

**INTRAOPERATIVE EVALUATION OF SENTINEL LYMPH NODES IN INVASIVE LOBULAR CARCINOMA OF THE BREAST**

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**Background:** In breast cancer treatment, sentinel lymph node (SLN) evaluation is utilized to identify patients that may benefit from axillary lymph node dissection (ALND). Intraoperative SLN evaluation facilitates immediate ALND. Controversy exists regarding the accuracy of intraoperative SLN evaluation for patients with invasive lobular carcinoma (ILC) compared to the more common invasive ductal carcinoma (IDC).

**Methods:** Using prospectively collected breast cancer registry data from January 2003 to December 2005, the intraoperative SLN evaluation (IE) of 32 ILC and 333 IDC patients was compared to the final SLN pathology result and to the performance of ALND.

**Results:** In ILC, the sensitivities for IE of N0(i+) {n=15}, N1mi {n=4}, and N1a-3a {n= 13} metastases were 0%, 0%, and 69%, respectively. The specificity was 100%. IE identified 9 (53%) of SLN positive (N1mi, N1a-3a) axillae, resulting in synchronous ALND for those patients. Delayed ALND for false negative IE's (N1mi or N1a-3a with negative IE) occurred in 4/8 patients (50%). In IDC, the sensitivities for IE of N0(i+) {n=26}, N1mi {n=31}, and N1a-3a {n= 62} metastases were 0%, 6%, and 68%, respectively. The specificity was 99.5%. IE identified 44 (47%) of SLN positive (N1mi, N1a-3a) axillae, resulting in synchronous ALND for those patients. Delayed ALND for false negative IE's (N1mi or N1a-3a with negative IE) occurred in 16/48 patients (33%).

**Conclusion:** Sensitivity and specificity of intraoperative SLN evaluation is very similar in ILC and IDC patients. This is in contrast to the results of some recently published series and may reflect the rigorous pathologic protocol used by our institution. Intraoperative SLN evaluation facilitated synchronous ALND in concordance with recommended practice guidelines. Further study is required to understand the decision-making regarding ALND in the 15% of both ILC and IDC patients who have false negative intraoperative SLN evaluation.