

found in the additional excised tissue. The additional extensions did not negatively affect the outcome. Only 6% (3/49) patients were summoned to an additional breast preserving surgery due to positive margins. Only one of these 3 patients had a false negative result (of the main specimen which was measured by the device). A total mastectomy was performed in two other patients due to extent of disease.

Conclusion: The use of the intraoperative real-time margin assessment device (MarginProbe®) prevents repeat operations and opens a new era in breast surgery. The usage of the device was smooth, except two cases of faulty hand-held probes. Intraoperative use of the device in order to recognize positive excisional margins in breast preserving surgeries is safe and effective, and decreases the repeat operations rate.

550

Poster

Axillary Node Preservation on Sentinel Node-metastasized Patients Can Be Justified by Second Nodes Biopsy Guided by 3D-CT Lymphography

K. Yamashita¹, S. Haga¹, K. Shimizu¹. ¹Nippon Medical School, Dept. of Surgery, Tokyo, Japan

Background: To avoid the axillary node dissection on the sentinel node (SN)-positive patients, the number of positive nodes should be one or two, according to the results of ACOSG Z0011. However, the average sampled number of SN biopsy is almost around two. We cannot deny the possibility of more than two node metastasis only by SN biopsy. 3D-CT mammary lymphography (LG) can show the detailed lymphatic system from the whole breast tissue to SN and to deep axillary nodes. By using 3D-CT LG, we can perform precise SN biopsy and can sample the second and the third nodes after SN. The endoscopic biopsy of SN and the second node will help to avoid the axillary node dissection, with low-invasive and better cosmetic procedure.

Materials and Methods: 3D-CT LG was performed to mark SN on the skin before surgery. Above the tumor and near the areola, 2 ml of Iopamidol 300 was injected subcutaneously. Images of CT scan were taken at 1 and 3 min after injection to produce 3D images of lymph ducts and nodes. For the lymphoscintigraphy, 99mTc phytate 74mBq was injected, and SPECT was taken after 2 hours. We fused it with 3D-CT LG. SN biopsy was performed by dye and RI method. 2 ml of 1% indocyanine green or indigocarmine was injected subcutaneously and, 20 minutes later, a 1-cm skin incision was made along wrinkles in the axilla at the position marked by 3D-CT LG. The endoscopic view was made through the optical trocar Visiport and showed stained lymph ducts and SNs, which can be navigated by the RI detector probe. The second nodes were removed by mapping of 3D-CT LG in relation to the RI-positive nodes. We dissected the axillary nodes on SN-positive patients by endoscopic technique.

Results: The endoscopic SN biopsy was performed on 260 patients. We can recognize the passage of lymph flow from SN into the venous angle. Even in the multiple SN case, the lymph ducts were converging into the second node. The lymph nodes after SN were detected in more than two thirds patients in SN biopsy assisted by 3D-CT LG. The average sampled number of SN was 2.2. The patients with metastasized nodes were 52. Only SN metastasis was 22. The second node involvement was 8. The third node involvement was 7. All patients without metastasis in the second and the third nodes had metastasis only in SN. Therefore, they can be candidates to evade the axillary node dissection. There was no false negative study. The endoscopic SN biopsy did not need any useless detachment around axillary nodes. The spatial projection of RI with the 3D-CT LG mapping on the body helped us to find SN and the second and the third nodes easily. They were low-invasive manipulation and made better cosmetic results.

Conclusions: 3D-CT LG can detect the precise lymphatic system, and can help the endoscopic biopsy of the second and the third nodes beyond SN. It should be needed to preserve the axillary node on SN-positive patients.

551

Poster

Impact of Preoperative Axillary Imaging and Fine-Needle Aspiration to Avoid Unnecessary Sentinel Node Biopsy in Breast Cancer Patients

H. Takayanagi¹, Y. Mizuno¹, Y. Ota², H. Abe³, K. Sato¹. ¹Tokyo-west Tokusuyukai Hospital, Breast Oncology Center, Tokyo, Japan; ²tokyo-west Tokusuyukai Hospital, Radiation Oncology Center, Tokyo, Japan; ³tokyo-west Tokusuyukai Hospital, Department Of Pathology, Tokyo, Japan

Background: Axillary lymph node dissection (ALND) is the gold standard of care for breast cancer patients showing metastases with positive sentinel nodes. In order to avoid unnecessary sentinel node biopsy (SNB), accurate evaluation of the axillary node is important. Axillary ultrasound (AUS), positron emission computed tomography (PET-CT), and magnetic resonance imaging (MRI) are useful for preoperative studies. If these

imaging modalities reveal metastasis in the axillary nodes, patients should undergo axillary fine-needle aspiration (FNA). In this study, we evaluated the impact of preoperative axillary imaging and axillary FNA to determine the correct application of SNB.

