National Accreditation Program for Breast Centers
American College of Surgeons

Commission on Cancer Breast Disease Site Group

Friday March 14, 2025

ACS Cancer Program Meeting

ACS NAPBC National Accreditation Program for Breast Centers
American College of Surgeons

Members-Breast Disease Site Group

Name	Institution	Title	Specialty
Shelley Hwang, MD Co-Chair	Duke University	Vice Chair Research, Surgery	Surgery
Kathy Yao, MD Co-Chair	NorthShore University Healthsystem	Chair, NAPBC Vice Chair Research, Surgery	Surgery
Lee Wilke, MD	Univ of Wisconsin	Chair, NAPBC QI Committee	Surgery
Jane Meisel, MD	Emory University	Vice Chair, Education committee, NAPBC Associate Professor	Medical Oncology
Laura Freedman, MD	University of Miami	Associate Professor	Radiation Oncology
Tara Schapmire, PhD	University of Louisville	Vice Chair, NAPBC Advocacy committee Associate Professor of Medicine	Social Work

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Current Breast QMs	Year of approval
For patients ≤ 75 years old with HER2+ or triple negative breast cancer with any clinical N ≥ 1 or clinical T ≥ 2, neoadjuvant chemotherapy and/or immunotherapy is recommended and/or initiated within 60 days of diagnosis (BneoCT)	2023
First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC Clinical Stage I-III breast cancer (BCSdx)	2022
Radiation therapy, when administered, is initiated less than or equal to 60 days of definitive surgery for patients receiving breast conserving surgery for Stage I-III breast cancer who do not undergo adjuvant chemo- or immuno-therapy. (BCSRT) UNDER DISCUSSION	2022
For patients age >= 70, grade 1 -2, hormone receptor positive and HER2 negative invasive breast carcinoma with tumor size <=2cm and AJCC clinical N0, who underwent breast conserving surgery, a sentinel lymph node biopsy or axillary lymph node dissection was not performed (BnoLN).	October 2024

Quality Measure-Breast Disease Site

BnoLN: SNB in Hormone Receptor Positive Breast Cancer Women >=70yo

"For patients age >= 70, grade 1 -2, hormone receptor positive and HER2 negative invasive breast carcinoma with tumor size <=2cm and AJCC clinical N0, who underwent breast conserving surgery, a sentinel lymph node biopsy or axillary lymph node dissection was not performed."

Quality Measure-Breast Disease Site

BnoLN

- Numerator: Women >=70yo with hormone receptor positive, HER2neu negative, grade I/II invasive breast cancer, <=2cm, and clinically node negative undergoing breast conserving surgery who did not undergo a SNB or axillary LN dissection

- Denominator: Women >=70 with hormone receptor positive, HER2neu negative, grade I/II invasive breast cancer, <=2cm, and clinically node negative undergoing breast conserving surgery

Inclusion/Exclusion Criteria

- Inclusion Criteria:
  - Grade I-II tumors
  - BCS patients only
  - Ductal and lobular cancers
  - ER+ PR+
  - ER+ PR-

- Exclusion Criteria:
  - Grade III tumors
  - Mastectomy patients
  - HER2neu + patients
  - TNBC patients
  - Clinically node positive by exam or US
  - DCIS patients

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Why this measure?

1. Trend to de-escalate axillary to reduce morbidity
2. Removing nodes does not provide survival benefit or improve recurrence in these patients
3. Nodal information provides minimal prognostic value for these patients
4. National guidelines endorse this practice

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Sentinel Node Biopsy has Morbidity

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Morbidity of axillary surgery:

- Lymphedema rates: 3-7%
- ROM issues: 3-4%
- Paresthesias: 8-14%

Wilke L Ann Surg Oncol 2006;13:491
Flessig et al BCRRT 2006; 95:279
Liu CQ et al Eur J Cancer 2009;45:1560
Lorek A et al Currr Oncol 2022;29 950: 2887

