

Sentinel node biopsy questioned for some older women with breast cancer

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Positive lymph node status is not a reliable indicator of the need for

adjunctive chemotherapy, and sentinel node biopsy may not be helpful in older women with certain low-risk breast cancers, according to a study presented at the annual meeting of the American Society of Breast Surgeons, held from April 6 to 10 in Las Vegas.

Kyra Nicholson, M.D., from University of Chicago, and colleagues examined the distribution of the Oncotype DX breast recurrence scores in [older women](#) (older than 70 years) with hormone receptor-positive American Joint Committee on Cancer [clinical stage](#) I breast cancers and identified clinical factors associated with a high recurrence score. The analysis included 28,338 patients diagnosed from 2010 to 2018.

The researchers found that the strongest independent factor associated with an Oncotype DX score ≥ 26 was tumor grade 3 for both node-positive (odds ratio, 12.71) and node-negative (odds ratio, 18.00) patients, followed by negative progesterone receptor status (odds ratio, 6.20 for node-positive versus 7.19 for node-negative). Additionally, patients with larger tumors (>2 cm) and those on Medicaid were more likely to have an Oncotype DX score ≥ 26 . Compared with other [minority patients](#) (Black and Asian), Hispanic patients tended to be less likely to have an Oncotype DX score ≥ 26 .

"These findings suggest that [sentinel node biopsy](#) may not be helpful for adjuvant chemotherapy decisions in this patient population, but certain tumor factors may be more helpful," the authors write.

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