

Comparison of diagnostic characteristics between sentinel-node biopsy (SNB) and radio-guide elective neck dissection in patients with oral tongue cancer cT1-2N0M0.

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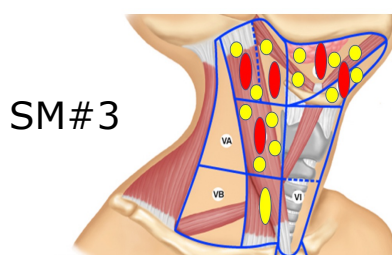
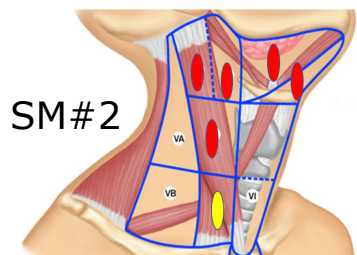
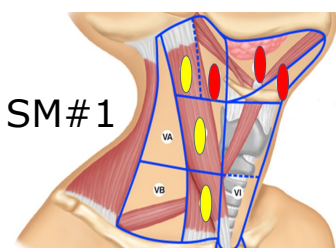
NMRC of Oncology named after N.N.Petrov of MoH of Russia, St. Petersburg, Russia,

Background

- The incidence of occult lymph node (LN) metastases in early oral cancer is up to 35%
- Therefore, elective neck dissection remains the standart of treatment for cN0 oral cancers
- Sentinel-node biopsy (SNB) might be a less morbid alternative to neck dissection; however, its diagnostic value depends on the number of sampled LNs

Objective

To analyze the diagnostic features of SNB with **different volumes of LNs sampling** in patients with early-stage oral tongue cancer



Methods

Design

- Prospective study
- cT1-2N0M0 oral tongue cancer patients
- SLB followed by elective ipsilateral neck dissection
- 42 patients enrolled

Sample models

Sample model#1: Accumulated radiotracer LNs, which located close to the primary tumor

Sample model#2: All LNs accumulated radiotracer, regardless of the distance from the tumor

Sample model#3: LNs accumulated radiotracer with all LNs located at the same level

Results

	SM#1	SM#2	SM#3
Sensitivity, %	50%	66,7%	100%
Specificity, %	100%	100%	100%
Accuracy, %	92.3%	95.2%	100%
PPV, %	100%	100%	100%
NPV, %	94.7%	100%	100%

Conclusion

LN sampling using SNB has high rates of specificity, accuracy, PPV, and NPV, regardless of sampling size. A SNB with sampling of all LNs at the same level has the highest sensitivity in patients with cN0 oral tongue cancer

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