

ASCO 2025 guidelines for axillary surgery

Evidence-based systematic review 2016 to 2024 (11 randomised controlled trials, 8 meta-analyses / systematic reviews, and 1 prospective cohort study)

- 1. No routine recommendation for sentinel lymph node biopsy (SLNB) in early breast cancer**
Postmenopausal women ≥ 50 years
Cancer ≤ 2 cm; grade 1-2; HR+ HER2 0
Clinical axilla N0 by ultrasound (USS)
- 2. Omit axillary lymph node dissection (AXLND)**
Cancer ≤ 5 cm
Clinical normal axilla cN0
Mastectomy with pN1 (1-2 positive SLNB) for planned post-mastectomy radiotherapy (PMRT); +/- regional nodal radiotherapy (RNI)
- 3. Offer SLNB**
Locally advanced cancer (cT3 - cT4c), clinically normal axilla cN0
Multicentric cancer, clinically normal axilla cN0
DCIS treated by mastectomy
Obese
Male
Pregnant
Prior breast or axillary surgery
- 4. Omit AXLND**
Early-stage cancer
1-2 positive SLNB
Breast conserving surgery and whole breast radiotherapy +/- regional nodal radiotherapy

Link to paper: <https://pubmed.ncbi.nlm.nih.gov/40209128/>