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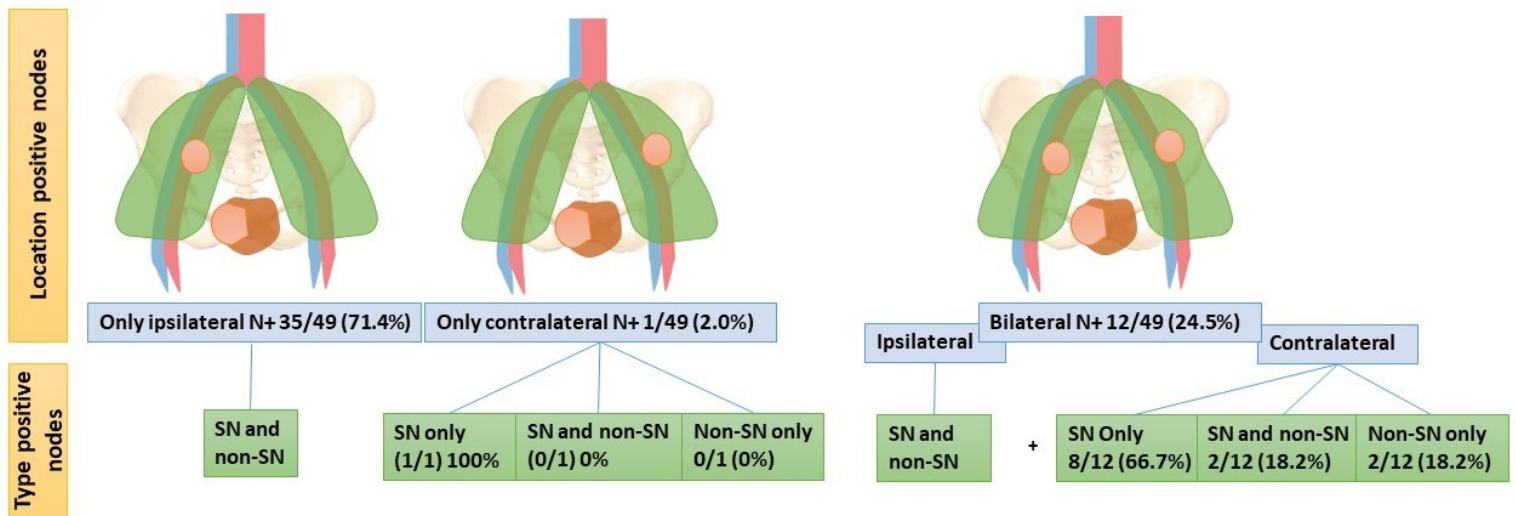
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Introduction & Objectives: The risk of lymph node involvement varies greatly among patients with localized prostate cancer eligible for robot-assisted radical prostatectomy (RARP). Although nomograms have been developed to provide a more personalized prediction of this risk, the recommended staging method remains bilateral extended pelvic lymph node dissection (ePLND). The number of removed nodes is strongly correlated with complications. We aimed to explore whether a unilateral ePLND with or without a SN procedure could reduce the number of removed nodes while improving staging accuracy in patients with unilateral disease.

Materials & Methods: Patients with a unilateral tumor on MRI and positive nodes at pathology were included. All patients underwent RARP + ePLND + SN procedure as part of prospective randomized controlled trials. As SN tracer Indocyanine Green (ICG)-^{99m}Tc-Nanocolloid was used. SN distribution and positive LN location were registered according to nodal stations and compared to tumor location on MRI.

Results: In 49 patients with unilateral tumor on MRI and nodal metastases, 35(71.4%) had ipsilateral metastases, 12/49 (24.5%) bilateral, and 1/49 (2.0%) contralateral only. In the patient with only contralateral metastasis, this metastasis was detected in a SN. Ipsilateral ePLND only and ipsilateral SN only both missed 16.3% of pN1 cases. Combining ipsilateral ePLND and ipsilateral SN accuracy was 98%. Ipsilateral

ePLND and bilateral SN staged all patients accurately (100%) (Figure 1).



Staging accuracy	True positive		False Negative	
	Patients with unilateral tumor (n=49)	Accurately staged as pN1	Falsely staged as pN0	% false negatives
Ipsilateral ePLND only	41	41	8	16.3
Bilateral ePLND only	44	44	5	10.2
Ipsilateral SN only	41	41	8	16.3
Bilateral SN only	46	46	3	6.1
Ipsilateral ePLND + ipsilateral SN	48	48	1	2.1
Ipsilateral ePLND + contralateral SN	44	44	5	10.2
Ipsilateral ePLND + bilateral SN	49	49	0	0.0

Conclusions: Ipsilateral ePLND when combined with ipsilateral SN is an accurate and feasible staging method for unilateral prostate cancer.