SURVEY OF SENTINEL NODE PRACTICE BY GENERAL SURGEONS IN THE STATE OF OREGON

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Background: Since its description in the mid-1990's sentinel node biopsy (SNB) has become an important tool in the diagnosis and treatment of breast cancer and melanoma. Nationwide standards for credentialing and proctoring have yet to be established. We surveyed general surgeons in the state of Oregon to evaluate the practice of SNB and assess barriers to incorporation for practicing surgeons.

Methods: Mailed questionnaire

Results: 310 surveys were mailed with 104 returned. 97 were evaluable for a response rate of 32%. Seventy four (76%) respondents perform SNB in their clinical practice. 49% completed courses, 32% learned in residency while others listed proctoring with experienced surgeons as their learning experience. Sixty one (89%) performed axillary dissection with their initial cases, 12 (16%) did not. 57% stated their hospital did not require credentialing for SNB. For those with requirements only 50% had to document false negative rates. Of the surgeons not performing SNB 89% felt it was an important skill to obtain and 70% said they would take a course given nearby. 12 felt they could benefit from proctoring opportunities. 6 did not have technological support in their hospital.

Conclusion: SNB is currently performed in most hospitals throughout the state of Oregon. Credentialing and standardization of skills are inconsistent. Formal proctoring opportunities could improve surgical care and assist practicing surgeons to incorporate I this technique for patients with breast cancer and melanoma. Standard experience requirements should be developed.