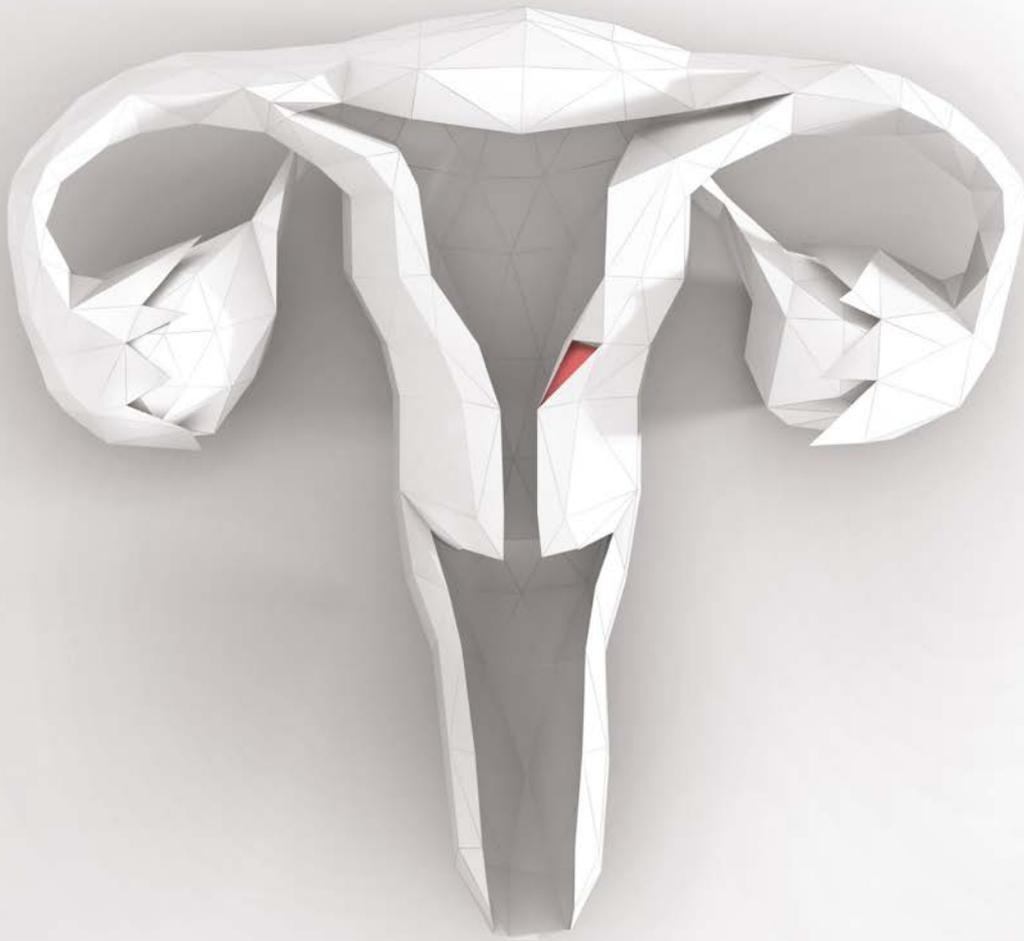


Choose OSNA for lymph node
assessment beyond ultra-staging



Molecular analysis for prompt and highly sensitive sentinel lymph node assessment in early stage cervical and endometrial cancer

Nowadays, in the disease management of early stage endometrial (EC) and cervical cancer (CeC) patients, there is a trend of reducing the extent of surgery by applying sentinel lymph node biopsy (SLNB) instead of systematic lymphadenectomy. This is because an extensive surgical staging procedure is associated with a high risk of complications and post-surgical morbidity. Furthermore, its utility in early stage disease is challenged by the low frequency of nodal involvement, controversy about its curative effect and unavailability of results during surgery, the last of which being a paramount aspect e.g. in early stage CeC.

SLNB enables intraoperative assessment of the nodal status by analysing a small number of lymph nodes. Unfortunately, current histopathological methods using frozen sections lack sensitivity as only small parts of each SLN can be examined in the given time frame, bearing a high risk of missing small metastasis. In contrast, more comprehensive serial sectioning and immunohistochemical staining are too time-consuming and labour-intensive, thus being unsuitable in the intraoperative setting.

OSNA (one step nucleic acid amplification) constitutes an optimal solution to overcome such limitations. OSNA is a rapid, highly sensitive and standardised molecular method which allows analysis of the entire SLN already intraoper-

atively. Fully informed results allow surgeons to make an immediate decision on the most suitable surgical approach for a patient, to potentially reduce surgical radicality and to avoid unnecessary lymphadenectomies. Moreover, whole node assessment prevents false negative results and leads to more reliable staging as basis for treatment decisions.

At a glance

- Fully informed intraoperative results due to whole node SLN assessment
- Reliable basis
 - for immediate choice of the appropriate surgical approach, also considering the patient's wish
 - for less invasive procedures helping to reduce co-morbidities
 - for avoiding unnecessary lymphadenectomies
- More accurate nodal staging to support adequate treatment choice and to avoid over- or undertreatment

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