

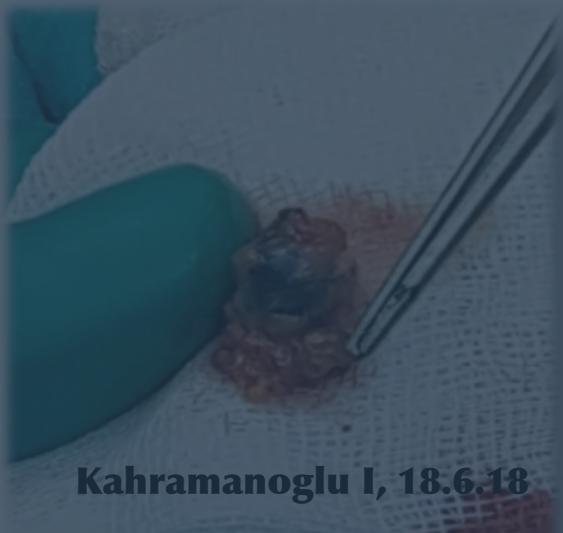


# Endometrial Kanser Dışı Jinekolojik Kanserlerde Sentinel Lenf Nodu Biopsisinin Yeri

Dr. İlker Kahramanoğlu

SBÜ Diyarbakır Gazi Yaşargil EAH  
Jinekolojik Onkoloji Kliniği

## **SLN- Genel**



**Kahramanoglu I, 18.6.18**



**Kahramanoglu I, 18.6.18**

## **Serviks Ca**



**Kahramanoglu I, 11.4.19**



## **Vulva Ca**



**Kahramanoglu I, 6.12.18**



**CTF Arşiv, 2016**

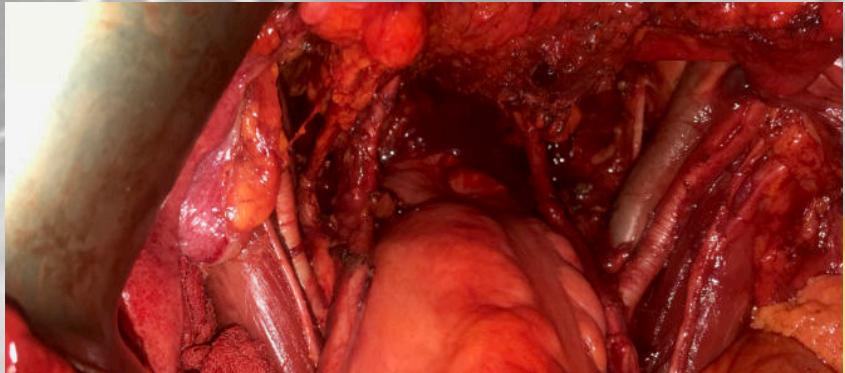
## **Over Ca**



**Kahramanoglu I, 6.9.18**



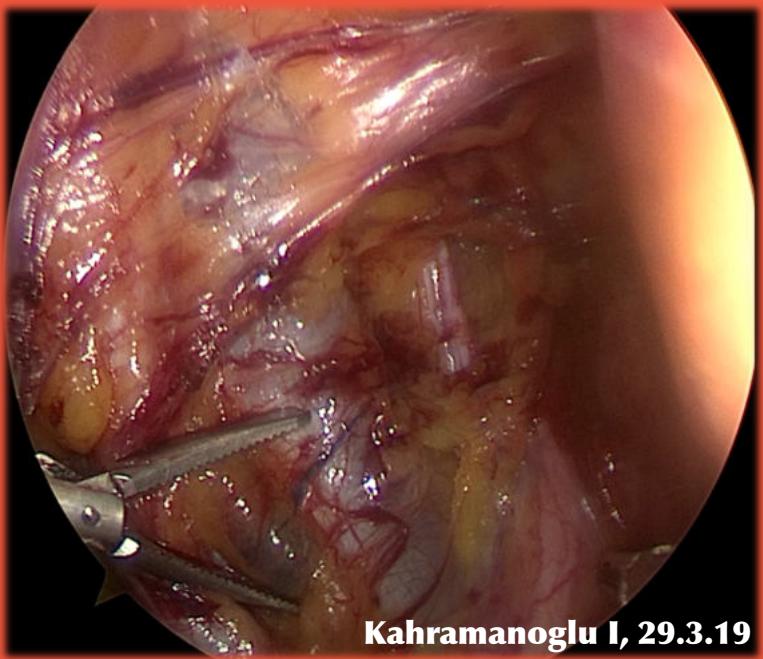
# Evreleme için lenfadenektomi



50 negatif nod

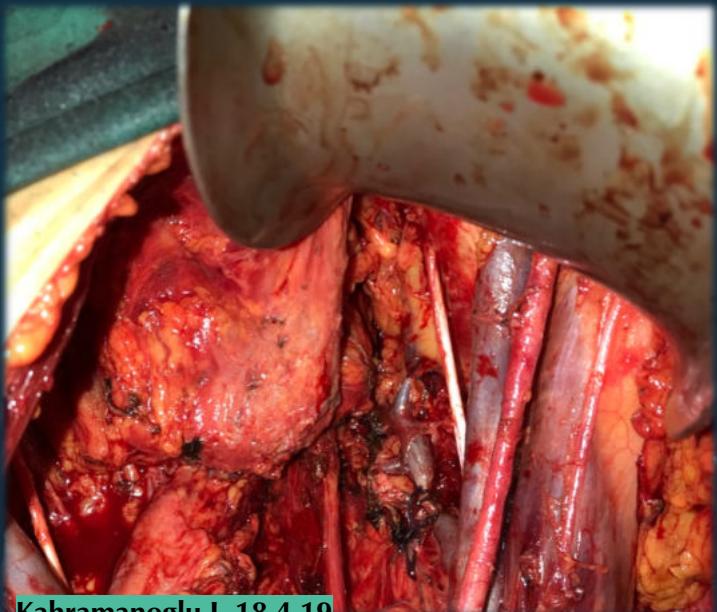
VEYA

Bir (+) nod



Kahramanoglu I, 29.3.19

# Diagnostik



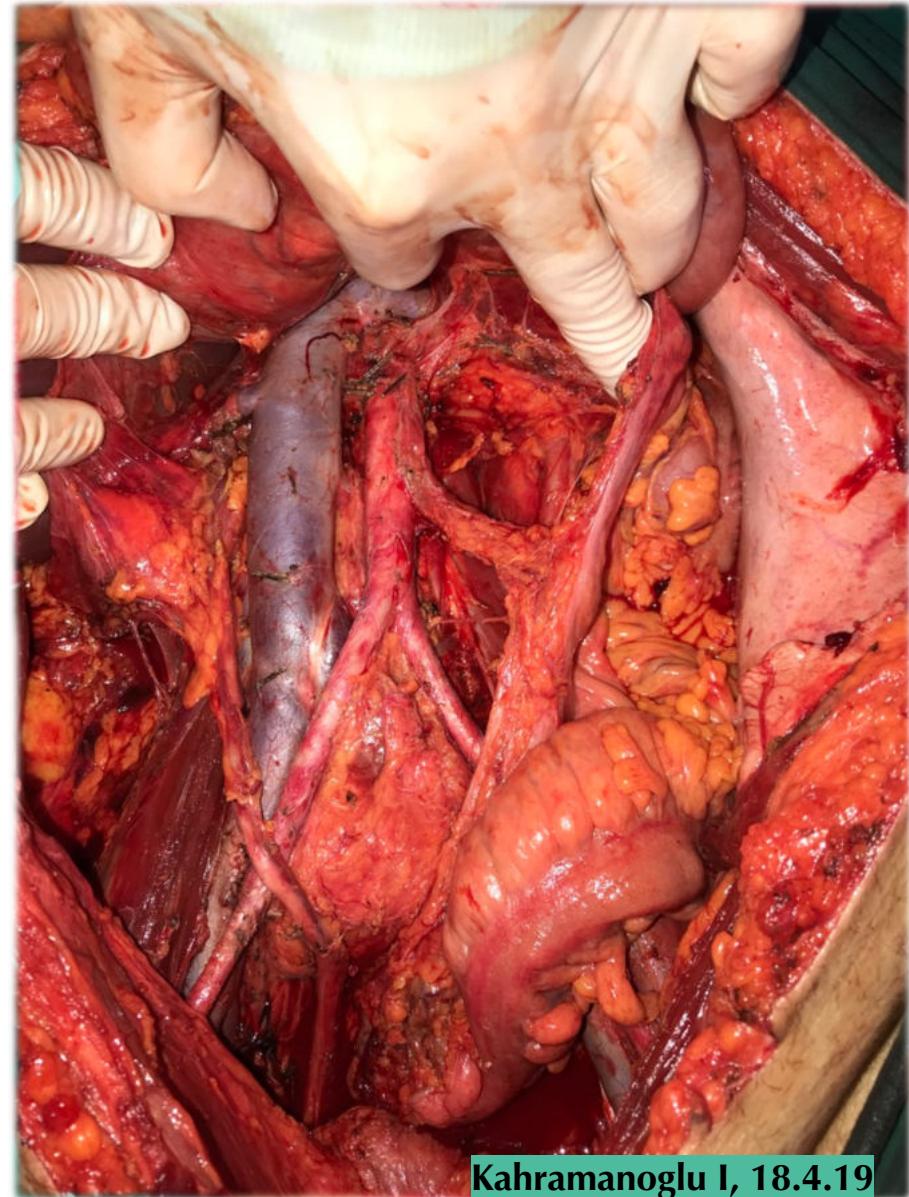
Kahramanoglu I, 18.4.19

# Terapötik

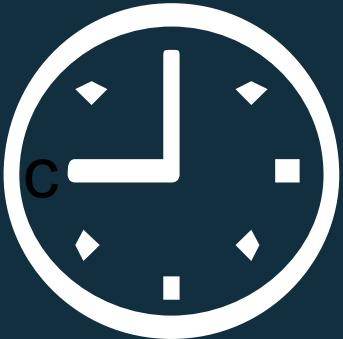




Kahramanoglu I, 21.6.18



Kahramanoglu I, 18.4.19



## Sentinel Lenf Nodu *vs* Komplet Lenfadenektomi

Morbidite



Maliyet





Kahramanoglu I



## GOG-244 (The LeG Study)

*Carlson J et al.*

Bacak hacmi

n= 734

>10%

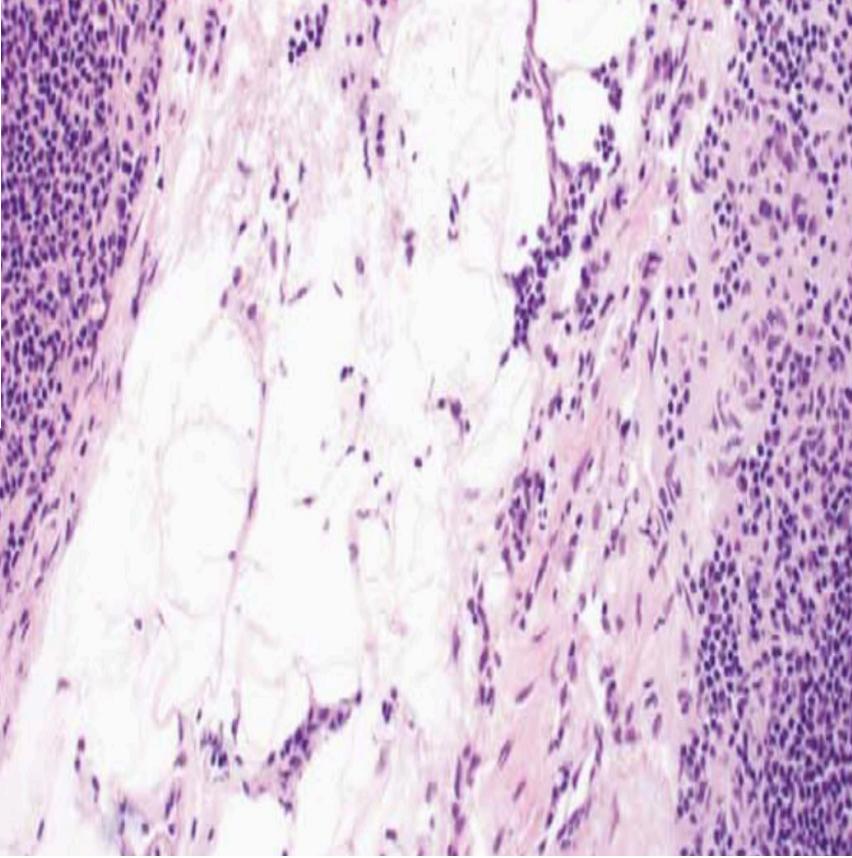
34%

>15%

19%

>20%

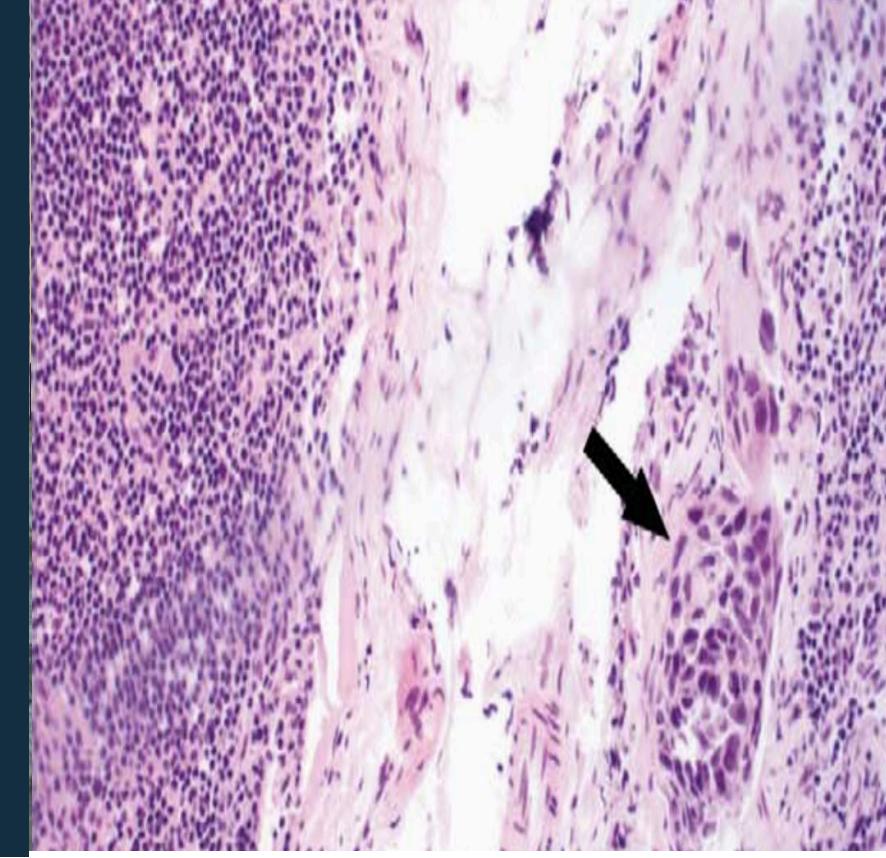
11%



**% 15**

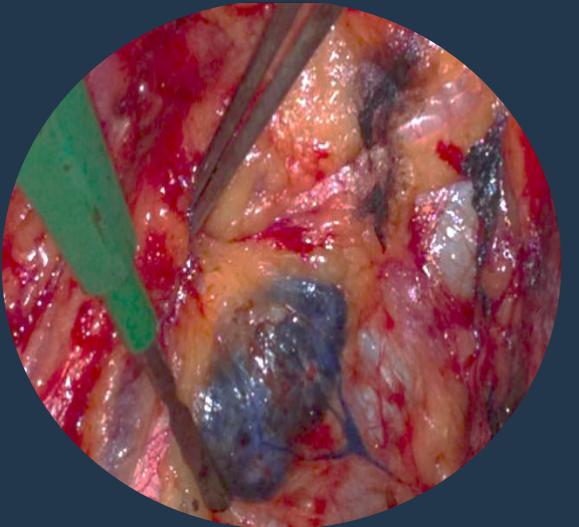
*% 11 mikrometastaz  
% 4 izole tümör hücresi*

Cibula, Gynecol Oncol, 2019



Neden **Komplet Lenfadenektomi** yerine **SLND** ?

**Saptama gücü**



# Yeterince iyi mi ?

# *SLN Kabul Olabilirse*

# Gerekenler

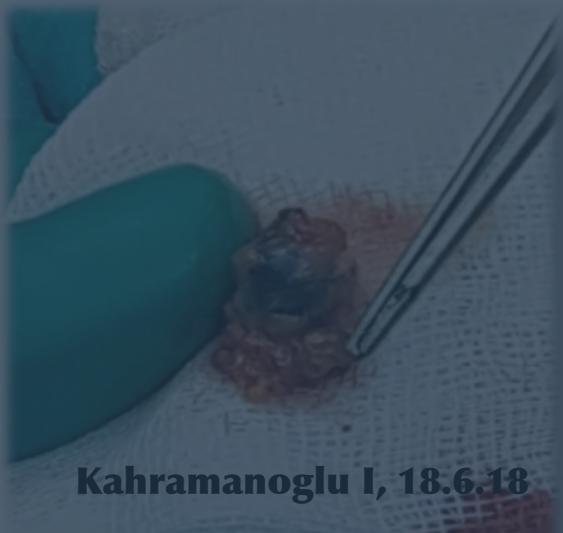
# Morbidite

# Saptama

# Sağkalım



## **SLN- Genel**



**Kahramanoglu I, 18.6.18**



**Kahramanoglu I, 18.6.18**

## **Serviks Ca**



**Kahramanoglu I, 11.4.19**



## **Vulva Ca**



**Kahramanoglu I, 6.12.18**



**CTF Arşiv, 2016**

## **Over Ca**



**Kahramanoglu I, 6.9.18**



# Yeni FIGO Evrelemesi 2018

Stage	Description
