A Retrospective Audit of Axillary Lymph Node Assessment and Treatment at UHCW Breast Unit

Laura Wheeler
University of Warwick

Background

In accordance with NICE, breast centres should follow a set pathway in the treatment and assessment of the axilla in early invasive breast cancer. Adherence acts to minimise overtreatment and adverse post-surgical outcomes such lymphoedema. This audit aims to assess adherence to this pathway at the UHCW breast unit. It will also evaluate accuracy of the pre-operative axillary ultrasound scan. Results will be compared on a national level using the nationwide audit carried out by Public Health England.

Methods

A retrospective audit approach was used to assess care received by a sample of 352 patients diagnosed with invasive breast cancer across 2015 and 2018 respectively. Exclusions were applied to those receiving palliative care, neo-adjuvant chemotherapy and those with a previous diagnosis of breast cancer.

Results

Adherence to pre-operative axillary ultrasound (US) scanning equalled 99% and subsequent appropriate needle sampling, 92%. There was a 93.2% overall adherence to the recommended sentinel lymph node biopsy in those with US or needle sampling negative nodes. The positive predictive value of the axillary ultrasound sat above national average at 53.2%.

Key Message

Overall, the results are in line or better than national performance measured in the NHSBPS audit. The NICE recommended assessment and treatment pathway appears to be fully cemented into the UHCW breast unit's practice. However, in just over a third of patients, additional non-sentinel lymph nodes were taken at sentinel lymph node biopsy. This is an area that would benefit from further research into the risks/advantages of additional sampling.