



TASMIA TAHMID BREAST CARE

Title:

SENTINEL LYMPH NODE BIOPSY: Minimising nodal yield

Abstract: (Your abstract must use Normal style and must fit into the box. Do not enter author details)

BACKGROUND: Sentinel lymph node biopsy (SLNB) is the standard of care for axillary nodal staging in early breast cancer in many countries. Its main benefit – low morbidity - depends on minimal disruption of axillary tissue and lymphatics. However nodal yields can range from 1-10.

AIM: To establish the frequency of the first node removed being the true IE 'predictive' SLN,

STUDY DESIGN: Between January 2007 and August 2008 (20 months), 191 consecutive patients with early breast cancer and clinical and ultrasound negative axilla's underwent dual-technique SLNB using the UK New Start protocol with pre-operative lymphoscintiscan. Criteria for SLN removal were 'count and colour': the hottest, 10% of the highest count, blue as well as any clinically pathological nodes. Nodes were labelled SLN1, SLN2 etc

RESULTS: A SLN was identified in all 191 cases. The total nodal yield was ...2..... (average) (range1-10.....) Of the 191 axilla's 45 were node positive (23%). SLN1 was cancer positive (predictive) in 80% (36/45) SLN2 was the predictive node in 13% (6/45) and the non SLN in 6% (3/45) .

Conclusion: In our institution the predictive node (true SLN) was identified correctly 93% of the time in the first 2 nodes removed. This information will help to limit unnecessary nodal dissection.