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Removing nodes does not provide survival benefit or improve recurrence in these patients

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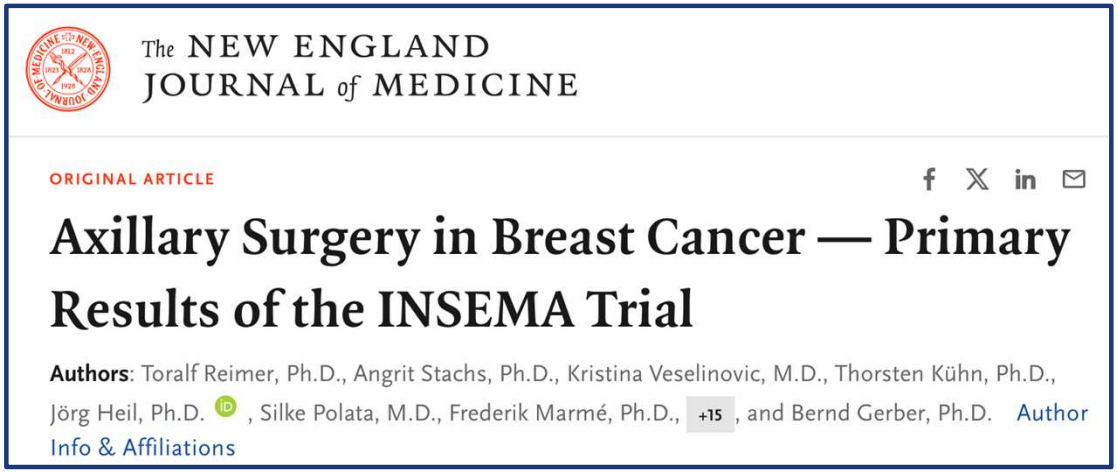
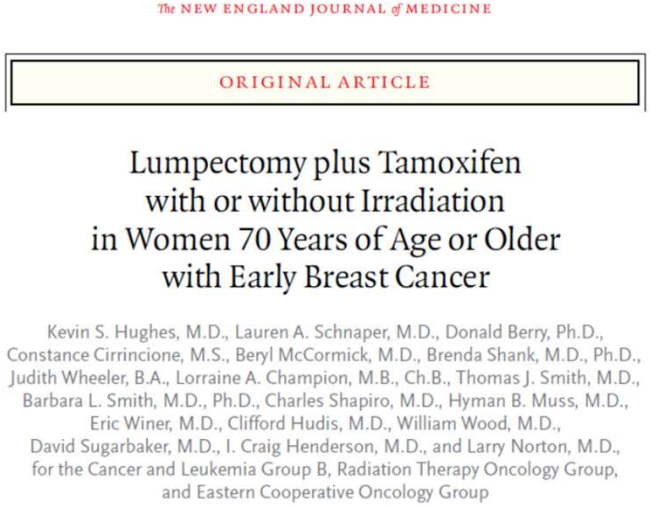


The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Axillary Surgery in Breast Cancer — Primary Results of the INSEMA Trial

Authors: Toralf Reimer, Ph.D., Angrit Stachs, Ph.D., Kristina Veselinovic, M.D., Thorsten Kühn, Ph.D., Jörg Heil, Ph.D. , Silke Polata, M.D., Frederik Marmé, Ph.D., +15 , and Bernd Gerber, Ph.D. Author Info & Affiliations

