

Is Sentinel Lymph Node Biopsy Necessary in Patients with **Ductal Carcinoma-In Situ Undergoing Mastectomy?**

BACKGROUND

- >National guidelines recommend performing a sentinel lymph node biopsy (SLNB) for patients with ductal carcinoma in situ (DCIS) undergoing mastectomy due to the possibility of finding invasive cancer on final pathology.
- >When nodal staging is appropriate, it may not be feasible to perform a SLNB once the breast has been removed.
- Previous studies have demonstrated that approximately 20-30% of patients with DCIS will upstage to invasive cancer at the time of surgery; many with no nodal metastasis.
- \succ The purpose of this study is to identify risk factors associated with nodal involvement, for a more selective approach to SLNB in patients with DCIS undergoing mastectomy

METHODS

- The National Cancer Database was used to identify all patients with DCIS undergoing mastectomy with SLNB from 2010 and 2015.
- >We recorded the rate of upstaging to invasive carcinoma in the breast, as well as the pathological status of the sentinel node(s).
- >Multivariable analysis was performed to identify clinical and pathological factors associated with sentinel node metastasis.

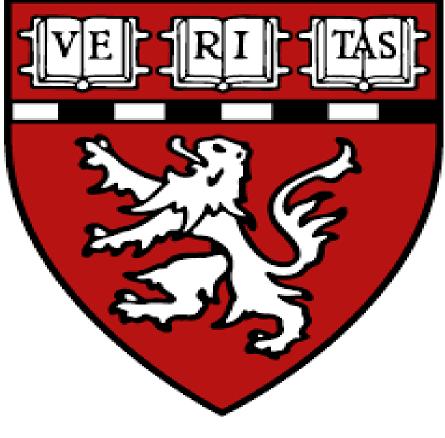
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Maste	ectomy with SLN	B for DCIS	5 (n=6,886)		
haracteristic	Negative nodes on SLNB n= 6,711(97.5%)		Positive	Positive nodes on SLNB n=175 (2.5%)	
		0/		0/	
	n	%	Λ	%	
ge group	400	04.0	07	г О	
40	493	94.8	27	5.2	
0-54	2,899	97.0	91	3.0	
5-69	2,408	98.2	44	1.8	
70	911	98.6	13	1.4	
rade					
ow/Intermediate	3,232	97.0	101	3.0	
ligh	3,479	97.0	74	2.1	
DCC*	•				
	2,155	95.9	93	4.1	
	331	95.1	17	4.9	
2	59	93.7	4	6.4	
2 larkers		0011			
IR+HER2-	1,380	94.5	80	5.5	
IR-HER2+	373	93.0	28	7.0	
R+HER2+	529	93.6	36	6.3	
NBC	201	94.8	11	5.2	
Inknown Inknown	4,228	99.5	20	0.5	
athological T		00.7	40	0.0	
T0 T1	4,516	99.7	12	0.3	
DCC: Charlson-Deyo	2195 Comorbidity Score	93.0	163	6.9	
,	ultivariable re	argeeion			
		gression			
aracteristic	OR		CI 95%	p-value	
e group	4 252		0 050 0 405		
40	1.352		0.856-2.135		
)-54	1[Ref]			P=0.004	
-69	0.625		0.431-0.907		
0	0.544		0.299-0.990		
ade					
ow/Intermediate	1[Ref]			P=0.012	
ligh	1.545		1.099-2.172	1 -0.012	
larkers					
R+HER2-	1[Ref]				
IR-HER2+	1.122		0.698-1.804		
R+HER2+	1.114		0.730-1701	P=0.053	
NBC	0.842		0.430-1.648		
Inknown	0.450		0.250-0.811		
athological T					
	0.058		0.029-0.117		
TO	0.000			p<0.0001	

few patients with DCIS had sentinel metastasis, even when upstaged to ive carcinoma on final pathology.

data presents a risk-based approach llary staging during mastectomy for nts with DCIS.





RESULTS

6 patients with DCIS underwent tectomy with SLNB.

had invasive cancer on final ology, and 175 (2.5%) had positive nel lymph node metastasis.

of patients with positive nodes onstrated upstaging to invasive noma.

atients with invasive cancer, 7% had ive lymph nodes.

en compared to low/intermediate e tumors, high nuclear grade tumors increased lymph node positivity (OR CI 1.099-2.172)

In compared to patients \geq 70 years <70 years had increased positivity 0.54, CI 0.299-0.990)

tumors had increased positivity pared to T0 tumors (OR 0.06,Cl 9-0.117) p<0.001).

CONCLUSIONS

Posters