
Axillary Cases

Surgical Oncology Network Breast Update



October 24, 2009

Role of Lymphoscintigraphy

- Is routine lymphoscintigraphy necessary?

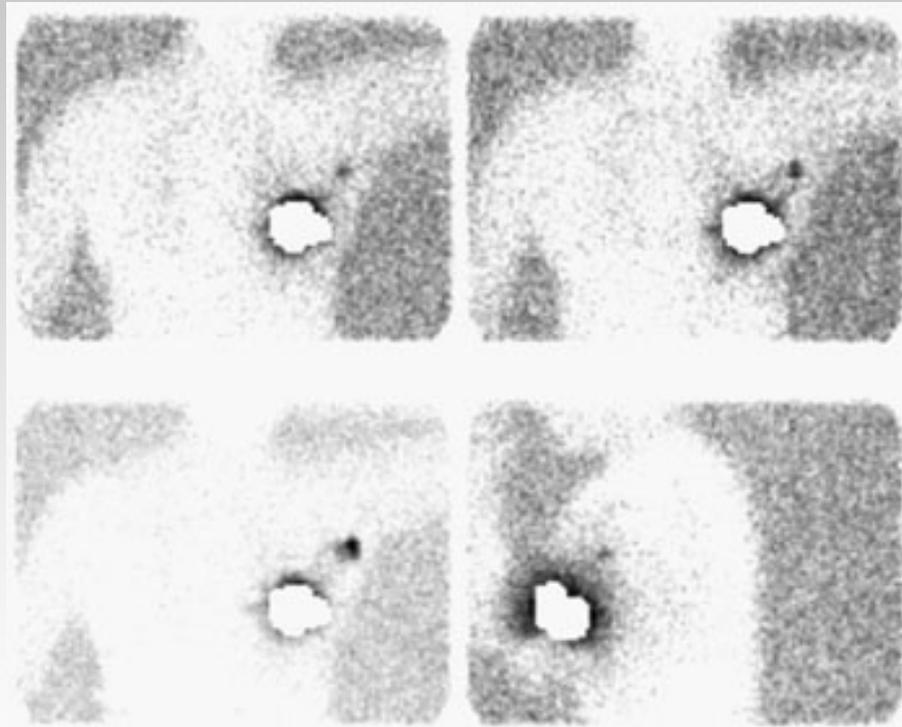
Ms. JH

- 45 y/o with clinical T1I/N0
- 2.3 cm high grade, ER/PR negative, Her 2+ with upper outer quadrant tumour
- Negative lymphoscintiscan 1 hour after T⁹⁹ dye injection

Ms. JW: Negative lymphoscintiscan

- How would you approach this situation?

Ms. KW





Ms. KW

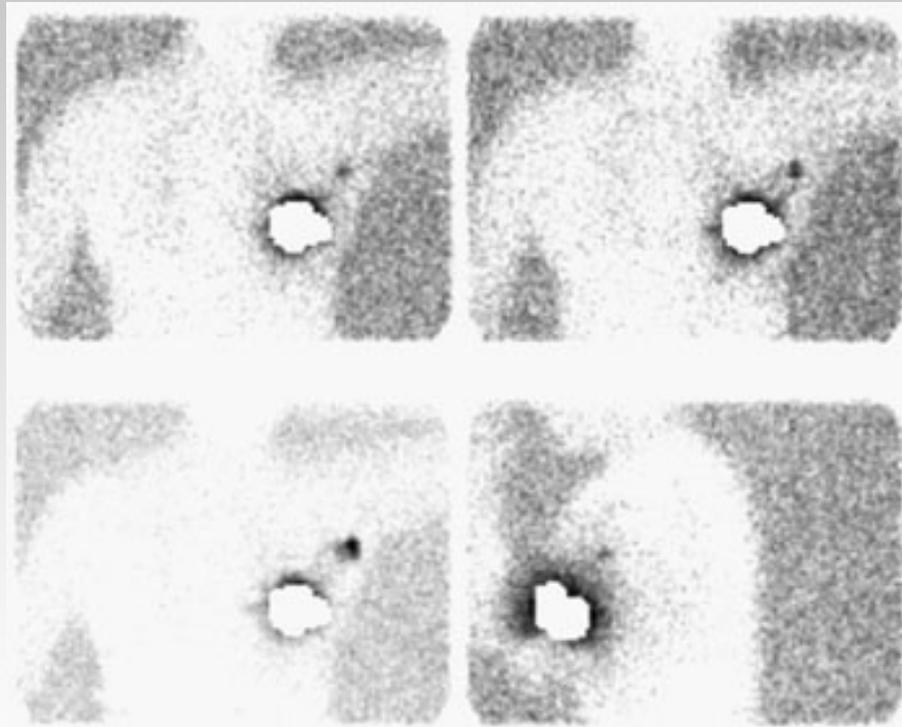


- Would you inject blue dye or use only Gamma probe?

Ms. KW

- 38 y/o with a clinical T1 tumour
- 1.8 cm tumour, ER/PR –ve, HER 1+
- Single sentinel node retrieved, +veT⁹⁹ and blue dye
- Pathology showed a micrometastasis in one node measuring 2 mm

Ms. KW



Ms. KW

- Would you recommend a completion ALND?



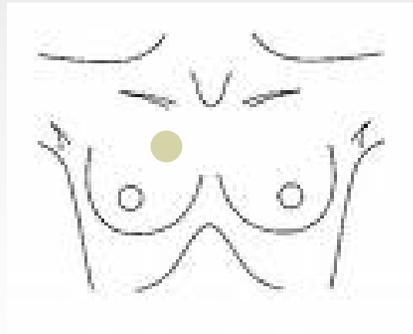
Ms. KW



- Does the lymphoscintiscan factor into your decision?

Ms. LR

- 42 y/o with a clinical T2/N0 Ca
- 3.2 cm grade 1, 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?