Surgical management of the upfront surgery patient

Synopsis

There is growing interest in personalizing breast cancer management strategies based on anatomic staging and tumor profile to minimize surgical morbidity and maximize response to systemic therapy. Hormone receptor positive tumors have low pathologic complete response rates to neoadjuvant chemotherapy and therefore have low rates of axillary downstaging with this approach. The optimal upfront surgical management of the axilla among clinically node negative hormone receptor positive breast cancer patients will be reviewed, including techniques to minimize the likelihood of axillary lymph node dissection.