

January 27, 2021

Dear referring physicians and health care providers,

During the coming months, an increasing number of your patients will receive or will have received vaccinations against the COVID-19 virus. While all vaccines have been reported to be associated with transient axillary lymphadenopathy in the ipsilateral axilla to the arm where a vaccine has been administered, reports are surfacing that this phenomenon is even more common with these new vaccines. We are already seeing many patients in our practice with this phenomenon on a weekly basis and similar data is being reported all over the country and around the world.

Given the numbers of patients to be vaccinated, and the fact that this is not a rare occurrence, we will encounter patients with unilateral adenopathy increasingly over the coming months. Patients should be made aware that transient axillary adenopathy is the body's normal reaction to the vaccine, a sign their body will be making antibodies, and it is not something to be worried about.

In order to minimize the cost to patients of imaging and the burden these extra exams cause to patients and to our already overtaxed system, we recommend the following:

- For patients who present with unilateral axillary tenderness, fullness or lumps, please inquire about recent vaccinations. If they have recently received a COVID or other vaccination in the ipsilateral arm (within 4 weeks), consider delaying the diagnostic imaging evaluation. If, in 2-4 weeks the symptoms have resolved and the clinical exam is reassuring, then there is no need for imaging evaluation. If the symptoms have not resolved, please refer these patients for diagnostic breast imaging at that time.
- For patients who do undergo imaging evaluation after having a recent vaccine, we may see unilateral enlarged axillary lymph nodes (this finding could be visible on exams beyond breast imaging, such as CT of the chest, PET CT, etc.). In Breast Imaging, we will recommend short interval follow-up ultrasound imaging in 1-3 months to document resolution.

This recommendation does not apply to patients with suspicious breast lumps. Any patient with a suspicious breast lump should be imaged as soon as possible and should not wait 2-4 weeks.

For screening patients with no symptoms, it is best to schedule screening mammography, MRI or ultrasound before the first COVID vaccine or 4 weeks after the second COVID vaccine. This is because even in those patients who do not present with complaints of palpable lumps, new unilateral enlarged lymph nodes can be seen on imaging, necessitating the patient to return for an ultrasound and likely a 3 month follow-up exam.

For patients who have just been diagnosed with unilateral breast cancer and are in the process of pre-surgical workup, if they have an opportunity to be vaccinated, it would be best to choose the contralateral arm to receive the vaccines (not the arm on the side the cancer has been diagnosed). Patients diagnosed with bilateral cancers should still be vaccinated if given the opportunity.

We strongly believe it is important for all patients to be vaccinated to mitigate the risk of COVID-19 infection. We also strongly believe in screening for breast cancer. The extra effort required to separate these two necessary health promoting endeavors will save costs, reduce anxiety, and continue to allow patients who have non-transient breast related problems to be seen and cared for in a timely manner.

For any questions, or if you would like a copy of the Society of Breast Imaging recommendations for managing axillary adenopathy in patients with COVID-19 vaccinations, or any references, please contact Sally.Herschorn@uvmhealth.org or Hannah.Perry@uvmhealth.org. We are also always available for breast imaging questions from patients or providers at mammoinfo@uvmhealth.org.

Sincerely,

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