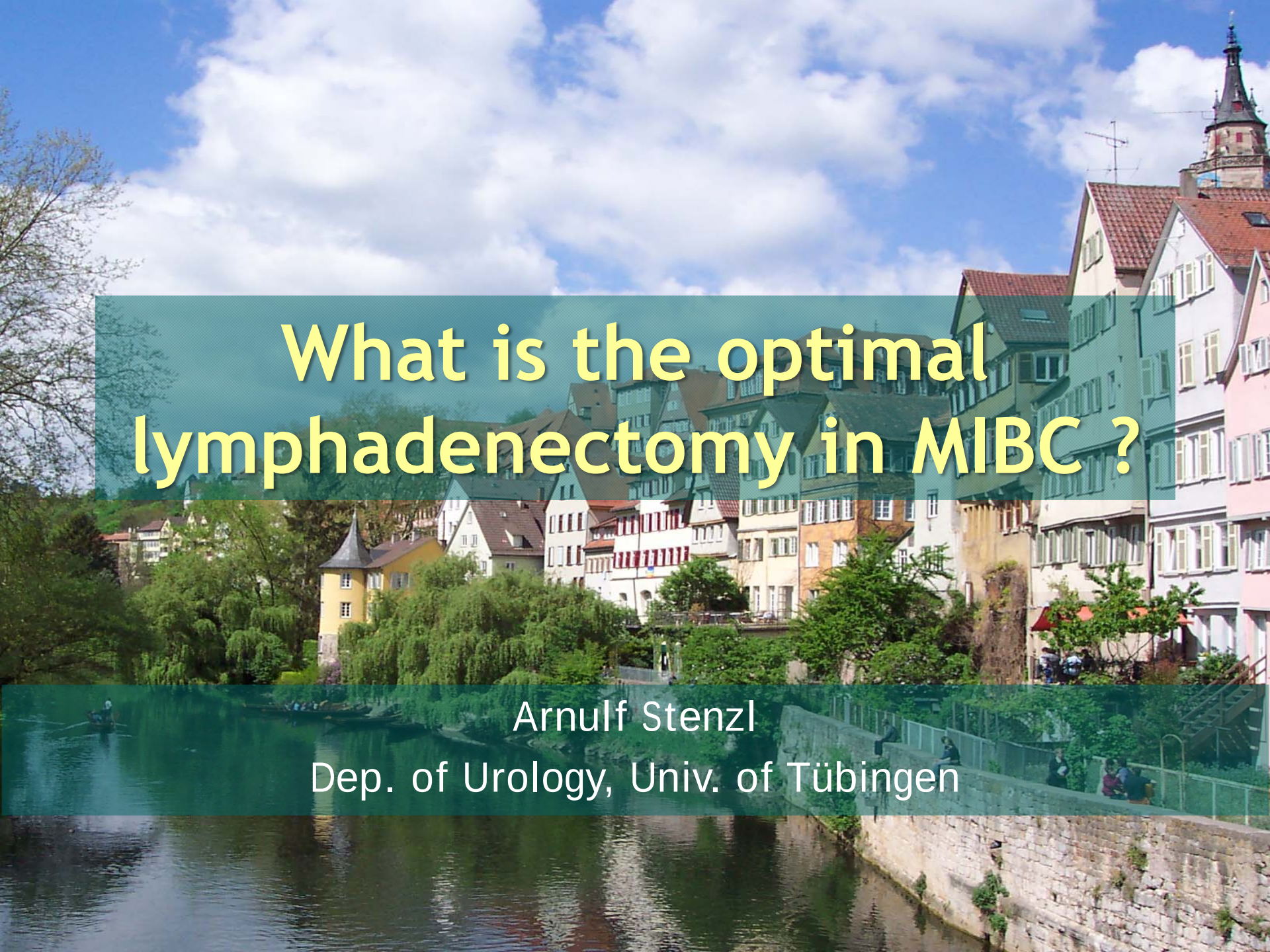
