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Prior studies have shown a high local recurrence rate and dismal prognosis…

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BONE MARROW RT-PCR AND SENTINEL LYMPH NODE ANALYSIS FOR PATIENTS WITH BREAST CANCER: FROM STAGING TO ULTRASTAGING ?

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INTRODUCTION: Sentinel lymph node (SLN) may represent an accurate staging procedure in women with breast cancer. Bone marrow (BM) RT-PCR has been suggested as a complimentary staging procedure to better define women at risk for relapse.

METHODS: Consecutive patients with operable breast cancer were studied from June 2000 to November 2002. SLN's were serially sectioned and stained with hematossilin-eosin and immunohistochemestry (IHC). SLN's were scored as N0, N0 (i+) (isolated tumor cells), and N+. BM aspirates were analysed by RT-PCR. Positive controls were T47D breast carcinoma cells, and negative controls were BM clots from donors.

RESULTS: 101 patients were studied. Six patients were excluded because of dry aspirate, and eight showed inconsistent RT-PCR results. The remaining 87 clots were classified as BM- or BM+.

	N	BM-	BM+	% BM+
N0/N0 (i+)	48	38	10	21%
N+	39	21	18	46%

The difference in BM positivity in the two groups was significant (p=0.02). At a median follow-up of 19 months there were four events (two distant mets, one contralateral breast cancer, and one death from pancreatic cancer), and three of them were BM+. There were 5/31 patients staged T1N0 who were BM+. Five of six patients N0 (i+) were BM-.

CONCLUSIONS: Ultrastaging of breast cancer by SLN analyses and BM biopsy may help defining a group of patients N-/BM+ at risk for relapse, and a group N-/BM- who may not require adjuvant chemotherapy. Further studies and longer follow-up are required to define this hypotheses.

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