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Title **Applicability of Sentinel-Lymph-Node Detection and Biopsy in the Treatment of Vulval Cancer**

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Aim

To assess the percentage of sentinel-lymph-node detection in vulval cancer and the diagnostic accuracy of the test by determining its sensitivity and negative predictive value (NPV); to ascertain the adverse effects of this technology and long-term relapses of tumors.

Conclusions and results

In total, 29 studies were selected for the assessment. Of these, 19 studies (all observational) met the inclusion criteria and were included in the review. The sentinel lymph node was detected by dye in 81% and by Tc99-colloid and combined technique in 98% of patients. The percentage of false negatives observed was below 2%, while sensitivity values and NPV exceeded 95%. The lymph node recidivation rate of the disease was around 3%, and the specific survival rate at 3 years was 97%. The technique appeared to be safe, with few side effects.

The sentinel-lymph-node detection and false negative percentages, together with the sensitivity and negative predictive values, render this technique comparable to that of sentinel-lymph-node detection in breast cancer. Factors considered to be critical in implementing the technique include: multidisciplinary team, patient selection, primary tumor site, anatomopathological technique used, and learning curve. The recidivation rate is similar to that described with classic lymphadenectomy and displays fewer side effects, both short- and long-term.

Recommendations

Provided that it is performed by an experienced multidisciplinary team on appropriately selected patients, sentinel-lymph-node detection and biopsy technique would seem to be a reasonable alternative to complete inguinal lymphadenectomy in patients with stage I-II vulval cancer. When it comes to implementing the technique, a series of recommendations must be borne in mind with respect to the work team, patient selection, sentinel-lymph-node detection technique, surgical and anatomopathological techniques, and learning curve.

Methods

We searched the scientific literature published up to September 2009, stipulating no time limit and covering the following databases: MEDLINE; EMBASE; HTA (Health Technology Assessment); DARE (Database of Abstracts of Reviews of Effectiveness); NHSEED (National Health Service Economic Evaluation Database); Cochrane Library Plus; Clinical Trials Registry; and Health Services Research Projects in Progress (HSPROJ). From the papers yielded by the bibliographic search, we selected only those that met the selection criteria. Data were then extracted and the evidence summarized.

Further research/reviews required

Quality studies that are sufficiently statistically robust and homogeneous in terms of patients and techniques are needed to furnish definitive data on long-term tumor recidivation.

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