

How Overlake Cancer Team Tailors Breast Cancer Treatment To Older Patients

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The Society of Surgical Oncology has created Choosing Wisely guidelines for cancer care, and in 2016 one of their 5 guidelines for cancer was “Don’t routinely use sentinel node biopsy in clinically node negative women => age 70 with hormone receptor positive invasive breast cancer.” Sentinel node biopsy is a less invasive, but still invasive, surgical procedure to investigate whether or not patients with invasive breast cancer have evidence of cancer spread into their lymph nodes. Although the procedure is less invasive than more extensive axillary lymph node dissection that was performed routinely for patients with breast cancer up until the mid 1990’s, sentinel node biopsy still carries with it a 5-10% risk of lymphedema and is a separate surgical incision that must heal and can be associated with post-operative pain and/or localized numbness.

The team at Overlake looked at our experience from 2014-2017 in performing sentinel node biopsy in women aged 70 and older with small hormone receptor positive breast cancer. In the 134 patients meeting this criteria, 103 underwent sentinel node biopsy and 31 did not. Of the 103 patients who did have a sentinel node biopsy surgical procedure, only 7 patients had evidence of cancer in their sentinel nodes. In these seven patients, there was no change in the recommendations for pharmacological treatment based upon the cancer being in the lymph nodes.

The Overlake team is committed to routinely applying the Choosing Wisely guidelines regarding sentinel node biopsy in older women with small hormone receptor positive breast cancers. We discuss the guidelines openly with patients and their families and share the decision-making regarding the procedure. We feel comfortable as a team in following the guidelines, and want patients to feel comfortable as well. We want to care for patients with breast cancer in a meaningful and thoughtful way, and avoid unnecessary procedures when possible.

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