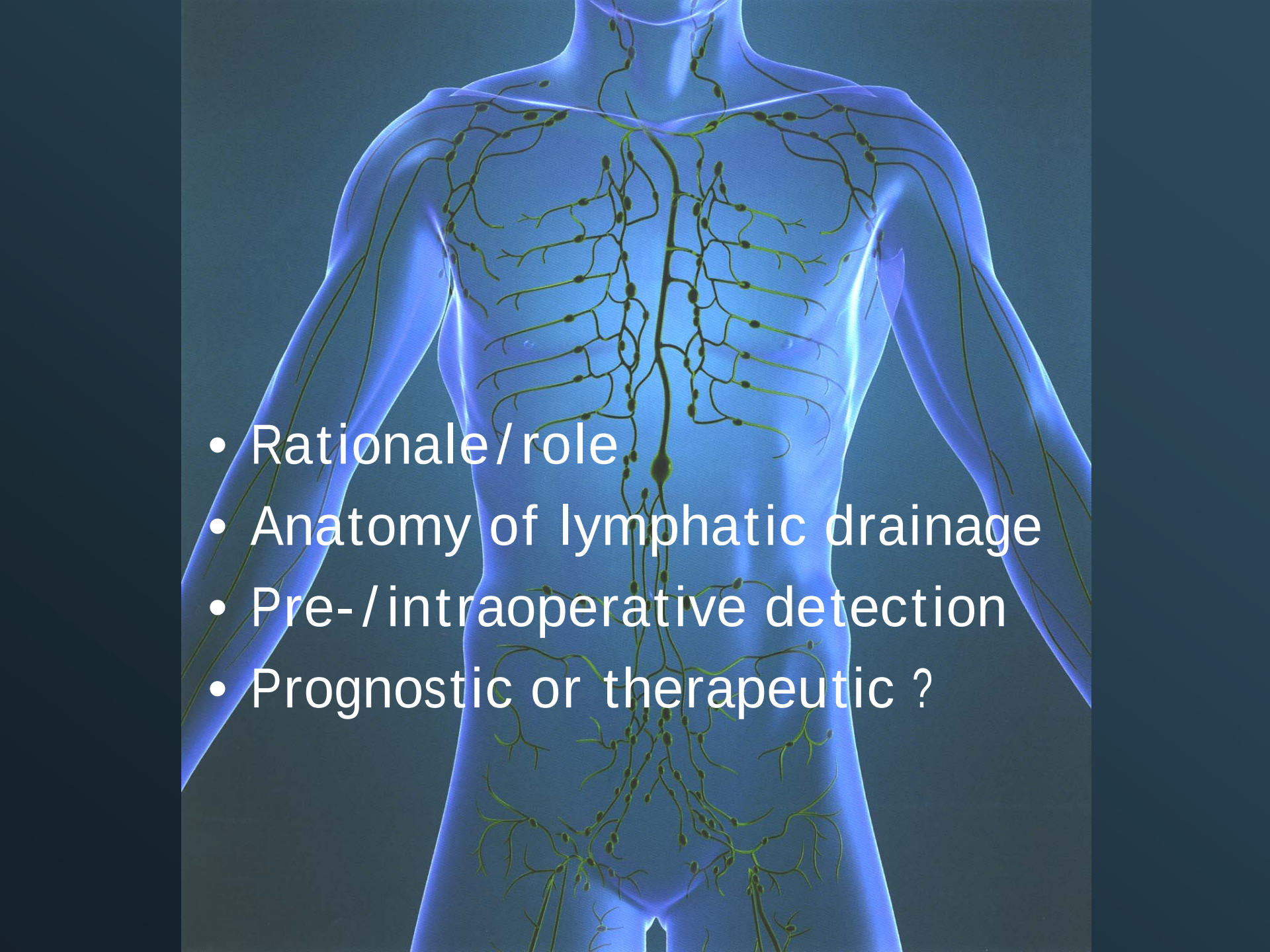


