



The Canadian Society of Breast Imaging/ Canadian Association of Radiologists' Recommendations for the Management of Axillary Adenopathy in Patients with Recent COVID-19 Vaccination

The Canadian Society of Breast Imaging (CSBI) and the Canadian Association of Radiologists (CAR) endorse the Society of Breast Imaging (SBI) Recommendations for the Management of Axillary Adenopathy in Patients with Recent COVID-19 Vaccination (1).

Axillary adenopathy has been rarely reported following BCG, tetanus, influenza, and human papillomavirus vaccination (2-4). However, higher rates of axillary adenopathy have been reported with the Moderna and Pfizer-BioNTech COVID-19 vaccines (5-7). In fact, 11.6% of recipients who received the Moderna vaccine experienced this after Dose 1 and 16.0% of recipients experiencing this after Dose 2 in the 18–64 year age group (1). With ongoing COVID vaccinations, breast radiologists will increasingly encounter axillary adenopathy. The near to long term appearance of mammographic adenopathy following vaccination is currently unknown.

The CSBI and CAR adopt the SBI's Recommendations for the Management of Axillary Adenopathy in Patients with Recent COVID-19 Vaccination as follows:

Considerations for the management of axillary adenopathy in patients with recent COVID-19 vaccination:

Consider obtaining the following information on patient intake forms: COVID-19 vaccination status, timing and side (left vs. right arm) of vaccination. To minimize patient anxiety, consider including this introductory statement: *Vaccines of all types can result in temporary swelling of the lymph nodes, which may be a sign that the body is making antibodies in response as intended.*

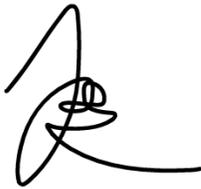
Unilateral axillary adenopathy on screening exams warrants a BI-RADS category 0 assessment to allow for further assessment of the ipsilateral breast and documentation of medical history, including COVID-19 vaccination. Following appropriate diagnostic work up for unilateral axillary adenopathy in women who received a COVID-19 vaccination in the ipsilateral upper extremity within the preceding 4 weeks, consider a short term follow up exam in 4-12 weeks (BI-RADS category 3) following the second vaccine dose. If axillary adenopathy persists after short term follow up, then consider lymph node sampling to exclude breast and non-breast malignancy.

Considerations for patients and providers scheduling screening exams:

If possible, and when it does not unduly delay care, consider scheduling screening exams prior to the first dose of a COVID-19 vaccination or 4-6 weeks following the second dose of a COVID-19 vaccination.

As more information about the incidence and appearance of axillary lymphadenopathy following COVID-19 vaccination becomes available, it may be appropriate to change the duration of follow up or final assessment recommendations.

Furthermore, recommendations for additional COVID-19 vaccinations will be incorporated when they are approved for distribution.



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References

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