

Instructions for more reliably sampling of former tumor bed - **VISION trial** -

Aim of study: to compare VAB results of former tumor bed after NACT with the final surgical result → to see if VAB could predict the surgical result with sufficient reliability

1. During NACT period: If the tumor bed has shrunk + clip is no longer in the residual tumor bed → place a new clip with a different shape to avoid mistakes in identifying the right clip

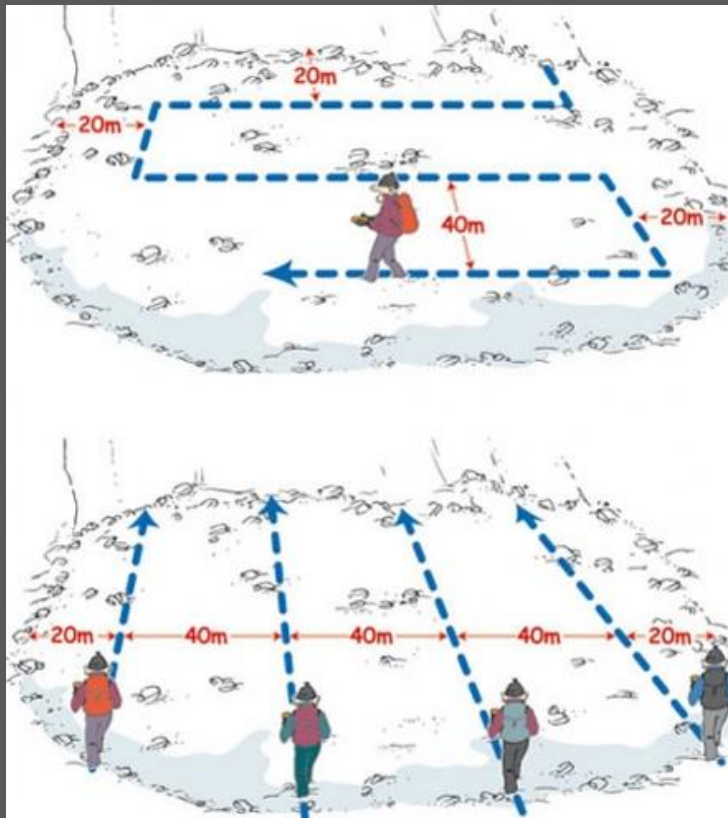
2. After NACT period : Make sure you are identifying the right clip !!!!!



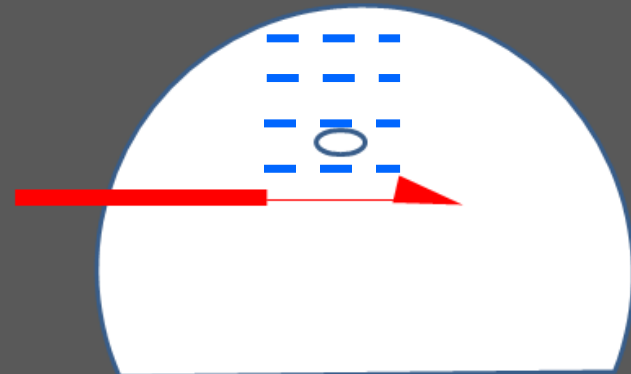
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If you are searching for a person in an avalanche
→ you have to scan an area in a certain way



This is exactly what we try to realize when sampling the area around the clip = searching for residual tumor cells



It is better to cover a larger area than just sampling at one point

Number of VAB samples (sonographic/ mammographic guidance)

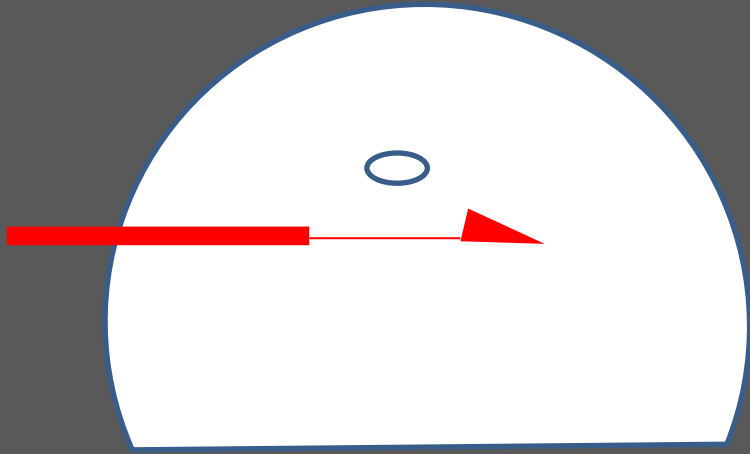
In case of 7G/ 8G needle size: ≥ 12 samples have to be taken

