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### **Is nodal staging necessary for older patients with HER2-positive or triple-negative breast cancers?**

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## 1148184 - Is nodal staging necessary for older patients with HER2-positive or triple-negative breast cancers?

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**Background/Objective:** The Choosing Wisely campaign recommends selective sentinel lymph node biopsy (SLNB) in clinically node-negative (cN0) women aged  $\geq 70$  years with ER positive breast cancer. However, the guidelines do not extend to women with Her2 positive or triple-negative breast cancer (TNBC), despite the fact that tumor biology outweighs nodal status when determining systemic therapy recommendations in these patients. We sought to determine the rate of SLNB positivity as well as differences in adjuvant therapy recommendations, local recurrences and survival in this cohort

**Methods:** Using our IRB approved database, a retrospective chart review was performed of all Her2 positive or triple-negative T1-T2, cN0 primary breast cancer cases who underwent an operation at our institution from 2016-2020. Demographics, clinical characteristics, staging and adjuvant therapy plans were recorded. Overall survival and recurrences were assessed

**Results:** We identified 28 TNBC and 23 Her2 positive T1-T2 cN0 breast cancer patients aged  $\geq 70$  years treated surgically from 2016 to 2020. Of the 28 TNBC patients, 27 underwent a SLNB. In these, only 2 had a positive SLNB (7.4%) and both were pN2. Chemotherapy (CTX) was not recommended for 9 patients—3 with T1a tumors, 6 for significant co-morbidities. For the 17 patients in whom CTX was recommended, 3 refused and 3 stopped therapy early due to intolerance. One patient with TNBC developed an in-breast recurrence. In the Her2 positive cohort, none of the 23 patients received neoadjuvant therapy and 21 underwent a SLNB. Only 2 of 21 (9.5%) had a positive SLNB. Chemotherapy was not recommended for 5 patients—1 with T1a tumor, 2 refused, 2 for significant co-morbidities. There were no breast cancer related deaths in either cohort

**Conclusions:** The rate of SLNB positivity in T1-T2, cN0 women aged  $\geq 70$  years with Her2 positive or TNBC disease in our patient population was low at  $<10\%$ . Since tumor biology is the primary driving force behind systemic therapy recommendations for these patients, nodal status has minimal impact. De-escalation of axillary surgery by omitting SLNB should be considered in this cohort, especially for patients with significant medical co-morbidities and those who refuse systemic therapy. Further investigation using data from national multi-institutional registries would help determine the impact, if any, of nodal staging in older patients with Her2 positive or TNBC disease