# Breast cancer patients with positive ultrasound guided axillary node biopsy need dissection

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Contrary to a trend in treatment, breast cancer patients with suspicious lymph nodes should have an ultrasound-guided axillary node biopsy, and if that biopsy is positive these patients should undergo an axillary dissection, a new study shows.

The study, conducted at the University of Pittsburgh Medical Center, compared 199 patients with a positive ultrasound-guided axillary node biopsy to 434 patients with a positive sentinel lymph node biopsy. "About 50% of patients with a positive ultrasound-guided axillary node biopsy had substantial lymph node involvement; they were staged pN2 or pN3 at axillary dissection compared to 16% of patients with a positive sentinel node biopsy, said M. Lee Spangler, MD, one of the authors of the study.

"Our results suggest that patients who have a positive ultrasound-guided axillary node biopsy should have an axillary dissection because they have more extensive disease. Patients with a negative ultrasound-guided axillary node biopsy can undergo a sentinel lymph node biopsy instead," said Dr. Spangler.

"In light of the Z0011 trial, some institutions have routinely abandoned ultrasound-guided axillary node biopsy of suspicious axillary nodes in patients who are candidates for sentinel node biopsy alone," said Dr. Spangler. The Z0011 trial found no survival benefit if patients underwent sentinel node biopsy instead of axillary dissection. Sentinel node biopsy is a less extensive surgical procedure.

"Our study indicates that patients with a positive ultrasound-guided axillary node biopsy represent a distinct population and the results of the Z0011 trial probably should not be extrapolated to this group," said Dr. Spangler.

The study will be presented on May 3 at the American Roentgen Ray Society Annual Meeting in Vancouver, Canada.

Provided by American Roentgen Ray Society