The background image shows a picturesque town with multi-story, colorful houses (yellow, green, pink, white) with red-tiled roofs. A river flows in the foreground, with a stone wall on the right and lush green trees on the left. A small boat is visible on the water. The sky is blue with white clouds.

What is the optimal lymphadenectomy in MIBC ?

Arnulf Stenzl
Dep. of Urology, Univ. of Tübingen

- 
- An anatomical illustration of the human lymphatic system. The body is shown in a light blue, semi-transparent style, revealing the internal lymphatic network. The network consists of numerous small, dark blue lymph nodes connected by a complex web of thin, branching lymphatic vessels. The vessels are more prominent in the upper torso and neck, where they converge into larger trunks. The overall appearance is that of a detailed medical diagram or a 3D model.
- Rationale/role
 - Anatomy of lymphatic drainage
 - Pre-/intraoperative detection
 - Prognostic or therapeutic ?

Re

ektomie

(n=1051)

A

Probability of Not Recurring

1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00

0



Confined (n=594)

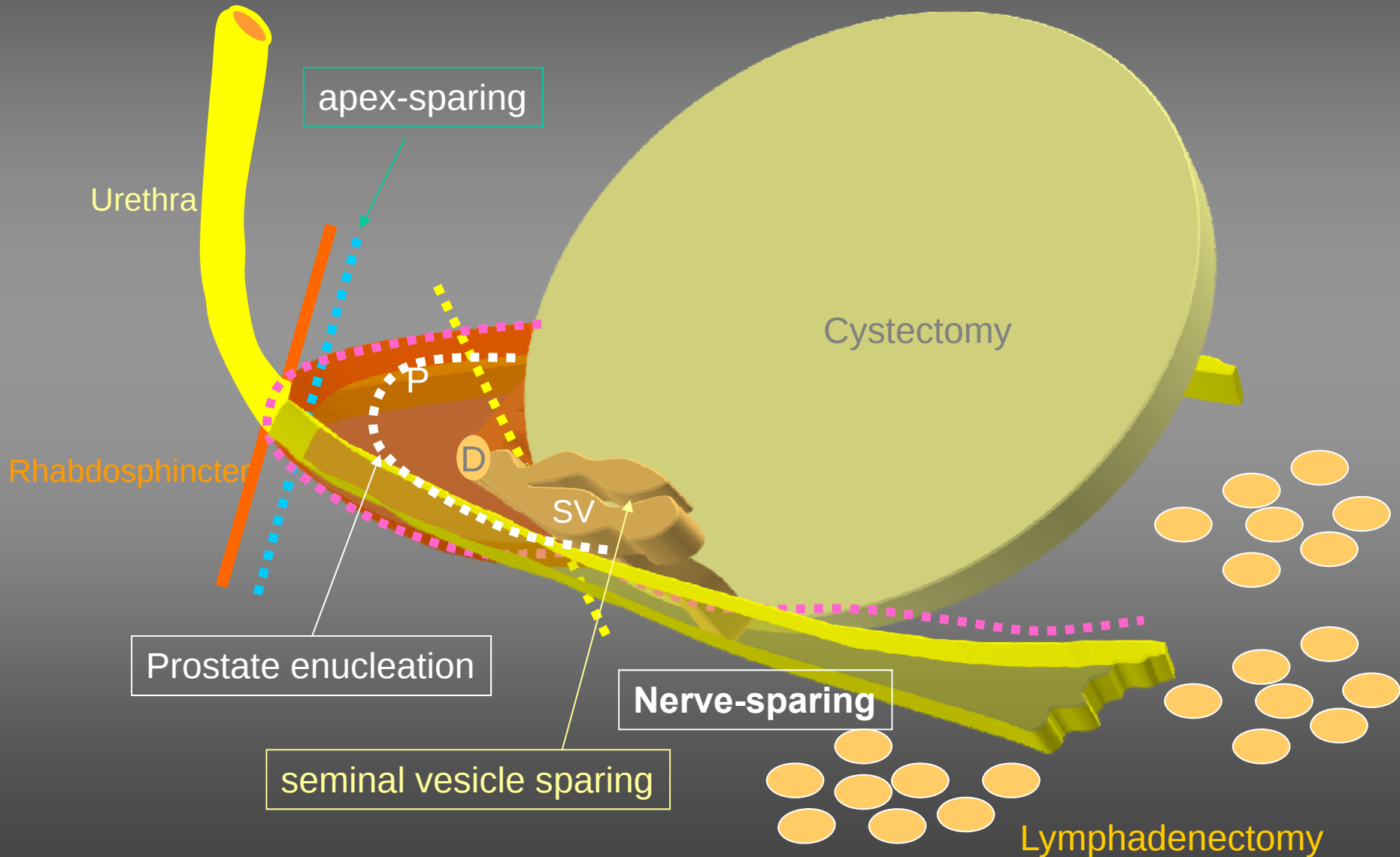
vesical (n=214)

