG 23-01**
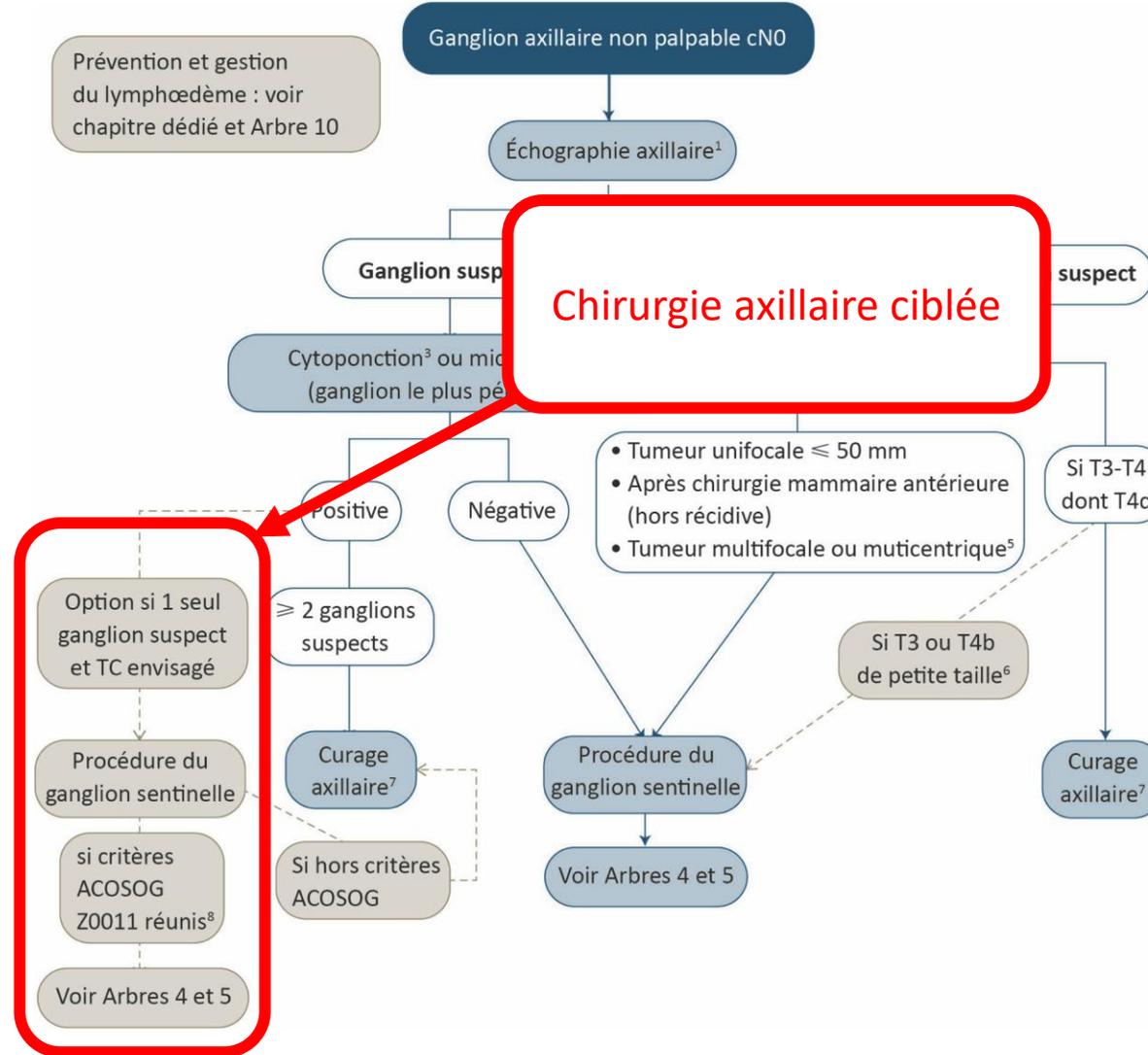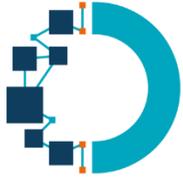Désescalade axillaire sans impact sur la survie

