Current opinion on criteria for Lymphadenectomy in localised prostate cancer.

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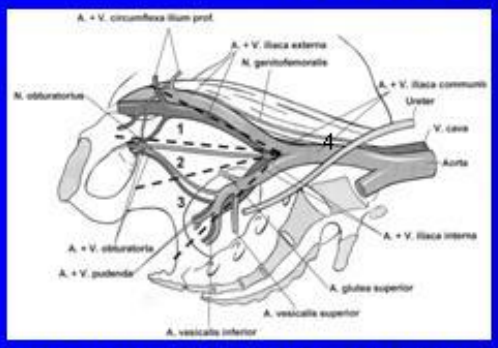
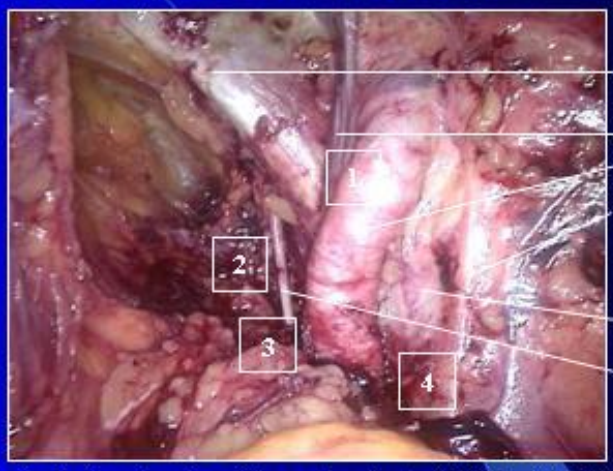


Pic 1: Anatomical landmarks in pelvic lymphadenectomy.

1. A. & v. iliaca externa
2. Fossa obturatoria
3. A. & v. iliaca interna
4. A. & v iliaca communis



Pic 2: Endoscopic view status post-extended PLND, right side.

Introduction

According the EAU guidelines, radical prostatectomy is only indicated in patients with localised prostate cancer, without lymph node (LN) metastasis. Normograms help us to predict the chance of LN involvement (LN+). The gold standard for accurate LN staging remains an operative pelvic lymphadenectomy (PLND). Recent literature support the importance of extended PLND for both diagnostic and therapeutic goals. Nevertheless the EAU guidelines and the Partin tables are still based on standard PLND. Do these tables underestimate actual LN+?

Patients with stage ≤ cT2A, PSA < 20 ng / mL and a Gleason score ≤ 6 have < 10% likelihood of having node metastases and may be spared lymph node evaluation. Accurate lymph node staging can only be determined by operative lymphadenectomy.

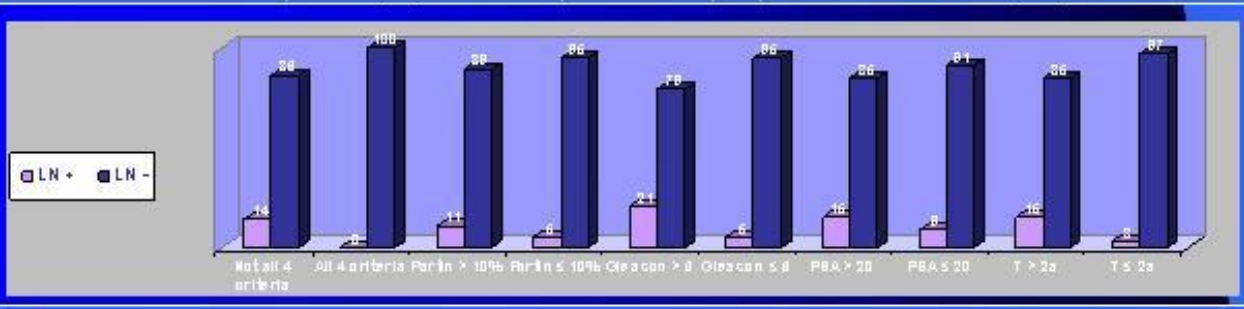
	Sensitivity	Specificity
CT	42%	82%
MRI	39%	82%
PLND	±90%	99%

Materials & methods

We analysed 165 patients who underwent a laparoscopic/endoscopic PLND from january 2006 till october 2008. The range of the extended PLND include all nodes from the fossa obturatoria, the internal and external iliac vessels. The EAU guidelines state that lymphadenectomy is only important when potentially curative treatment is planned in patients with a serum PSA ≥ 20 ng/dL, stage ≥ cT2b, Gleason score ≥ 7 and a risk of nodal metastasis ≥ 10% according the Partin tables. We analysed the following parameters: age, PSA, clinical staging, Gleason score and postoperative pathology.

Results

Mean age was 65 years; mean PSA was 18,7 ng/ml; mean number of dissected LN was 13,8 per patient. 34 Patients met all 4 criteria as stated by the EAU guidelines. None of these patients had LN+. Partin tables could be applied to 144 patients. 105 Of these patients had a preoperative chance of < 10% LN+; 5 patients (5%) had LN+. 39 patients had a preoperative chance ≥10%; 5 (11%) had LN+.



Conclusion

We found positive lymph nodes in patients staged as cT2 prostate cancer, who were, according the Partin tables, at low probability of lymph node invasion (<10%). This serie is limited and no conclusions can be made out of it. Based on recent literature we suspect it is useful to perform an extended PLND in all patients when either of the 4 criteria from the EAU guidelines indicate a PLND. Partin tables alone are no sufficient criterium. We conclude that the LN status depends on the extent of the PLND. We suspect an understaging of the LN involvement of the present common normograms.

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On the basis of adjudication by the Executive Office Members, the E.A.E.S. prize was awarded to:

Laurent Fossion, The Netherlands

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Urology, entitled

CURRENT OPINION ON CRITERIA FOR LYMPHADENECTOMY IN LOCALISED PROSTATE CANCER

at the

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