

# Sentinel lymph node biopsy underused in high-risk SCC

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dissection to be overused and SLNB is underused in high-risk SCC," the authors write. "Given the cost and morbidity associated with prophylactic [lymph node dissection](#), patients may benefit from a less invasive SLNB procedure before considering dissection."

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(HealthDay)—Sentinel lymph node biopsy (SLNB) is underused for high-risk squamous cell carcinoma (SCC) of the skin, according to a research letter published online Nov. 15 in *JAMA Dermatology*.

Omeed Ahadiat, from Keck Medicine of the University of Southern California in Los Angeles, and colleagues created a database of all high-risk patients with SCC treated at the University of Southern California starting in 2006 and documented patient and tumor characteristics, including treatment modality and whether SLNB was performed.

The researchers found that SLNB procedures were performed for less than 0.1 percent of all patients with high-risk SCC tumors. Fourteen percent of patients underwent complete lymph node dissections; of these, 56.7 percent had microscopic tumor metastasis to local [lymph nodes](#), while 43.3 percent were free of metastasis.

"Overall, we found prophylactic lymph node

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