In case of 9G/ 10G needle size: ≥ 15 samples have to be taken

The recommended amount of samples is higher than in a normal diagnostic setting thus ensuring the risk of undersampling

You can choose the VAB device you are using in your daily practice

Examples are given for a 7 G + 10 G needle (Encore/BARD)



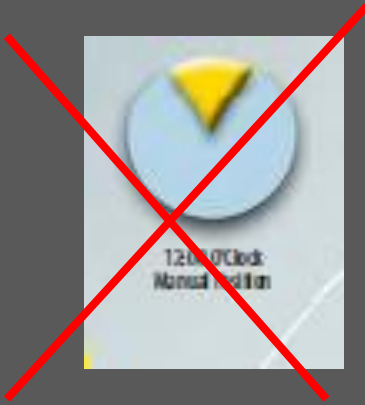
7 G
Sample Nr. 1 + 2

10 G
Sample Nr. 1 + 2 + 3

1. Place the needle below the clip with a **certain distance to the clip**
2. **Choose 180°** sampling instead of just sampling 12.00 o'clock

To avoid an immediate sampling of the clip
→ Biopsy window could be blocked

To cover a larger area

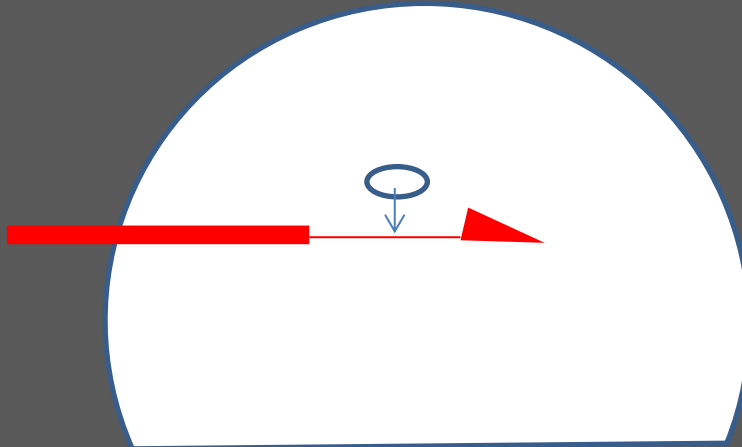


7 G

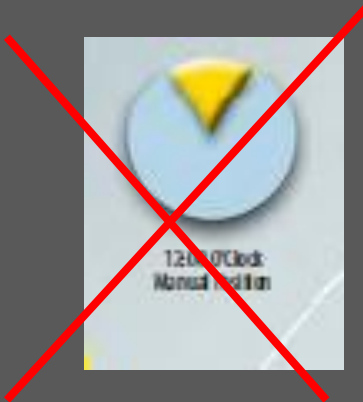
Sample Nr. 3 + 4

10 G

Sample Nr. 4 + 5 + 6



3. After having performed one 180° sampling (= 2 or 3 samples depending on needle size) keep the position and perform another 180° sampling (=2-3 biopsy samples); the clip should be now closer to the needle biopsy window;

