

Interdisciplinary Tumor Board

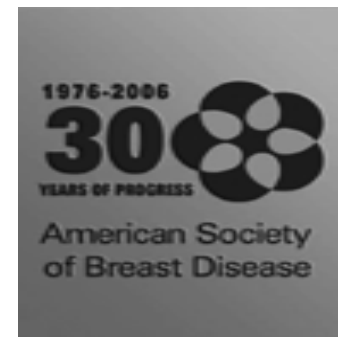
Friday, April 28
2:45 pm – 4:30 pm

Mini-Topic Presentation

Sentinel node mapping for DCIS

Faculty

Mel Silverstein, MD



*Are There Women with
DCIS Who Should Be
Considered for
Sentinel Node Biopsy ?*

Melvin J. Silverstein, M.D., FACS
Professor of Surgery
Henrietta C. Lee Chair
Chief, Breast Service
Keck School of Medicine
University of Southern California

What's Purpose of SN for DCIS ?

- Find Metastatic Cancer
- Upstage Patient
- Change Therapy
 - Add Chemo and/or Hormonal Therapy
 - Completion Dissection
 - Ultimate Goal: Cure Patient

That Entire
Scenario
is Highly
Unlikely

1979-4/2006 Pure DCIS by Histology

577 Pts	+ H&E	+ IHC
Ax Diss	2/393 0.5%	? 24 (6%) FU = 11
SN	0/184 0%	11/184 6%

USC/Van Nuys Prospective Database

We Did NOT

- Upstage Any Patient Using SN
- Change Therapy
- Add Chemo and/or Hormonal Therapy
- Completion Dissection
- None Developed Axillary
Recurrence or Mets

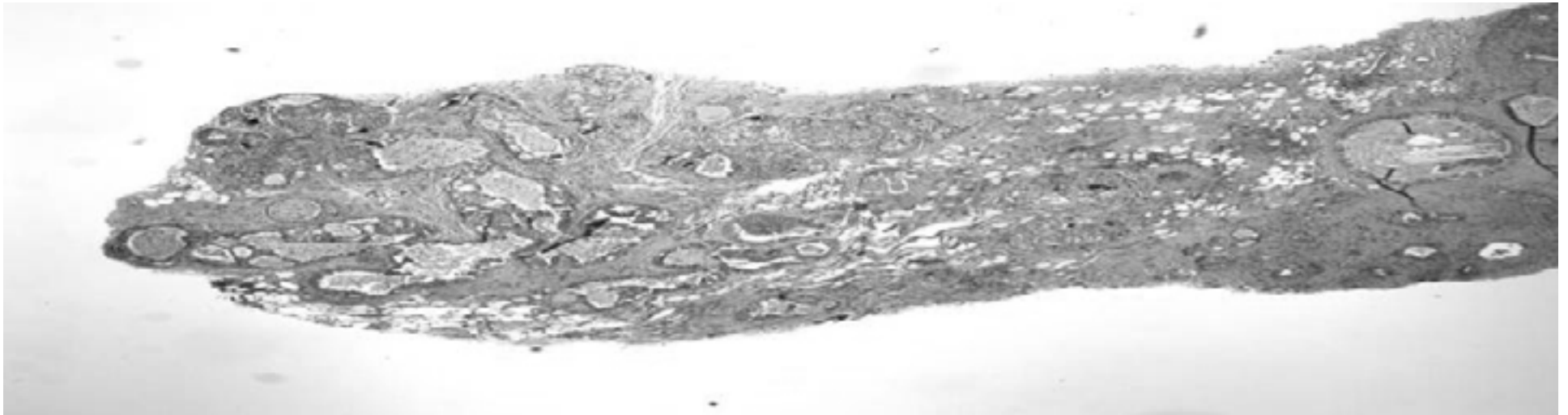
CONCLUSION

If It's
Pure DCIS
No Purpose in
Sentinel Node Bx

HOWEVER

Not Always Pure DCIS

- Diagnosis Based on Minimally Invasive Breast Biopsy (Needle)
- Approximately 5-20% Upstaged



CURRENT REPORTS

Upstaging Rate

From DCIS to

Invasive Cancer

≈ 10% after

Large Gauge VAB

If You Find
Invasive Cancer
on Final Pathology
Most Likely
T1mic, T1a or T1b

	T1a	T1b
N = 636	N = 184	N = 452
Pos H&E	5%	12%
Pos IHC only	3%	3%

65/636 = 10% Positive

1000 Patients

Diagnosis of DCIS on VAB

Excision Plus SN

On Final Pathology

10% Upstaged = 100 Pts

10% Node Pos = 10 Pts

Chemo Cures 30% = 3 Pts

1000 Sentinel Node

Biopsies

to Cure

Three Patients

YOU DECIDE

REMEMBER

If you haven't Done
a Mastectomy
You Can Always Go
Back and Do a SN on
the 10% of Upstaged Pts

