**BACKGROUND**

The optimal surgical staging of the axilla in breast cancer (BC) patients who convert from a clinically positive to a clinically negative node status (cN+ → cN0, Fig. 1) through neoadjuvant chemotherapy (NACT) is still unclear. For many decades, axillary lymph node dissection (ALND) has been considered standard of care in this setting. However, ALND is associated with high morbidity and may therefore lead to reduced quality of life in BC patients (Fig. 2).

Various forms of axillary staging surgery after NACT are currently in use internationally with the aim to ensure oncological safety and to avoid over-therapy (ALND, TLNB, TAD, SLNB) [1]. The choice of the appropriate technique generally depends on the national and international recommendations and surgeon's preference. So far, no comparative data on the oncological or the morbidity of the different procedures are available. Further research is needed to safely de-escalate the extent of axillary surgery in this patient group.

**STUDY DESIGN (NCT04373655)**

**Prospective multicenter cohort study**

**Target accrual:** 3,000 pts.

**Study duration:** 5 years (enrollment) + 5 years (follow up)

**Primary endpoints**

- 5-year invasive disease-free survival
- 3-year axillary recurrence rate
- HR2CL (evaluated using 4 standardized questionnaires [1235-qc-30; BR 23, Lymph ICF and SOC-13]) at baseline and 1, 3, 5 years after surgery

**Secondary endpoints** are the feasibility and performance of different axillary staging techniques (detection rate, number of removed lymph nodes and association with complications, arm morbidity and quality of life, operation time and use of clinical and economic resources), impact of learning curve, and the detailed mapping of surgical and oncological standards in different countries.

**REFERENCES**

1. Banys-Paluchowski et al., Arch Gynecol Obstet 2020, Axillary ultrasound for prediction of response to neoadjuvant therapy in the context of surgical strategies to axillary dissection...