Community hospital breast center develops quality assurance program for elderly breast cancer patients who do not have axillary surgery.
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**Objectives:** Sentinel lymph node biopsy (slnb) is the standard of care for patients with invasive breast cancer. Yet, in some patients, the nodal information will not change the treatment and the risk of a clinically relevant axillary event is low. It may be reasonable to offer observation of the axilla. However, this recommendation is outside national treatment guidelines. Our breast center developed a pilot program through which we offer elderly women with co-morbidities the option of avoiding axillary surgery for their invasive breast cancer and follow their outcomes.

**Methods:** A pilot program was implemented to provide a structured method of evaluating and following elderly women with invasive breast cancer who did not have axillary surgery. Criteria for avoidance of axillary surgery were developed, cases were reviewed prospectively at multidisciplinary tumor board, data was collected and analyzed annually from 2010-2012.

**Results:** Between 2010 and 2012, 282 patients had surgery for breast cancer at our hospital. 263 patents qualified for slnb by NCCN guidelines. Nineteen women did not have a slnb (figure1).

All cases were discussed at multidisciplinary tumor board. All women had a negative axilla by exam and imaging prior to surgery. Patients were followed by annual axillary exams and imaging. One patient had a loco-regional recurrence (LRR) which was seen on axillary ultrasound. She died with disease from metastatic lung cancer. One patient, who refused radiation, developed an in breast tumor recurrence (IBTR).

<table>
<thead>
<tr>
<th>Age&gt;80 (#pts)</th>
<th>&gt;2 major Co-morbidities (#pts)</th>
<th>Disease free Survival (#pts)</th>
<th>IBTR (#pts)</th>
<th>LRR (#pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>84% (16)</td>
<td>73% (14)</td>
<td>89% (17)</td>
<td>5% (1)</td>
<td>5% (1)</td>
</tr>
</tbody>
</table>

Figure 1

**Conclusion:** Breast cancer treatment is evolving at a rapid pace and becoming more conservative. This trend leads to practice changes before guidelines have been adjusted. Lacking a national registry, a system should be in place at hospitals to make these transitions in a safe, educated, data-driven process. Our pilot program provides a structure in which women who did not have sentinel node biopsies are evaluated, educated and followed.