I	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)
IA	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion < 5 mm <sup>a</sup>
IA1	Measured stromal invasion < 3 mm in depth
IA2	Measured stromal invasion ≥ 3 mm and < 5 mm in depth
IB	Invasive carcinoma with measured deepest invasion ≥ 5 mm (greater than Stage IA), lesion limited to the cervix uteri <sup>b</sup>
IB1	Invasive carcinoma ≥ 5 mm depth of stromal invasion, and < 2 cm in greatest dimension
IB2	Invasive carcinoma ≥ 2 cm and < 4 cm in greatest dimension
IB3	Invasive carcinoma ≥ 4 cm in greatest dimension
II	The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall
IIA	Involvement limited to the upper two-thirds of the vagina without parametrial involvement
IIA1	Invasive carcinoma < 4 cm in greatest dimension
IIA2	Invasive carcinoma ≥ 4 cm in greatest dimension
IIB	With parametrial involvement but not up to the pelvic wall
III	The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or nonfunctioning kidney and/or involves pelvic and/or para-aortic lymph nodes <sup>c</sup>
IIIA	The carcinoma involves the lower third of the vagina, with no extension to the pelvic wall
IIIB	Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause)
IIIC	Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations) <sup>c</sup>
IIIC1	Pelvic lymph node metastasis only
IIIC2	Para-aortic lymph node metastasis
IV	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. (A bullous edema, as such, does not permit a case to be allotted to Stage IV)
IVA	Spread to adjacent pelvic organs
IVB	Spread to distant organs



- IIIC Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations)<sup>c</sup>
- IIIC1 Pelvic lymph node metastasis only
- IIIC2 Para-aortic lymph node metastasis