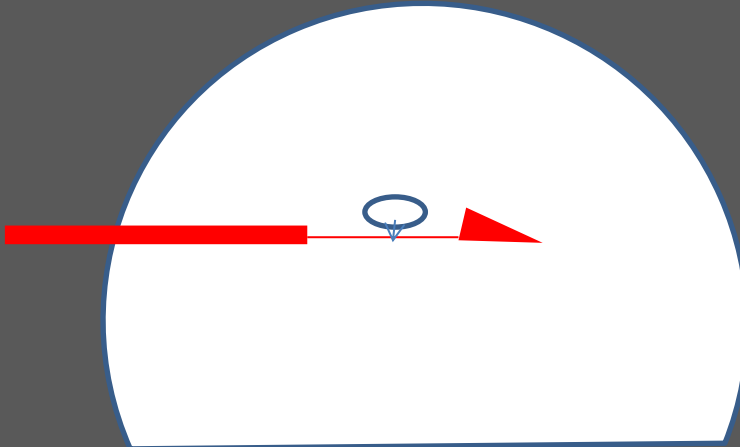


7 G

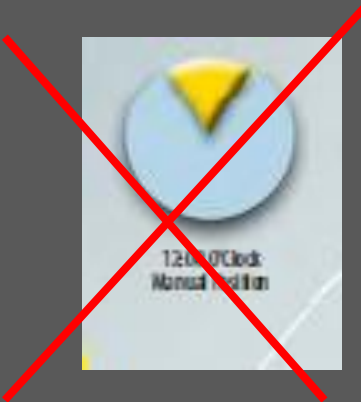
Sample Nr. 5 + 6

10 G

Sample Nr. 7 + 8 + 9



4. Repeat the procedure → the clip should move directly into the biopsy window (if possible)

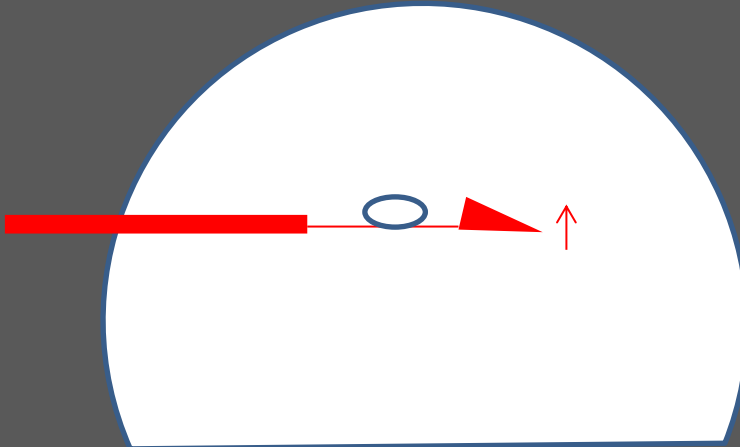


7 G

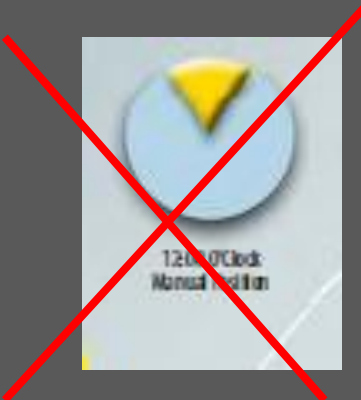
Sample Nr. 7 + 8

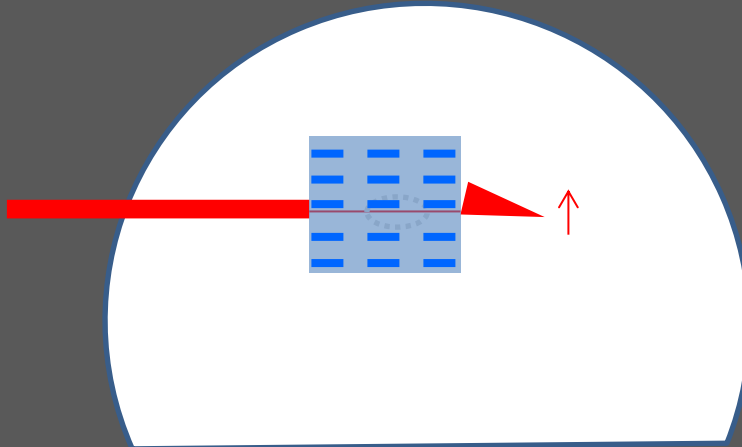
10 G

Sample Nr. 10 + 11 + 12



5. If the clip is still visible → move the needle more upwards
Repeat the procedure with 180° sampling → the clip should be removed now

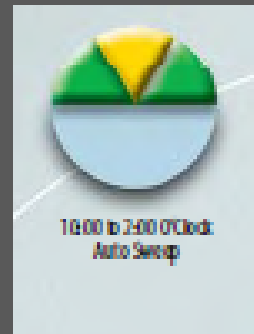
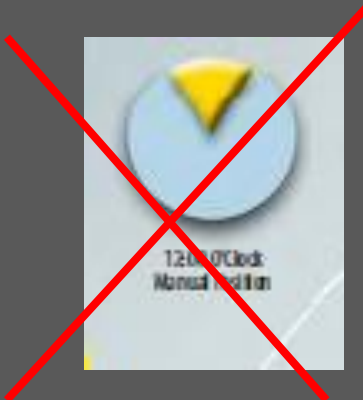




