

Checking the Lymph Nodes for Breast Cancer Spread

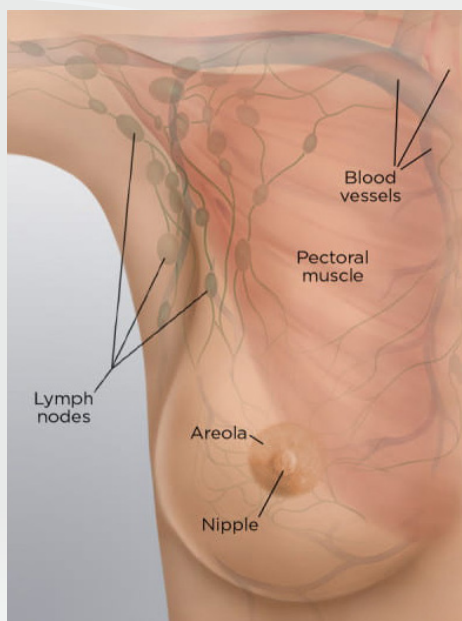
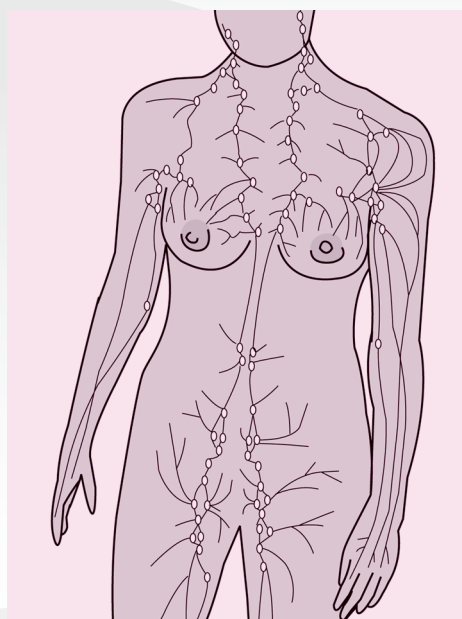


Image of anatomy of a breast with lymph nodes.



Depiction of human body with lymphatic system overlaid.

Step by step: How doctors check lymph nodes for breast cancer spread

STEP ONE: Physical exam and imaging

What happens: Your doctor might do a physical exam to feel if the lymph nodes around your neck and underarms seem enlarged or tender. If they do, that can be an indication that breast cancer may have spread. To be sure, they may recommend an ultrasound, CT scan or MRI to get a more detailed image of the nodes inside the body. It's also worth noting that if your lymph nodes don't seem enlarged, that's not a clear-cut answer that the cancer hasn't spread, but your doctor will evaluate thoroughly, and you will be armed with the questions to get yourself as much information as possible.

Why: These first steps look for anything suspicious about your nodes related to tumor size. The larger the tumor, the more likely it is the breast cancer has spread to the axillary nodes (lymph node-positive). Sometimes, positive axillary nodes can be felt during a physical exam or seen on breast imaging, but the removal of lymph nodes through a biopsy or surgery will provide a more definitive indication that the cancer cells have spread beyond the breast (**lymph node status**).

Questions to ask your doctor about lymph node involvement after diagnosis:

- What is **lymph node status**?
- What did my physical exam or imaging show about my lymph nodes?
- Do I need to have any lymph nodes removed through a biopsy or surgery?
- What are the benefits and risks of removing lymph nodes?
- Will I need a **sentinel lymph node biopsy**, and how is it performed? Do I have options on the surgical method?
- How will lymph node involvement affect my treatment plan? Will I need an **axillary lymph node dissection**?
- Am I at risk for **lymphedema**, and how can I help reduce my chances of getting it?

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Step by step: How doctors check lymph nodes for breast cancer spread (continued)

STEP TWO: Biopsy – sampling the lymph node – two main ways:

Fine needle aspiration (FNA)

What happens: A thin needle is used to remove a small sample of cells from a suspicious lump in the breast, usually guided by ultrasound.

Why: This is a quick and minimally invasive test to help confirm if cancer cells are present before opting for more extensive surgery. This test is typically performed if there is a suspicious lump or enlarged lymph nodes. A FNA that doesn't find cancer may need to be followed up with a **core needle biopsy** or a **surgical breast biopsy**.

Sentinel lymph node mapping and biopsy (SLNB)

What happens: During breast surgery, a tracer or blue dye is injected near the tumor. The tracer travels through lymphatic pathways to the sentinel nodes, which are the first nodes to drain lymph from the breast. The surgeon will locate these nodes precisely with the guidance of the tracer absorbed in them and remove them for testing.

Why: This approach helps identify the nodes most likely to contain and spread cancer cells to other parts of the body. If the sentinel node is negative for cancer, it is highly unlikely that the cancer has spread to other nodes, and a patient may be able to avoid more extensive lymph node surgery, thereby lowering the risk of complications like lymphedema.

STEP THREE: Pathological analysis & results

What happens: A pathologist will review the sample under a microscope to look for cancer cells and clusters.

Why: The results determine whether the lymph nodes are node-negative (no cancer found) or node-positive (cancer present). These classifications affect cancer staging and treatment planning.

STEP FOUR: Axillary lymph node dissection (ALND)

What happens: If multiple nodes are confirmed to have cancer, additional nodes in the underarm may be removed through an axillary lymph node dissection (ALND). In some cases, an ALND may be done instead of a sentinel node biopsy. For example, this might happen if the sentinel node can't be found, if cancer is already known to be in the lymph nodes or if a previous ALND has been performed.

Why: Although less common today, ALND can provide more accurate staging and guide treatment decisions, especially for people with larger tumors or confirmed lymph node involvement.

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