

# Sentinel lymph node dissection non-inferior to axillary node

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sided 95 percent confidence interval, 0 to 1.16; noninferiority  $P = 0.02$ ). In the SLND-alone group, 10-year disease-free survival was 80.2 percent, compared to 78.2 percent in the ALND group (hazard ratio, 0.85; 95 percent confidence interval, 0.62 to 1.17;  $P = 0.32$ ). The two groups had similar 10-year regional recurrence.

"These findings do not support routine use of axillary [lymph node dissection](#) in this patient population based on 10-year outcomes," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—Ten-year overall survival for primary breast cancer patients treated with sentinel lymph node dissection (SLND) alone is similar to that seen in those treated with axillary lymph node dissection (ALND), according to a study published in the Sept. 12 issue of the *Journal of the American Medical Association*.

Armando E. Giuliano, M.D., from the Cedars-Sinai Medical Center in Los Angeles, and colleagues compared the 10-year overall survival of patients with [sentinel lymph node](#) metastases treated with breast-conserving therapy and SLND alone without ALND (446 patients) versus women treated with ALND (445 patients). The women, with clinical T1 or T2 invasive [breast cancer](#), all had planned lumpectomy, tangential whole-breast irradiation, and adjuvant systemic therapy.

The researchers found that at a median of 9.3 years of follow-up, the 10-year overall survival was 86.3 percent in the SLND-alone group and 83.6 percent in the ALND group (hazard ratio, 0.85; one-

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