Materials and Methods: A retrospective chart review was performed on 300 patients, who underwent surgery for breast cancer between August 2008 and October 2011. We assessed the ability of axillary imaging to predict metastases in the axillary nodes and examined whether it was possible to avoid unnecessary SNB using axillary FNA.

Results: The sensitivity and specificity of AUS, PET-CT, and MRI were 59.3%, 93.0%; 61.7%, 96%; and 49.3%, 92.9%, respectively (Table 1). All patients found to have malignancy using axillary FNA were also found to have axillary-node involvement. Forty-nine of 66 patients with suspected metastasis on AUS underwent axillary FNA. Thirty-eight (77.6%) of them had metastasis in the axilla. Nine of 17 patients who refused axillary FNA had metastasis in the axilla. 17.5% patients were sentinel node biopsy positive at their operation. And there are no false positive or false negative for detecting metastasis in the axilla. Only 35 of 234 patients (15.0%) who did not have axillary metastases on AUS had metastases in the axilla. Sixteen of 35 patients were found to have suspected metastases in axilla as per PET-CT or MRI.

Conclusions: There are no significant difference about sensitivity or specificity among AUS, MRI and PET-CT. It is important that SNB is performed in patients selected using axillary FNA with preoperative imaging.

Table 1

	AUS	MRI	PET/CT
Sensitivity	59.3%	49.3%	61.7%
Specificity	93.0%	92.9%	96.0%

552

Poster

Intra-operative Open-cavity Implant for APBI Using HDR Multi-catheter Brachytherapy for Japanese Breast Cancer Patients - 3 Years of Experience at a Single Institution

K. Sato¹, H. Takayanagi¹, Y. Mizuno¹, A. Kubota², T. Shimo², H. Abe³, M. Kato². ¹Tokyo-West Tokushukai Hospital, Department of Breast Oncology, Tokyo, Japan; ²Tokyo-West Tokushukai Hospital, Department of Radiation Oncology, Tokyo, Japan; ³Tokyo-West Tokushukai Hospital, Department of Clinical Pathology, Tokyo, Japan

Background: The efficacy of an accelerated partial breast irradiation (APBI) has been investigated compared with whole-breast irradiation (WBI). APBI starting just after surgery might give more benefit by intra-operative insertion of catheters. Although balloon catheter-based APBI is available in the US, it would not be adapted for Japanese women with small breast. When the applicators are implanted during operation for the tumor, APBI can start just after surgery. The aim of this study is an assessment of the efficacy and safety of APBI using Intra-operative Open-cavity Implant (IOCI) technique.

Method: Patients (≥40yrs) with invasive breast cancer (≤3cm) were enrolled. Before the lumpectomy, the insertion of applicators and delivery doses were simulated with CT. After the confirmation of the free margin and negative SNs for metastasis using frozen section analysis, applicators were inserted. Dose distribution analysis, using dose-volume histograms, was achieved based on a postoperative CT. APBI was started the same day of the operation. APBI therapy delivered 32 Gy in 8 fractions over 5-6 days with coverage of 2 cm tumor margins. This observation study has been approved by the institutional review board in our hospital.

Results: From October 2008 to November 2011, 135 women (137 lesions) were enrolled (55.0 y/o, <40:10, sn+:22, for patients' request). The mean number of applicators was 6.5 (2-15). The mean PTV was 36.3 cm³ (6.5-137.1). All toxicities related to radiation therapy were mild. However, 10 patients (7.3%) had wound break due to surgical-site infection. Two patients developed ILBR (1: marginal; 1: elsewhere lesion). Cosmetic outcomes were assessed using Harvard Breast Cosmesis Grading for 94/111 patients (>9 months after surgery), 85 patients (90.4%) could achieve excellent/good cosmetic results.

Conclusions: Although this study is a small number of participants and short follow-up period, this convenient technique should be needed to establish clinical efficacy and safety.