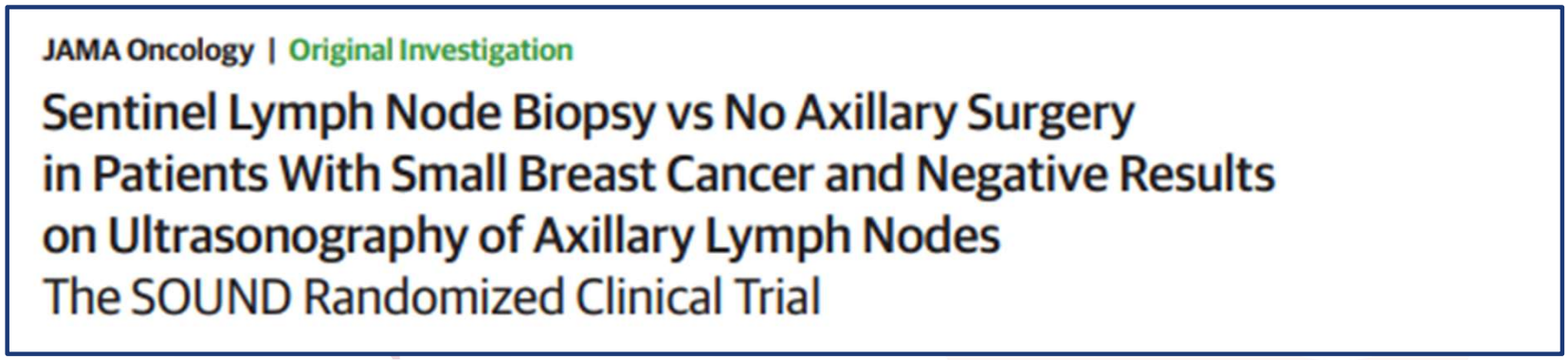


The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Lumpectomy plus Tamoxifen with or without Irradiation in Women 70 Years of Age or Older with Early Breast Cancer

Kevin S. Hughes, M.D., Lauren A. Schnaper, M.D., Donald Berry, Ph.D., Constance Cirrincione, M.S., Beryl McCormick, M.D., Brenda Shank, M.D., Ph.D., Judith Wheeler, B.A., Lorraine A. Champion, M.B., Ch.B., Thomas J. Smith, M.D., Barbara L. Smith, M.D., Ph.D., Charles Shapiro, M.D., Hyman B. Muss, M.D., Eric Winer, M.D., Clifford Hudis, M.D., William Wood, M.D., David Sugarbaker, M.D., I. Craig Henderson, M.D., and Larry Norton, M.D., for the Cancer and Leukemia Group B, Radiation Therapy Oncology Group, and Eastern Cooperative Oncology Group



JAMA Oncology | Original Investigation

Sentinel Lymph Node Biopsy vs No Axillary Surgery in Patients With Small Breast Cancer and Negative Results on Ultrasonography of Axillary Lymph Nodes

The SOUND Randomized Clinical Trial

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Trial	Axillary recurrence-no node surgery arm
CALGB 9343 Trial	3% at 10 yrs
SOUND Trial	4% at 5 yrs
INSEMA Trial	1% at 5 yrs

Hughes et al. NEJM 2004; JCO 2013; 31:2382
Reimer et al, NEJM 2024 Dec 12 2024 Online ahead of print
Gentilini, JAMA Oncol, 2023, PMID: 37733364

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Outcome	SOUND Trial	INSEMA Trial
Disease Free survival b/w SNB and no SNB arm	No difference	No difference
Overall survival b/w SND and no SNB arm	No difference	No difference

Reimer et al, NEJM 2024 Dec 12 2024 Online ahead of print
Gentilini, JAMA Oncol, 2023, PMID: 37733364

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Nodal information provides minimal prognostic value for these patients

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SOUND Trial	Rec'd adjuvant chemotherapy	Rec'd adjuvant radiation therapy	Rec'd adjuvant hormonal therapy (ER + only)
SNB arm	Same	Same	Same
No SNB arm	Same	Same	Same

Gentilini, JAMA Oncol, 2023, PMID: 37733364

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Node positive rates: >=70yo, hormone receptor positive, invasive cancers, cN0

Tumor type	Tumor node positive
Grade I-II	8.2%
Grade III	12.0%
Ductal cancers	8.0%
Lobular cancers	9.0%
ER+ PR+	8.3%
ER+ PR-	7.3%

