



Unlocking Precision and Minimizing Morbidity: Sentinel Lymph Node Mapping in Gynecological Cancer

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Message from the Guest Editor

Sentinel lymph node (SLN) mapping has revolutionized the assessment and management of gynecological cancer by providing crucial prognostic information while minimizing treatment-related morbidity. SLN biopsy has transformed the traditional lymph node evaluation paradigm for early stage vulvar, cervical, and endometrial cancers, where nodal status carries significant prognostic implications. With the goal of removing the primary tumor and accurately staging regional lymph nodes, SLN biopsy offers a promising alternative to extensive lymphadenectomies, which are often associated with substantial morbidity.

For vulvar cancer, level 3 evidence supports the safety of omitting inguinofemoral lymphadenectomy when the sentinel node is negative.

Similarly, for clinical early stage endometrial and cervical cancer, acceptable false-negative rates have been observed, indicating the potential clinical utility and safety of SLN biopsy.

We anticipate that SLN mapping will become an integral component of the standard of care, improving outcomes and enhancing the quality of life for women facing gynecological malignancies.





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Message from the Editor-in-Chief

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