

To the Editor—We thank Professor Ng for her constructive comments on our paper in her article “The role of pathology and pathologists in the detection and management of cancer”.¹ Ng pointed out that it would be useful to know the number of patients with positive sentinel lymph node (SLN) who went on to have positive non-SLN in the axillary dissection. We present below a breakdown of the status of non-SLN in all patients with positive SLN (Table). In our series,² there were 74 patients with positive SLN, 70 of whom underwent axillary dissection. The presence of isolated tumour cells was considered clinically insignificant (N0 in pTNM classification) in our protocol, so all but one of the patients in this category did not undergo axillary dissection. Intra-operative assessment of SLN is more commonly practised in the private sector, because cost to patients is a major consideration.

Professor Ng also quoted false negative rates (FNR) in the frozen section examinations of SLN from multicentre studies ranging from 7 to 12%.¹ We read the paper concerned,³ and found that the FNR Ng was

referring to was for paraffin section examinations of SLN biopsies (ie finding metastatic lymph nodes in the axilla after a negative SLN biopsy) and not those for frozen sections. In that review, the FNR for frozen sections ranged from 9 to 45% (median, 23.5%). However, some of the studies included had few cases (as few as 28), and if only the studies examining over 100 cases are counted, the FNR ranged from 9 to 36% (median, 26%).

KM Leung, DABPath, FHKAM (Pathology)

E-mail: kmleung@diagnostix.com.hk

KW Chan, FRCPath, FHKAM (Pathology)

Gary PS Yeoh, FRCPA, FHKAM (Pathology)

Diagnostix Pathology Laboratories Ltd
Canossa Hospital, Hong Kong

John KC Chan, FRCPath, FHKAM (Pathology)

Department of Pathology

Queen Elizabeth Hospital, Hong Kong

Polly SY Cheung, FRCS (Glasg), FHKAM (Surgery)

Private practitioner

TABLE. A breakdown analysis of non-sentinel lymph node (SLN) status in patients with positive SLN

Size of deposit in SLN	No. of patients who underwent axillary dissection	No. of patients with positive non-SLN
>2 mm (macrometastasis)	60	27 (45%)
>0.2 but <2 mm (micrometastasis)	9	1 (11%)
<0.2 mm (isolated tumour cells)	1	0
Total	70	28 (40%)

References

1. Ng IO. The role of pathology and pathologists in the detection and management of cancer. *Hong Kong Med J* 2007;13:5-7.
2. Leung KM, Chan KW, Yeoh GP, Chan JK, Cheung PS. Clinical relevance of intra-operative sentinel lymph node examination in breast cancer management. *Hong Kong Med J* 2007;13:8-11.
3. Cserni G, Amendoeira I, Apostolikas N, et al. Pathological work-up of sentinel lymph nodes in breast cancer. Review of current data to be considered for the formulation of guidelines. *Eur J Cancer* 2003;39:1654-67.