

AB007. SOH22ABS130. The role of routine sentinel lymph node biopsy in elderly patients with breast cancer

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Background: Recent guidelines from the Society of Surgical Oncology recommended against the routine use of sentinel lymph biopsy (SLN) in women over the age of 70 years with pT1 ER-positive breast cancer. The aim of this study was to evaluate the use of axillary staging with SLN in patients aged older than 70 with early-stage breast cancer.

Methods: A retrospective review identified all women over 70 years of age with a new diagnosis of invasive breast cancer who proceeded to therapeutic surgery between 2011 and 2020 at St. Vincent's Hospital, Dublin. All patients proceeded to therapeutic surgery. All patients had an axillary ultrasound at diagnosis. Clinicopathological data was assessed. Final pathological stage for patients who received axillary staging with SLN were assessed.

Results: Of 1,360 women aged over 70 at time of diagnosis during the study period, 474 patients (mean age of 80 years) underwent a wide local excision and SLN. Of these, 217 (46%) had a final pathological stage of pT1 and a tumour that was ER positive. Within this group 79% had a negative SLNB (pN0). The rate of SLN positivity was higher in those with pT2 disease at 34% (P=0.005).

Conclusions: Axillary staging with SLN is still routinely employed for patients older than age 70 who proceed to surgery for treatment of their breast cancer with a >20% positivity rate, even in those with pT1 disease. Efforts to reduce SLNB use in this cohort should incorporate both assessments of patient frailty and tumour parameters that allow estimates of sentinel node positivity.

Keywords: Breast cancer; hormone positive; axilla; sentinel lymph node; axillary surgery

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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