Axillary node status is the most important prognostic information regarding treatment and prognosis for breast cancer patients. Localisation and number of involved lymph nodes add further information and are of prognostic relevance as well. The problem of the involvement of different axilla levels as well as skip metastases are discussed. Sentinel lymph node dissection is still considered investigational as well as axilla downstaging by preoperative chemotherapy. New prognostic markers are helpful in individual situations but are not yet considered as standard procedures. Conclusions of practical relevance are summarised.