

**P003** How often is Cloquet's node involved in prostate cancer lymph node metastasis?

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**Introduction & Objectives:** Cloquet's node is the limit between the inguinal and pelvic node system. It is located below the inguinal ligament and anterior to Cooper's ligament, easily accessible and commonly dissected during pelvic lymph node dissection for prostate cancer. We hypothesize that Cloquet's node - the junction between the deep inguinal nodes and the external iliac chain – is not part of lymphatic metastatic spread of prostate cancer.

**Materials & Methods:** 100 consecutive high-risk prostate cancer patients underwent laparoscopic radical prostatectomy and bilateral extended pelvic lymph node dissection (PLND). During PLND, Cloquet's node was dissected and submitted separately to pathology as right and left Cloquet's node. Each lymph node retrieved was cut in 3 mm slices which were separately embedded in paraffin, stained with hematoxylin and eosin, and examined microscopically.

**Results:** The median PSA was 7.3 ng/mL (IQR: 4.8 – 12.8). 81% of the patients had biopsy grade group 4 or 5 and 10% had cT3 disease. 37% of the patients had lymph node metastasis. Cloquet's node was involved in one patient only (1%), this patient had six other lymph nodes as well.

**Conclusions:** Cloquet's node is rarely involved in prostate cancer. Even in high-risk prostate cancer, Cloquet's node removal should not be the principal focus of the lymph node dissection.