

PE35 Oncological outcomes of men with lymph node positive prostate cancer after robot assisted radical prostatectomy

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Introduction & Objectives: To evaluate oncological outcomes of patients with pathological lymph node metastases (LN+) following robot-assisted radical prostatectomy with lymph node dissection (RARP + LND).

Materials & Methods: Between January 2016 and April 2019, we performed 973 RARPs. In 307 (31.55%) patients, we also performed LND consisting of removal of external and internal iliac and obturator lymph nodes up to the ureteric crossing. The indication for this was either high-risk prostate cancer or intermediate risk cancer with a $\geq 5\%$ probability of lymph node involvement according to Briganti nomogram. We analysed clinical and pathological characteristics and outcomes.

Results: We found lymph node metastases in 41 (13.3%) patients. In most of the cases (70.7%), there was only one node positive, two positive nodes were found in 12.2% of patients, three nodes in 7.3% and even more positive nodes in 9.8%. The average number of nodes removed was 12 (8-25). Median follow-up was 18 months; 40% of the patients experienced biochemical recurrence. In 48% of the patients additional therapy was performed (in 47% of the cases cases from the group with single positive node). From these, 70% received combination of radiotherapy (RT) and androgen deprivation therapy (ADT), 15% received only RT and 15% only ADT. In all cases, the PSA levels dropped and no additional therapy was needed so far.

Conclusions: In most cases, the lymph node positive prostate cancer showed a metastasis in only one lymph node. In our series, one half of these patients received additional treatment. Choosing the right additional treatment in these patients at an individual level is still controversial.