Recommandations INCA
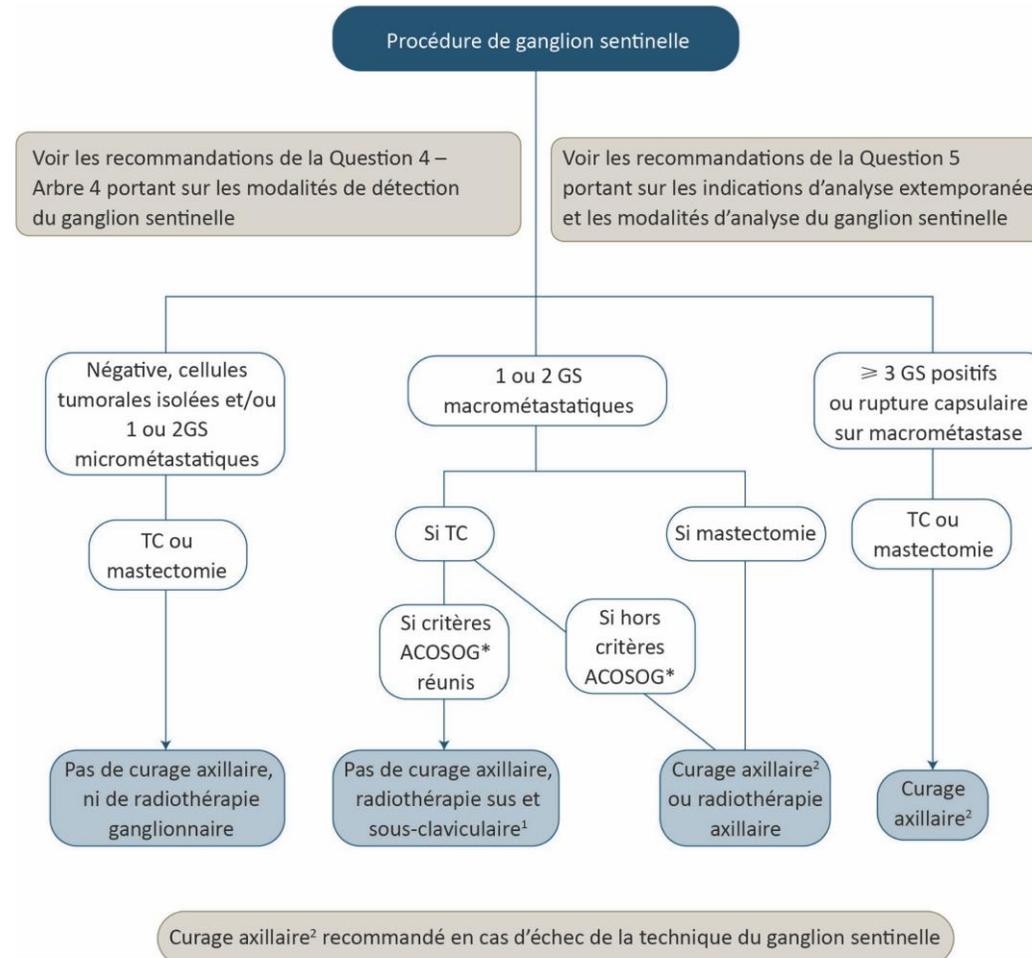
Chirurgie première :

Critères ACOSOG :
- Unifocal
- T1/T2
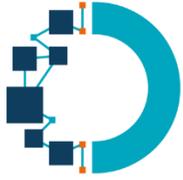- cN0
- Chirurgie conservatrice
- Traitement adjuvant associé

Prévention et gestion du lymphœdème : voir chapitre dédié et Arbre 10

Ganglion axillaire non palpable cN0

Échographie axillaire[1]

Ganglion susp[ect]

Chirurgie axillaire ciblée

suspect

Cytoponction[3] ou mic[...] (ganglion le plus pé[...])

- Tumeur unifocale ⩽ 50 mm
- Après chirurgie mammaire antérieure (hors récidive)
- Tumeur multifocale ou muticentrique[5]

Si T3-T4 dont T4d

Positive

Négative

Option si 1 seul ganglion suspect et TC envisagé

⩾ 2 ganglions suspects

Si T3 ou T4b de petite taille[6]

Procédure du ganglion sentinelle

si critères ACOSOG Z0011 réunis[8]

Curage axillaire[7]

Si hors critères ACOSOG

Procédure du ganglion sentinelle

Curage axillaire[7]

Voir Arbres 4 et 5

Voir Arbres 4 et 5

## A qui faire le CA après GS positif ?

Après chimiothérapie NA ?

Ganglion sentinelle ?

- Validé si cN0 avant CNA

- Mais cN1 avant ?
  - On peut sous certaines conditions
  - ACOSOG Z1071 / SENTINA / SN FNAC
  - Attention risque de FN élevé

➔ Réponse radiologique complète
➔ Le ganglion biopsié soit clipé
➔ Exérèse du ganglion clipé
➔ Double détection du ganglion sentinelle
➔ 2-3 ganglions sentinelles prélevés
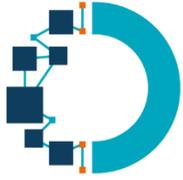
Plus loin ?

Abstention chirurgical axillaire ?

