

LETTER TO THE EDITOR

Lymphoedema in the Observation and Biopsy Arms of MSLT-1

TO THE EDITORS:

Your journal has recently published an editorial and a leading article on the complications of early versus delayed lymphadenectomy in the first Multicenter Selective Lymphadenectomy Trial (MSLT-1).^{1,2}

To date, MSLT-1 has not shown any difference in overall survival or any valid difference in disease-free survival between the observation and biopsy arms of the trial.³ Hopefully any difference in distant disease-free survival will be described in the fifth and final report. Meanwhile, it is claimed that morbidity is lower and length of stay shorter in patients who have early lymphadenectomy.²

Faries et al. state that the data on acute and chronic morbidity in MSLT-1 was collected prospectively.² According to a previous publication that is not correct.⁴ Morton et al. have stated clearly that the complications of delayed lymphadenectomy in the observation arm were not prospectively evaluated (page 309, column 2, para 4).⁴ Therefore, if any data were collected retrospectively by Faries et al., this should be stated because of the possibility of selection or observer bias. For example, the assessment of lymphedema as mild, moderate, or severe is, in part, subjective, but the number of days spent in the hospital is an objective measurement. Therefore, if this data were collected prospectively, why were significantly fewer patients evaluated for length of stay than for lymphedema?

Finally, both papers fail to acknowledge that in melanoma, sentinel lymph node biopsy alone can cause lymphedema.^{1,2} Estourgie et al. describe mild but persistent lymphedema at 6 years in 12% of such patients.⁵ If the late results of MSLT-1 are similar, then overall, more patients entered into the biopsy arm of MSLT-1 would have lymphedema than patients entered into the observation arm given that approximately 80% of patients who undergo sentinel lymph node biopsy for melanoma are sentinel lymph node-negative.

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