Yee, G et al ASBrS Poster April 2025

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National guidelines endorse this practice

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THE AMERICAN SOCIETY OF Breast Surgeons

- Official Statement -

Consensus Statement on Axillary Management for Patients With In-Situ and Invasive Breast Cancer: A Concise Overview

NCCN National Comprehensive Cancer Network®

Choosing Wisely®
An initiative of the ABIM Foundation

Society of Surgical Oncology
SSO SOCIETY OF SURGICAL ONCOLOGY

Five Things Physicians and Patients Should Question

1

Don't routinely use sentinel node biopsy in clinically node negative women ≥70 years of age with early stage hormone receptor positive, HER2 negative invasive breast cancer.

Endocrine therapy is standard treatment for all patients with hormone receptor positive breast cancer. The omission of sentinel lymph node biopsy in patients with non-palpable axillary lymph nodes in those women ≥70 years of age treated with endocrine therapy does not result in increased rates of locoregional recurrence and does not impact breast cancer mortality. Patients ≥ 70 years of age with early-stage, hormone receptor positive, HER2 negative breast cancer and no palpable axillary lymph nodes can be safely treated without axillary staging. Axillary staging can be individually considered, if the results may impact radiation therapy recommendations and/or systemic therapy decisions.

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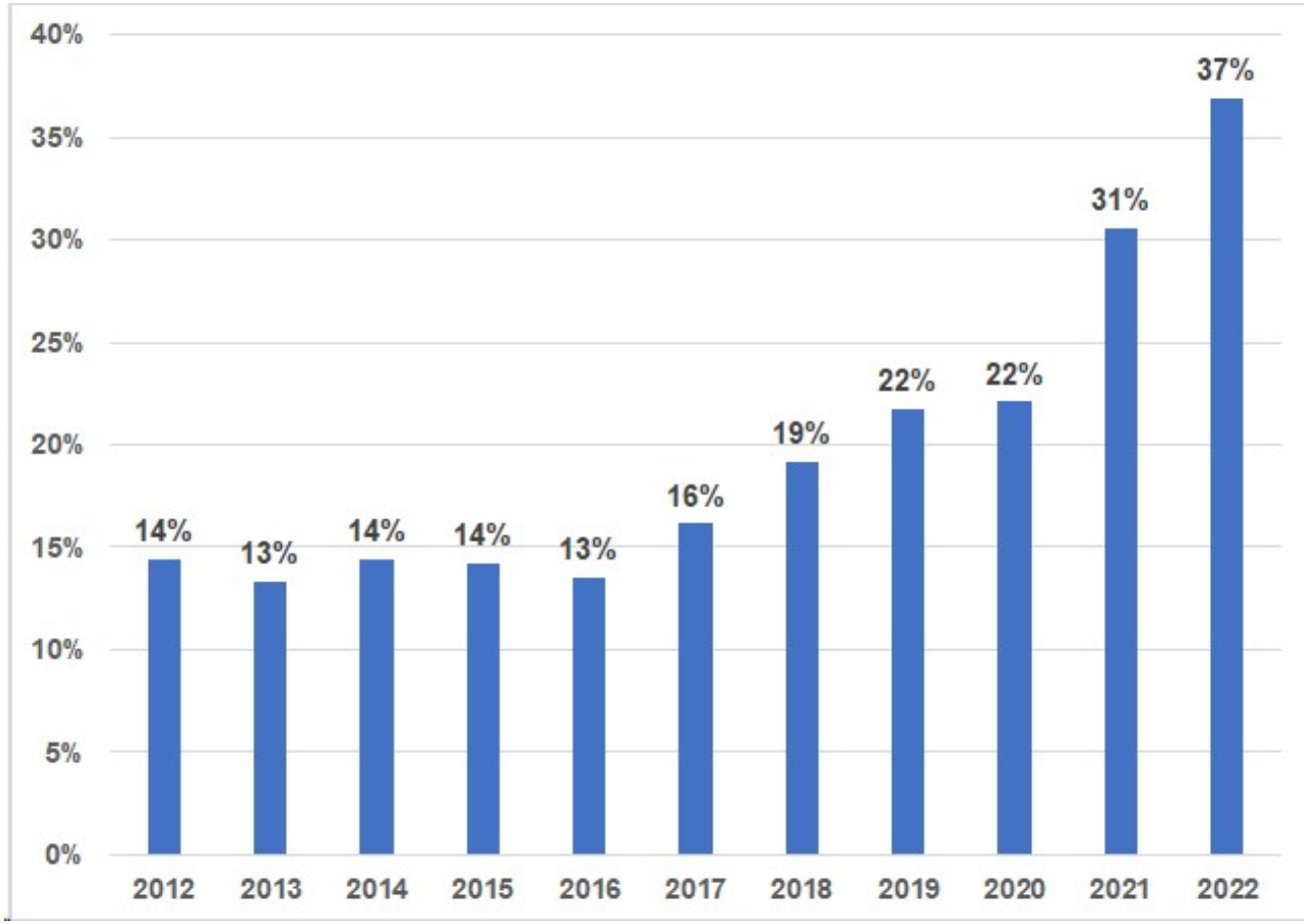
How are we doing with this quality measure?

