



## **Breast Cancer and Sentinel Node Biopsy**

Breast cancer is the most common cancer among women and is the second leading cause of cancer deaths. Although breast cancer is predominantly a disease of women, men also can have breast cancer. In 2001, it was estimated that 2,900 people in the state of Alabama would be diagnosed with breast cancer and of those 600 would result in death.

All women run the risk of developing breast cancer; the older she is the greater her risk. Early detection and treatment is key to surviving this disease. Studies by the American Cancer Society state that the five-year survival rate is close to 100% when breast cancer is confined to the breast. At age 20 women should begin monthly breast self-exams and every 3 years they should schedule an appointment with their physician for a breast exam. Annual screening mammograms should begin at age 40 in addition to clinical breast exams each year and monthly breast self-exams.

When men or women are diagnosed with breast cancer the weeks and months ahead require you to face many difficult decisions. Knowing all your options is essential.

In years past men and women diagnosed with cancer underwent a procedure known as "axillary lymph node dissection". This procedure often removes most of the lymph nodes. Unfortunately, the procedure comes with possible side effects such as, swelling, pain, nerve irritation, tingling, numbness and requires a long recovery time. Researchers are presently investigating whether the "sentinel node biopsy" should replace the "axillary node dissection" for initial diagnosis of the affected lymph nodes. In most cases the procedure can be performed as an outpatient. Lymph nodes are "filters" that trap foreign matter such as bacteria and cancer cells. They are located throughout our body, including under each arm. These nodes remove a fluid known as "lymph" from the breast and adjacent arm. The "sentinel" node is the very first lymph node to receive drainage from an area of the breast containing cancer. For that reason a sentinel node biopsy is very important. The cancer cells rarely "skip" this node and go to higher nodes. If this node is negative, 99 out of 100 times all the upstream nodes are negative as well. If these sentinel nodes are clear of cancer cells it could prevent the need to remove additional nodes in the axillary area. Hence, complications are minimum and a quicker recovery time is experienced.

The new diagnostic procedure known as "sentinel node biopsy" is used to determine whether breast cancer has spread to axillary lymph nodes. With this procedure only 1-3 lymph nodes are removed and reviewed by a pathologist. This process is part of staging the cancer. Staging is the process that physicians use to assess the location and size of a patient's cancer. Breast cancer stages range from Stage 0, which is the very early form of cancer, to Stage IV, which is the advanced metastatic form of breast cancer. Not everyone is a candidate for sentinel node biopsy. It largely depends on the stage of the disease.

Sentinel Node biopsy may be one of the most accurate ways of predicting whether or not the cancer cells have spread from the breast to other parts of the body. It is less invasive than conventional axillary dissections; therefore, it is less likely to cause unpleasant long-term side effects. The pathology of this procedure will assist in mapping out the best treatment for the patient.

**Please contact our office if you have any questions or concerns.**

**(251) 424-1620**