



ASO VISUAL ABSTRACT

## ASO Visual Abstract: Variation in De-escalated Axillary Surgical Practices in Older Women with Early-Stage Breast Cancer

Christina A. Minami, MD, MS<sup>1,2</sup>, Ginger Jin, MS<sup>3</sup>, Mara A. Schonberg, MD, MPH<sup>4</sup>,  
Rachel A. Freedman, MD, MPH<sup>2,5</sup>, Tari A. King, MD<sup>1,2</sup>, and Elizabeth A. Mittendorf, MD, PhD<sup>1,2</sup>

<sup>1</sup>Division of Breast Surgery, Department of Surgery, Brigham and Women's Hospital, Boston, MA; <sup>2</sup>Breast Oncology Program, Dana-Farber/Brigham and Women's Cancer Center, Boston, MA; <sup>3</sup>Center for Surgery and Public Health, Brigham and Women's Hospital, Boston, MA; <sup>4</sup>Department of Medicine, Beth Israel Deaconess Medical Center, Boston, MA; <sup>5</sup>Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA

The variation by hospital volume and over time in two axillary deescalation surgical practices in older adults is described. Sentinel lymph node biopsy rates remained

static over time and after stratifying by age, but axillary lymph node dissection rates decreased similarly across all age groups (<https://doi.org/10.1245/s10434-022-11677-z>).

