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

Institution:  
Country: 

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 (unslised) 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  