

Feasibility Questionnaire



AXSANA

(AXillary Surgery After NeoAdjuvant Treatment)

A prospective multicenter cohort study to evaluate different surgical methods of axillary staging (sentinel lymph node biopsy, targeted axillary dissection, axillary dissection) in clinically node-positive breast cancer patients treated with neoadjuvant chemotherapy

<u>Inclusion criteria</u>	<u>Exclusion criteria</u>
Signed informed consent form	Distant metastasis
Primary invasive breast cancer (confirmed by core biopsy)	Recurrent breast cancer
cN+ (confirmed by core biopsy or fine needle aspiration)	Inflammatory breast cancer
cT1-3	Extramammary breast cancer
Scheduled for neoadjuvant systemic therapy	Pregnancy
Female / male patients \geq 18 years old	Less than 4 cycles of neoadjuvant chemotherapy administered
	Patients not suitable for surgical treatment

Please fill in the following questionnaire:

Is your study site a certified breast cancer center? <input type="checkbox"/> yes <input type="checkbox"/> no
Certification standard: <input type="checkbox"/> EUSOMA <input type="checkbox"/> other:
How many breast cancer patients are treated at your site with neoadjuvant chemotherapy (NACT)? per year
Of these: How many are clinically node-positive before NACT (cN+)?
Do you routinely confirm lymph node metastasis using core biopsy or fine needle aspiration in all cN+ patients before start of NACT? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you routinely mark the biopsied lymph node? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which technique do you use? <input type="checkbox"/> Clip <input type="checkbox"/> (Carbonic) ink <input type="checkbox"/> Magnetic seed
<input type="checkbox"/> other:

Which type of surgical axillary staging is your method of choice in patients who convert from cN+ to ycN0?

- Axillary lymph node dissection
- Sentinel node biopsy
- Targeted Axillary Dissection incl. sentinel node biopsy
- Other:

Would you like to enroll patients in the AXSANA study? yes no

Do you foresee any difficulties in conducting the study?

- yes no

If yes, specify:

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.....

Who should we contact at your study site? (incl. phone number and e-mail)

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.....
.....

Date

Signature

Please send the questionnaire to:

rotmensz.nicole@hsr.it

AXSANA Flowchart

