Reply to Comment on: “Women Could Avoid Axillary Lymph Node Dissection by Choosing Breast-Conserving Therapy Instead of Mastectomy”

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TO THE EDITORS:

We greatly appreciate the comments made by Drs. Cortina and Kong from the Medical College of Wisconsin.¹ It was not our intent to diminish the findings of the AMAROS trial nor its impact on the surgical management of the axilla in mastectomy patients; however, it is true that not many mastectomy patients were included in the AMAROS trial. More importantly, nearly all of our patients have immediate reconstruction. We are reluctant to use post-mastectomy radiotherapy in patients in whom a tumor-involved sentinel node was removed during mastectomy with immediate reconstruction. These patients may have limited nodal disease and have no other indication for post-mastectomy radiotherapy. The adverse effects of chest wall irradiation on the reconstructed breast are

well known. Irradiation may not be necessary for all patients with a sentinel node metastasis. We do at times use post-mastectomy radiotherapy for patients with positive sentinel nodes rather than return to the operating room but prefer to understand the extent of disease in order to avoid unnecessary damage to a reconstructed breast.

REFERENCES

1. Cortina CS, Kong AL. Comment on: “Women could avoid axillary lymph node dissection by choosing breast-conserving therapy instead of mastectomy”. *Ann Surg Oncol*. 2021. <https://doi.org/10.1245/s10434-021-09931-x>.

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