

# Sentinel lymph node mapping most cost-effective for uterine CA

21 August 2018



\$16,401 and 2.87 QALYS with sentinel lymph node mapping. Selective lymphadenectomy was both less costly and more effective than routine lymphadenectomy. But sentinel lymph node mapping dominated the other modalities and was the most cost-effective strategy. These findings remained even when varying the rates of lymphedema and lymphadenectomy, surgical approach (open or minimally invasive surgery), lymphedema utility, and [costs](#).

"For the estimated 40,000 women undergoing surgery for low-risk endometrial carcinoma each year in the United States, the annual cost of routine lymphadenectomy, selective lymphadenectomy, and [sentinel lymph node](#) mapping would be \$722 million, \$681 million, and \$656 million, respectively," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

(HealthDay)—Sentinel lymph node mapping has the lowest costs and highest quality-adjusted survival compared to both routine and selective lymphadenectomy for managing low-risk endometrial carcinoma, according to a study published in the July issue of *Obstetrics & Gynecology*.

**More information:** [Abstract/Full Text](#) ([subscription or payment may be required](#))

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Rudy S. Suidan, M.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues evaluated the cost-utility of three [lymphadenectomy](#) strategies (routine lymphadenectomy in all patients, selective lymphadenectomy based on intraoperative frozen section criteria, and [sentinel](#) lymph node mapping) in the management of low-risk endometrial carcinoma.

The researchers found in the base-case scenario that routine lymphadenectomy had a cost of \$18,041 and an effectiveness of 2.79 quality-adjusted life-years (QALYs) versus \$17,036 and 2.81 QALYs with selective lymphadenectomy and

APA citation: Sentinel lymph node mapping most cost-effective for uterine CA (2018, August 21)  
retrieved 7 July 2022 from <https://medicalxpress.com/news/2018-08-sentinel-lymph-node-cost-effective-uterine.html>

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