- SOUND
- INSEMA
- BOOG 2013-08 (en cours)
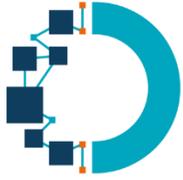- NAUTILUS (en cours)
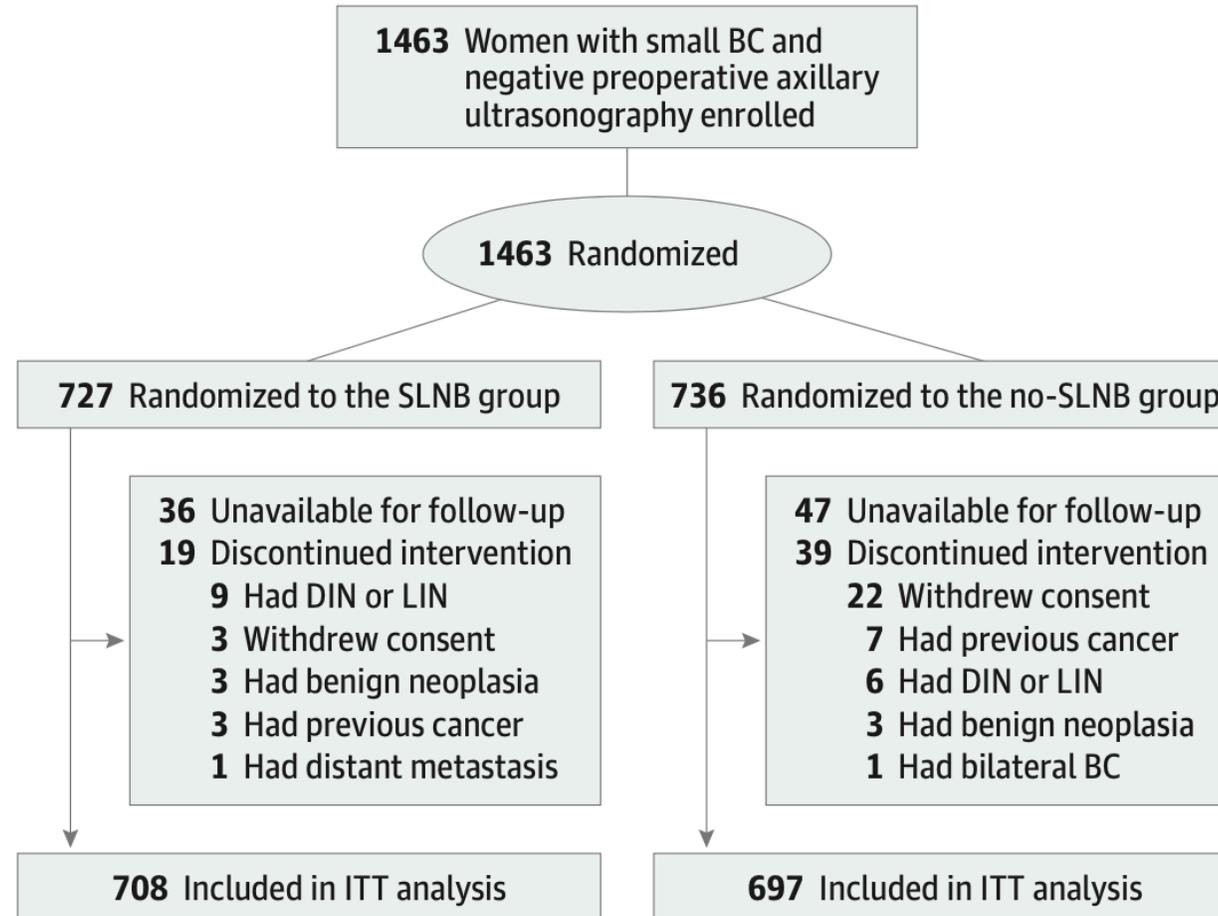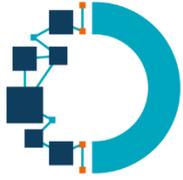- EUROBREAST 01 (en cours)

Etude SOUND

- Etude prospective Phase 3 de non-infériorité
- Multicentrique (Italie, Suisse, Espagne, Chili)
- **Compare l'omission du GS à l'exérèse du GS**
- Pas de limite d'âge
- Tumeur ≤ 2 cm
- Traitement conservateur suivi d'une radiothérapie
- cN0 et iN0 pré-opératoire
- Randomisation 1:1
- **CJP : DDFS à 5 ans**
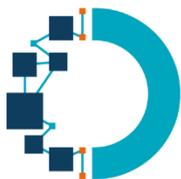
Etude SOUND

Résultats

1463 Women with small BC and negative preoperative axillary ultrasonography enrolled

1463 Randomized

727 Randomized to the SLNB group

736 Randomized to the no-SLNB group

36 Unavailable for follow-up
19 Discontinued intervention
  9 Had DIN or LIN
  3 Withdrew consent
  3 Had benign neoplasia
  3 Had previous cancer
  1 Had distant metastasis

