

The success rate for finding the axillary SLN should be 90% or greater

Commentary

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learning curve for lymphatic mapping is about 30 cases in which the surgeon performs the SLN harvest followed by a complete axillary node dissection. Doing 30 cases ensures that the collaboration among nuclear medicine, pathology and surgery is in place to perform the technique successfully. Clinicians only learn how well the technique is being performed in those patients with micro metastatic disease. In these first 30 cases, perhaps 10 may have metastatic disease. The success rate for finding the axillary SLN should be 90% or greater and the skip metastases rate should be less than 1% to consider withholding the complete node dissection in the SLN negative patients. The final decision as to when an institution is ready to alter the course of lymph node removal based on the finding of a negative SLN should be made in conjunction with the medical and radiation oncologists at the institution, as well as the credentials committee.

At Moffitt Cancer Center, we have recently examined the learning curves of various surgeons who used the gamma probe with lymphatic mapping in breast cancer patients. Learning curves were generated for each surgeon as a plot of the failure rate versus the number of cases performed. Following an initial low success rate (70%–80%) there was a rapid increase in the success rate for finding an axil-

lary SLN node after the first 20 cases. A learning curve representing the mean of 5 surgeons' experience with over 700 cases indicates that after 23 cases, the success rate of finding an axillary SLN was 90% and that after 53 cases, the success rate rose to 95% (7).

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References

1. Parker SL, Tong T, Bolden S, Wingo PA. Cancer Statistics 1996. *CA Cancer J Clin* 1996;46:5–25.
2. Essner R, Foshag L, Morton D. Intraoperative radiolymphoscintigraphy: a useful adjunct to intraoperative lymphatic mapping and selective lymphadenectomy in patients with clinical stage I melanoma. 48th Cancer Symposium, Society of Surgical Oncology, Houston, TX, 1994, (Abstract).
3. Reintgen DS, Albertini J, Berman C, et al. Accurate nodal staging of malignant melanoma. *Cancer Control* 1995;2:405–414.
4. Godellas CV, Berman C, Lyman G, et al. The identification and mapping of melanoma regional nodal metastases: minimally invasive surgery for the diagnosis of nodal metastases. *Am Surg* 1995;61:97–101.
5. Norman J, Wells K, Kearney R, Cruse CW, Berman C, Reintgen DS. Identification of lymphatic basins in patients with cutaneous melanoma. *Semin Surg Oncol* 1993;9:224–227.
6. Albertini JJ, Cruse CW, Rappaport D, et al. Intra-operative radiolymphoscintigraphy improves sentinel node identification for patients with melanoma. *Ann Surg* 1996;223:217–224.
7. Cox C, Bass S, Mahatme A, et al. Strategy for the implementation of a new surgical technology: outcome measures for lymphatic mapping of breast cancer. *Ann Surg*, submitted.

Call for Nominations, 1999 Society of Nuclear Medicine Elections

Members of the Society have an excellent opportunity this winter not only to assure SNM's future success, but also to plot the future course of the field of nuclear medicine by encouraging their fellow members to seek elected office. As the SNM strategic planning process continues to move toward completion of a plan by mid-1999, we need to encourage the best and the brightest to run for Society leadership positions.

The SNM Committee on Nominations, chaired by H. William Strauss, MD, and comprising all SNM chapter presidents, is currently assembling the slate of candidates for the 1999 elections. The committee is seeking nominations for the following senior leadership positions.

- Vice President-Elect, 1999-2000
- Historian, 1999-2002
- Four Delegates-at-Large to the House of Delegates, 1999-2003
- Three elected chapter Delegates to the House of Delegates, 1999-2003

Candidates must be Society members (full, associate, emeritus, or associate members) and should submit a current curriculum vitae (in a form provided by committee staff), a current photograph, and—in the case of candidates for the office of Vice President-elect—a platform statement.

To suggest a qualified candidate to the Committee on Nominations, please contact your chapter president, or H. William Strauss, MD (Fax: 650-498-5047; E-mail: billstra@leland.stanford.edu).