Melanoma surgery and the impact of sentinel node biopsy

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Appendix

Letter to the editor

Sentinel-lymph-node biopsy for cutaneous melanoma

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Gershenwald and Ross paint a more positive picture than a critical review of the literature justifies. In contrast to what they suggest, the false negative rate of lymphatic mapping leaves a lot to be desired. Rates of false negative results, determined by concomitant completion lymphadenectomy, were indeed reported to be approximately 5%.[1,2,3,4] This percentage concerns the fraction of node positive patients with a false negative sentinel node procedure. The authors state that these findings were corroborated by studies that showed nodal recurrence rates ranging from 3% to 6% in patients with tumor-negative sentinel nodes. However, patients with tumor-negative sentinel nodes are a different patient population. Since only 20% of the patients have involved nodes, the actual false negative rate is more than five times higher than the suggested 3% to 6%.[5] Also, the duration of follow up in two of the three quoted studies is too short too allow a definitive assessment of the false negative rate, because a recurrence in the nodal basin becomes evident after a median time frame of 28 months.[6,7,8]
REFERENCES