# Prospektif Çalışma Sonuçları



**AGO-2008**

Tüm evreler

Mavi, Tc,  
Mavi+Tc

N= 508

89 %

77 %

1 %

92 %

Altgassen et al, J Clin Oncol, 2008



**SLN Saptama**



**Sensitivite**



**Yanlış negatiflik**

**3-year OS**

Maks. IB1

Mavi+Tc

N= 139



**SENTICOL-I**



98 %



92 %



0



83 %

Lecuru et al, J Clin Oncol, 2011

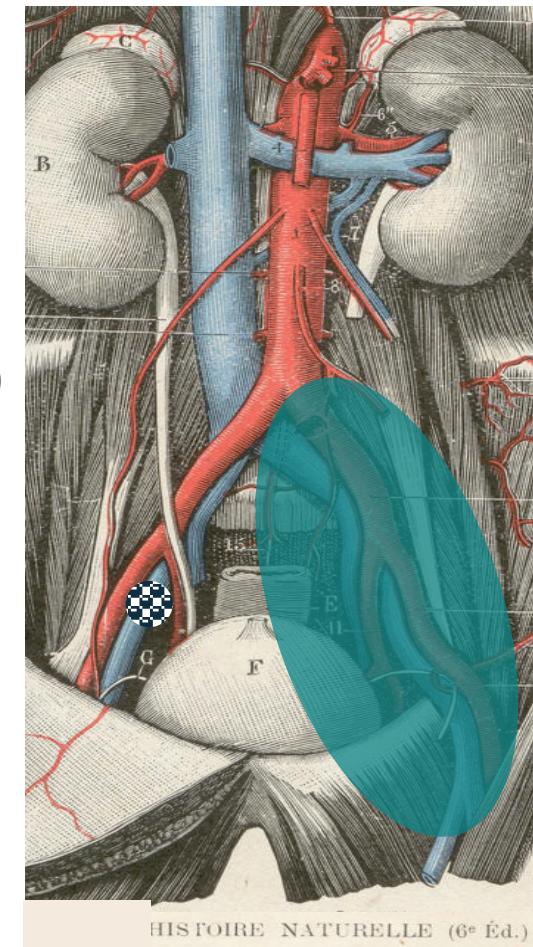
2021



Cormier et al. Gynecol Oncol 2011

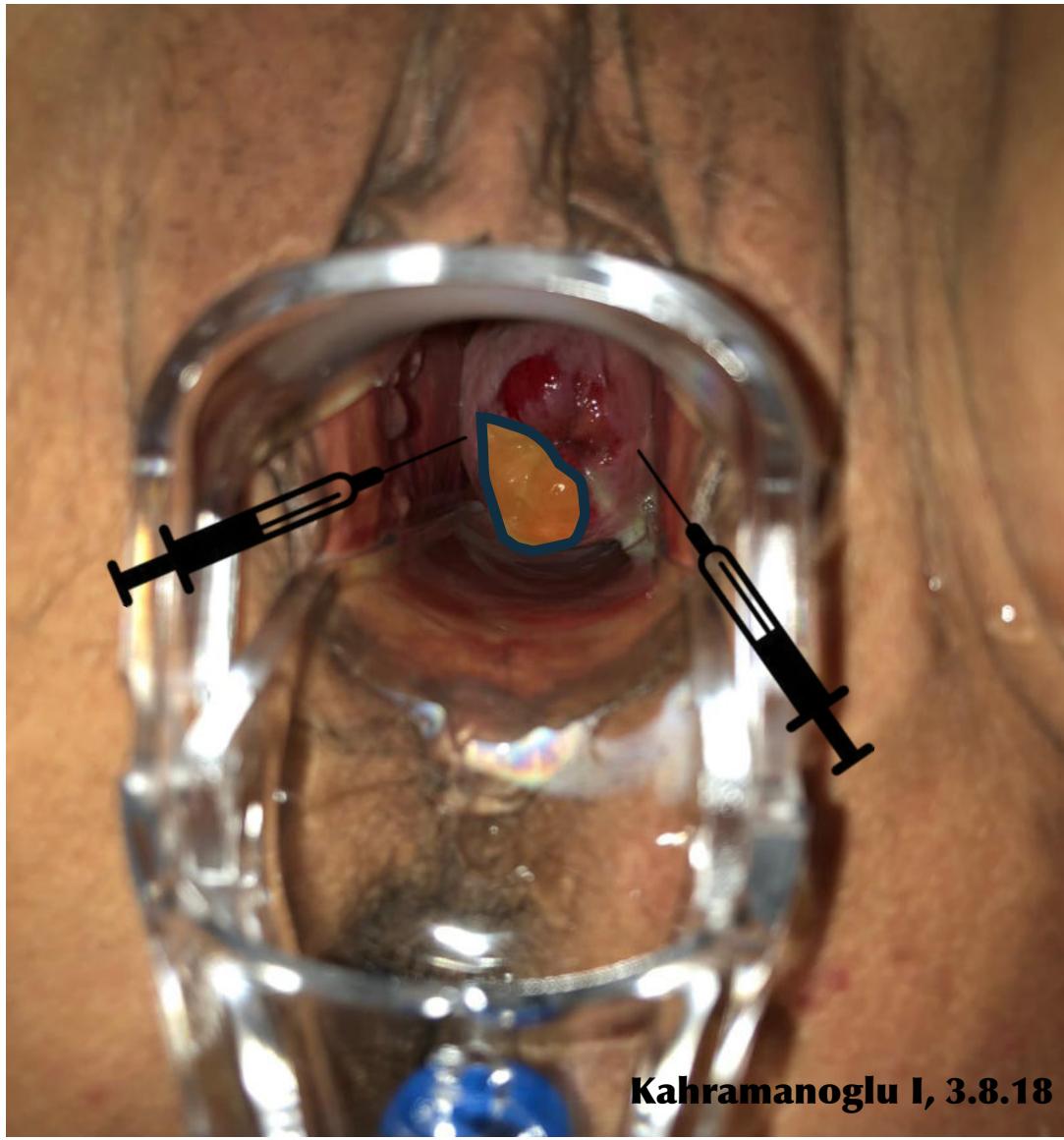
# SLN Algoritması

- Sensitivite %98
- Yanlış negatiflik %0

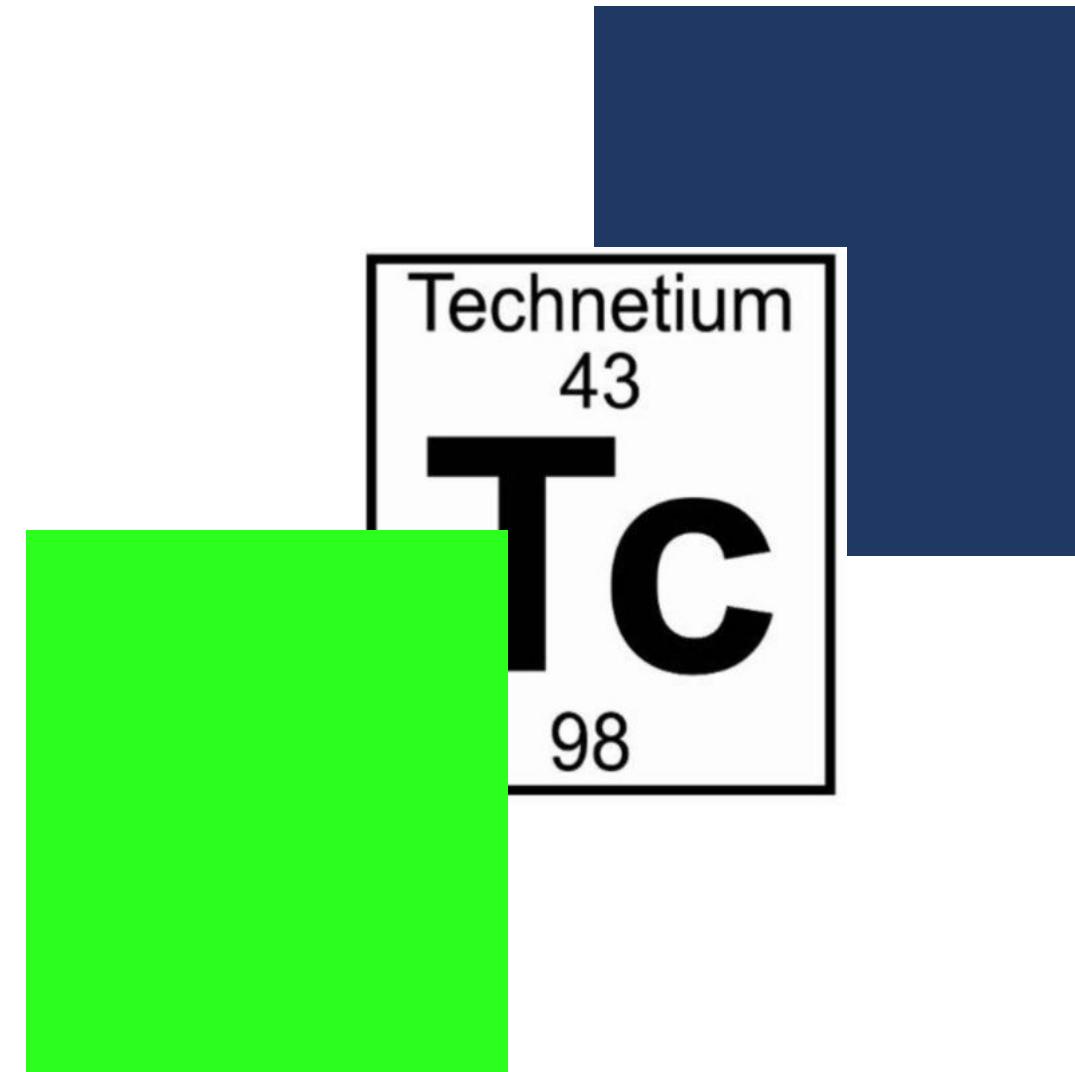


HISTOIRE NATURELLE (6<sup>e</sup> Éd.)

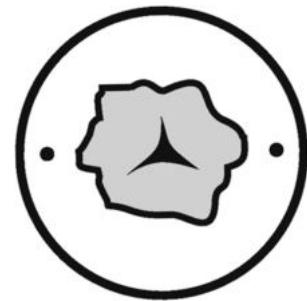
# Nereye enjeksiyon



# Ne enjekte edilecek



# Ne enjekte edilecek ?



## Near-infrared fluorescence for detection of sentinel lymph nodes in women with cervical and uterine cancers (FILM): a randomised, phase 3, multicentre, non-inferiority trial

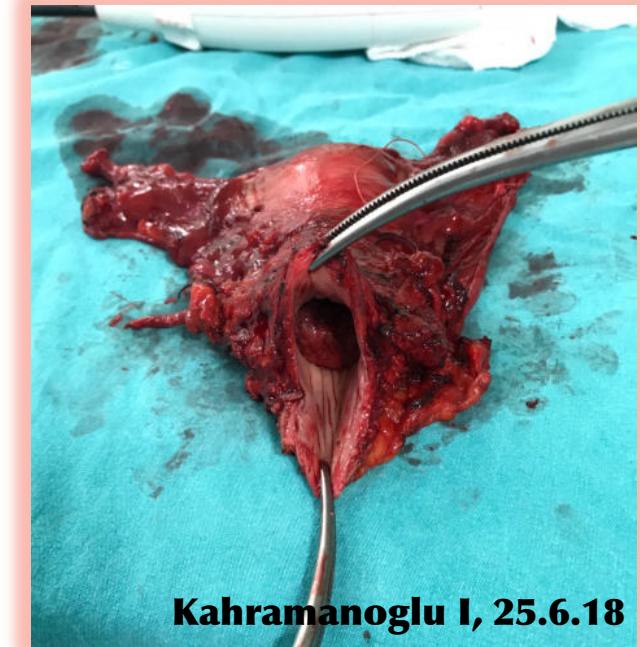
Lancet Oncol 2018;

