Age Determinants for Breast Surgery

Using the Choosing Wisely initiative for early-stage breast cancer treatment strategies

Kari Mau, DNP, APRN-BC, and Rochelle Ringer, MD

Breast cancer is the most frequently diagnosed cancer in women in the United States. Hormone-positive breast cancer is the most common type of breast cancer, and this type of cancer refers to both estrogen receptor–positive and progesterone receptor–positive breast cancers (Sparano et al., 2018). Age is one of the greatest risk factors for breast cancer (Sun et al., 2017), and women aged 70 years or older are most often diagnosed with breast cancer. Treatment for breast cancer can be complicated by existing comorbidities, having a shorter lifespan, and a greater risk for side effects from treatments such as chemotherapy (Boughey, Haffty, Habermann, Hoskin, & Goetz, 2017). Identifying and continually assessing appropriate breast cancer treatment strategies in older women is incumbent on oncology providers so that patients can choose care that is evidence-based and not duplicative or harmful (American Board of Internal Medicine Foundation, 2016).

More than 500 medical societies participate in the Choosing Wisely initiative across the United States. One medical society that participates in this initiative is the SSO. The SSO examines the tests and procedures that are commonly used in surgical care for patients with cancer. One area that the SSO focuses on is breast cancer surgical care. In particular, the SSO developed surgical guidelines for women aged 70 years or older who have been diagnosed with breast cancer and who do not have clinical evidence of cancer in their lymph nodes. Sentinel lymph node (SLN) surgery does reduce breast cancer–associated mortality or can provide better locoregional control (Hughes et al., 2013). Because older women typically have comorbidities, shorter lifespans, and a greater risk for side effects from treatment like chemotherapy, the SSO recommends that routine SLN surgery be avoided in women aged 70 years or older with an early-stage, hormone-positive breast cancer without palpable axillary lymph nodes (Boughey et al., 2017).

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