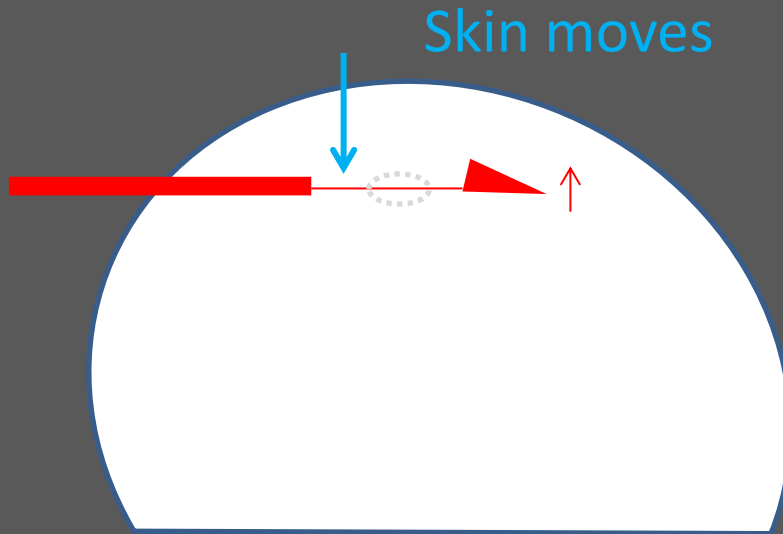
7 G
Sample Nr. 9 + 10
Sample Nr. 11 + 12

10 G
Sample Nr. 13 + 14 + 15

6. Move the needle a few millimeters upwards → take another 180° sampling
In case of a 7G/ 8G needle another 180° sampling is necessary to obtain 12 samples
Final aim: to have sampled a certain „rectangular field“



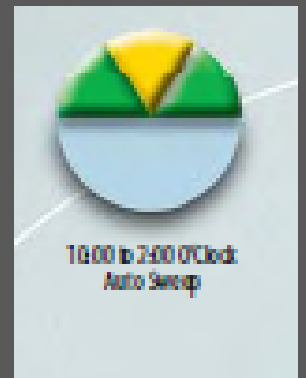
Directly afterwards the biopsy samples have to be radiographed to see if they contain the clip



If the skin starts retracting towards the biopsy needle

Inject more localanaesthesia between skin and biopsy needle
and / or

Take more samples towards the 11 o'clock position/ 2 o'clock position
(indicated with the green sectors in the right image)



7 G

Sample Nr. 9 + 10

10 G

Sample Nr. 13 + 14 + 15



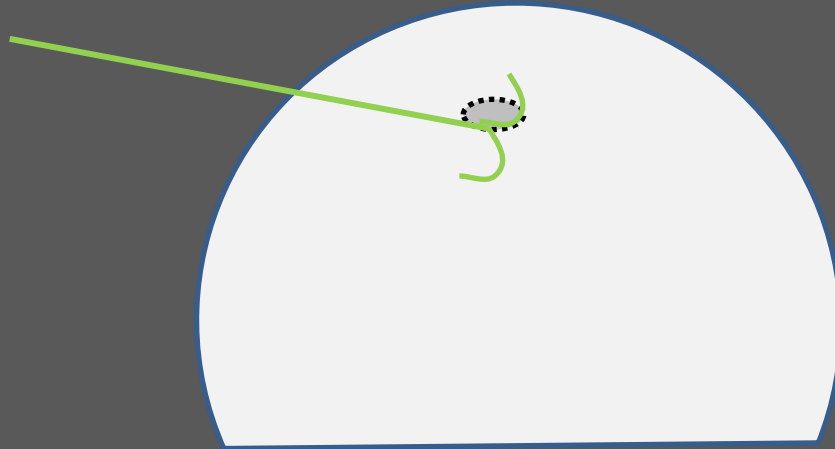
If the clip is **close to the thoracic wall**

Inject a lot of localanaesthesia and/or sodiumchlorid (NACL)

→ To shift the clip more towards the nipple (increasing the space for the needle)

After each VAB either intraoperatively
or up to 24h before surgery ,

an additional wire marking of the former clip location is mandatory
to mark the former tumor bed for the subsequent surgical excision.





For more detailed information please contact SAKK Switzerland

<https://www.sakk.ch>

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The VISION trial instructions for Vacuumbiopsy can be found

under <https://www.mibb.ch/guidelines-vab/>