

Sentinel Lymph Node Biopsy in the management of Oral Cancer

Patient Information sheet

Introduction

The National Institute for Health and Care Excellence (NICE) has recommended that all patients who have demonstrated no evidence of spread from their oral cancer to undergo a sentinel lymph node biopsy where appropriate. This information leaflet attempts to explain what sentinel lymph node biopsy is, and why it is recommended.

Why is Sentinel Node Biopsy recommended?

While it is not possible to feel any enlarged lymph glands in your neck, indicating that the cancer has spread from the mouth or pharynx, there may still be microscopic cancer deposits in those glands (in a quarter of patients). Previously it was recommended to remove many of the glands from at least one side of your neck for examination under a microscope. This meant carrying out extensive surgery to the neck.

It would be better for patients, if we could take out just a small number of glands to see if the cancer has spread to the neck or not. The procedure called 'Sentinel Lymph Node Biopsy', aims to do just this and the National Institute for Health and Care Excellence (NICE) now recommends that this should be offered to all patients who we think would benefit from it.

What is a lymph node?

A lymph node is part of the body's lymphatic system, which acts as a filter that trap cancer cells, bacteria, or other harmful substances. Groups of lymph nodes are found in the neck, underarms, chest, abdomen and groin.

What is a sentinel lymph node?

The sentinel lymph node is the first lymph node to which cancer is likely to spread from the primary tumour. Cancer cells appear in the sentinel node before spreading to other lymph nodes. In most cases, there is more than one sentinel lymph node.

What is Sentinel Lymph Node Biopsy?

Sentinel lymph node biopsy is a procedure in which the sentinel lymph node is identified, removed and then examined under a microscope to see if cancer cells are present.

A negative Sentinel Lymph Node Biopsy result suggests that cancer has not spread to the lymph nodes, and indicates that no more treatment of the neck is required.

A positive result indicates that cancer is present in the Sentinel Lymph Node and may be present in other lymph nodes in the same area (regional lymph nodes). These patients will require to undergo a formal neck dissection (comprehensive removal of glands in the neck) 3 - 4 weeks later. This information may help the doctor determine the stage of cancer (extent of the disease within the body) and develop an appropriate treatment plan.

What happens during the Sentinel Lymph Node Biopsy procedure?

In Sentinel Lymph Node Biopsy, one or a few lymph nodes (the sentinel lymph node or nodes) are removed. To identify the sentinel lymph node(s), the surgeon injects a radioactive substance (tracer) near the tumour. You will then have some scans, which are quick and not painful, although sometimes they need to be done up to 2 hours after the injection.

The following day, during your operation the surgeon will inject a special dye around the tumour and then with a hand held scanner find the sentinel lymph node(s) stained with the tracer and dye. Once the sentinel lymph node is located, the surgeon removes the lymph node(s) to be examined.

The amount of radioactivity from this substance/dye is lower than you would get from a head CT scan or from a transatlantic flight and is completely removed by the body.

What are the benefits to me of Sentinel Lymph Node Biopsy?

Up to three quarters of patients will avoid major neck surgery and significantly reduce the side effects, whilst maintaining the best standard of care.

Additional benefits include:

- ☐ The sentinel lymph nodes are examined in a thorough and meticulous level of detail (Far greater than that of a standard neck dissection), as we know it has the highest chance of metastasis.
- ☐ Certain sites of cancer in the mouth can drain to unexpected areas of the neck or both sides of the neck. Doing the sentinel lymph node biopsy as part of your planned operation may help us ensure we capture these likely sites of drainage or possible cancer spread, which would not be possible with our previous standard treatment. It may also help us tailor any further treatment for you more accurately.

What are the side-effects and disadvantages of Sentinel Lymph Node Biopsy?

Side-effects of sentinel lymph node biopsy can include discomfort or bruising at the biopsy site and the rare possibility of an allergic reaction to the blue dye used to find the sentinel node. Patients may find that their urine is discoloured or that their mouth lining (mucosa) has been stained the same colour as the dye. These are temporary issues, lasting a day or two only.

Summary Key points

- ☐ Sentinel Lymph Node Biopsy is a NICE recommendation.
- ☐ Sentinel Lymph Node Biopsy will mean three quarters of patients will avoid more extensive surgery than was previously offered.
- ☐ A sentinel lymph node is the first lymph node(s) to which cancer cells are likely to spread from the primary tumour. Cancer cells may appear in the sentinel node before spreading to other lymph nodes.
- ☐ Sentinel Lymph Node Biopsy can be used to help determine the extent or stage of cancer to help guide treatment.

Reference:

Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over. NICE Guideline [NG36] Section 1.3.5
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Translation Services

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