Draft FDA Questions for the Panel

1. Is the extent of disease (e.g. <0.2mm, 0.2 to 2.0mm, or >2.0mm) adequately assessed via the GeneSearch BLN test results? If so, does detection of histologic metastases >0.2mm justify proceeding with axillary lymph node dissection?

2. Are the sensitivity (.876; 95% CI .804 to .929), specificity (.942; 95% CI .909 to .966), positive predictive value (.862; 95%CI .788 to .917) and negative predictive value (.949; 95%CI .917 to .971) for this test consistent with the sponsor's intended use as a standalone test during intra-operative consultation?

   a) What trade-offs between true and false positive versus true and false negative rates should be factored into evaluation of the safety and effectiveness of this test? For example, what is the maximum tolerable false positive rate, given the benefit expected from other true positive test results?

   b) Is it necessary to follow up negative test results with permanent section histology?

3. Based on the comparative performance of the new assay with frozen section histology, are there sufficient data to allow the assay's use, either in lieu of frozen section or in parallel with it, to determine a surgeon's decision concerning further lymph node removal? If the test were used alongside frozen section, what actions should follow discordant results?

4. Are there sufficient data to establish safe and effective use of the test for staging breast cancer patients?

5. What additional information, if any, is required to establish or refine a determination of safety and effectiveness?