Michael Frumovitz, Marie Plante, Paula S Lee, Samith Sandadi, James F Lilja, Pedro F Escobar, Lilian T Gien, Diana L Urbauer, Nadeem R Aou-Rustum

	Mavi	Yeşil	p
>1 SLN	75 %	95 %	<0.001
Bilateral SLN	31 %	84 %	<0.001

Funding Novadaq

# Enjeksiyon yeri ?



# Tümör boyutu ve side-specific SLN bulma



	<2 cm	>2 cm	p
<b>Rob, 2005 n= 183</b>	83%	70%	<b>&lt;0.0001</b>
<b>Wydra, 2006 n= 100</b>	96%	54%	<b>&lt;0.001</b>

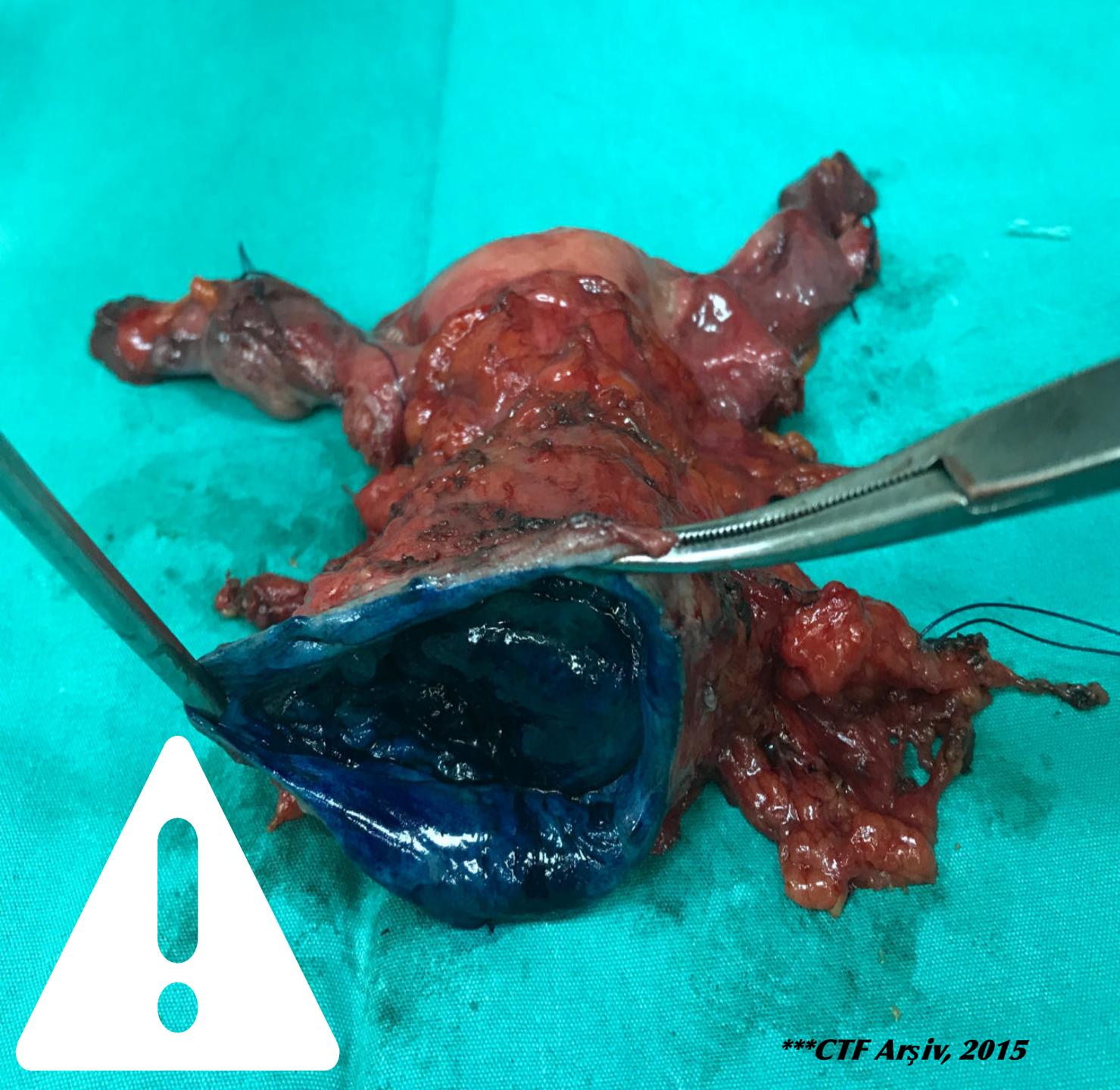


# Serviks Kanserinde SLN



# Serviks Kanserinde SLN





\*\*\*CTF Arşiv, 2015

# Öğrenim eğrisi N



*Cerrahi planlar*

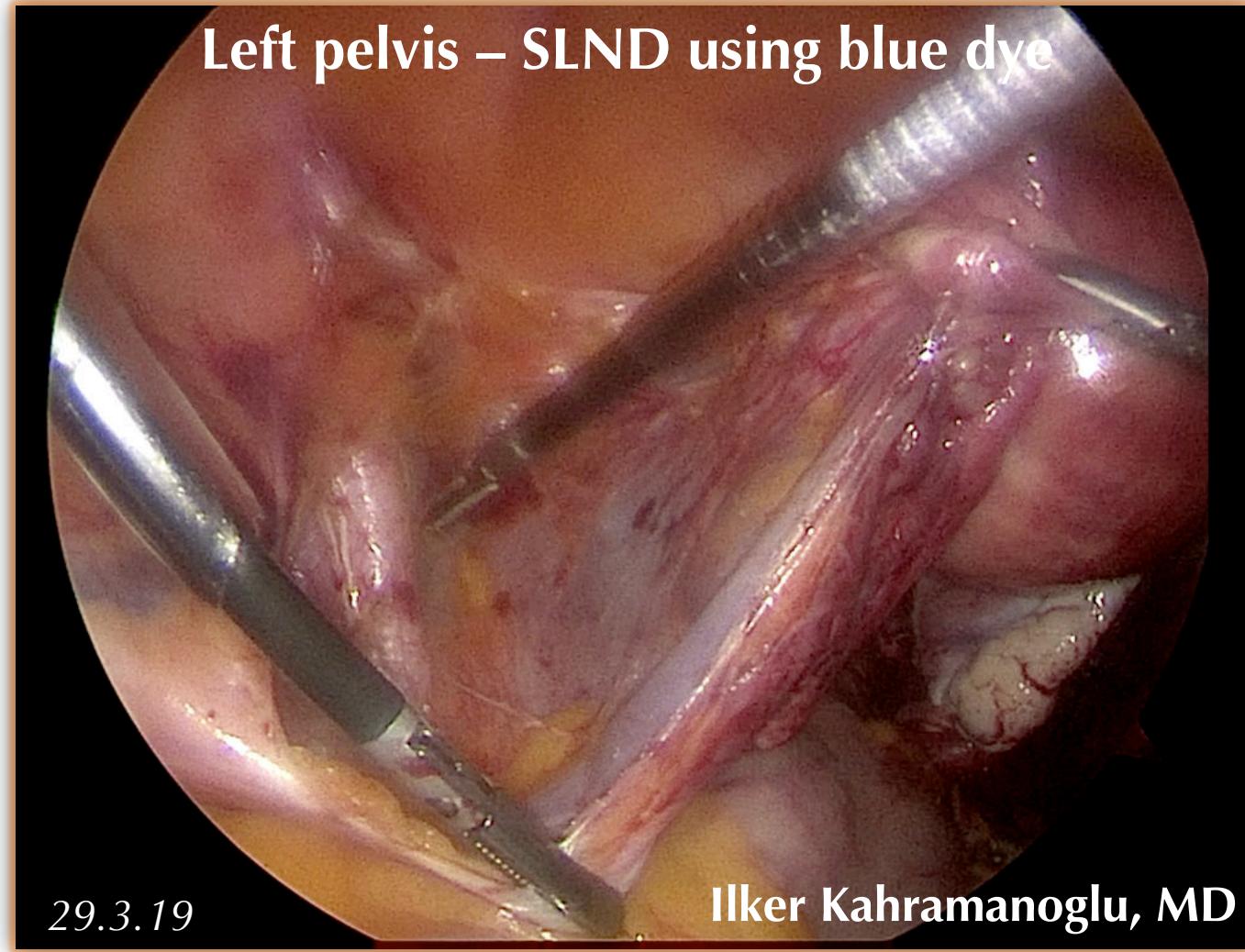


*Bulunan SLN= 0*

# Kişisel Deneyim

Sadece metilen mavisi ile

Kanser	SLN saptama	Bilateral SLN
<b>Serviks n=6</b>	<b>83.3%</b>	<b>50%</b>
<b>Endometrium n=37</b>	<b>91.8%</b>	<b>56.7%</b>