Risks of Blue Dye

- Allergic Reaction \approx 1%
- Blue Hives
- Hypotension
- Anaphylaxis
- Death
- Inaccurate
Pulse
Oximeter



Risks of Blue Dye

- Blue
Discoloration
Breast
- Blue Tattoo
- Blue Urine



Radioisotope

- Expensive than Blue Dye
- Equipment More Expensive
- Requires Nuclear Med MD
- Lymphogram ?
- More Time

Sentinel Node for DCIS

- False Positive
(Overstage)
- Failure to Identify

What Does
DCIS Patient Get
in Exchange
for Taking These
Risks ?

The Chance
To Be
Overstaged,
Overtreated,
and Scared

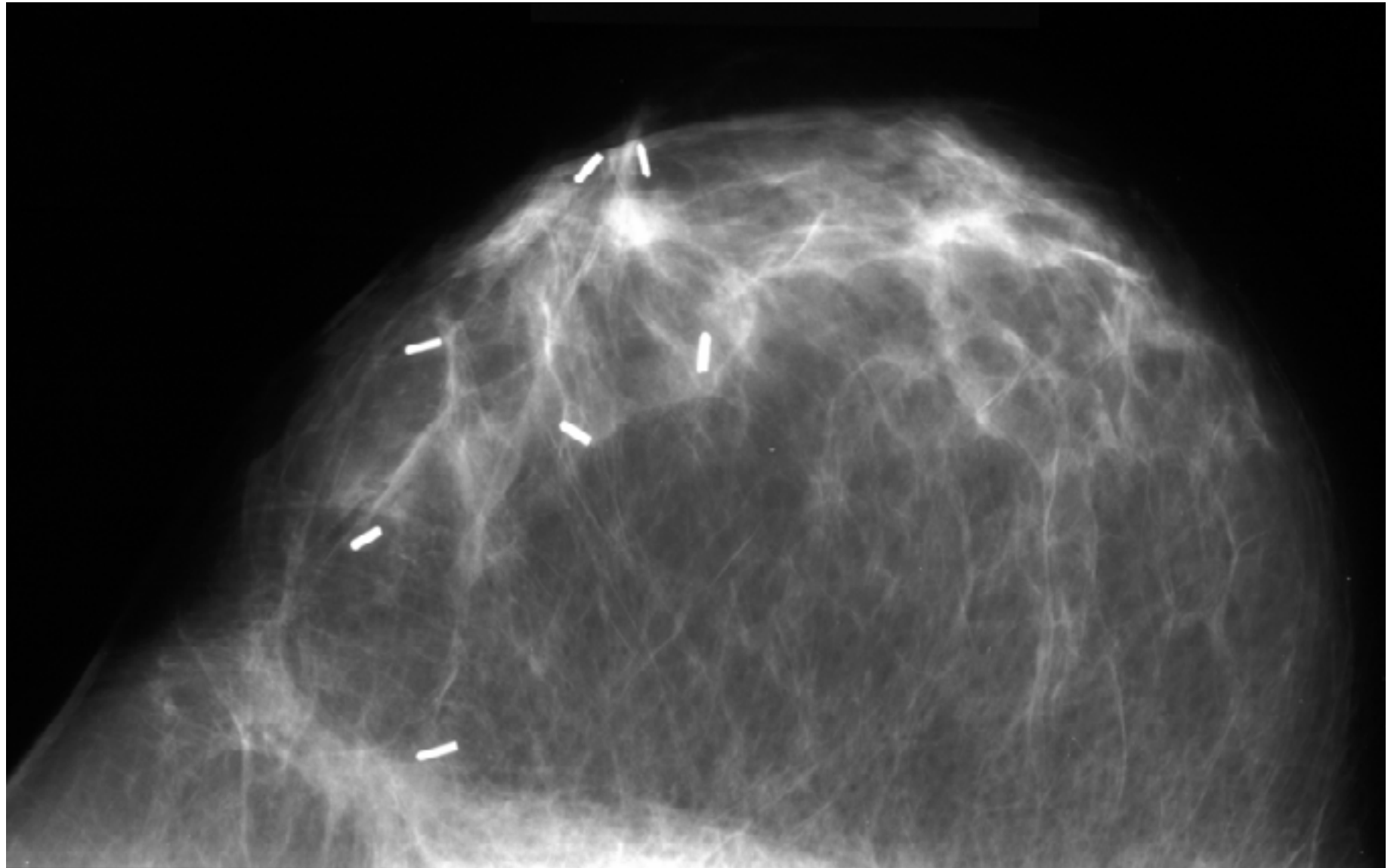
**Don't Do a
Test Unless
the Results
Change Prognosis
or Therapy**

