Ultrasound guided fine needle aspiration cytology and sentinel node biopsy in the detection of occult lymph node metastases of early oral and oropharyngeal cancer.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON26273

Source NTR

Brief title SNUS (Sentinel Node versus UltraSound)

Health condition

- 1. Head and neck cancer;
- 2. Lymph node metastases;
- 3. Sentinel node biopsy;
- 4. Ultrasound guided fine needle aspiration cytology;
- 5. Neck dissection;
- 6. Costs;
- 7. Quality of life.
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Sponsors and support

Primary sponsor: VU University Medical Centre, department of Otolaryngology / Head and Neck Surgery Source(s) of monetary or material Support: Zon-Mw

Intervention

Outcome measures

Primary outcome

Diagnostic accuracy of selection for treatment of the neck by strategies based on ultrasound guided fine needle aspiration cytology and/or sentinel node biopsy.

Secondary outcome

number of neck dissections, quality of life, patient's perspective, cost-effectiveness of selection strategies based on ultrasound fine needle aspiration cytology and/or sentinel node biopsy or elective treatment of the neck.

Study description

Background summary

Evaluation and comparison of sentinel node biopsy and ultrasound guided fine needle aspiration cytology in the management of the clinically negative neck in patients planned for transoral excision of oral and oropharyngeal squamous cell carcinoma.

Study objective

Application of sentinel node biopsy (in comparison to or combined with ultrasound guided fine needle aspiration cytology) improves the detection of occult lymph node metastases to a clinically relevant extent.

Intervention

Each patient will ondergo ultrasound guided fine needle aspiration cytology (standard procedure) and sentinel node biopsy procedure.

Contacts

Public

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Eligibility criteria

Inclusion criteria

- 1. Patients with a primary biopsy proven oral/oropharyngeal squamous cell carcinoma;
- 2. Planned for transoral excision;
- 3. Without clinically suspected cervical lymph nodes.

Exclusion criteria

- 1. Transoral excision not possible;
- 2. Neck entered for reconstruction;
- 3. Clinical lymph node metastasis;
- 4. Age < 18 or > 80 year.

Study design

Design

Study type:	Interventional
Intervention model:	Other
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-01-2008
Enrollment:	60
Туре:	Actual

Ethics review

Positive opinion	
Date:	24-09-2007
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL1025
NTR-old	NTR1057

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Register	ID
Other	VUmc : 2007/190 (projectnumber VUmc)
ISRCTN	ISRCTN wordt niet meer aangevraagd

Study results

Summary results not applicable