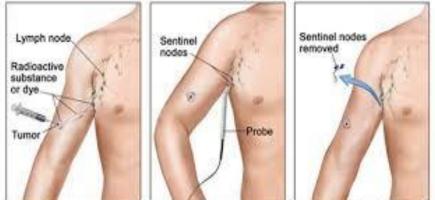
TUMORS WHERE SLN BIOPSY IS USED:

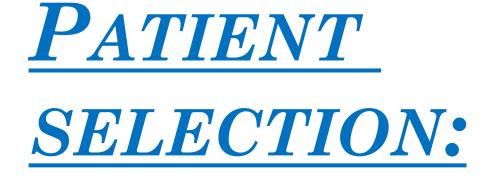
- SLNB is most commonly used to help stage breast cancer and melanoma.
- However, it is being studied with other cancer types, including colorectal cancer, gastric cancer, esophageal cancer, head and neck cancer, thyroid cancer, and non-small cell lung cancer.





<u>cancer</u>





oIndication oContraindication oSpecial cicumstances

INDICATION:

- 1. Early breast cancer with clinically negative node [1]
- 2. DCIS with planned mastectomy or suspicious features —two groups of women undergoing breast surgery for DCIS may benefit from SLNB.
- a. DCIS with planned mastectomy After a total mastectomy, the lymphatic drainage pattern will be permanently altered, making it impossible to accurately perform SLNB at a later date if invasive cancer is found unexpectedly in the mastectomy specimen [2].

b. DCIS with suspicious features —including DCIS larger than 5 cm and DCIS with a palpable mass.

CONTRAINDICATIONS:

oClinically positive nodes oLocally advanced and inflammatory breast cancer: • The false negative rate is high in such patients, presumably obstructed and/or functionally abnormal subdermal lymphatics.

SPECIAL CIRCUMSTANCES: •Neoadjuvant chemotherapy :

• It is controversial whether SLNB or ALND should be performed and whether it should be performed prior to or following the completion of neoadjuvant chemotherapy in such patients.

Multicentric disease :

•Multicentric disease is not a contraindication to SLNB

• subareolar and intradermal (rather than peritumoral) injection of radiolabeled colloid or blue dye make SLNB feasible for patients with multicentric disease [6,7,8].