

Trust Guideline for Axillary Ultrasound Assessment in Patients with Newly Diagnosed Primary Breast Cancer

A clinical guideline recommended for use

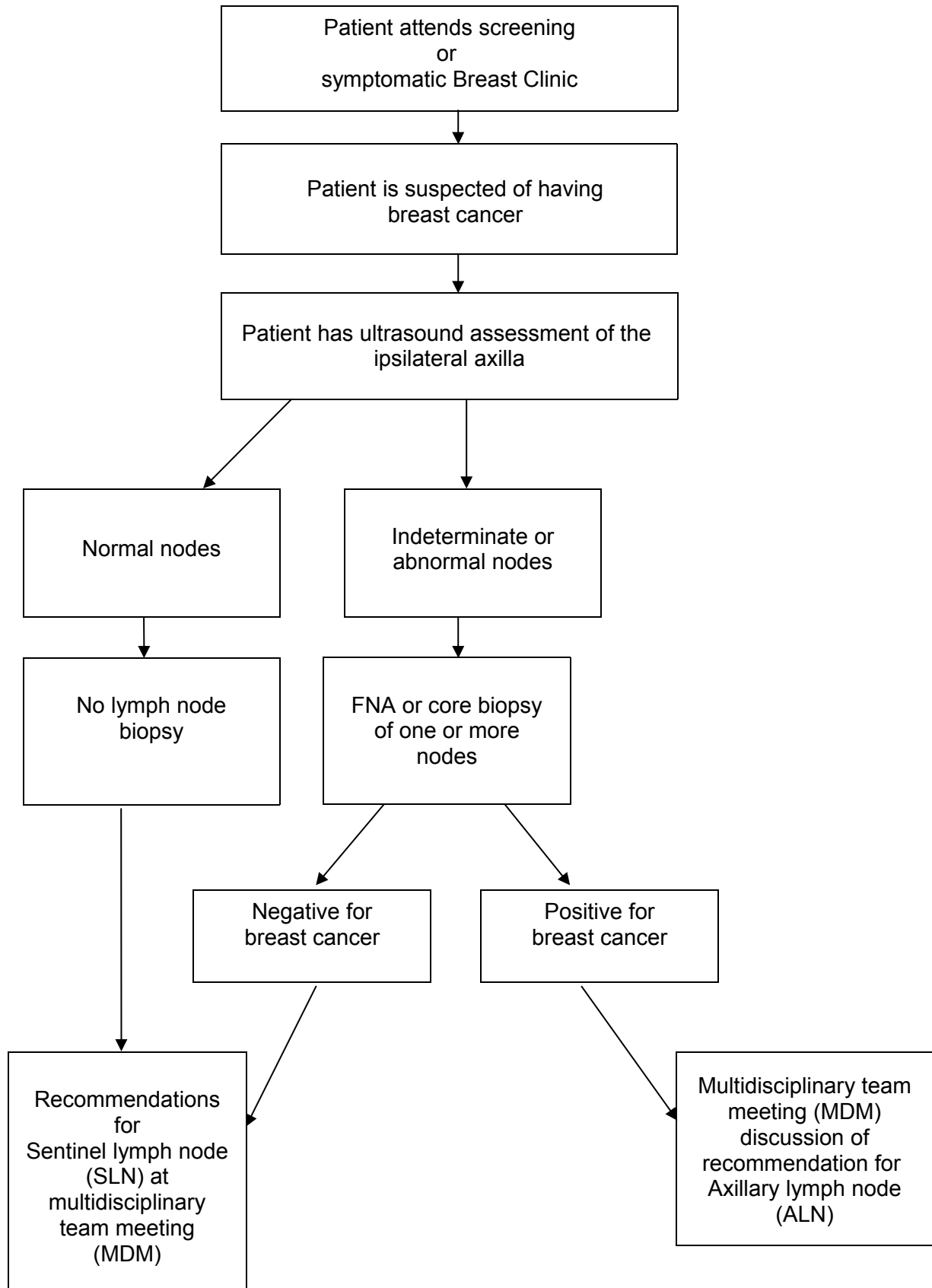
For use in:	The Breast Imaging Department
By:	Named qualified, Radiologists and Radiology speciality trainees
For:	Patients requiring axillary ultrasound examinations
Division responsible for document:	Clinical Support Division
Key words:	Primary Breast cancer, Preoperative assessment, Axillary ultrasound
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Assessed and approved by the:	Clinical Guidelines Assessment Panel If approved by committee or Governance Lead Chair's Action; tick here ✓
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Ratified by or reported as approved to:	Clinical Safety and Effectiveness Sub-Board
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To be reviewed by:	Arne Juette, Consultant Radiologist and Director Breast Imaging
Trust Docs ID No:	9491
Version No:	4
Description of changes:	Audit criteria amended, key people amended and staff selection updated
Compliance links:	NICE Guideline Yarnold J. Early and locally advanced breast cancer: diagnosis and treatment. Clin Oncol (R Coll Radiol). 2009 Apr; 21(3):159-60
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No – it follows NICE guidance which is that needle sampling of the axilla should be offered if the nodes are at all suspicious.

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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Quick reference guide for breast cancer patients undergoing preoperative axillary LN assessment



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Objective/s

To set down an agreed approach required in axillary ultrasound assessment of patients with newly diagnosed primary breast cancer, in order to standardise practice.