Node (+) (n=246)

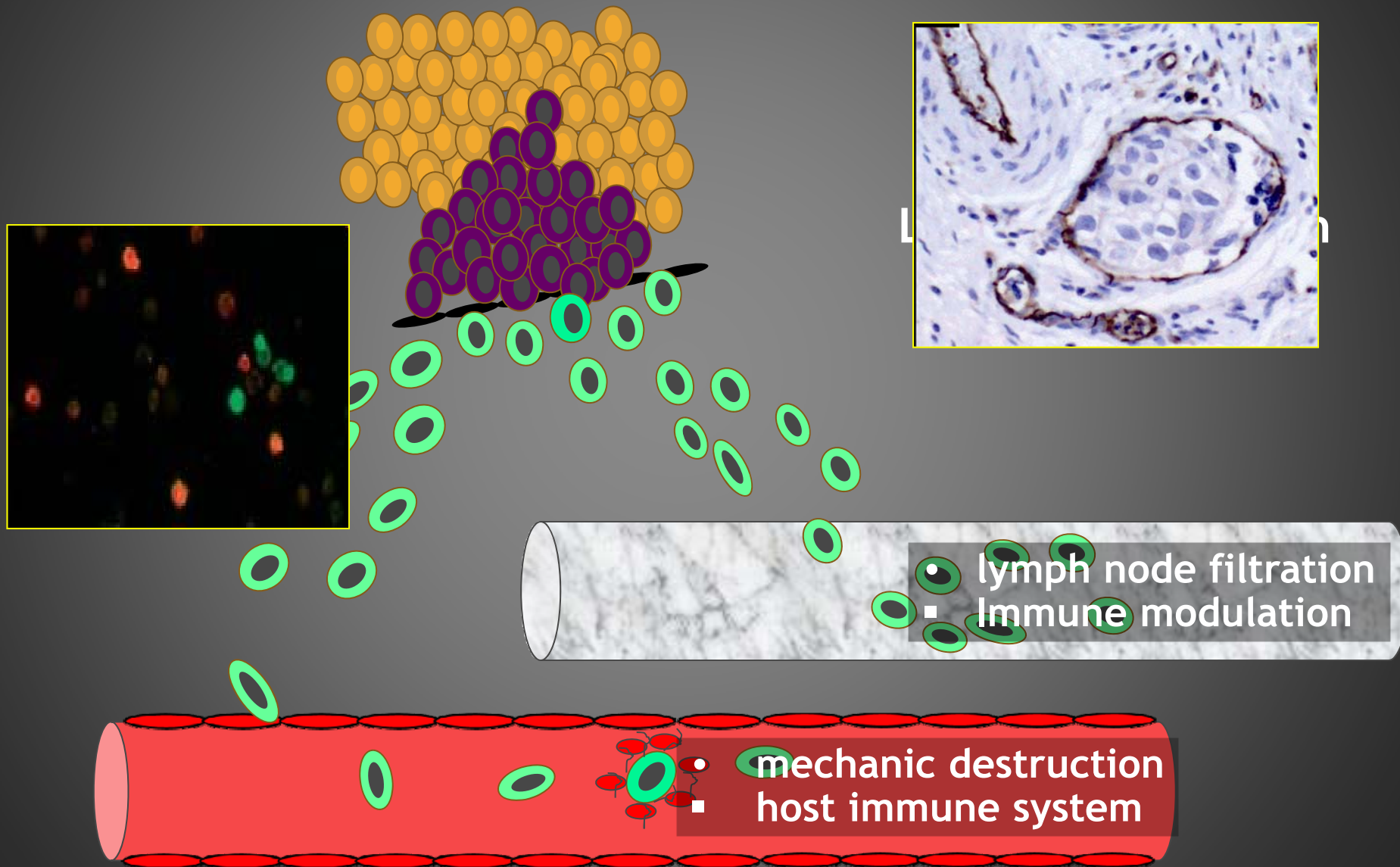
15

Radical cystoprostatectomy

Stenzl et al., Eur Urol 2012



