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LOCOREGIONAL TREATMENT FOR EARLY-STAGE TRIPLE-NEGATIVE BREAST CANCER: A RECOMMENDATION FROM AN EXPERT PANEL OF THE BRAZILIAN SOCIETY OF MASTOLOGY

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Objective: The aim of this study was to evaluate the knowledge and attitudes of the members of the Brazilian Society of Mastology (SBM) about the locoregional treatment of triple-negative breast cancer (TNBC). **Methods:** All 1,400 SBM members were invited to answer a survey of 44 objective questions. An expert meeting was held in December 2021, with the participation of 27 experts and 3 ad hoc consultants. Panelists responded to the survey before and after the meeting (brainstorm). Responses that reached 70% agreement were considered consensual. **Results:** In a patient undergoing conservative surgery after neoadjuvant therapy, with a compromised sentinel lymph node (SLNB), there was a double consensus on the indication of lymphadenectomy (ALND). In patients undergoing upfront surgery, with compromised SLNB, there was a double consensus on the indication of radiotherapy for locoregional control. However, 22% of breast specialists still indicate ALND in patients eligible for the ACOSOG Z0011 study. In women with TNBC who tested negative for pathogenic mutations, 100% of the panelists disagreed with the unrestricted indication of bilateral mastectomy. In women with a positive test, almost 100% of the respondents stated that the possibility of bilateral mastectomy should be considered. The panel reaffirmed the concept of “no ink on tumor” as adequate margins, regardless of initial treatment. **Conclusion:** Consensus among experts was reached on more than 70% of the questions, and agreement between panelists and associates was moderate. In view of the differences observed in some points already consolidated in the literature, it is suggested that the locoregional treatment of TNBC be explored, in an intense and systematic way, in continuing education actions aimed at the mastologist.

Keywords: Breast neoplasms. Triple-negative breast neoplasms. Consensus development conferences as topic.