Sufficient Variability Amongst Sites?

Data Summary

Diagnosis Year	2021	2022
Historical Performance Rate	**31.15%**	**37.57%**
Measure Eligible Cases	**18,294**	**17,321**
Measure Compliant Cases	**5,698**	**6,507**
Measure Eligible Hospitals	**1,293**	**1,280**
Measure Compliant Hospitals	**921**	**973**

Trends Over Time-No SNB



Yee, G et al ASBrS Poster April 2025

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BnoLN

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Questions?

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Extra slides

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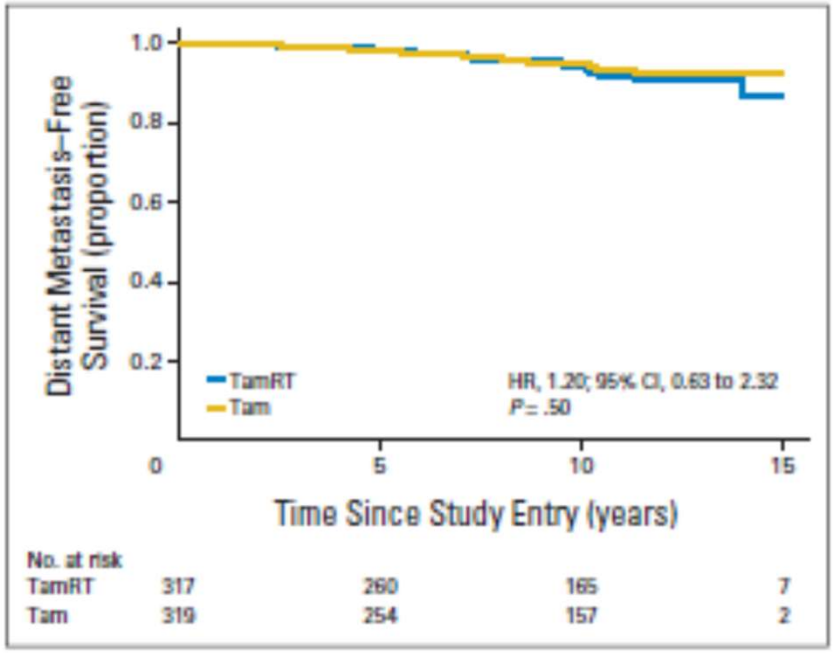
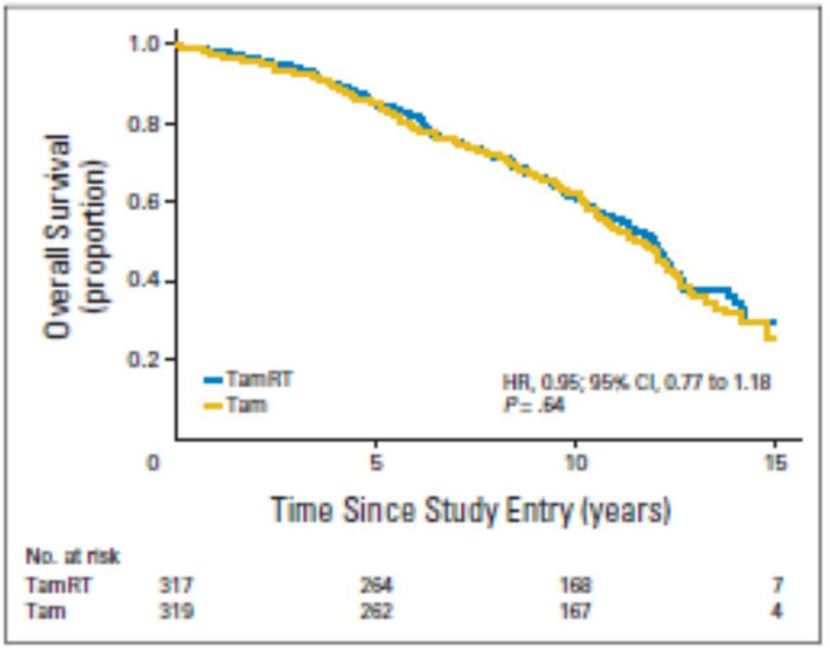
CALGB Trial 12 yr Update

