

Date: 2020/08/17; 99/8/17

Patient's Name: Z.V

Responsible Physician: Dr. Omranipour

Patient presentation:

- 76years, negative family history
- Presented with left breast mass
- Ultrasound: BIRADS 4c. Left Breast UIQ mass 4cm and one LN left axilla with focal thickening in cortex
- Mammography: Left breast BIRADS 4b(including focal thickening in the cortex of one lymph node (diameter 14mm)
- Core needle biopsy of the Mass: IDC (mucinous); ER+90% ; PR+90% ; her2- ; ki67 5-7% & Sonography guided fine needle aspiration of suspicious axillary lymph node was negative for malignancy
- Lumpectomy done 3 months ago with no intervention for axilla with the same pathology and free margins. (Pathology review also the same plus one focus of intermediate solid type DCIS).
- New Sonography post lumpectomy: both axillas are normal.

Question: Can sentinel lymph node dissection be omitted considering her age, time interval since surgery, COVID19 ra, favorable features of the tumor (although 4 cm) ? Can we go on performing radiotherapy instead?

Considered plan: She doesn't need chemotherapy and hormonal therapy is pharmaceutically enough .Omission of sentinel lymph node biopsy is permissive provided performing axillary radiotherapy and including supraclavicular region.