

Reduced Sampling Error Prevents Additional Surgery for a Patient with Persistent DCIS

Summary:

This patient had already been diagnosed with DCIS following a vacuum-assisted core biopsy and surgery. She was referred for radiation oncology. However, following a mammogram that showed residual calcifications, she was advised to have another biopsy to rule out IDC before treatment.

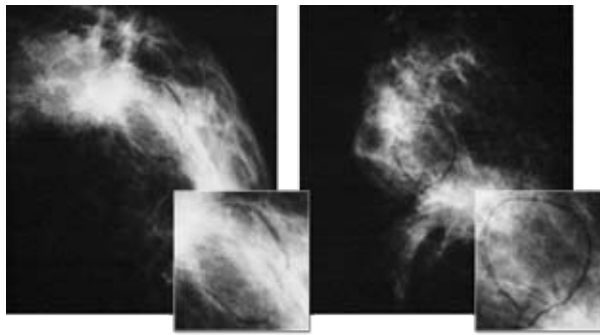
Using the **Intact** Breast Lesion Excision System (BLES), the lesion was removed in a single intact sample. On review, this showed several foci of DCIS. A zone of IDC was also evident on the sample periphery. This IDC was outside the area where a typical core needle biopsy would have sampled.

Sentinel node biopsy was scheduled concurrent with the surgical excision of the rest of the lesion, enabling the patient to avoid having still another surgery. This was especially important for this patient, who had already undergone multiple procedures.

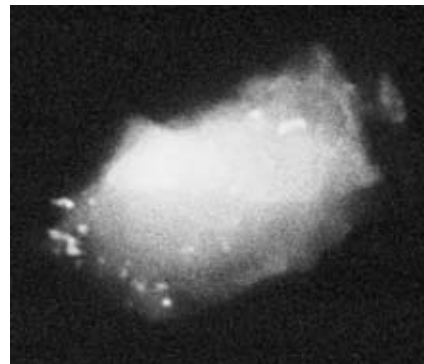
In this case, the round, intact geometry of the Intact sample permitted a confident diagnosis. The team was able to develop the most appropriate treatment recommendation, using fewer invasive surgical procedures, based on the complete information provided by the sample.

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LCC and LMLO views prior to **Intact** BLES procedure



The **Intact** specimen radiograph reveals several regions of calcifications, indicating adequate sampling

Patient:

- 46 year-old woman
- Previous history of DCIS and surgical excision
- Recommended for radiation oncology

Indication

- Residual calcifications found on mammogram
- Biopsy recommended to rule out IDC before treatment

Method

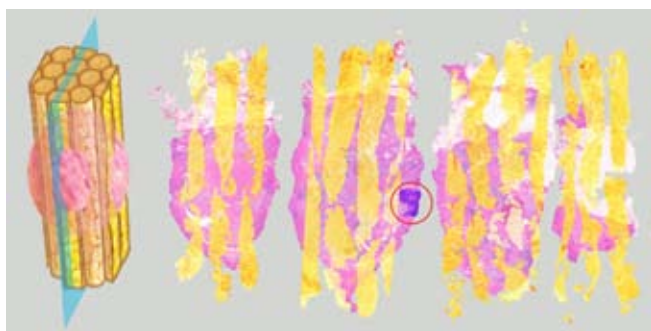
- Excision performed using **Intact** Breast Lesion Excision System (BLES). See reverse for complete procedure details.
- Procedure removed a specimen 10mm in diameter by 16mm in length
- Specimen radiograph confirmed the presence of microcalcifications

Diagnosis

- Several foci of persistent DCIS, Grade 3, including some which extended to the edge of the sample
- One focus of IDC was present on the sample periphery



Histopathology of the **Intact** sample shows several foci of DCIS and one focus of microinvasion 0.5mm from the edge



Sample geometry counts. In this image of core samples overlapping the **Intact** sample, you can see that a typical VACNB procedure (12 strips) would most likely have missed the zone of DCIS and IDC on the edge of the lesion. This would, of course, have been discovered in surgery, but at the cost of yet another surgery to explore the sentinel node. Because the IDC was discovered, the sentinel node biopsy was performed at the same time as the lesion biopsy, sparing the patient another procedure.

The **Intact**[™] BLES Procedure

Anesthesia:



- Lidocaine[®] was applied in a skin wheal to anesthetize the area
- Another 19cc of Lidocaine, buffered with 1% epinephrine, was injected to blanket the lesion, including the area behind the lesion and along the track to the lesion
- The Lidocaine was given 5 minutes to diffuse and take effect

Procedure



- A 7mm incision was made in the surface of the skin
- Using introducers, the 10mm **Intact** wand was placed just under the skin surface
- The **Intact** wand was advanced in through the tissue. RF energy enables the wand to glide through the tissue with minimal pressure.
- A 10mm (diameter) × 16mm specimen was captured and removed, intact, in a single pass
- The incision was closed with Steri-Strip[™] bandages and Tegaderm[™], and covered with a compression dressing. Ice was placed on the dressing.