63-64% of patients in this trial did not undergo any axillary surgery



Distant Metastasis Free Survival



Overall Survival

JCO 2013; 31:2382

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NCCN National Comprehensive Cancer Network®

In the absence of definitive data demonstrating superior survival, the performance of axillary staging may be considered optional in patients who have particularly favorable tumors, patients for whom the selection of adjuvant systemic and/or RT is unlikely to be affected, those ≥70 years of age, or those with serious comorbid conditions (a).

(a) Sentinel node biopsy may be omitted based on the SSO Choosing Wisely recommendation in patients ≥70 years of age with HR+/HER2-negative and pT1, cN0 tumors.

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Endorsed in 2016 by the Society of Surgical Oncology
Endorsed in 2018 by the American Society of Breast Surgeons

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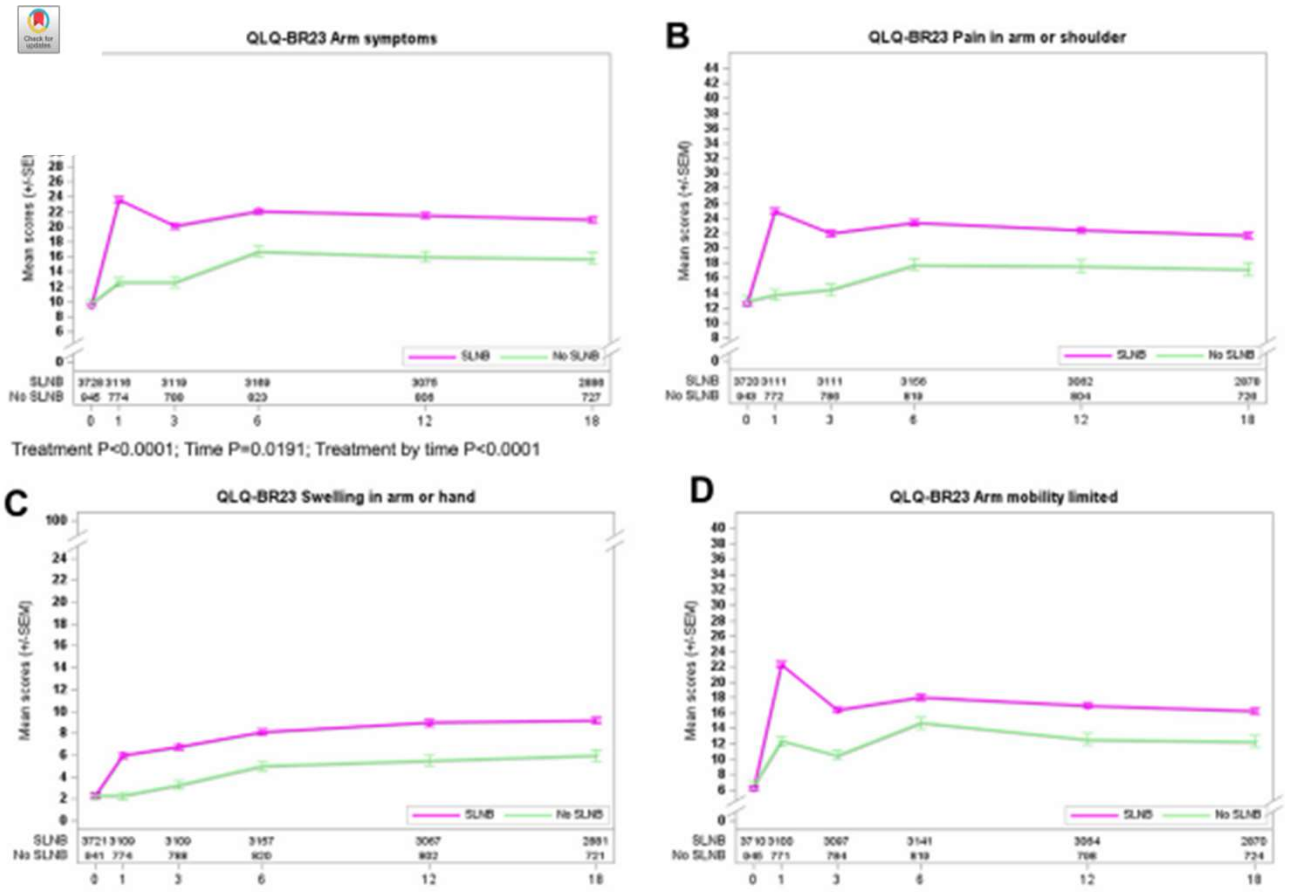
Patient-reported outcomes for the Intergroup Sentinel Mamma study (INSEMA): A randomised trial with persistent impact of axillary surgery on arm and breast symptoms in patients with early breast cancer



Reimer T et al Lancet 2023; 55:101756