47 Unavailable for follow-up
39 Discontinued intervention
  22 Withdrew consent
  7 Had previous cancer
  6 Had DIN or LIN
  3 Had benign neoplasia
  1 Had bilateral BC

708 Included in ITT analysis

697 Included in ITT analysis

Etude SOUND

Résultats

Characteristic	Patients, No. (%)	
	SLNB (n = 708)	No axillary surgery (n = 697)
Age at surgery, y		
<40	10 (1.4)	10 (1.4)
40-49	114 (16.1)	128 (18.4)
50-64	324 (45.8)	298 (42.8)
≥65	260 (36.7)	261 (37.4)
Median (IQR)	60 (52-68)	60 (51-68)
Menopausal status[a]		
Premenopausal	145 (20.6)	154 (22.3)
Perimenopausal or postmenopausal	558 (79.4)	538 (77.7)
Histotype		
Ductal	551 (77.8)	543 (77.9)
Lobular	61 (8.6)	59 (8.5)
Tubular	27 (3.8)	33 (4.7)
Other	69 (9.7)	62 (8.9)
Pathological tumor size		
pT1mic or pT1a	71 (10.0)	61 (8.8)
pT1b	251 (35.5)	240 (34.4)
pT1c	355 (50.1)	361 (51.8)
pT2	31 (4.4)	35 (5.0)
Median (IQR), cm	1.1 (0.8-1.5)	1.1 (0.8-1.5)

Characteristic	Patients, No. (%)	
	SLNB (n = 708)	No axillary surgery (n = 697)
No. of positive SLNs		
0	599 (84.6)	12 (1.7)
1	83 (11.7)	10 (1.4)
≥2	14 (2.0)	0
SLNB not performed	12 (1.7)	675 (96.8)
No. of positive LNs		
0	599 (84.6)	12 (1.7)
1-3	93 (13.1)	9 (1.3)
4-9	2 (0.3)	1 (0.1)
≥10	2 (0.3)	0
No information	12 (1.7)	675 (96.8)
Pathological node status		
pNx	12 (1.7)	675 (96.8)
pN0	584 (82.5)	12 (1.7)
pN0(i+)	15 (2.1)	0
pN1mi	36 (5.1)	4 (0.6)
pN1	57 (8.1)	5 (0.7)
pN2	4 (0.6)	1 (0.1)

| Characteristic	Patients, No. (%)	
	SLNB (n = 708)	No axillary surgery (n = 697)
Grade[b]		
1	194 (27.7)	204 (29.9)
2	377 (53.8)	356 (52.2)
3	130 (18.5)	122 (17.9)
ER status		
0	56 (7.9)	44 (6.3)
>0	652 (92.1)	653 (93.7)
PgR status		
0	108 (15.3)	95 (13.6)
>0	600 (84.7)	602 (86.4)
Ki-67 index[c]		
<20	455 (64.4)	439 (63.2)
≥20	252 (35.6)	256 (36.8)
Median (IQR)	15 (10-23)	15 (10-24)
ERBB2 overexpression		
Not overexpressed	660 (93.2)	650 (93.3)
Overexpressed	48 (6.8)	47 (6.7)
Surrogate subtype		
Luminal ERBB2-negative	617 (87.1)	617 (88.5)
ERBB2-enriched	48 (6.8)	47 (6.7)
Triple-negative	43 (6.1)	33 (4.7)

Etude SOUND

Résultats

| Outcome	Events, No. (%)	
	SLNB (n = 708)	No axillary surgery (n = 697)
First events		
Ipsilateral breast recurrence	7 (1.0)	6 (0.9)
Axillary recurrence	3 (0.4)	5 (0.7)
Ipsilateral breast and axillary recurrence	2 (0.3)	0
Distant metastasis	13 (1.8)	14 (2.0)
Contralateral breast cancer	5 (0.7)	7 (1.0)
Nonbreast primary tumors	17 (2.4)	22 (3.2)
Death from breast cancer	0	0
Death from cause other than breast cancer	5 (0.7)	6 (0.9)
Death from unknown cause	1 (0.1)	1 (0.1)
Follow-up, median (IQR), y	5.7 (5.0-6.8)	5.7 (5.0-6.6)
All deaths, cause		
Breast cancer	7 (1.0)	4 (0.6)
Cause other than breast cancer	10 (1.4)	12 (1.7)
Unknown cause	4 (0.6)	2 (0.3)
Follow-up, median (IQR), y	5.8 (5.0-6.9)	5.8 (5.0-6.8)

