

Questionnaire on current practice with sentinel nodes (SN) in breast cancer
(Please underline and complete dotted areas of the text)

Institution:		Country:	
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Your name:

Date of completion:

General

Profile: <100 breast cancers/year 100-200 BC/year 201-500 BC/year >500 BC/year

Part A (SN biopsy technique relevant to pathology)

A1. Is SN biopsy performed in your institution for staging breast cancer?

Yes No Only in some of the affiliated hospitals

A2. Is backup (routine) axillary dissection performed at present time?

Yes Yes, in some affiliated hospitals No No, but backup sampling yes

A3. What method is used for SN biopsy? Vital dye Radioguided Combined Any of the 2 or 3 methods

Part B (Intraoperative assessment)

B1. Do you perform intraoperative assessment of SNs?

No Yes (imprint cytology/IC) Yes (frozen sections/FS) Yes (IC and FS)

B2. Please, specify the number of levels used for intraoperative assessment.

(Assessment of both sides of a bisected node is considered 1 level here) 1 level Multiple levels

B3. Do you perform immunohistochemistry on intraoperative specimens? Yes No

Part C (Final histology)

C1. Is your final histology evaluation the same as the intraoperative assessment (Yes, if no paraffin embedded material is examined)? Yes No

C2. Is the whole SN used for pathological evaluation, or only a part (e.g. half) of it is used for this purpose?

Whole SN Part of the SN

C3. Which of the protocols below better describes (in general) your current practice of final SN assessment (**slicing**)?

Entire (unsliced) SN in one block Bivalving the SN Macroslicing (multiple slices) of SNs>5-10 mms

C4. Which of the protocols below better describes (in general) your current practice of final SN assessment (**levels**)?

1 level HE Multilevel HE Multilevel till extinction of the blocks (for negatives only)

If multilevel, specify number of levels for HE: distance between levels: microns

C5. Is immunohistochemistry performed during final histological assessment?

No Only in doubtful cases In all negative cases

What antibody/antibodies do you use:

C6. Specify the number of levels investigated by immunohistochemistry? 1 level multiple levels

In case of multiple levels, specify if possible:

Part D (Interpretation issues)

D1. Do you report the following nodal involvements separately?(Do you distinguish between them?)

Micrometastasis No Yes If yes, your definition:

Submicrometastasis No Yes If yes, your definition:

Isolated tumour cells No Yes If yes, your definition:

Part E (Molecular investigations)

E1. Is molecular analysis performed on SNs at your institution?

No Yes-half node Yes-smaller than half portion of the SN

E2. What is your molecular assessment (RT-PCR, flow cytometry; please specify markers)?

E3. Please specify consequences of identifying nodal involvement by molecular methods in histologically negative SNs:

Part F (Guidelines)

F1. Do you have an "in house" protocol designed for routine investigation of SNs? Yes No

F2. Are you aware/Do you have national guidelines for the assessment of SNs?

No guidelines I am not aware Yes Yes, but I do not use them