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Indication for lymphadenectomy in localised prostatecancer can no longer be based on the Partin tables

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INTRODUCTION:

According to the EAU guidelines radical prostatectomy is only indicated in patients with localized prostate cancer, without lymph node metastases. The gold standard for accurate lymph node (LN) staging is an operative lymphadenectomy (PLND). Recent literature supports the importance of an extended lymph node dissection (ext. PLND) for both diagnostic and therapeutic goals. The 'Partin tables' are a common used nomogram, which help us to predict if a patient can be spared a PLND. However this nomogram is based on a standard PLND. There is a growing conception that this nomogram underestimates lymph node invasion (LNI) in high risk groups. In the 2009 EAU guidelines the limitations of a standard PLND are emphasized.

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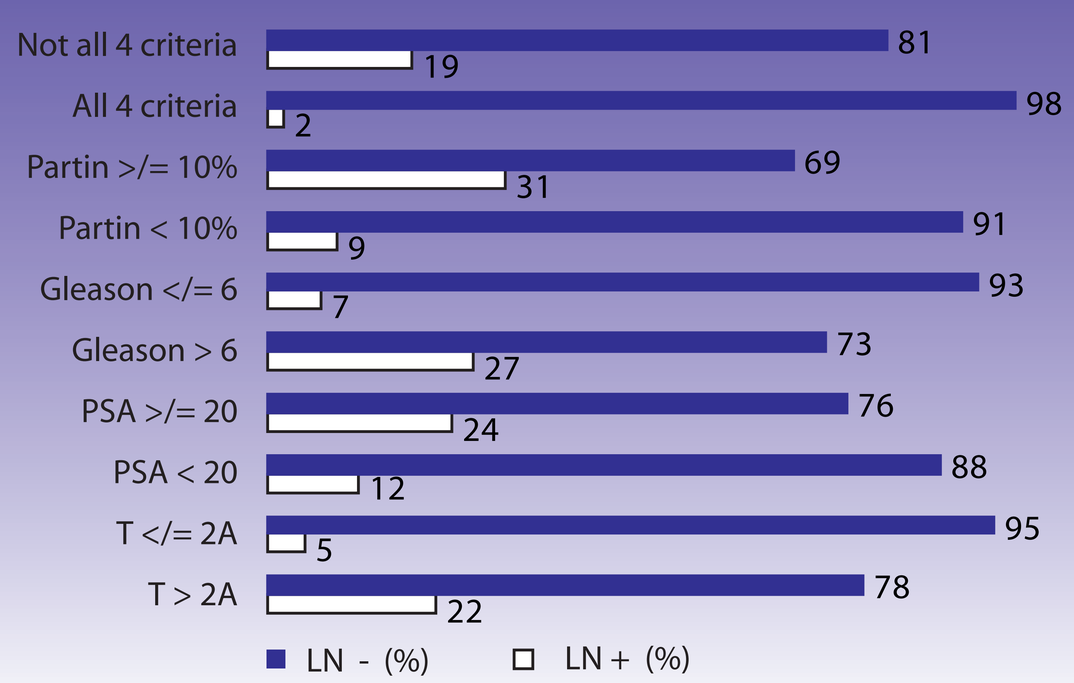
Patients with stage T2A or less, PSA < 20 ng / mL and a Gleason score < / = 6 have less than a 10% likelihood of having node metastases and may be spared node evaluation. Accurate lymph node staging can only be determined by operative lymphadenectomy.

MATERIALS AND METHODS:

301 patients underwent a laparoscopic / endoscopic PLND, from January 2000 till May 2009. We performed ext. PLND's in which we included all nodes from the fossa obturatoria, on the internal and external iliac veins. We retrospectively analyzed age, PSA, clinical staging, Gleason score and postoperative pathology.



