



**Sentinel Lymph Node Biopsy for Patients With Early-Stage
Breast Cancer: American Society of Clinical Oncology
Clinical Practice Guideline Update**

Introduction

- The goal of this 2016 guideline update is to provide oncologists and other clinicians with current recommendations regarding the use of sentinel node biopsy (SNB) for patients with early-stage breast cancer.
- The current update assesses whether the 2014 recommendations remain valid; the 2014 recommendations are affirmed based on the updated literature review.

ASCO Guideline Development Methodology

The ASCO Clinical Practice Guidelines Committee (CPGC) guideline process includes:

- a systematic literature review by ASCO guidelines staff
- an expert panel provides critical review and evidence interpretation to inform guideline recommendations
- final guideline approval by ASCO CPGC

The full ASCO Guideline methodology supplement can be found at:

www.asco.org/breast-sentinel-node-biopsy-guideline

Clinical Questions

- How should the results of sentinel node biopsy (SNB) be used in clinical practice?
- What is the role of SNB in special circumstances in clinical practice?
- What are the potential benefits and harms associated with SNB?

Target Population and Audience

Target Population

Medical oncologists, radiation oncologists, pathologists, surgeons, oncology nurses, patients/caregivers, and guideline implementers.

Target Audience

Medical oncologists, surgical oncologists, hospitalists, oncology nurses, patients, and other relevant oncologic professionals.

Summary of Recommendations

Recommendation 1

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).

Recommendation 2.1

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 with conventionally fractionated whole-breast radiotherapy (Type: evidence based; benefits outweigh harms; Evidence quality: high; Strength of recommendation: strong).

Recommendation 2.2

Clinicians may offer ALND for women with early-stage breast cancer with nodal metastases found in SNB specimens who will receive mastectomy (Type: evidence based; benefits outweigh harms; Evidence quality: low; Strength of recommendation: weak).

Summary of Recommendations

Recommendation 3

Clinicians may offer SNB for women who have operable breast cancer who have the following circumstances:

- 3.1. Multicentric tumors (Type: evidence based; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: moderate).
- 3.2. Ductal carcinoma in situ when mastectomy is performed (Type: informal consensus; benefits outweigh harms; Evidence quality: insufficient; Strength of recommendation: weak).
- 3.3. Prior breast and/or axillary surgery (Type: evidence based; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: strong).
- 3.4. Preoperative/neoadjuvant systemic therapy (Type: evidence based; benefits outweigh harms; Evidence quality: intermediate; Strength of recommendation: moderate).

Summary of Recommendations

Recommendation 4

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:

4.1. Large or locally advanced invasive breast cancers (tumor size T3/T4) (Type: informal consensus; Evidence quality: insufficient; Strength of recommendation: weak).

4.2. Inflammatory breast cancer (Type: informal consensus; Evidence quality: insufficient; Strength of recommendation: weak).

4.3. Ductal carcinoma in situ when breast-conserving surgery is planned (Type: informal consensus; Evidence quality: insufficient; Strength of recommendation: strong).

4.4. Pregnancy (Type: informal consensus; Evidence quality: insufficient; Strength of recommendation: weak).

Additional Resources

More information, including a Data Supplement, a Methodology Supplement, slide sets, and clinical tools and resources, is available at

www.asco.org/breast-sentinel-node-biopsy-guideline

Patient information is available at www.cancer.net

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