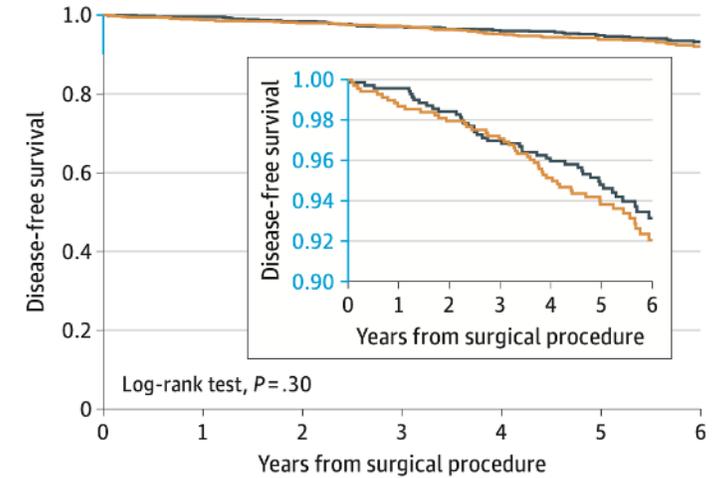Abbreviation: SLNB, sentinel lymph node biopsy.
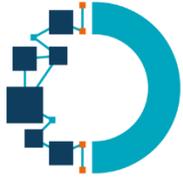
Etude SOUND

Résultats

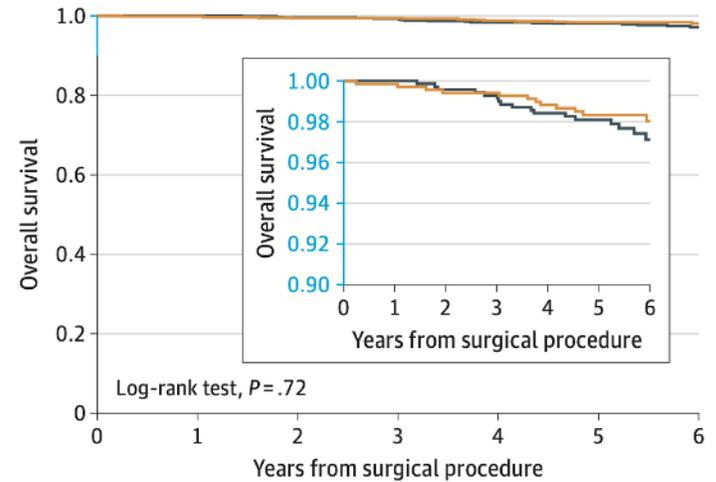Legend: — SLNB (control group) — No SLNB (experimental group)

A Distant disease-free survival

Log-rank test, $P = .67$
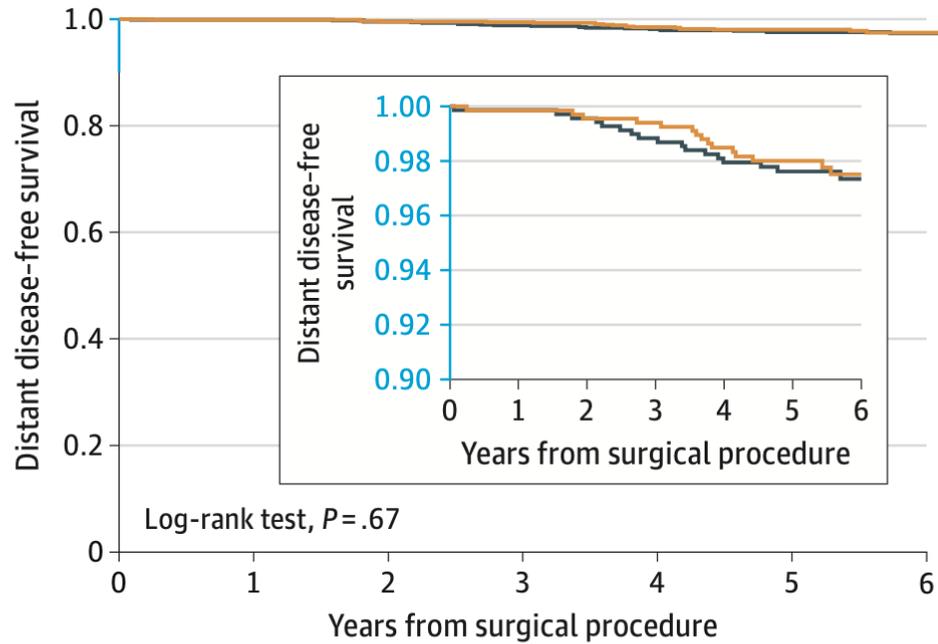
No. at risk
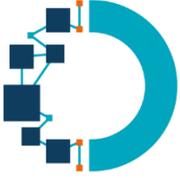|							
SLNB	708	702	694	684	657	532	303
No SLNB	697	684	675	669	640	512	289