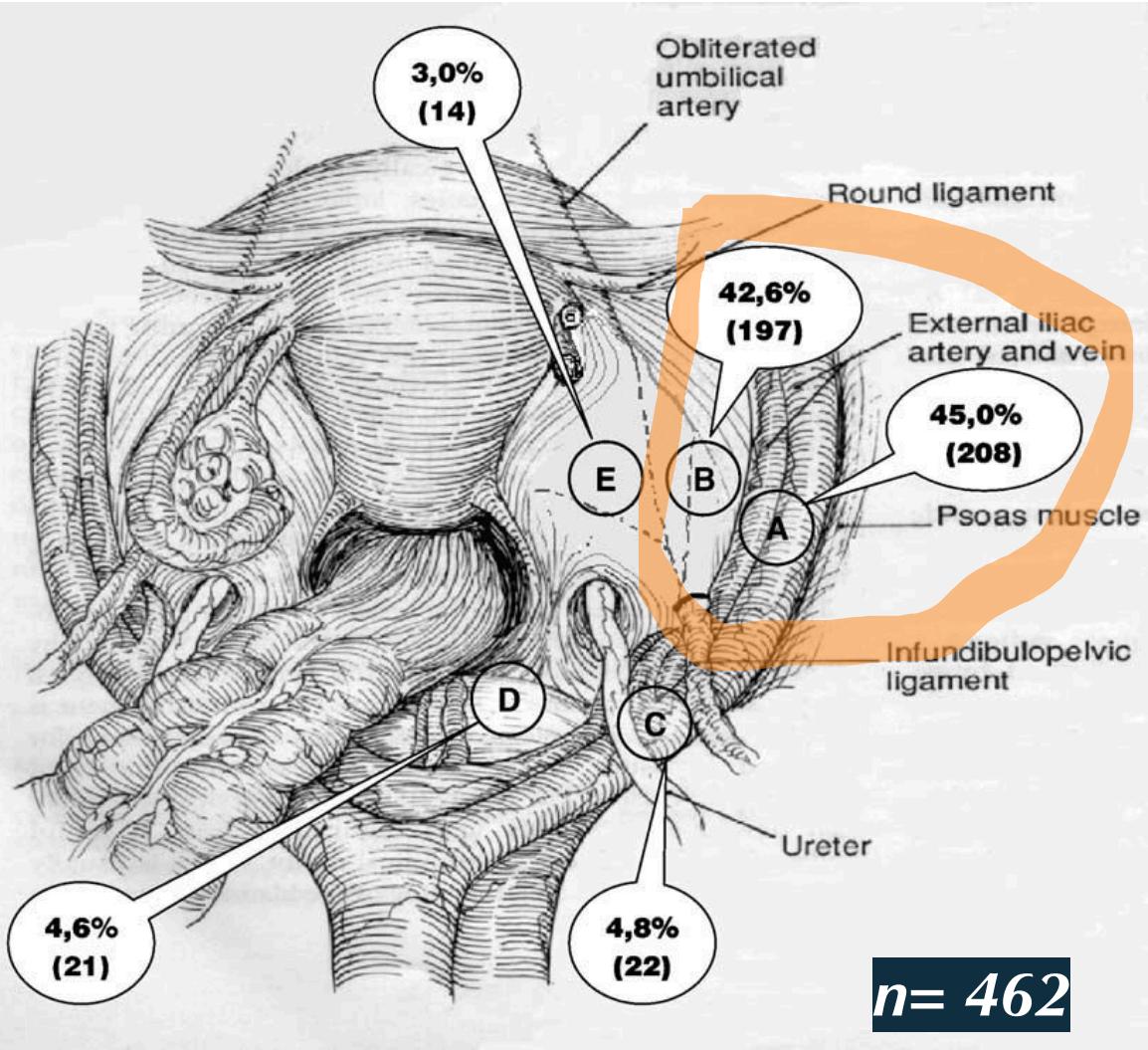


*En sık SLN saptanan alan  
%65*

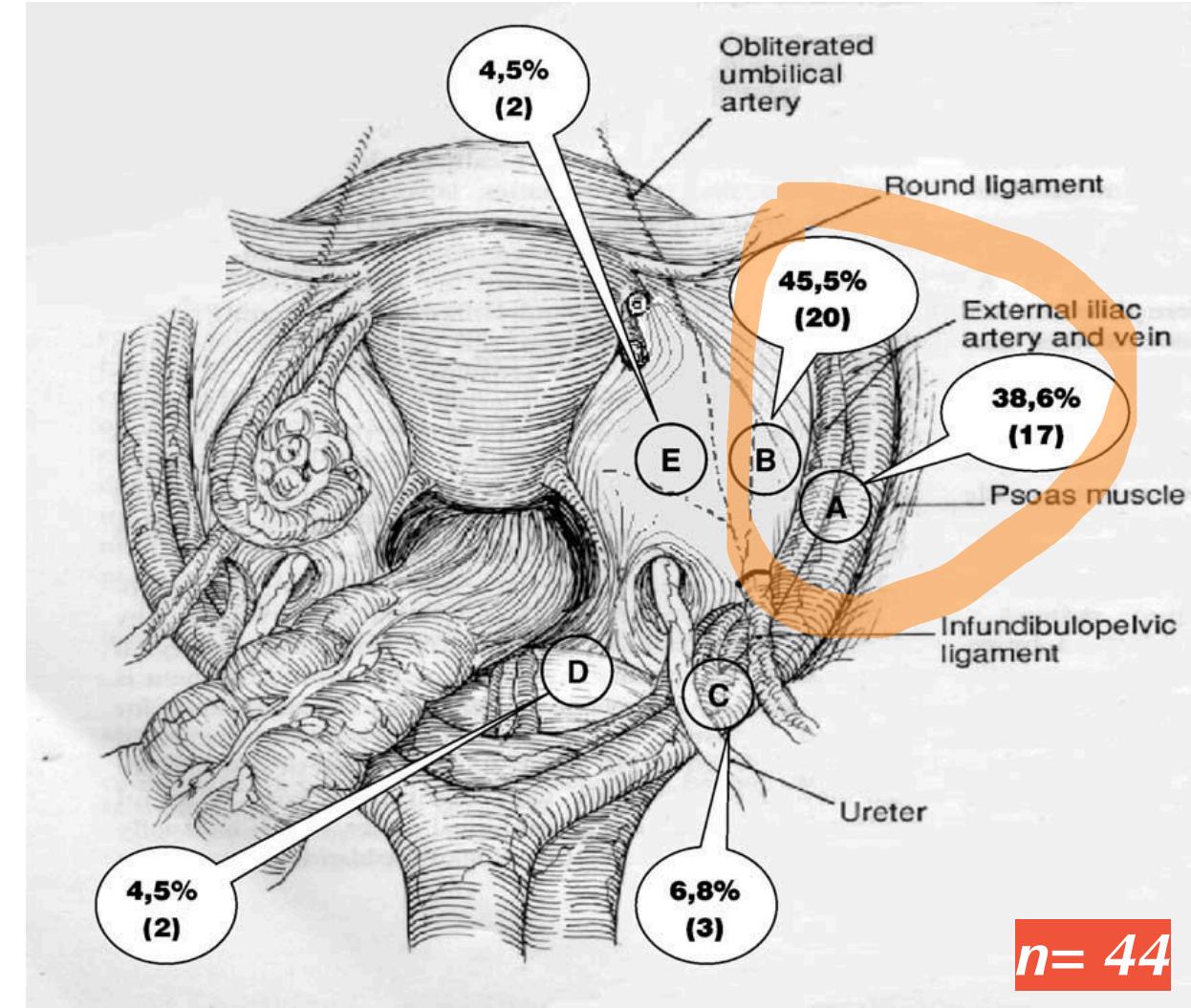
KOVASINA ATINIZ!!!!!!

