STUDIES PROVE SENTINEL NODE BIOPSY IS AS SAFE AND EFFECTIVE AS NODE DISSECTION:
Pathology expert confirms that newer, less invasive technique enhances quality of life for patients

Patients newly diagnosed with breast cancer – numbering more than 200,000 each year in the U.S. – face their first hurdle almost immediately, when doctors must determine whether or not the cancer has spread by studying nearby lymph nodes. The traditional procedure, called Axillary Lymph Node Dissection (ALND), involves the surgical removal of numerous, sometimes dozens, of lymph nodes from the armpit region in order to analyze them – an invasive operation with painful, long term side effects.

However, a newer, less invasive procedure called Sentinel Lymph Node Biopsy (SLNB) has been proven in several recent studies to be as safe and effective as ALND with far milder, shorter-lived side effects. During the procedure, doctors inject a dye to determine the first ("sentinel") node or nodes to which breast fluid drains, and remove only that lymph node(s) for pathological examination. If cancer cells are present, the patient might require follow-up ALND to establish the stage of the cancer; however, if no cancer is detected in the nodes, the cancer is deemed localized and no further lymph node removal is needed.

"Struggling to deal with a diagnosis of breast cancer is challenging enough, without having to cope with a difficult surgery and lengthy, painful recovery just to confirm the stage of the disease," notes Dr. George Hollenberg, MD, a leading pathology expert and founder of Acupath Laboratories in New York. "The good news for patients is that Sentinel Node Biopsy can not only often spare them the more invasive technique and its aftereffects, but can also determine staging of the disease as accurately as ALND," Dr. Hollenberg adds.

New research recommends SLNB
Interestingly, while Sentinel Node Biopsy has become a standard of care in early breast cancer diagnosis, there have been few fully randomized clinical trials to gauge its effectiveness versus ALND until now. A study published in the June 2007 issue of the journal Breast[1] compared the two procedures using data from nearly 3,000 patients over a 34-month period, and found that SLNB is a safe procedure that is at least as effective as ALND at identifying metastatic breast cancer. What's more, research published in the July 2007 edition of the European Journal of Surgical Oncology[2] confirms that Sentinel Node Biopsy is associated with significantly fewer reports of lymphodema (swelling), movement limitations, pain and/or numbness than Axillary Lymph Node Dissection. The study, which involved more than 300 patients, confirmed results of a similar quality-of-life study published a year earlier in the Journal of the National Cancer Institute[3].

In ALND, recovery time can be extremely lengthy, with some patients reporting symptoms lingering for as long as two years. Surgical drains are often needed, sometimes for as long as two weeks after the procedure. Arm and shoulder pain may linger for up to a year or longer. In addition, up to 10% of women undergoing the traditional axillary node biopsies report chronic numbness or pain in the arms or hands as a result of the procedure. Additionally, many patients must concurrently cope with side effects of breast cancer treatments while recovering from ALND. What's more, the recovery from ALND taxes an already-stressed immune system at a time when its full effectiveness is required to fight off the cancer and deal with treatment side effects.

In Sentinel Node Biopsy, because only 1-4 nodes are removed during the procedure, the recovery time is markedly reduced, and such symptoms as pain, swelling, numbness and limited range of motion are usually short-lived. Its stress on the immune system, therefore, is considered far less daunting as well.

"The new research on Sentinel Node Biopsy is of great benefit to patients who are diagnosed with early-stage breast cancer," Dr. Hollenberg confirms. "It provides concrete, reliable data to support our knowledge that SNB can provide physicians with the information they need to make good treatment decisions, while at the same time preserving a much higher quality of life in patients contending with a new diagnosis of breast cancer," he concludes.

1. Breast. 2007 Jun 11 A nonrandomized follow-up comparison between standard axillary node dissection and sentinel node biopsy in breast cancer.
2. Eur J Surg Oncol. 2007 Jul 3 Morbidity comparison of sentinel lymph node biopsy versus conventional axillary lymph node dissection for breast cancer patients

3. Journal of the National Cancer Institute 2006 May

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About Dr. George Hollenberg

Dr. George Hollenberg, M.D. is an authority in the fields of pathology, clinical pathology and dermatopathology with expertise in the areas of dysplastic nevi, melanoma, prostate and gastrointestinal cancer. Board-certified in Pathology and Dermatopathology, Dr. Hollenberg is a Fellow of the College of American Pathologists, The American Society of Dermatopathology and the AMA. He has published articles on skin, prostate and gastrointestinal cancer, and is the Consultant in Dermatopathology to The North Shore University Hospital Center. As the founding director of Acupath Laboratories, Inc., Dr. Hollenberg supervises the analysis of tens of thousands of biopsies per year, using the latest cutting-edge technology in histology and immunocytochemistry, as well as the latest advances in computerized report preparation.