B Disease-free survival

Log-rank test, $P = .30$

No. at risk
|							
SLNB	708	702	694	684	657	532	303
No SLNB	697	684	675	669	640	512	289

C Overall survival

Log-rank test, $P = .72$

No. at risk
|							
SLNB	708	705	702	700	673	550	317
No SLNB	697	693	688	687	663	531	310

Etude INSEMA

- Etude prospective non-infériorité
- Multicentrique (Allemagne, Autriche)
- **Compare l'omission du GS à l'exérèse du GS**
- Pas de limite d'âge
- T1 ou T2
- Traitement conservateur
- cN0 et iN0 pré-opératoire
- Randomisation 1:4
- **CJP : DFS (local, axillaire, distance, décès toutes causes)**
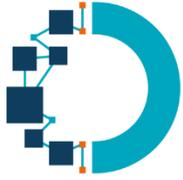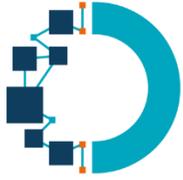
Etude INSEMA

Résultats
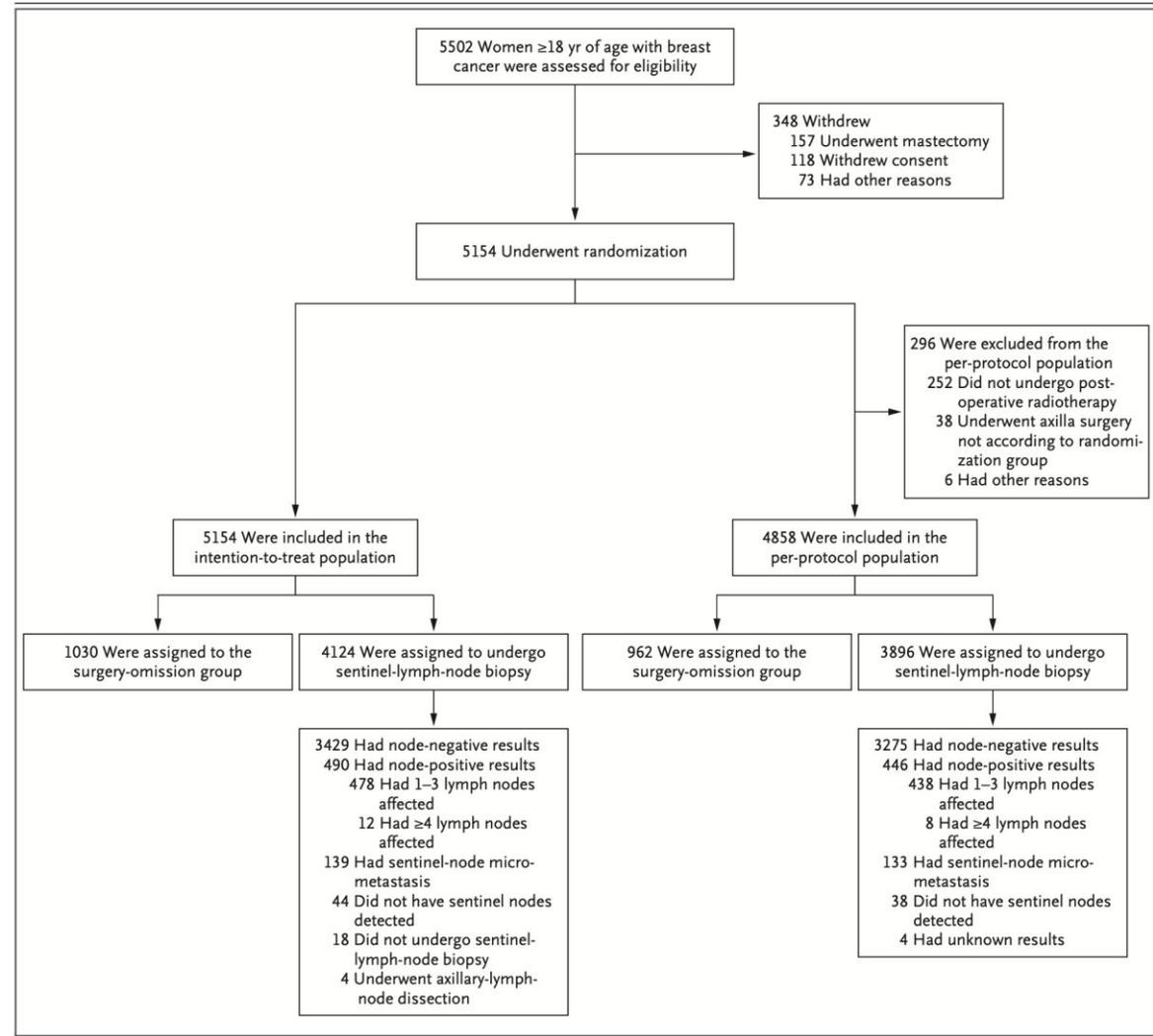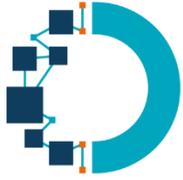
Etude INSEMA