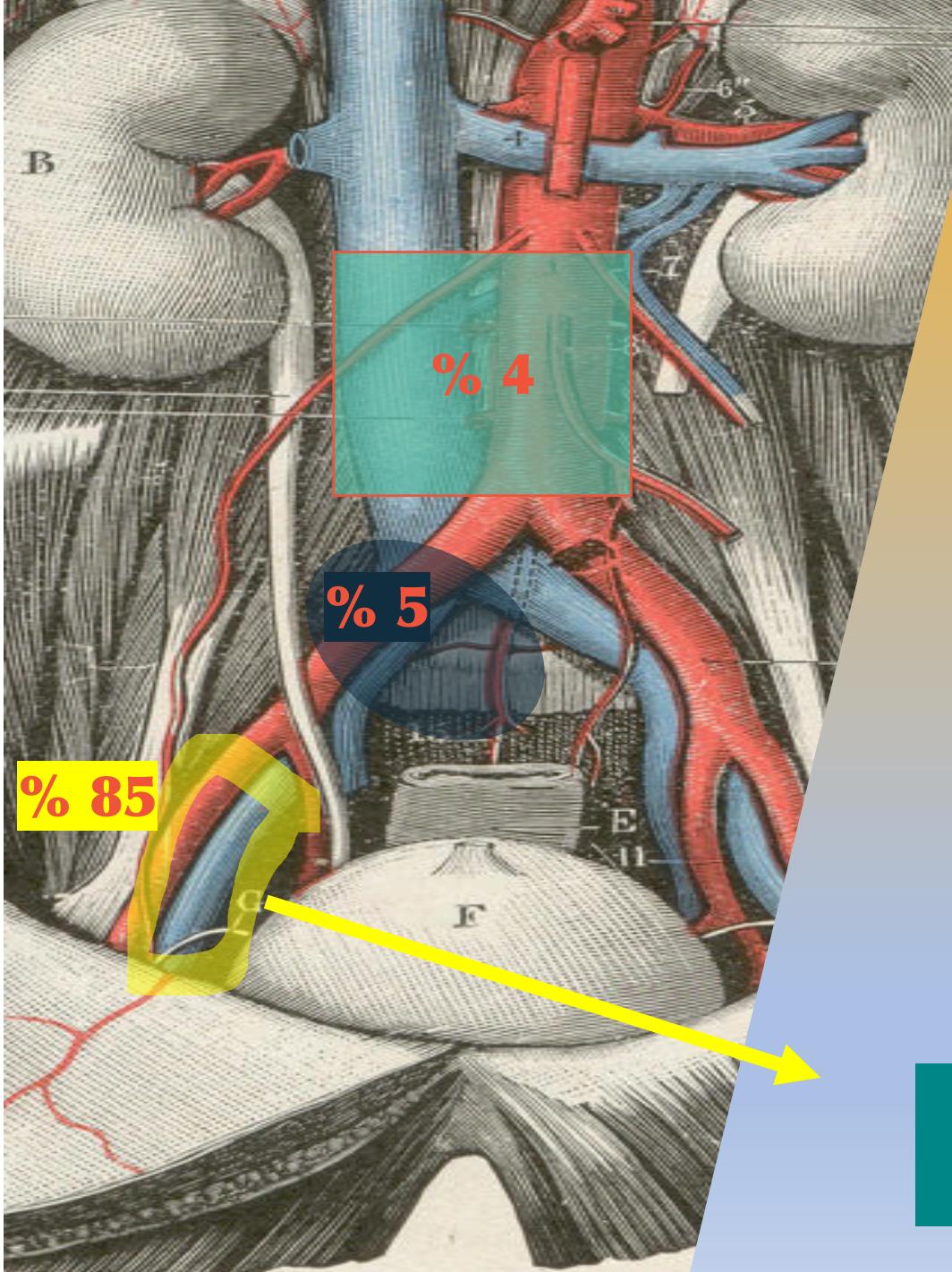


# SLN Alanları



# (+) SLN'ler





# Cerrahpaşa Tıp Fakültesi

Sadece metilen mavisi ile



N= 63

Evre IA1-IIA

SLN saptama: %80

Bilateral SLN saptama: %51

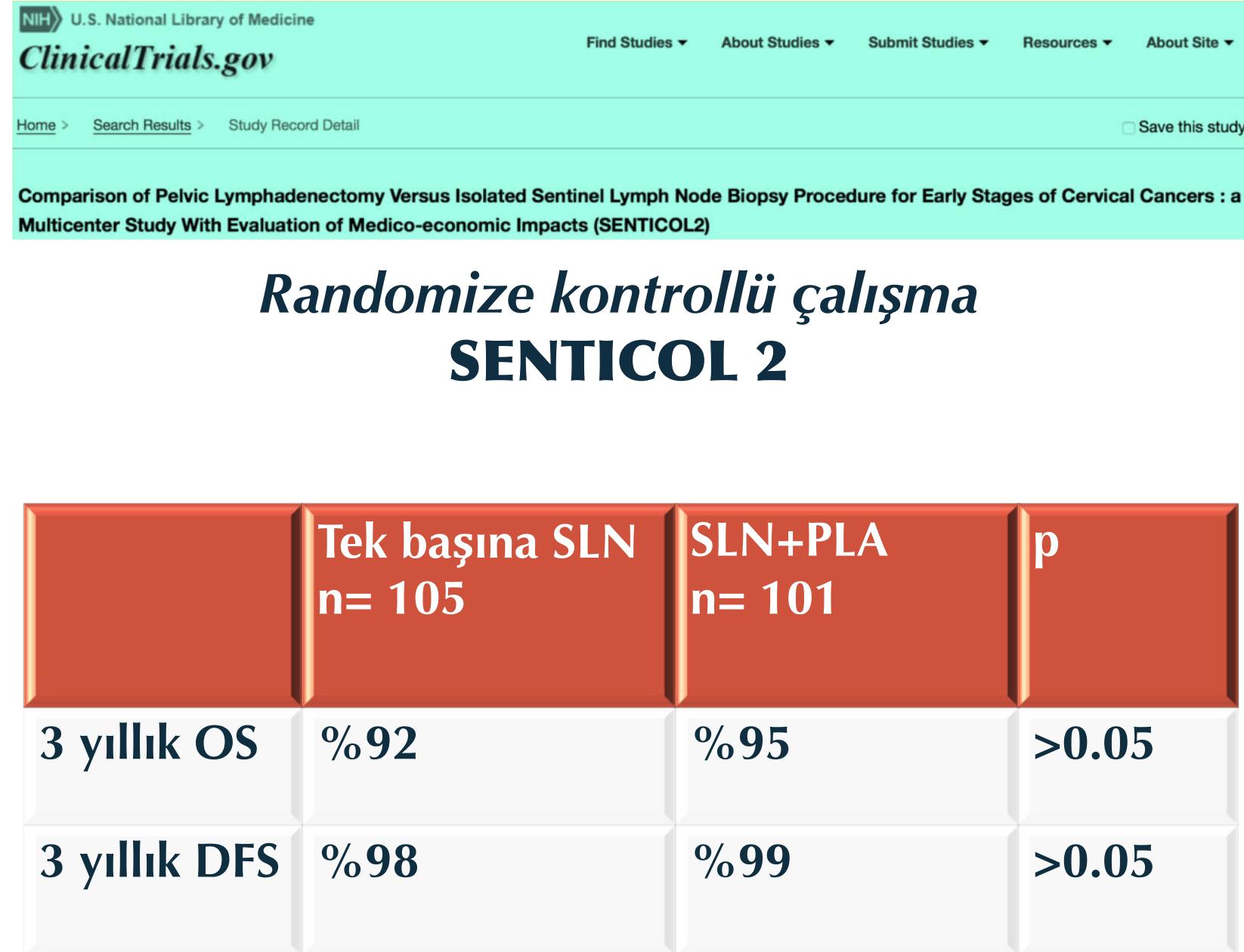
Papadia,  
EJSO, 2019

% 90

Wuntakal,  
Int J Gynecol  
Cancer, 2015



# Sağkalım





## NCCN

*Algoritma* ✓  
*IA-IIA* ✓  
*Frozen* ✘

2019



## ESGO

*IA1-IA2* ✓  
*IB-IIA* ✘  
*Frozen* ✓

2018



## TRSGO

*Tek başına* ✘

2018



## Kanıt



...

# A prospective multicenter trial on sentinel lymph node biopsy in patients with early-stage cervical cancer (SENTIX)

David Cibula,<sup>1</sup> J Dusek,<sup>2</sup> J Jarkovsky,<sup>2</sup> P Dundr,<sup>3</sup> D Querleu,<sup>4</sup> A van der Zee,<sup>5</sup> A Kucukmetin,<sup>6</sup>  
R Kocian<sup>1</sup>

Gözlemsel  
IA1-IB1

*Bilateral SLN ve (-) frozen section*

RKÇ  
IA1-IIA1

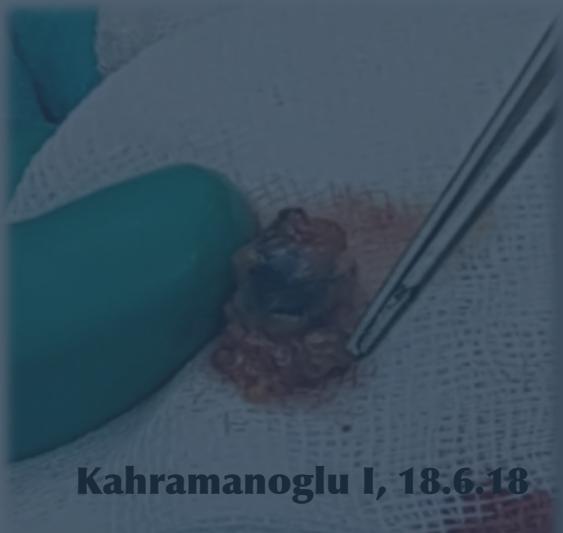
## *Algoritm ve (-) frozen section*

### **SENTICOL III: an international validation study of sentinel node biopsy in early cervical cancer. A GINECO, ENGOT, GCIG and multicenter study**

Fabrice R Lecuru,<sup>1</sup> Mary McCormack,<sup>2</sup> Peter Hillemanns,<sup>3</sup> Amelie Anota,<sup>4</sup> Mario Leitao,<sup>5</sup>  
Patrice Mathevet,<sup>6</sup> Ronald Zweemer,<sup>7</sup> Keiichi Fujiwara,<sup>8</sup> Vanna Zanagnolo,<sup>9</sup>  
Ane Gerda Zahl Eriksson,<sup>10</sup> Emma Hudson,<sup>11</sup> Gwenael Ferron,<sup>12</sup> Marie Plante<sup>13</sup>

