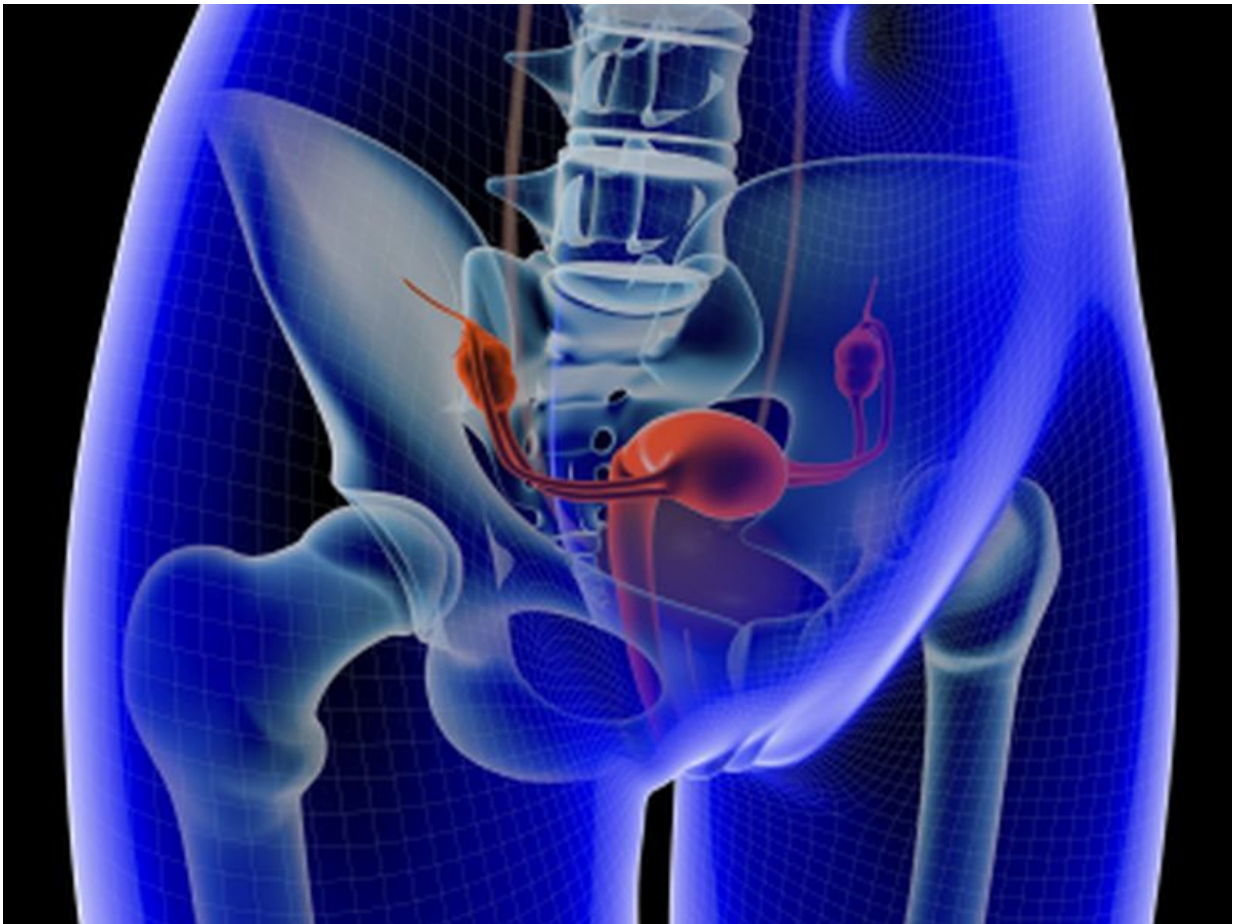


Marker IDs more lymph node mets in endometrial cancer

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(HealthDay)—In apparent uterine-confined endometrial cancer, the

addition of indocyanine green (ICG) and near-infrared imaging to pelvic sentinel lymph node (SLN) mapping with isosulfan blue (ISB) improves detection of lymph node metastasis, according to a new study. The findings were expected to be presented at the annual meeting of the Society of Gynecologic Oncology, held from March 19 to 22 in San Diego.

Robert W. Holloway, M.D., of the Florida Hospital Cancer Institute in Orlando, and colleagues randomly assigned 200 patients with endometrial cancer to pelvic [sentinel lymph node](#) mapping with either ISB plus ICG (180 patients) or ISB alone (20 patients).

The researchers found that ISB detection of SLNs did not differ for the ISB + ICG versus the ISB alone group ($P = 0.35$). SLN mapping for the ISB + ICG group (180 patients), compared with all patients receiving ISB (200 patients), detected bilateral SLNs for 83.9 versus 40 percent, unilateral SLNs for 12.2 versus 36 percent, and no SLNs for 3.9 versus 24 percent (P patients in the ISB alone group (10 percent). There was one false-negative SLN (sensitivity, 97.5 percent; negative predictive value, 99.3 percent; false-negative rate, 2.5 percent).

"ISB + ICG and near-infrared imaging detected more SLN and LN metastases than ISB alone in this phase III trial," the authors write. "SLN mapping with ICG + ISB had excellent sensitivity for detection of metastasis."

Training honoraria from Intuitive Surgical Inc. and speaker honoraria from Astra Zeneca and Janssen were disclosed.

More information: [More Information](#)

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