Graphic 1: Percentage LN- and LN+ per criterion.
We found LNI in cT2 patients who were according to the Partin tables at low risk (<10%) for LNI. We suspect it is useful to perform an ext. PLND in all patients when either of 4 criteria of the EAU guidelines indicate a PLND

Fig 1: Endoscopic view (A-B) ext. PLND on the right side.
1: Internal iliac packet,
2: Obturator packet,
3: External iliac packet

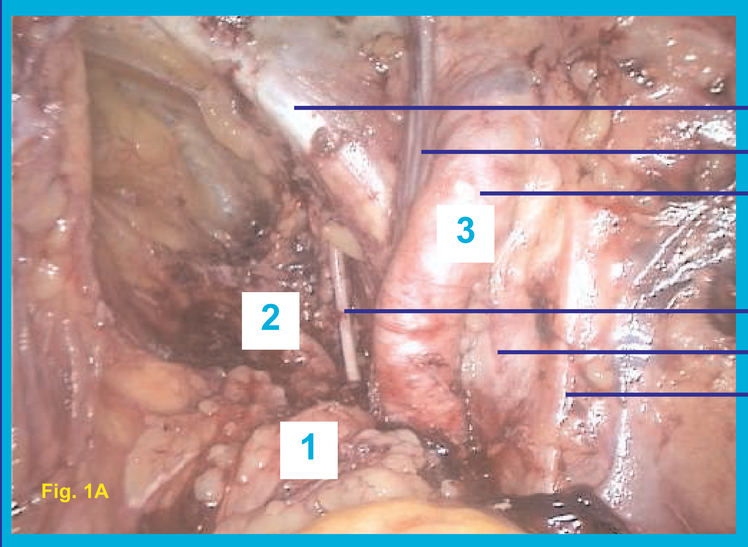


Fig. 1A

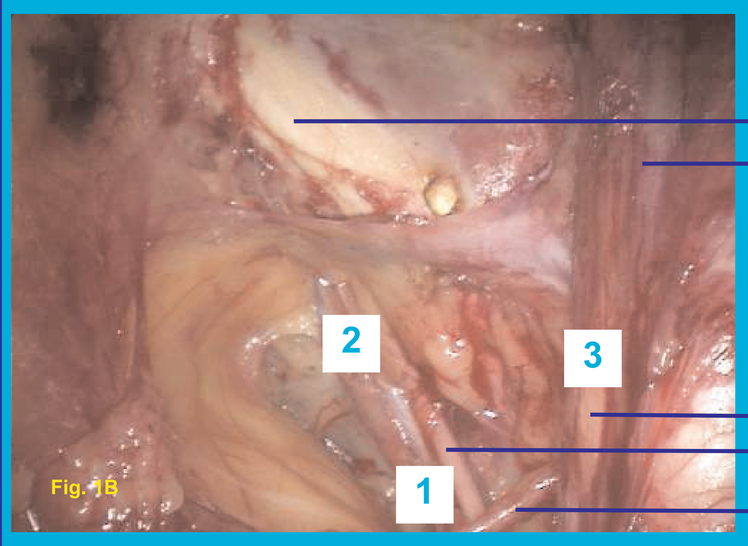


Fig. 1B

	Sensitivity	Specificity
CT	0,42*	0,82*
MRI	0,39*	0,82*

*Clin Radiol. 2008; 63(4):387-95.

Table 1: Alternatives for lympadenectomy

RESULTS:

Mean age was 65 years; mean PSA was 23,2 ng/mL; mean number of dissected LN was 9,2 per patient. There were 35 patients in the low risk group, 84 in the intermediate risk group and 182 in the high risk group. In the low risk group Partin tables predicted 0,03% LNI, we found 0%. In the intermediate risk group Partin tables predicted 5,2% LNI, we found 6%. In the high risk group Partin tables predicted significantly less patients with LNI (11,2%),than we found (25,3%); p<0,05.

CONCLUSION:

Even in relatively small series, the Partin tables significantly underestimate LNI in patients in the high risk group. The indication for a modern extended LND cannot be drawn from a nomogram that is based on a standard LND.

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