*En erken 2020 - 2025*

## **SLN- Genel**



**Kahramanoglu I, 18.6.18**



**Kahramanoglu I, 18.6.18**

## **Serviks Ca**



**Kahramanoglu I, 11.4.19**



## **Vulva Ca**



**Kahramanoglu I, 6.12.18**



**CTF Arşiv, 2016**

## **Over Ca**



**Kahramanoglu I, 6.9.18**



# İnguinofemoral Lenfadenektomi



%40-70



%20-40



<4 cm tümör

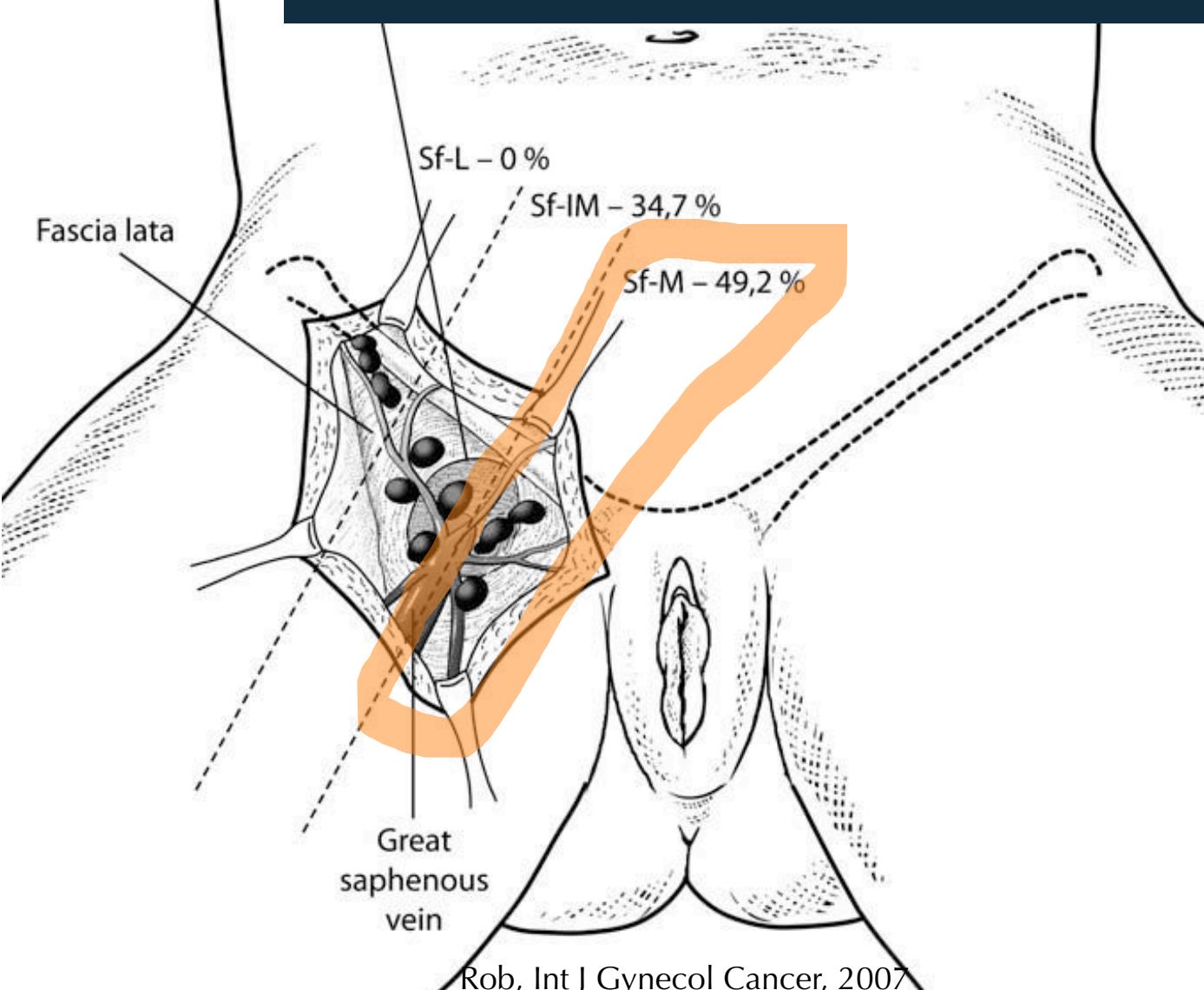
Unifokal

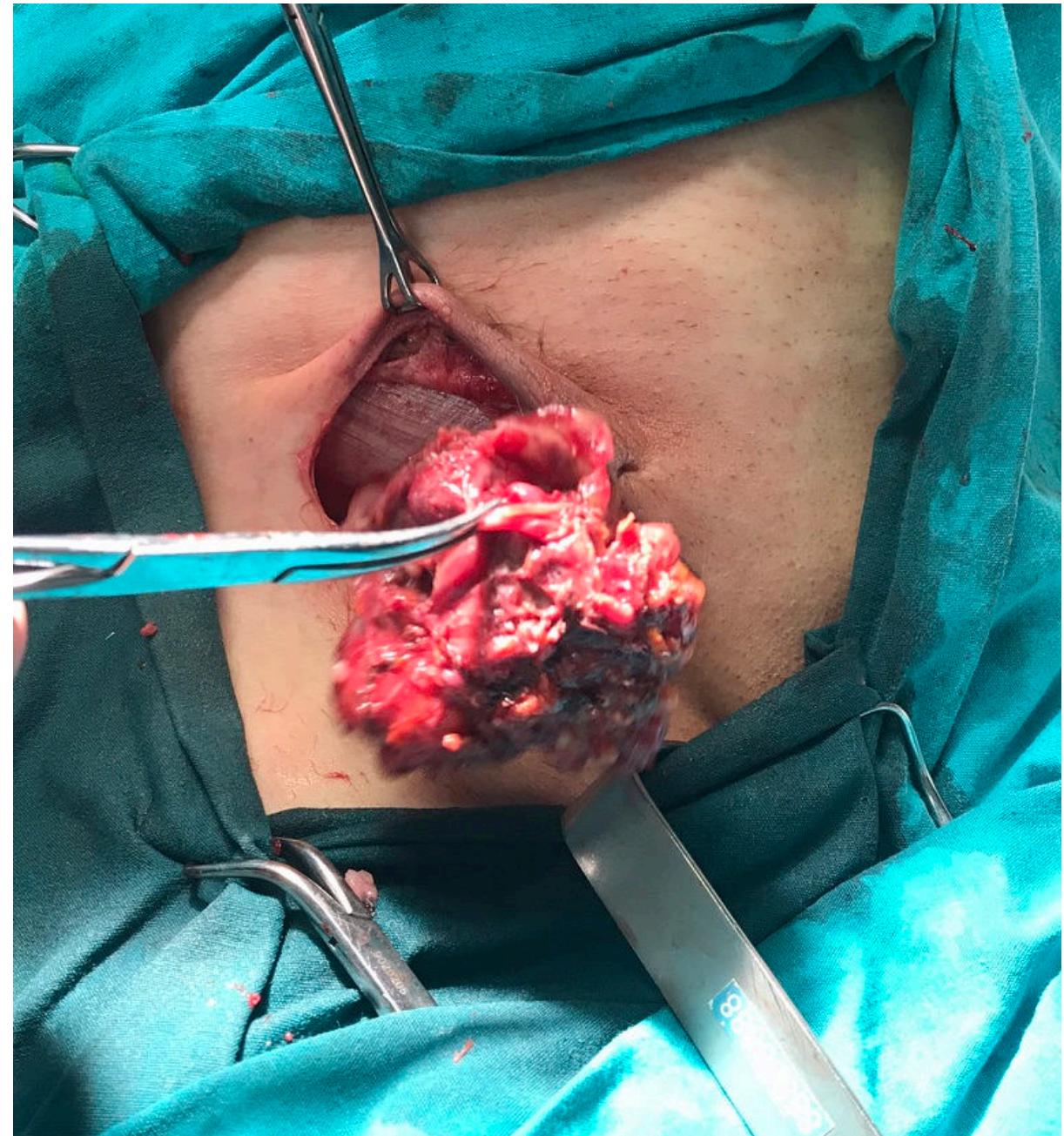
Vulva  
cerrahisi  
geçirmemiş



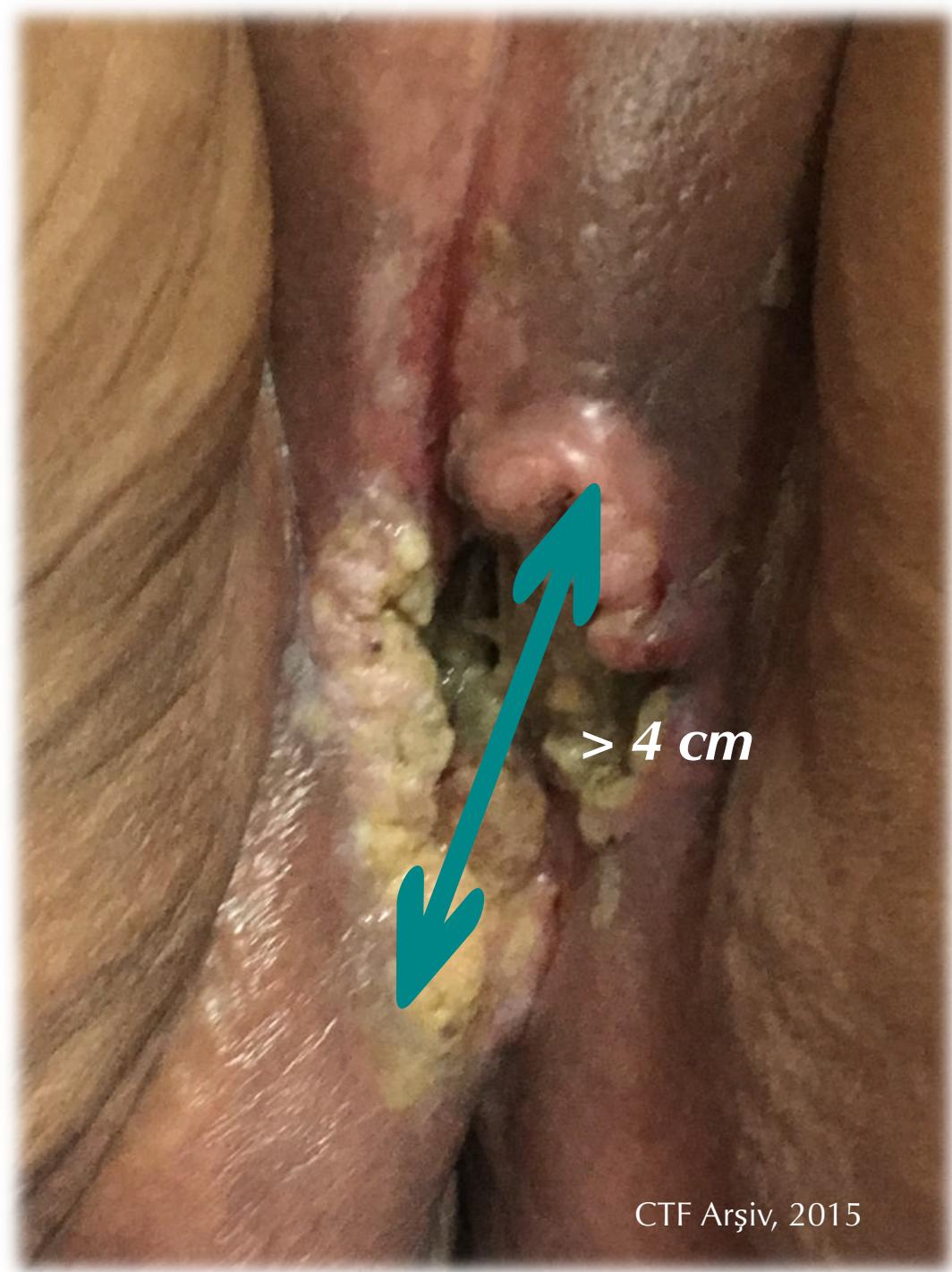
# **İnguinofemoral SLN Lokalizasyonu**

*%85 Yüzeyel - %15 Derin*





Kahramanoglu I, 21.6.18



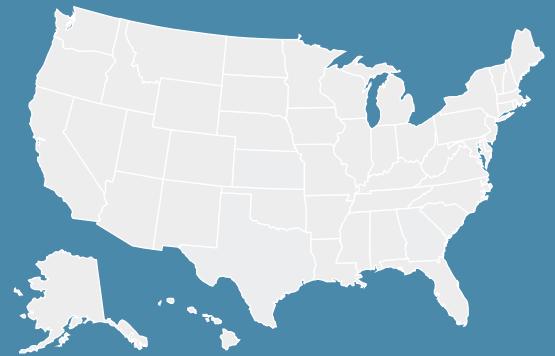
CTF Arşiv, 2015

Tümör çapı	LN met oranı
< 1 cm	% 4
1-2 cm	% 13
2-4 cm	% 30
> 4 cm	> %40

NCCN, 2019



**GROINS-V II, III ...**



## NCCN

*Algoritma* ✓  
*Ultrastaging* ✓  
*Unifokal, <4 cm* ✓

2019



## ESGO

*Algoritma* ✓  
*Ultrastaging* ✓  
*Unifokal, <4 cm* ✓

2018



## TRSGO

*Algoritma* ✓  
*Ultrastaging* ✓  
*Unifokal, <4 cm* ✓

2018

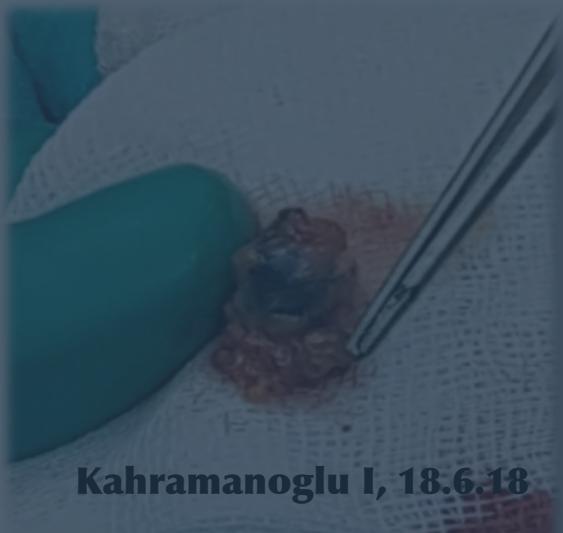


## Kanit



...