Sentinel Node
Biopsy for DCIS
Has Never Done
Either of These
for Me

Hypocrisy For DCIS

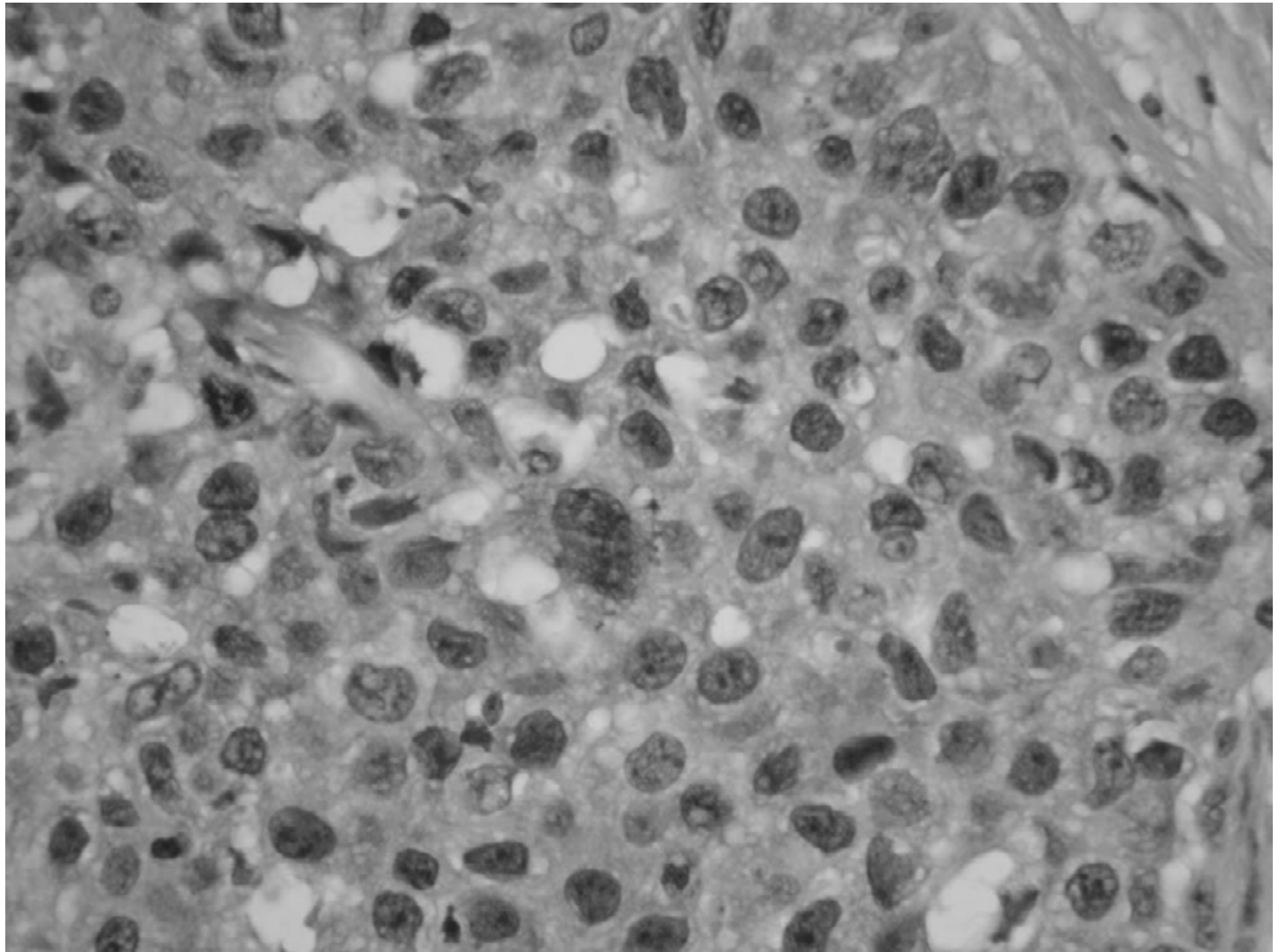
- Mastectomy
- Palpable DCIS
- DCIS > 4.0 cm
- Upper Outer Quadrant DCIS
- High-Grade ?

