センチネルリンパ節生検は早期子宮頸がんに対する有効な方法である（Abstract #: CRA5506）

早期子宮頸がんに対するセンチネルリンパ節生検は現在の標準的な方法と比較し有効で侵襲の少ない方法である

Sentinel node biopsy is effective, less invasive option for early-stage cervical cancer compared with current standard

プロスペクティブな多施設スタディの結果、早期子宮頸がんの大多数の女性に対し、従来の侵襲の大きい骨盤内リンパ節郭清の代わりにセンチネルリンパ節（SN）生検が施行可能であることが示唆された、とフランスの研究者らが第45回American Society of Clinical Oncology学会で発表した。過去のスタディでは子宮頸がん患者においてがん細胞を有する確率の最も高い骨盤内リンパ節へのがんの拡がりを予測するのにSN生検を用いることができることが示された。今回のスタディでは研究者らは、骨盤内リンパ節を全て郭清された早期子宮頸がん患者128人の骨盤の非典型的部位のセンチネルリンパ節生検の結果を評価した。そしてセンチネルリンパ節のマクロ転移（>2mm）に加え微小転移がん（径0.2～2mm）およびisolated tumor cellを解析した。彼らは骨盤内リンパ節全郭清およびそれに関連した合併症は81.2%の患者において避けることができたことを示した。40%近くの患者において、SN生検のみで患者の疾患に関するさらなる重要な情報が得られたであろう；例えば、リンパ液排出がまれな経路を通じて骨盤腔または腹腔内のまれな部位へ流出しているのを示すのにSN生検はルーチンの方法よりも有用であった。

Full Text

Most women with early-stage cervical cancer can safely undergo sentinel node biopsy in lieu of the traditional, more invasive pelvic lymph node removal, which can lead to more significant side effects. Sentinel node biopsy was also as effective for detecting cancer spread to atypical areas of the pelvis.

A prospective multicenter study conducted by researchers in France suggests that the majority of women with early-stage cervical cancer can safely undergo sentinel node (SN) biopsy - a technique in which only one to three lymph nodes are removed to determine whether cancer has spread - in lieu of the traditional, more invasive pelvic lymph node removal. This study showed that SN biopsy was just as useful as full pelvic lymph node removal for identifying even small amounts of cancer cells that spread to lymph nodes in atypical areas of the pelvis.

"Sentinel node biopsy is a good option for women with cervical cancer because it enables us to remove fewer lymph nodes to get information about cancer spread, and could decrease the risk of complications from surgery, such as lymphedema," said Fabrice Lecuru, M.D., Ph.D., professor at George Pompidou European Hospital in Paris, and the study's lead author. "Previous studies have shown that sentinel node biopsy can be used to assess cancer spread in usual areas of the pelvis, but our findings add to this growing body of research by showing that this approach is also effective for identifying cancer spread in less common areas of the pelvis and the abdomen. This approach may become a new standard of care for early-stage cervical cancer."

Ten to 15 percent of patients with early-stage cervical cancer experience recurrence. Some are due to lymph nodes that were missed during surgery or because of undetected cancer spread to other lymph nodes. During standard surgery, several pelvic lymph nodes are removed and examined for the presence of cancer cells. During SN biopsy, however, a blue dye and radioactive substance that can be traced with imaging techniques are used to locate the first lymph node (the sentinel node) where cancer cells would travel after leaving the cervix. If this node is free of cancer cells, no other lymph nodes should be removed. Since the removal of lymph nodes may impair lymphatic drainage and cause lymphedema, doctors have been assessing SN biopsy to see if it can be used to gauge cervical cancer spread.

Prior studies have shown that SN biopsy can be used in cervical cancer patients to predict cancer spread to lymph nodes in the pelvis most likely to contain cancer cells. But in this study, Dr. Lecuru and his colleagues also evaluated the biopsy of sentinel nodes in atypical areas of the pelvis in 128 women with early-stage cervical cancer who also had full pelvic lymph node removal for comparison. They then analyzed sentinel nodes for micrometastastic cancer (0.2 to 2 mm in size) and isolated tumor cells as well as areas of cancer greater than 2 mm (macrometastases).

After analyzing these nodes, researchers demonstrated that full pelvic lymph node removal and its associated complications could have been avoided in 81.2 percent of women. Researchers also found that in nearly 40 percent of women, SN biopsy alone would have provided additional, important information about patients' disease; for example, SN biopsy was more useful than routine techniques for showing that lymphatic drainage occurred via unusual pathways to less commonly explored areas of the pelvis or of the abdomen, and for detecting micrometastases or isolated tumor cells.

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