Stakeholder Engagement-ASCO, NAPBC, ASBrS, ASTRO

Stakeholder Feedback	Response
Wording of the measure	Changed to “not performed”
Grade of tumor	Exclude grade III
Type of surgery	Excluded mastectomy patients
Eligibility for CDK 4/6 inhibitor	Low risk of using this medication in this population
Histology type	Include all invasive tumors
Shared decision making? Patients who want a SNB? Surgeons who want to do a SNB?	Can be flexible with the EPR

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Outcome	SNB arm	No SNB	P value
DFS 6 yrs	91.9%	91.7%	NS
Death	2.4%	1.4%	NS
Axillary recurrence	0.3%	1.0%	NS

Reimer et al, NEJM 2024 Dec 12 2024 Online ahead of print

Sufficient Number of Patients?

Number of Hospitals with Denominator-Eligible Cases by Facility Type & Number of Cases in Each Hospital, Year 2022

2022		Number of cases in each hospital			
Facility Type	Number of hospitals	Mean	Median	Minimum	Maximum
Community Cancer Program	211	5.15	4	1	25
Comprehensive Community Cancer Program	436	14.79	13	1	92
Academic/Research Program (includes NCI-designated comprehensive cancer centers)	201	20.80	17	1	148
Integrated Network Cancer Program	420	13.00	10	1	110
Other/Unknown	12	12.42	6	2	47

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