

P028 Characteristics of patients with non-regional Lymph Nodes (LN) Metastases (Mts) from Prostate Cancer (PCa)

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Introduction & Objectives: PCa is the most frequent malignancy in men. Most often it metastasizes to bones, and mechanisms of such Mts are widely studied. However, in some cases only Mts to LN are present, and this poses a challenge of differential diagnosis with lymphoproliferative disorders. The possible underlying biological factors, predisposing to only (or earlier) LN Mts are not known. In the present work we aimed to characterize a subgroup of PCa patients with LN Mts using the data of a population cancer registry.

Materials & Methods: An automatic search in the Belarusian cancer registry (BCR) was performed using search terms "ICD diagnosis code: C61", "type of event: progression", "site of progression: lymph nodes", "date of progression: 2009-2018", "clinic: Minsk City Clinical Oncologic Dispensary". The retrieved records were manually analyzed.

Results: Data on 250 patients were obtained. They could be divided into 3 groups: 1) LN Mts presenting at the same time or later than bone Mts, n=99 (39.6%), 2) LN Mts presenting earlier than bone Mts, but restricted to regional (pelvic) LN, n=53 (21.2%), 3) only non-regional LN Mts or presenting earlier than bone Mts, n=98 (39.2%). In group 3 patients Mts to pelvic LN were present in 39 (39.8%), retroperitoneal LN in 72 (73.5%), cervico-supraclavicular in 11 (11.2%), mediastinal in 11 (11.2%), abdominal – 7 (7.1%), inguinal – 17 (17.3%), other in 6 (6.1%) cases, in 6 (6.1%) cases LN region was not clearly stated. Stage I at diagnosis of PCa was in 2 (2.0%) cases, II – in 18 (18.4%), III – 47 (48.0%), IV – 29 (29.6%). 35 (35.7%) patients with only LN Mts underwent radical prostatectomy as the first line treatment. Bone Mts were present (later than LN Mts) in 31 (31.6%) patient, liver in 10 (10.2%), lung – 9 (9.2%). Median age at diagnosis in patients with only LN Mts didn't differ significantly from that in patients from other groups, as well as time to Mts. Unfortunately, prognostic group evaluation at diagnosis was not possible due to lack of data on PSA levels and Gleason scores in BCR records.

Conclusions: The most frequently involved LN were those under the diaphragm, however, upper regions could also be involved, including in the absence of disease in other LN. In the present analysis we did not find significant differences in clinical characteristics of PCa patients with only non-regional LN Mts, that comprised more than 1/3 of all cases of PCa metastatic to LN. However, genetic evaluations are needed to check for possible biological differences in this subgroup of patients, leading to such pattern of Mts.