

MEETING ABSTRACT

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Breast cancer in elderly patients : the sentinel node biopsy

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Background

The sentinel node biopsy in elderly women remains a controversial issue. Recent studies concluded that conservative breast surgery such as the sentinel node technique can be performed in elderly patients [1-3]. The technique is safe and without additional risk compared with the young, but there is a tendency to perform no or less extensive axillary surgery [4,5]. Some authors argue that in elderly patients with early breast cancer and clinically negative axillary lymph nodes, axillary dissection such as the sentinel node biopsy and postoperative radiotherapy may not be necessary because of reduced life expectancy [6] and the ability to predict which elderly patients may have low probability of lymph node metastasis may be spared the morbidity of lymph node evaluation [7]. The sentinel node biopsy in elderly patients is feasible and mortality data between older and younger do not show major differences when adjusted for associated pathologies [2]. The stage of disease and comorbidities must be considered for treatment of cancer in elderly patients.

The purpose of this study is to demonstrate the feasibility and safety of sentinel node biopsy in elderly patients.

Materials and methods

40 patients with breast cancer underwent sentinel node biopsy. All patients underwent lymphoscintigraphy the day before surgery. 15 patients had passed the age of 70 and three the age of 80. Diabetes and heart disease were present in 7 patients.

Results

A total of 18 patients aged ≥ 70 years (median 75,91 years, range 70–82) with operable breast cancer who

underwent sentinel node biopsy were included in the study. The sentinel node (SN) was identified in all the patients, with an identification rate of 100%. The sentinel node was localized in 37 patients (92.5%). All patients underwent breast-conserving surgery.

The sentinel node was positive for metastasis in 3/18 (16,66%) patients who, after intraoperative diagnosis, underwent complete axillary dissection in the same surgical procedure. Definitive histological examination showed that two patients had only the sentinel node invaded. No complications were found in axillary lymph node recurrence either.

Conclusion

The results obtained are similar in patients above and below 70 years of age. The indication for surgical treatment, conservative or demolition of the breast, is independent of age of the patient. The sentinel node biopsy is feasible and safe in elderly patients with an individualized approach and can reliably predict the state of the axilla and avoids unnecessary treatment of healthy lymph nodes excision and reduces hospitalization and costs.

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