Résultats

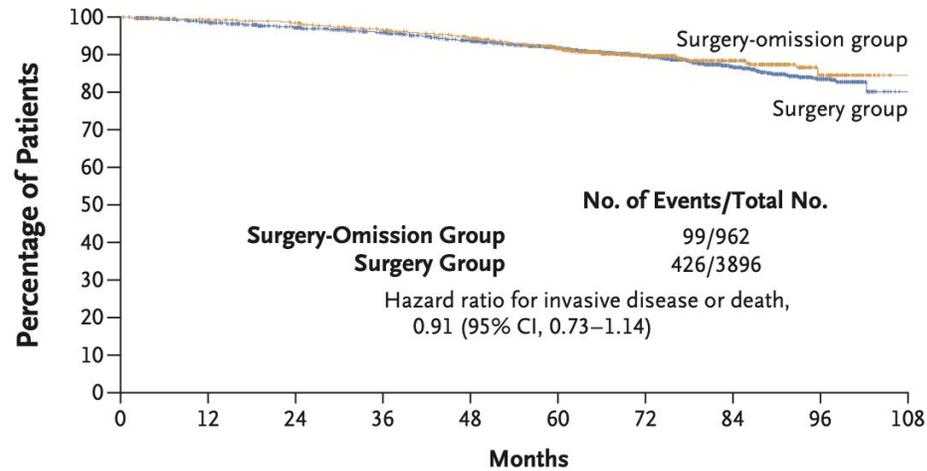| Characteristic	No Sentinel-Lymph-Node Biopsy (N=962)	Sentinel-Lymph-Node Biopsy (N=3896)	All Patients (N=4858)
Age — no. (%)			
<35 yr	4 (0.4)	6 (0.2)	10 (0.2)
35 to <50 yr	110 (11.4)	407 (10.4)	517 (10.6)
50 to <60 yr	295 (30.7)	1278 (32.8)	1573 (32.4)
60 to <70 yr	355 (36.9)	1454 (37.3)	1809 (37.2)
≥70 yr	198 (20.6)	751 (19.3)	949 (19.5)
BMI — no./total no. (%)†			
<30	716/961 (74.5)	2913/3896 (74.8)	3629/4857 (74.7)
≥30	245/961 (25.5)	983/3896 (25.2)	1228/4857 (25.3)
Unknown	1	0	1
Preoperative tumor size — no (%)‡			
≤2 cm	871 (90.5)	3521 (90.4)	4392 (90.4)
>2 cm	91 (9.5)	375 (9.6)	466 (9.6)
Pathological tumor stage — no. (%)§			
pT0, pTis, or pTX	6 (0.6)	34 (0.9)	40 (0.8)
pT1	773 (80.4)	3082 (79.1)	3855 (79.4)
pT2	177 (18.4)	756 (19.4)	933 (19.2)
pT3 or pT4	6 (0.6)	24 (0.6)	30 (0.6)
Nodal status — no./total no. (%)¶			
Sentinel lymph nodes			
pN0		3275/3854 (85.0)	
pN1mi		133/3854 (3.5)	
pN1		438/3854 (11.4)	
pN2		8/3854 (0.2)	
Unknown		4	
All lymph nodes			
pN0		50/253 (19.8)	
pN1mi		1/253 (0.4)	
pN1		169/253 (66.8)	
pN2		33/253 (13.0)	

