Axillary Cases

Surgical Oncology Network
Breast Update

October 24, 2009
Role of Lymphoscintigraphy

- Is routine lymphoscintigraphy necessary?
Ms. JH

- 45 y/o with clinical TII/N0
- 2.3 cm high grade, ER/PR negative, Her 2+ with upper outer quadrant tumour
- Negative lymphoscintiscan 1 hour after T\textsuperscript{99} dye injection
Ms. JW: Negative lymphoscintiscan

• How would you approach this situation?
Ms. KW
Ms. KW

- Would you inject blue dye or use only Gamma probe?
Ms. KW

- 38 y/o with a clinical T1 tumour
- 1.8 cm tumour, ER/PR –ve, HER 1+
- Single sentinel node retrieved, +ve T99 and blue dye
- Pathology showed a micrometastasis in one node measuring 2 mm
Ms. KW
Ms. KW

- Would you recommend a completion ALND?
Ms. KW

- Does the lymphoscintiscan factor into your decision?
Ms. LR

- 42 y/o with a clinical T2/N0 Ca
- 3.2 cm grade1, ER/PR +ve
- US showed negative axilla
Ms. LR

- Two sentinel nodes retrieved both with isolated tumour cells
- What would be your management?
Ms. TC

- 76 y/o with clinical T1b (.8) nonpalpable grade 1, ER/PR 3+, HER –ve tumour
- Would you recommend SLNBx?
• 32 y/o with a 4.2 cm tumour, triple negative
• ? Preoperative SLNBx?