

SLNB IN WOMEN 70 AND OVER

The new CoC metric reads as follows: For patients greater than or equal to age 70, grade 1-2, hormone receptor positive and Her2 negative invasive breast carcinoma with tumor size less than or equal to 2 cm and AJCC clinical N0 who underwent breast conserving therapy, a sentinel lymph node biopsy or axillary lymph node dissection was not performed.

A small subgroup of Physicians met on 5/7/25 to discuss this, with the discussion centered on the ASCO guidelines published in April 2025. The flow chart below highlights the recommendations:

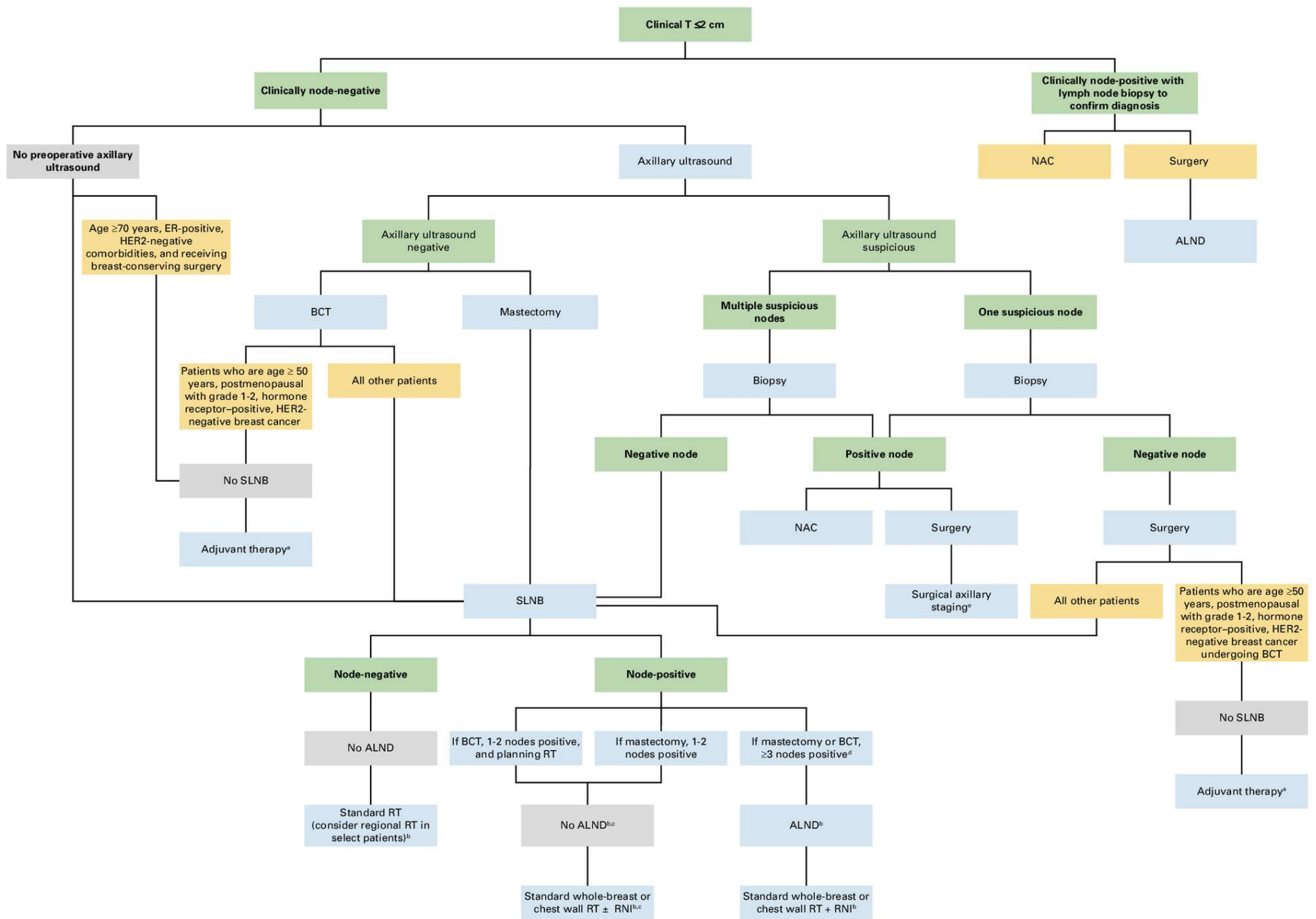


FIG 1. Management of the axilla for patients with clinical T \leq 2 cm breast cancer. ^aMultidisciplinary discussion of adjuvant therapy options should occur prior to surgery when omitting sentinel lymph node biopsy. Please see full guideline (section on Systemic and RT Treatment Decisions with Omission of SLNB) for expanded discussion. ^bDecision making should be made on a case-by-case basis, and include a patient-centered approach; that is, consider and discuss pros and cons of various options in light of patient's specific circumstances, values, and preferences. ^cFull lymph node dissection may mitigate the need for RT in select patients. ^dPatients with three positive nodes were underrepresented in trials evaluating the omission of completion ALND. ^eThere are no clinical trial data comparing SLNB/targeted axillary dissection (localized removal of clipped biopsy-proven positive node) to complete axillary lymph node dissection at this time, and either may be options for patients. ALND, axillary lymph node dissection; BCT, breast-conserving therapy; ER, estrogen receptor; HER2, human epidermal growth factor receptor 2; NAC, neoadjuvant chemotherapy; PMRT, postmastectomy RT; RNI, regional nodal irradiation; RT, radiation; SLNB, sentinel lymph node biopsy; T, tumor; US, ultrasound. Adapted from Brackstone et al.⁴

It was felt by the group that SLNB could be excluded in the majority of this group without compromising recurrence and survival. In those cases where there might be special circumstances warranting SLNB, tumor board discussion would be appropriate. As far as exclusion from clinical trials, after checking with the research office, there were no trials currently open that would have excluded this group based on a lack of SLNB.