AB025. The role of sentinel lymph node biopsy in breast cancer patients over the age of 80—how much is enough?

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Background: Recent studies have suggested that sentinel lymph node biopsy (SLNB) can be omitted in newly diagnosed elderly breast cancer (BC) patients as it may not influence decisions regarding further therapeutic intervention. The aim of this study was to assess the impact of SLNB on further surgical intervention as well as adjuvant treatments in patients over the age of 80.

Methods: A retrospective study was performed involving all BC patients over the age of 80 diagnosed between 2008 and 2017 who underwent SLNB as part of their initial surgery. Patient/tumour characteristics and adjuvant treatments were recorded.



Results: A total of 127 patients underwent SLNB in the study period. The median age was 82 (range, 80–95). 91/127 (71.6%) had ductal pathology, median tumour grade was 2, and oestrogen receptor positivity was seen in 89% of patients. The median number of sentinel nodes removed was 2 (range, 1–6). Forty-five patients (35.4%) had a positive sentinel node (median positive nodes =1). Of the 45 patients, 11 proceeded to axillary lymph node dissection (ALND) (11/127; 8.6%). The median number of nodes excised during axillary lymph node dissection (ALND) was 14 (range,7–25) and 6 patients (6/11) had further positive nodes. 9% of patients with a positive node received adjuvant chemotherapy, 87% received adjuvant radiotherapy and 79% received hormonal therapy.

Conclusions: Although a higher rate of SLNB positivity is seen in this age group (compared to the general population), few patients (<10%) proceed to ALND or receive adjuvant chemotherapy. SLNB remains useful in a select group of patients over the age of 80.

Keywords: Breast; cancer; octogenarian; sentinel; node

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