

Introduction

- The Choosing Wisely® Campaign recommends omission of sentinel lymph node biopsy (SLNbx) in patients ≥ 70 years of age with early hormone receptor positive breast cancer.
- As a large integrated health care system with 16 breast cancer programs, we initiated a systemic effort through annual webinars from 2016 to 2018 to educate the breast cancer treatment teams.
- Our aim is to evaluate treatment patterns in 2018 after the introduction of multidisciplinary webinars.

Methods

- A retrospective review of breast cancer patients treated in 2016 and 2018 who were ≥ 70 years, T1a-T1c, hormone positive, and HER2 negative was performed.
- Rate of SLNbx omission was compared using chi-square analysis.
- Using logistic regression analysis, a subgroup analysis of patients in 2018 was done to evaluate associated factors with omission of SLNbx.

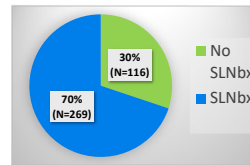
Patient Characteristics

Comparison of Patient Characteristics of SLNbx and SLNbx Omission Cohorts

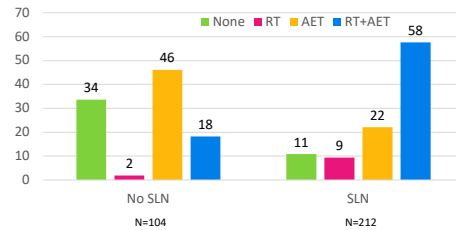
	No SLNbx	SLNbx
Age, # pts (%)		
70-75	37 (16%)	189 (84%)
76-80	26 (36%)	46 (64%)
81-85	26 (49%)	27 (51%)
86-90	20 (83%)	4 (17%)
>90	7 (78%)	2 (22%)
Size, # pts (%)		
T1a	16 (36%)	28 (64%)
T1b	33 (28%)	85 (72%)
T1c	67 (30%)	155 (70%)
Grade, # pts (%)		
I	55 (30%)	130 (70%)
II	54 (32%)	117 (68%)
III	7 (25%)	21 (75%)

Results

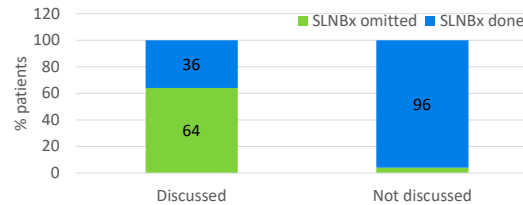
Percent of Patients Who Underwent SLNbx



Adjuvant Treatment By No SLNbx and SLNbx



Percent SLNbx Omission and Discussion of SLNbx Omission



Change in SLNbx Rates After Webinars

Medical Center	% SLNbx		# Patients (2018)
	2016	2018	
A	90	80	25
B	69	70	47
C	61	58	53
D	87	67	9
E	68	47	15
F	71	35	31
G	76	86	73
H	63	75	4
I	73	88	32
J	63	50	8
K	83	93	15
L	55	68	19
M	85	44	18
N	88	83	24
O	89	60	10

Results

- Between 2016 and 2018, there was no significant change in the overall rate of patients who underwent SLNbx (74% to 70%, $p=0.16$) although we saw a trend towards a decreased rate in 9 out of 15 hospitals.
- Among 398 patients who met criteria in 2018, 93% of the tumor was grade 1-2 ($n=369$). The median age at diagnosis was 74 years (70-95).
- Increasing age and comorbidities were associated with omission of SLNbx ($p=0.03$). Grade and size (T1a-T1c) did not change the rate of SLNbx omission ($p>0.05$).
- In an internal survey of the 2018 webinar participants, lack of a clear shared decision making tool was identified as a barrier for adopting the SLNbx omission guidelines in eligible patients.

Conclusions

- After a series of multidisciplinary webinars discussing the Choosing Wisely Campaign for omission of SLNbx patients ≥ 70 years, there was a trend towards decreasing rate in many of our hospitals.
- Omitting SLNbx in elderly patients is most closely associated with age and comorbidities

Further Directions

- Further adoption of the Choosing Wisely® campaign on omission of SLN will require development of a shared decision making tool in patients ≥ 70 years of age.

CONTACT: Annie Tang, MD; Surgery Resident
annie.tang@ucsf.edu