

www.NOVASURGERY.com

Ultrasound of Axilla aids in Breast Cancer Treatment

January 2010

SURGEONS:

Joseph Farr, MD

G. Benjamin Wampler, MD

Kenneth Henson, MD

John P. Williams, MD

Cynthia Dougherty, MD

Joseph Brown, MD

Surgeons Dedicated to Breast Care:

John Williams, MD

G. Benjamin Wampler, MD

Cynthia Dougherty, MD

Joseph Brown, MD

LOCATIONS:

Manassas
703-368-9234

Warrenton
540-347-2805

Haymarket
703-368-9234

Editor's Note:

A pre-operative axillary lymph node ultrasound can identify patients with suspicious appearing lymph nodes that would benefit from a US guided needle lymph node biopsy. If a patient has documented lymph node metastases by needle biopsy, she can avoid the time, cost and morbidity of a sentinel node biopsy...and proceed directly with a definitive axillary node dissection. We apply this new technique to newly diagnosed breast cancer patients in our practice.

Axillary nodal involvement changes treatment:

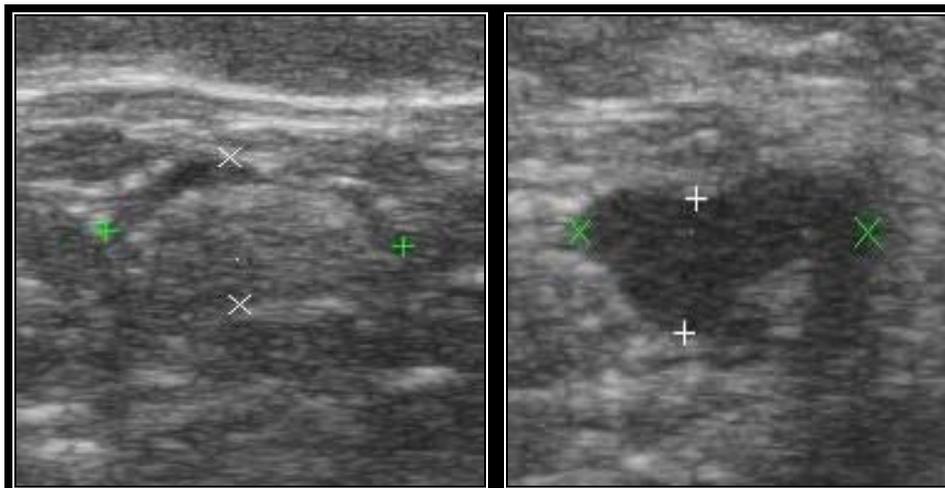
Axillary nodal metastases is a marker of outcome. This information often leads to adding chemotherapy and radiation therapy to breast cancer surgery. A sentinel node biopsy is the standard of care assessment of patients with non-palpable axillary lymph nodes with an early stage breast cancer.

Preoperative Axillary US can Lessen Morbidity:

Physical exam for enlarged and suspicious axillary lymphadenopathy is notoriously inaccurate. Suspicious nodes by US can be biopsied prior to surgery by US guided FNA or core needle.

NORMAL LYMPH NODE

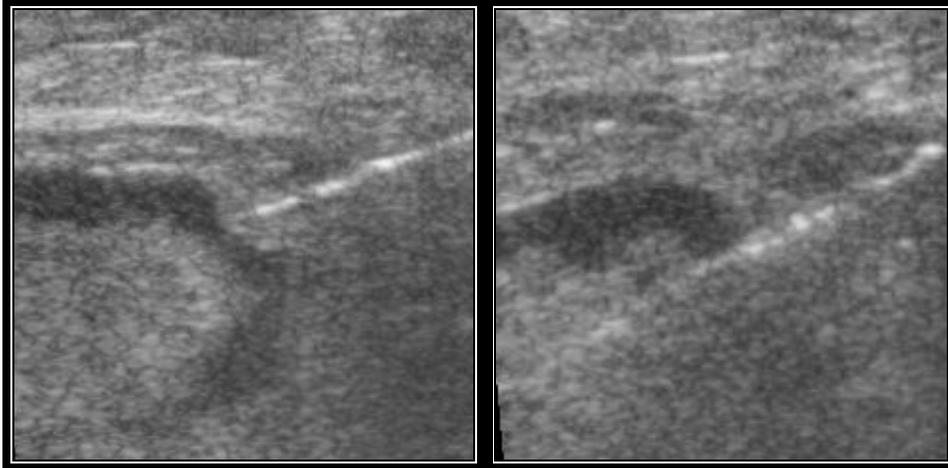
ABNORMAL LYMPH NODE



Cancerous Lymph Nodes often Non-palpable:

Ultrasound can identify abnormal nodes in women with breast cancer. Most of these abnormal appearing nodes are malignant and this can be confirmed with ultrasound guided core biopsy.

NEEDLE BIOPSY OF SUSPICIOUS AXILLARY LYMPH NODE



Simple Procedure is Cost Effective:

When a patient has an ultrasonographically suspicious lymph node, the biopsy procedure can be performed in about 10 minutes under local anesthesia. If the node appears suspicious by ultrasound, about 70% will prove to be malignant by needle biopsy. These patients can then proceed with an axillary node dissection, obviating an unnecessary sentinel node biopsy procedure at the time of their definitive cancer surgery.

Negative US node biopsies:

Although an positive (involved) lymph node accurately determines the axillary status, a negative node does not completely exclude malignancy. A sentinel node biopsy remains necessary for patients with a negative axillary US biopsy.

Goal: Surgery for only those who benefit from it:

Breast cancer care has evolved from a “one size fits all” to patient-specific “Tailored Therapies”. We now approach each patient to provide the “maximum” benefit with the most “minimal” interventions. Preoperative Axillary US and judicious use of image guided biopsies can help avoid the unnecessary morbidity and cost of a sentinel node biopsy.

Manassas Office:

(Inside Prince William Hospital)
8650 Sudley Rd. Suite #206
Manassas, VA 20110
703-368-9234
703-368-0505 – Fax

Warrenton Office:

(Adjacent to Fauquier Hospital)
432 Hospital Drive
Warrenton, VA 20186
540-347-2805
540-347-5399 – Fax

Haymarket Office:

(Heathcote Health Center)
15195 Heathcote Blvd.#240
Haymarket, VA 20169
703-368-9234
571-261-2784 – Fax