

LONGITUDINAL STUDY IN SURGEON PERFORMANCE OF SENTINEL LYMPH NODE BIOPSY (SLNB)

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Background: To date the official policy of the B.C.C.A. is that sentinel lymph node biopsy (SLNB) for breast cancer be followed by a complete axillary node dissection (ALND) to allow for a complete evaluation of the axillary contents. SLNB alone would reduce the morbidity of a complete ALND but it is not yet known if the surgeon's false negative rate remains stable over time. This study is an attempt to review this, and report on the FNR of a group of community surgeons over a period of six years.

Methods: Performance trends of a group of 13 surgeons were examined retrospectively (1999-2004) in patients with primary breast cancer. The data was analyzed for the group as a whole and as it related to the surgeon's caseload. Patients included in the study had both SLNB and concomitant ALND done. Success rate in identifying one or more SLNs and the FNR were determined for each surgeon and plotted per annum.

Results: 583 patients underwent both SLNB and ALND and 232 patients (39.8%) had positive axillary nodes with a total of 12 false negative SLNBs. Annual FNRs for the surgeon cohort were 18.8%, 3.3%, 2.4%, 0%, 4.4% and 5.8% from 1999-2004 respectively. All surgeons reviewed ranged in ability to maintain a stable FNR, with some consistently maintaining an annual rate of <5% and others deviating considerably on a year to year basis; their surgical performance not necessarily related to case volume.

Conclusions: A surgeon's FNR may vary considerably over time irrespective of case volume. Our findings suggest that for SLNB to be undertaken as a standalone procedure, methods must be instituted that enable ongoing determination of a current and acceptable FNR.