## **SLN- Genel**



**Kahramanoglu I, 18.6.18**



**Kahramanoglu I, 18.6.18**

## **Serviks Ca**



**Kahramanoglu I, 11.4.19**



## **Vulva Ca**



**Kahramanoglu I, 6.12.18**

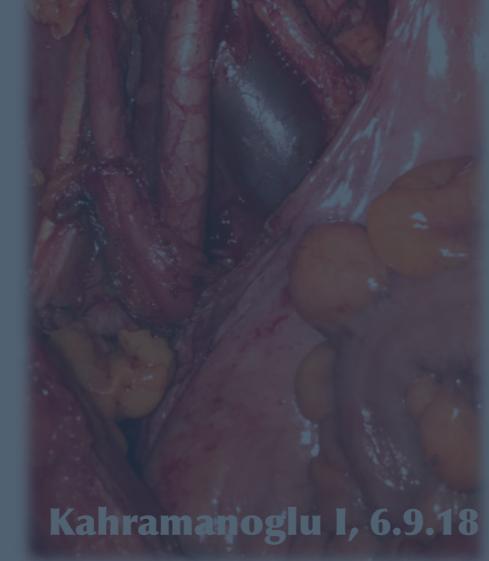


**CTF Arşiv, 2016**

## **Over Ca**

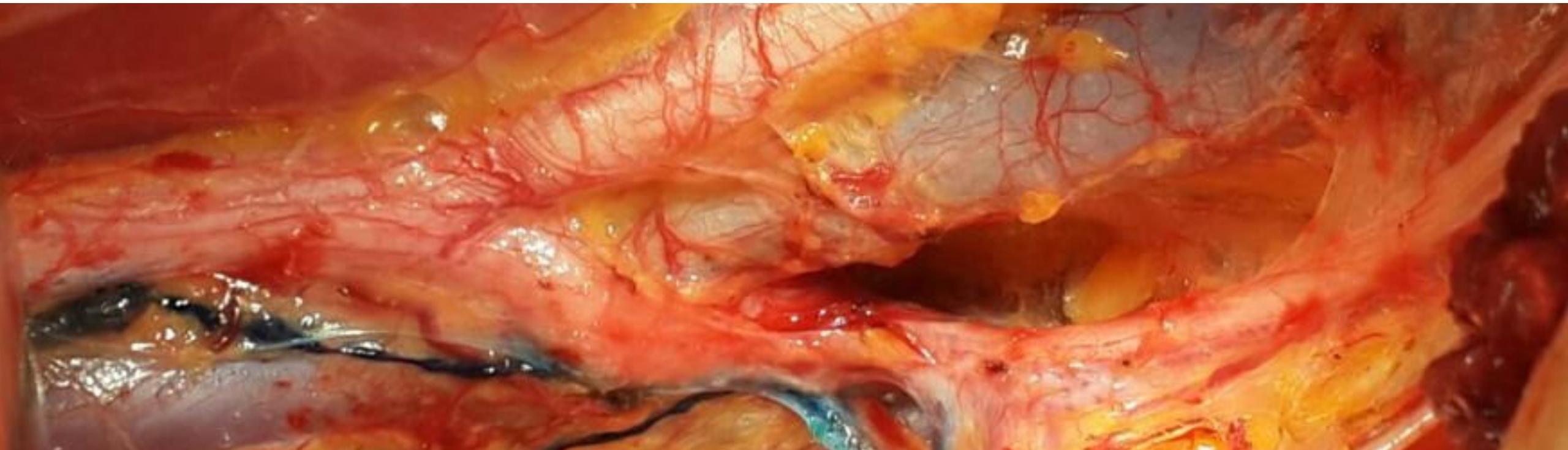


**Kahramanoglu I, 6.9.18**



# Paraaortik SLN haritalaması

*Over Kanseri*



Kleppe, 2014

Buda, 2016

n=87

Saptama: %86

Sensitivite: %100

NPV: %100

Hassanzadeh  
2016

Nyberg,  
2017



[Home](#) > [Search Results](#)

[Modify Search](#) [Start Over](#)

41 Studies found for: **sentinel lymph node | Cervical Cancer**

Also searched for **Cervical Neoplasm, Neoplasm, Sentinel node** and more. [See Search Details](#)

[Home](#) > [Search Results](#)

[Modify Search](#) [Start Over](#)

11 Studies found for: **sentinel lymph node | Vulvar Cancer**

Also searched for **Vulvar Neoplasm, Sentinel node, and Neoplasm.** [See Search Details](#)

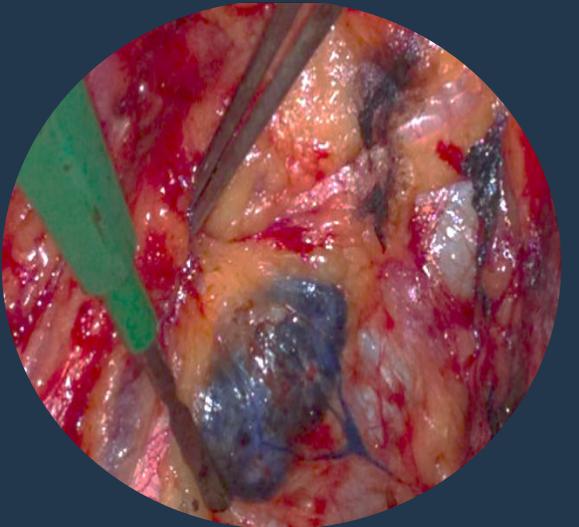
[Home](#) > [Search Results](#)

[Modify Search](#) [Start Over](#)

8 Studies found for: **sentinel lymph node | Ovarian Cancer**

Also searched for **Ovarian Neoplasm, Sentinel node, and Neoplasm.** [See Search Details](#)





A horizontal row of five solid yellow five-pointed stars, evenly spaced, used to represent a rating or review.

# Yeterince iyi mi ?

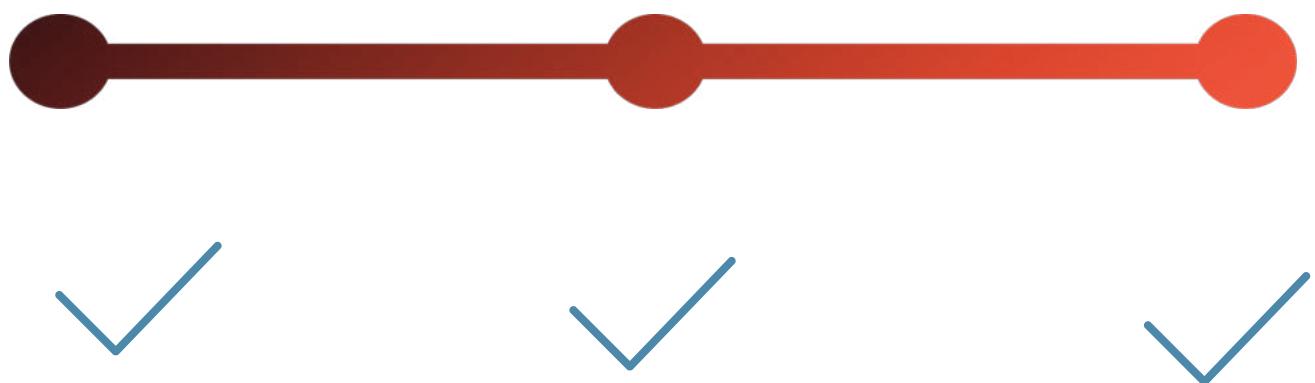
# *SLN Kabul Olabilirse*

# Gerekenler

# Morbidite

# Saptama

# Sağkalım



# Eve Götürülecek Mesajlar

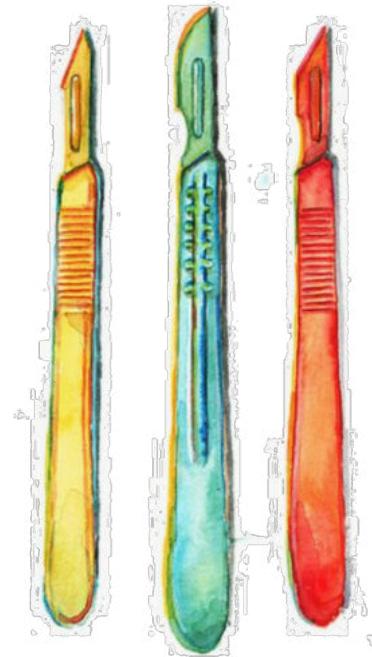
1/ Klinik negatif  
nod

2/ Serviks Ca

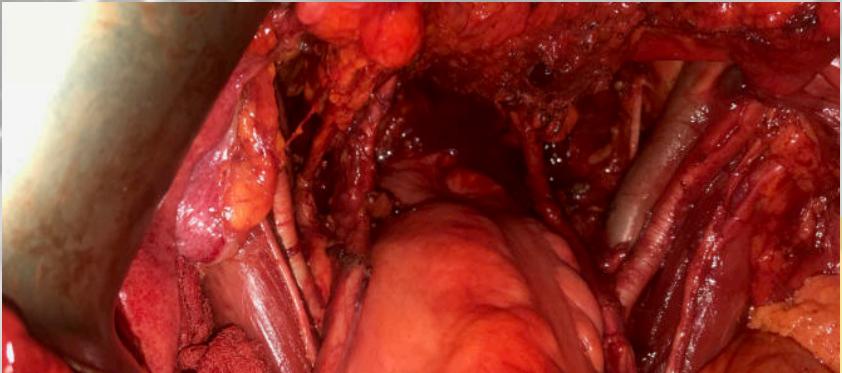
3/ Vulvar Va

4/ Over Ca

5/ Türkiye



# Hangisi yeterli ?



50 negatif nod

VEYA

Bir (+) nod



Türk Jinekoloji ve  
Obstetrik Derneği

# Teşekkürler

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[ilkerkahramanoglu@gmail.com](mailto:ilkerkahramanoglu@gmail.com)  
00905334746497