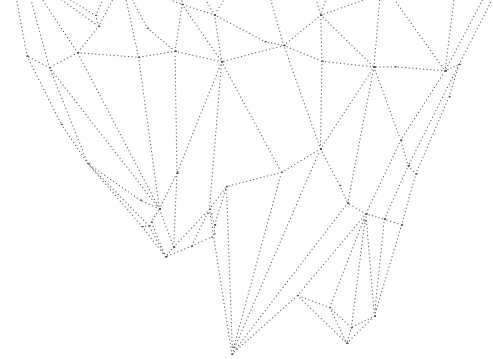


Choose OSNA[®] for more
reliable staging



Molecular analysis of lymph node metastases for more reliable staging



In managing colon cancer, lymph node status is the most important prognostic factor and staging parameter. According to global and national treatment guidelines, adjuvant chemotherapy is not recommended for patients where metastases have not been found in one or more lymph nodes, except patients at high risk (T4 in combination with other tumour characteristics).

The current standard for nodal staging in colon cancer is postoperative histopathological examination of at least 12 lymph nodes with one section H&E. However, up to 30 % of patients with stage II disease develop local recurrence or distant metastases within five years of surgery, which

results in significantly poorer survival rates [1]. At the same time, analysis of lymph node tissue is limited to a small part and so overlooking a relevant proportion of metastases, leading to a significant false negative rate between 11 % and 24 % [2].

OSNA® offers efficient and comprehensive examination of a large number of lymph nodes in a short time frame. Pathologists are able to provide precise staging to clinicians who can base their decision about how to treat their patient optimally on reliable diagnostic information.

At a glance

- Analyses entire lymph nodes to more accurately identify the presence of lymph node metastases, even very small metastases
- Confidence not to overlook metastases
- Provides observer-independent and standardised diagnostic information
- Delivers results quickly and reduces waiting time for further treatment decisions
- Less pathology workload

OSNA®

Bibliography

[1] *Jemal A et al. (2009): Cancer Statistics, 2009. CA Cancer J Clin 59:225–249.*

[2] *Rahbari NN et al. (2012): Molecular detection of tumor cells in regional lymph nodes is associated with disease recurrence and poor survival in node-negative colorectal cancer: a systematic review and meta-analysis. J Clin Onco 30(1):60–70.*

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