Rationale

In patients with invasive breast cancer, the presence of axillary lymph node metastases is an important predictor of survival ¹. It also determines the need for adjuvant chemotherapy and/or hormonal therapy ². It is well established that clinical examination of the axillary lymph nodes is not a good indicator of the presence or absence of lymph node metastases in breast cancer ³.

Axillary lymph node dissection (ALN) is the accepted method of removing abnormal axillary lymph nodes for local control but also to obtain histological evidence of lymph node involvement. Unfortunately ALN is associated with significant morbidity (6), and so it is desirable to minimize axillary surgery. In women without preoperative evidence of axillary metastases, sentinel lymph node biopsy (SLN) is now standard practice as the method to sample axillary nodes with less morbidity than ALN. In some women this process (initial SLN followed by ALN) means they require 2 or even 3 surgical procedures before completing their treatment. In order to reduce the number of axillary operations methods have been sought to obtain as much information about the axillary nodes pre-operatively as possible.

The morphology of the axillary lymph nodes on ultrasound in combination with ultrasound guided needle sampling of the nodes has been shown to be useful in assisting in the safe reduction of axillary surgical procedures in these patients ⁷.

This guideline outlines the use of axillary ultrasound in the breast cancer diagnosis pathway.

Broad recommendations

Every newly diagnosed primary breast cancer patient has axillary lymph node assessment with ultrasound.

Morphologically normal lymph nodes will usually require further assessment with SLN as they may still contain histological evidence of disease.

Indeterminate or abnormal looking nodes require needle assessment with fine needle aspiration (FNA) or core biopsy to differentiate benign from malignant disease.

All findings will be discussed at the multidisciplinary team meeting (MDM) before surgery or other treatments are undertaken.

Staff selection and training

All axillary ultrasound assessments are to be performed by a Breast Radiologist or Breast Consultant Radiographer, all of whom are trained in breast and axillary ultrasound with needle biopsy. Alternatively the ultrasound assessment is performed under appropriate delegation by an adequately trained Advanced Practitioner, Breast Imaging Fellow or

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Radiology ST. The fitness of these members of staff to carry out the axillary ultrasound is assessed via Workplace Based Assessments (WBA).

Register of staff

The details of each member of staff working to this guideline must be retained on a 'live' departmental register (Appendix 1) held within the Breast Imaging Department. It is the ward/department's responsibility to keep the register up to date.

Clinical audit standards

To ensure that this guideline is compliant with the above standards, the following monitoring processes will be undertaken:

There is a commitment to audit the axillary ultrasound outcome against surgical and pathological data at regular intervals determined by the clinical team.

Summary of development and consultation process undertaken before registration and dissemination

The authors have drafted this guideline in consultation with the Director of Breast Screening and members of the multi-disciplinary team (MDT) at the Operational Policy Meeting on 14 May 2013.

During the development process, the guideline had been circulated for comment to: Consultant Radiologists, Consultant Breast Surgeons, Consultant Pathologists and Consultant Oncologists.

This version has been endorsed by the Clinical Guidelines Assessment Panel

This version was reviewed in August 2019 by Dr Arne Juetten and only minor changes were made.

Distribution list/ dissemination method

Clinical Director of Breast Imaging – paper copy to be held in Guidelines and Procedures manual.

Trust Intranet.

References / Source documents

1. Kinne DW. Surgical management of stage I and stage II breast cancer. *Cancer* 1990; 66 (6 suppl):1373-7.
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3. [Valente SA](#), [Levine GM](#), [Silverstein MJ](#), [Rayhanabad JA](#), [Weng-Grumley JG](#), [Ji L](#), [Holmes DR](#), [Sposto R](#), [Sener SF](#). Accuracy of predicting axillary lymph node positivity by physical examination, mammography, ultrasonography, and magnetic resonance imaging. [Ann Surg Oncol](#). 2012 Jun;19 (6):1825-30.

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4. Yarnold J. Early and locally advanced breast cancer: diagnosis and treatment National Institute for Health and Clinical Excellence guideline 2009. Clin Oncol(R Coll Radiol). 2009 Apr; 21(3):159-60..
5. Alfahad et al. An Audit of Preoperative Ultrasound Assessment of the Axilla in Breast Cancer in a Large Regional Centre. NNUH 2012.
6. Schijven et al. Comparison of morbidity between axillary lymph node dissection and sentinel node biopsy. Eur J Surg Oncol 2003, 29; 341-350
7. Houssami et al. Pre-operative ultrasound guided needle biopsy of axillary nodes in invasive breast cancer: a meta-analysis of its accuracy and utility in staging the axilla. Ann. Surg.. 2011, 254 (2); 243-251

Version Information

Version No	Updated By	Updated On	Description of Changes
JCG0046 v1	THCGAP	20 August 2014	Change of header and reference to joint hospital version
CA5118 v2	THCGAP	23/06/2015	JPUH has a policy and now will not be using joint guideline
CA5118 v3	Authors	26/07/2016	NNUH document only reviewed flowchart updated
CA5118 v4	Dr Arne Juette	02/08/2019	Audit criteria amended, key people amended and staff selection updated

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Appendix 1

Departmental Record of Signatories

This is the departmental list of all those who have read and agreed to act within the parameters of this guideline. Each individual has kept a signed copy of the guideline for his / herself.

Print Name	Signature	Date <i>(dd/mm/yyyy)</i>