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ty, in their study on the use of axillary node dissection in the era of sentinel node staging, Olaya et al. determined the extent of sentinel node staging in California among women with small primary tumors or ductal carcinoma in situ who underwent mastectomy. Their results demonstrate that significant numbers of women undergoing total mastectomy who would be considered appropriate candidates for sentinel node staging are instead undergoing complete axillary node dissection without prior sentinel node biopsy. These women tend to be older, have larger tumors, be of lower SES or Hispanic or Asian/Pacific Islander heritage, and be treated in hospitals without cancer programs that have been approved by American College of Surgeons.

Although there are valid indications, such as clinically suspicious axillary adenopathy, to perform complete axillary node dissection as the initial axillary surgical procedure, this study raises several troubling questions that the authors were unable to address because of limitations of a registry database: Do these data lend further evidence to the difficulty of translating evidence-based recommendations of care into clinical practice? If so, what are the reasons for this and how might this be corrected? Might these data suggest the selective management of women with early breast cancer based on the level of insurance coverage? Although Medicare reimbursement in North Carolina for modified radical mastectomy (Current Procedural Terminology code 19307) is similar to that...
for total mastectomy (code 19303) along with the identification of a sentinel node (code 38792), there is approximately 20% greater reimbursement for the performance of modified radical mastectomy when an individual is covered by Blue Cross Blue Shield of North Carolina.

Whatever the reasons, the not insignificant consequences of unnecessary axillary node dissection affect some of the most vulnerable within our society—the elderly, the poor, and minorities—individuals perhaps least in control of their health care decisions. The study by Olaya et al is a wake-up call that health care systems need to more rigorously examine the process of care and to intervene with corrective action where appropriate.

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