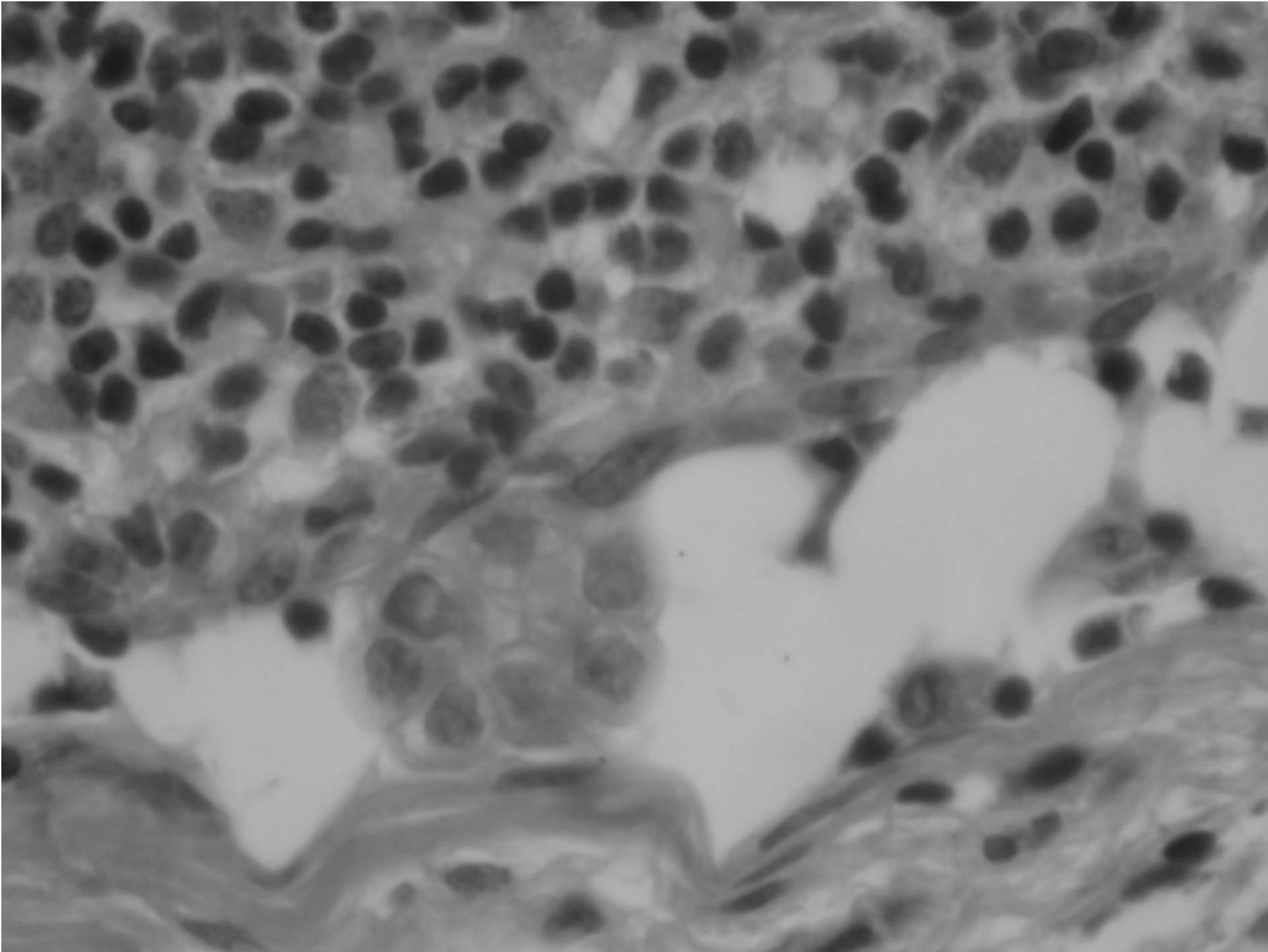
CASE #1: Post-op ammogram



CASE #1: Outcome

- Patient undergoes lumpectomy with sentinel node mapping
- PATHOLOGY
 - High grade DCIS
 - No invasive cancer seen
 - Surgical margins negative
 - Microscopic focus of epithelial cells in SLN





CASE #1: Question 3

Should the surgeon recommend that the patient undergo completion axillary lymph node dissection?

1. Yes
2. No
3. Discuss with patient and let her pick