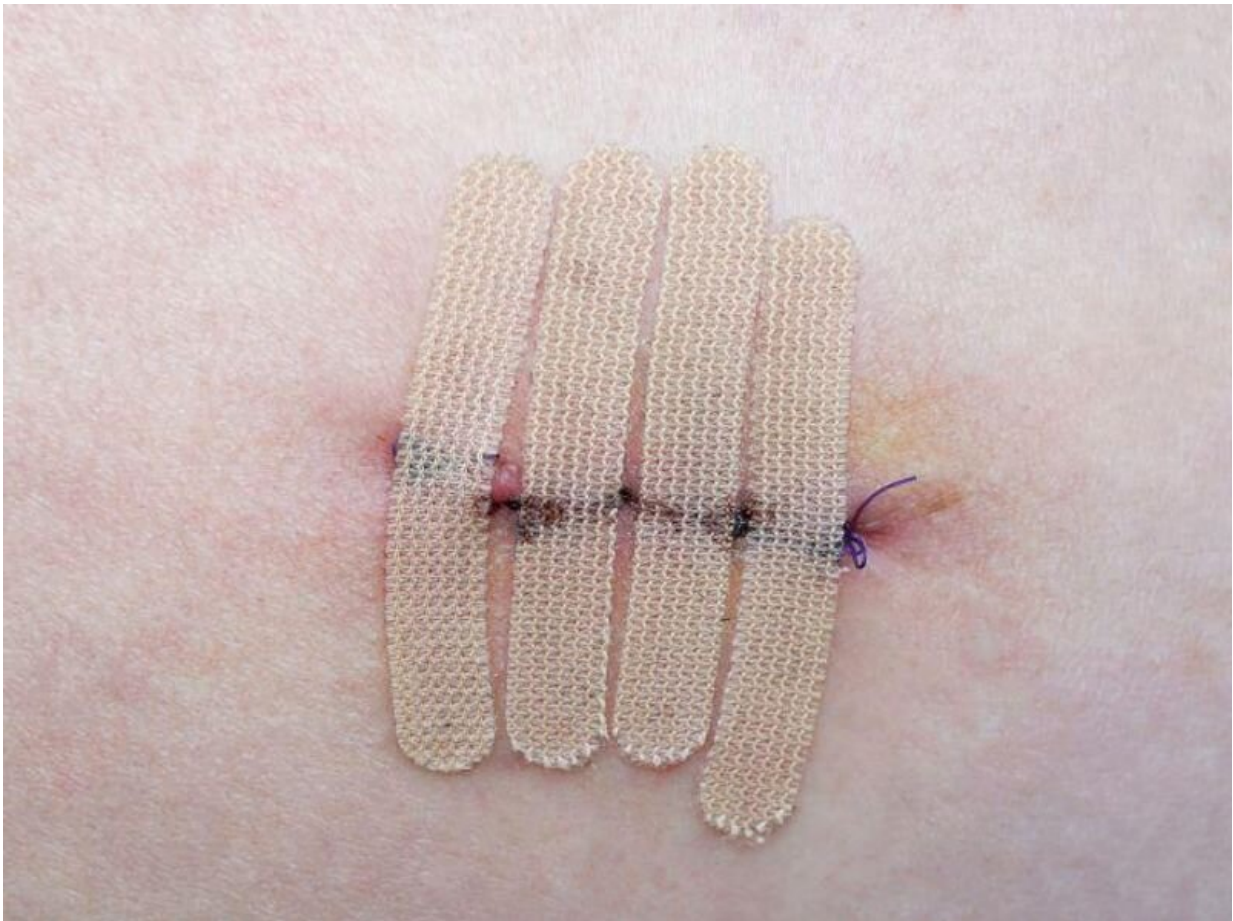


Lymph node dissection declining in SLN-positive melanoma

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For patients with sentinel lymph node (SLN)-positive melanoma, fewer

patients are undergoing completion lymph node dissection (CLND) and more are receiving adjuvant systemic therapy, according to study published online Jan. 27 in the *Annals of Surgery*.

Kristy K. Broman, M.D., M.P.H., from Moffitt Cancer Center in Tampa, Florida, and colleagues examined overall trends and center-level variation in utilization of CLND and adjuvant systemic therapy in an international cohort study at 21 centers involving adults with SLN-positive melanoma and negative distant staging from July 2017 to July 2019.

The researchers found that performance of CLND decreased from 28 to 8% among 1,109 patients, and use of adjuvant systemic therapy increased from 29 to 60%. The most influential factors for both CLND and adjuvant systemic therapy were nodal tumor size, stage, and location of treating center. Management of stage IIIA patients varied notably among treating centers, as did use of CLND with adjuvant systemic therapy versus nodal observation alone for similar-risk patients.

"These changes in practice began prior to the publication of landmark trials of nodal observation and adjuvant immunotherapy and [targeted therapy](#) but accelerated dramatically at the included melanoma referral centers over a two-year time period postpublication," the authors write.

More information: Kristy K. Broman et al, International Center-Level Variation in Utilization of Completion Lymph Node Dissection and Adjuvant Systemic Therapy for Sentinel Lymph Node Positive Melanoma at Major Referral Centers, *Annals of Surgery* (2022). [DOI: 10.1097/SLA.0000000000005370](https://doi.org/10.1097/SLA.0000000000005370)

Several authors disclosed financial ties to the biopharmaceutical industry.

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