

**Supplementary Table 2.** Performance of morphological (PO-PS and IO-FS) and molecular (OSNA) techniques in SLN evaluation. Experience at Humanitas Cancer Center.

	<b>PO-PS</b>	<b>IO-FS</b>	<b>OSNA</b>
<b>Number of patients</b>	<b>540</b>	<b>390</b>	<b>1122</b>
<b>Patients with positive SLN</b>	<b>162 (30%)</b>	<b>87 (22%)</b>	<b>322 (29%)</b>
- macromets	100 (62%)	64 (74%)	
- OSNA 2+			177 (55%)
- micromets	62 (38%)	23 (26%)	
-OSNA 1+			145 (45%)
<b>Patients with additional nodal mets after ALND</b>	<b>53/162 (33%)</b>	<b>27/87 (31%)</b>	<b>91/272* (33%)</b>
- macromets	43/100 (43%)	23/64 (36%)	
- OSNA 2+			76/175 (43%)
- micromets	10/62 (16%)	4/23 (17%)	
- OSNA 1+			15/97 (15%)

\*2 patients after 2+ and 48 after 1+ refused complete nodal dissection following data from Galimberti et al (5).