

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

Institution:		Country:	
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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 (unsliced) 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