

Breast cancer treatment for women aged 70 years and older can be complicated by existing comorbidities, a shorter lifespan, and a greater risk of side effects from treatments such as chemotherapy. Identifying and continually assessing appropriate breast cancer treatment strategies in older women is important. This article highlights an approach to surgical treatment that demonstrates that age may not be the most important factor in surgical treatment for early-stage breast cancer.

**AT A GLANCE**

- Sentinel lymph node surgery is no longer routinely recommended for women aged 70 years or older with early-stage breast cancer.
- Chronological age alone may not be the sole determinant in the surgical management of patients with breast cancer.
- Individualization of care is necessary for optimal patient outcomes.

**KEYWORDS**

surgery; early-stage breast cancer; sentinel lymph node; treatment decision making

**DIGITAL OBJECT IDENTIFIER**

10.1188/19.CJON.97-98

# 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

**B**reast 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. Recommendations have been made by national organizations to carefully consider medical treatments for optimal patient outcomes. This article highlights a surgical treatment strategy that is based on current recommendations by the Society of Surgical Oncology (SSO) and results in a surgical treatment plan that is individualized for these patients.

**Choosing Wisely Initiative**

Choosing Wisely® is a national collaborative initiative that seeks to optimize patient outcomes across medicine and was developed by the American Board of Internal Medicine Foundation (2016).

It encourages the judicious use of medical tests, treatments, and procedures so that unnecessary medical interventions are minimized. This initiative takes medical research and translates it into evidence-based clinical care. This initiative is rooted in ongoing conversations between patients and healthcare 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).

Downloaded on 06-30-2024. Single-user license only. Copyright 2024 by the Oncology Nursing Society. For permission to post online, reprint, adapt, or reuse, please email pubpermissions@ons.org. ONS reserves all rights.