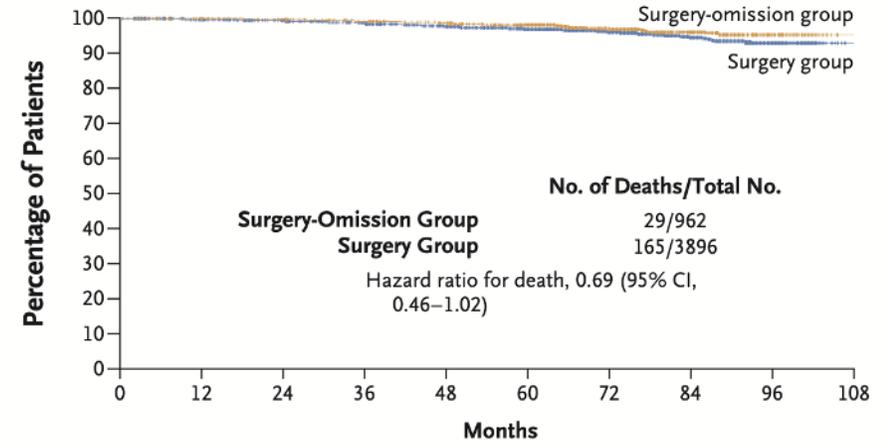| Characteristic	No Sentinel-Lymph-Node Biopsy (N=962)	Sentinel-Lymph-Node Biopsy (N=3896)	All Patients (N=4858)
ER and PR status — no./total no. (%)‖			
Negative	15/961 (1.6)	58/3893 (1.5)	73/4854 (1.5)
Positive	946/961 (98.4)	3835/3893 (98.5)	4781/4854 (98.5)
Unknown	1	3	4
HER2 status — no./total no. (%)			
Negative	914/958 (95.4)	3755/3885 (96.7)	4669/4843 (96.4)
Positive	44/958 (4.6)	130/3885 (3.3)	174/4843 (3.6)
Unknown	4	11	15
Intrinsic subtype — no./total no. (%)			
HR positive, HER2 negative	905/958 (94.5)	3705/3884 (95.4)	4610/4842 (95.2)
HER2 positive	44/958 (4.6)	130/3884 (3.3)	174/4842 (3.6)
Triple-negative breast cancer**	9/958 (0.9)	49/3884 (1.3)	58/4842 (1.2)
Tumor grade — no. (%)††			
G1	372 (38.7)	1463 (37.6)	1835 (37.8)
G2	552 (57.4)	2294 (58.9)	2846 (58.6)
G3	38 (4.0)	139 (3.6)	177 (3.6)
Ki-67 index — no./total no. (%)‡‡			
≤20%	800/909 (88.0)	3220/3705 (86.9)	4020/4614 (87.1)
>20%	109/909 (12.0)	485/3705 (13.1)	594/4614 (12.9)
Unknown	53	191	244
Histologic subtype — no./total no. (%)			
Invasive carcinoma (no special type)	726/962 (75.5)	2828/3895 (72.6)	3554/4857 (73.2)
Invasive or mixed lobular carcinoma	125/962 (13.0)	491/3895 (12.6)	616/4857 (12.7)
Other	111/962 (11.5)	576/3895 (14.8)	687/4857 (14.1)
Unknown	0	1	1

Etude INSEMA

Résultats

A Invasive Disease–free Survival in the Per-Protocol Population

B Overall Survival in the Per-Protocol Population

C Invasive Disease–free Survival in the Intention-to-Treat Population
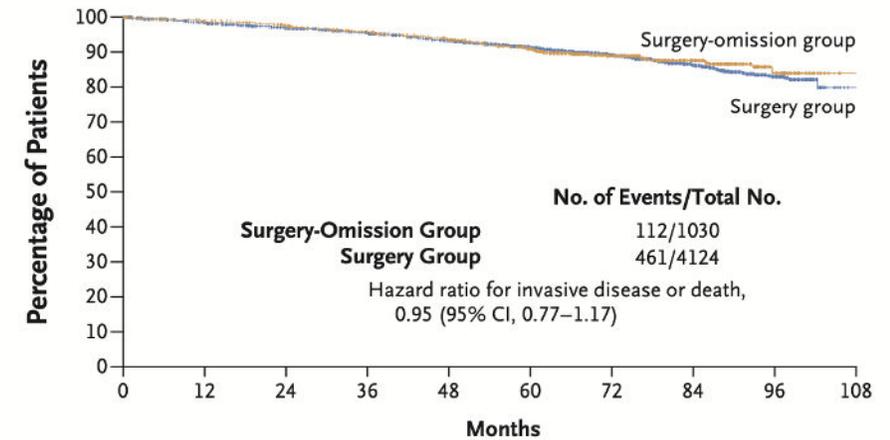
Peut-on aller plus loin ?

Absence totale de chirurgie ?

- En cours d'étude après CNA
- HER 2+ ou Triple neg
- T1-T2
- Si réponse complète
- Nouvelles biopsies lit tumoral
- Radiothérapie complémentaire
- 50 patientes incluses, 31 patientes avec biopsie post CNA nég
- Suivi médian de 26,4 mois

Kuerer HM, Smith BD, Krishnamurthy S, et al. Eliminating breast surgery for invasive breast cancer in exceptional responders to neoadjuvant systemic therapy: a multicentre, single-arm, phase 2 trial. Lancet Oncol. 2022;23(12):1517-1524. doi:10.1016/S1470-2045(22)00613-1

Conclusion

- **Oui** une désescalade chirurgicale axillaire semble possible
- A déjà commencé et se poursuit
- L'omission du GS devient possible
- Recommandations de la société américaine d'oncologie :
  - > 70 ans, T1c, RH+, HER 2 : neg
- Attente des résultats des autres études
- Désescalade de la chirurgie mammaire ?

Merci de votre attention