

Speech Abstract

Topic:

Axillary management following NAC: Radiation Oncologists' point of views

Abstract

Neoadjuvant chemotherapy (NAC) has become an important part of breast cancer treatment, allowing many patients with initially node-positive disease to achieve nodal downstaging. This has created new challenges for axillary management after surgery and radiation. Recent evidence has changed practice, especially for patients who present with node-positive disease but convert to pathologic node-negative (ypN0) after NAC. The NRG-NSABP B-51/RTOG 1304 trial showed that routine regional nodal irradiation (RNI) did not improve invasive recurrence-free survival, disease-free survival, or overall survival in this group. These results support treating such patients as node-negative, avoiding unnecessary nodal radiation. For patients with residual nodal disease (ypN+), axillary lymph node dissection (ALND) remains the standard of care. However, ongoing studies, such as Alliance A011202, are evaluating whether axillary radiation can replace ALND with similar disease control but less morbidity. Axillary management after NAC is moving toward selective de-escalation. Radiation oncologists play a key role in balancing disease control and treatment toxicity, ensuring that patients receive effective and personalized care.