

ASCO | GUIDELINES

SENTINEL LYMPH NODE BIOPSY FOR PATIENTS WITH EARLY-STAGE BREAST CANCER: AMERICAN SOCIETY OF CLINICAL ONCOLOGY CLINICAL PRACTICE GUIDELINE UPDATE	
Recommendation	Evidence Rating
Clinicians should not recommend axillary lymph node dissection (ALND) for women with early-stage breast cancer who do not have nodal metastases.	Type: evidence based; benefits outweigh harms Evidence quality: high Strength of recommendation: strong
Clinicians should not recommend ALND for women with early-stage breast cancer who have one or two sentinel lymph node metastases and will receive breast-conserving surgery (BCS) with conventionally fractionated whole-breast radiotherapy.	Type: evidence based; benefits outweigh harms Evidence quality: high Strength of recommendation: strong
Clinicians may offer ALND for women with early-stage breast cancer with nodal metastases found on SNB who will receive mastectomy	Type: evidence based; benefits outweigh harms Evidence quality: low Strength of recommendation: weak
Clinicians may offer SNB for women who have operable breast cancer who have the following circumstances:	
Multicentric tumors	Type: evidence based; benefits outweigh harms Evidence quality: intermediate Strength of recommendation: moderate
Ductal carcinoma in situ (DCIS) when mastectomy is performed.	Type: informal consensus; benefits outweigh harms Evidence quality: insufficient Strength of recommendation: weak.
Prior breast and/or axillary surgery	Type: evidence based; benefits outweigh harms Evidence quality: intermediate Strength of recommendation: strong

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Recommendation	Evidence Rating
Preoperative/neoadjuvant systemic therapy	Type: evidence based; benefits outweigh harms Evidence quality: intermediate Strength of recommendation: moderate
Preoperative/neoadjuvant systemic therapy	Type: evidence based; benefits outweigh harms Evidence quality: intermediate Strength of recommendation: moderate
There are insufficient data to change the 2005 recommendation that clinicians should not perform SNB for women who have early-stage breast cancer and are in the following circumstances:	
Large or locally advanced invasive breast cancers (tumor size T3/T4)	Type: informal consensus Evidence quality: insufficient Strength of recommendation: weak
Inflammatory breast cancer	Type: informal consensus Evidence quality: insufficient Strength of recommendation: weak
DCIS when breast-conserving surgery is planned	Type: informal consensus Evidence quality: insufficient Strength of recommendation: strong
Pregnancy	Type: informal consensus Evidence quality: insufficient Strength of recommendation: weak