



Letter

Something old, something new, something hot, something blue.

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With reference to the recent Editorial “Why remove four by chance when one will suffice” [1] that accompanied our article “Sentinel node biopsy may have little to offer four node samplers” [2]. As this study, which compared SNB with four node axillary sampling (4NAS), is perhaps the first paper to bring any real perspective to the sentinel node bandwagon, we feel that it deserves a wider debate than that afforded in the Editorial, and thus wish to make some observations.

1. Even if SNB improves discrimination of lymph node status, no study to date has shown that SNB improves prognostic discrimination where survival is the endpoint. Accurate prognostic discrimination uses lymph node status as only one contributor in combination with grade, size and hormone receptor status [3].

2. SNB assists in the detection of micrometastases, but the significance of this is unproven [4].

3. Women who are sentinel node-positive frequently have only one node involved. However, when taken in isolation, the prognosis of a woman with one node that is positive is only marginally different from that of a woman who is node-negative (82% versus 80% at 5 years) [5]. One node gives inadequate information for the assignment of adjuvant treatment.

4. Two randomised trials and a large case review have shown 4NAS to be a reliable staging procedure, with only minimal morbidity [6–8] which SNB cannot decrease significantly.

SNB is a potential but by no means proven alternative to 4NAS. It may have a role as an adjunct to 4NAS. However, it seems highly unlikely that SNB will give a large improvement in overall prognostic discrimination which at the end of the day must be its aim.

References

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