

Surgeon training found effective in breast cancer sentinel lymph node trial

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Training methods for surgeons who perform breast cancer sentinel lymph node resection were found to be effective in almost 97% of surgeons assessed, according to a new study published online August 24 in the *Journal of the National Cancer Institute*.

The randomized National Surgical Adjuvant Breast and Bowel Project B-32 trial is evaluating whether sentinel lymph node resection can achieve the same outcomes as axillary lymph node resection—the surgical procedure designed to maximize [breast cancer](#) survival, provide regional control, and determine cancer stage—but with fewer side effects.

In this study, David N. Krag, M.D., of the Department of Surgery, College of Medicine, University of Vermont in Burlington, Vt., and colleagues assessed the effectiveness of three training methods (core-trained, site trained, and expedited training (in the case of those with extensive prior experience with the technique)) for the sentinel node resection, as well as overall protocol compliance and their relationship to technical outcomes.

Out of the 261 [surgeons](#) approved to randomly assign patients to the B-32 trial (to receive sentinel lymph node resection), 224 trained surgeons had an overall success rate of 96.9%, with no statistically significant difference among the three training groups. Among all surgeons, a statistically significant positive association was observed between the average number of procedural errors and the false-negative

rate.

"Subgroup analysis identified some variation in false-negative rates that were related to audited outcome performance measures, indicating the value of similar auditing measures on future trials," the authors write.

Source: [Journal of the National Cancer Institute](#) (news : web)

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