

Can Preoperative Axillary Ultrasound and Biopsy of Suspicious Lymph Nodes Be An Alternative To Sentinel Lymph Node Biopsy in Clinical Node Negative Early Breast Cancer?

İsmail Ozler¹, Hale Aydin², Onur Can Guler³, Işıl Esen Bostancı², Bahar Şahin Güner², Niyazi Karaman³, Lütfi Doğan⁴, and Cihangir Özaslan³

¹Affiliation not available

²Radiology Clinics of University of Health Sciences, Ankara Oncology Education and Research Hospital, Ankara, Turkey

³General Surgery Clinics of University of Health Sciences, Ankara Oncology Education and Research Hospital, Ankara, Turkey

⁴Dr Abdurrahman Yurtaslan Onkoloji Eğitim ve Araştırma Hastanesi

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Abstract

Aim: The aim of this study was to assess the efficacy of pre-operative axillary ultrasonography (AUS) and pre-operative axillary fine-needle aspiration biopsy (FNAB) from suspicious lymph nodes in clinically node-negative breast cancer to compare with radiologically positive and sentinel lymph node biopsy (SLNB) positive involvement. **Method:** Clinically node-negative early-stage breast cancer patients were included in the study. These patients under went pre-operative AUS examination, suspicious lymph nodes were evaluated with FNAB. AUS-FNAB results were compared with those of SLNB or of axillary dissection. **Results:** Of 181 patients undergoing AUS, 32 were reported to have axillary metastasis, 25 suspicious and 124 benign nodes. The suspicious group underwent FNAB examination and metastasis was found in 9 of them. The sensitivity of AUS-FNAB was found to be 64.06%, specificity 100%, positive predictive value 100% and negative predictive value (NPV) 83.5%. False negativity rate (FN) of this method was 16,4%. Lymphovascular invasion and tumor size were found statistically significant factors for false negativity. **Conclusion:**It was concluded that axillary AUS-FNAB with its high NPV, low FN rate, may be a clinical alternative to SLNB for early stage breast cancer patients.

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