Rationale for lymphadenectomy

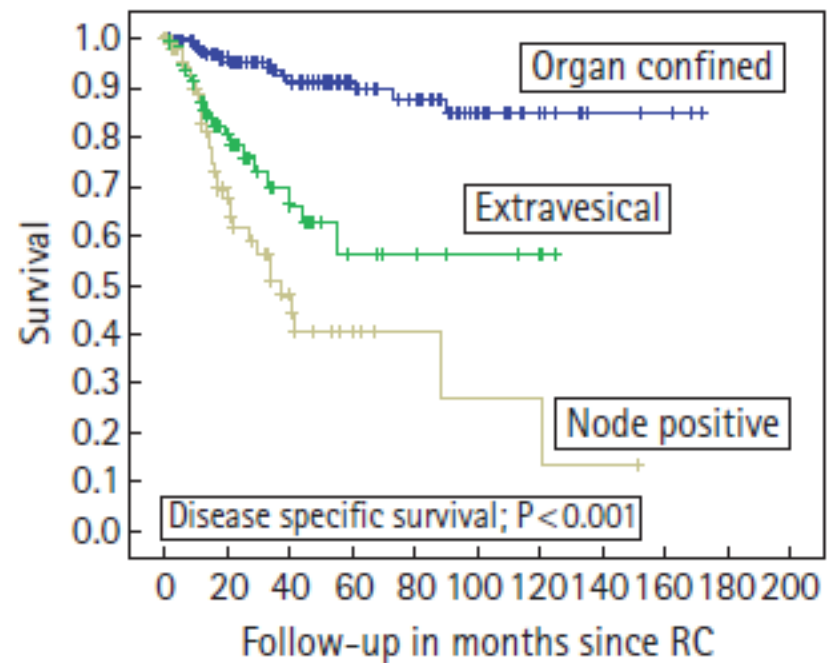
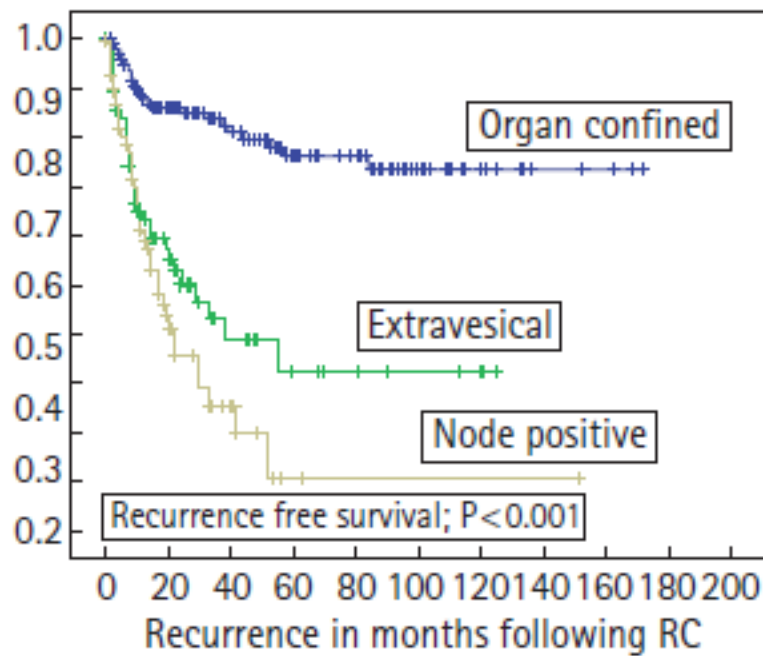


Survival in N+ BCa

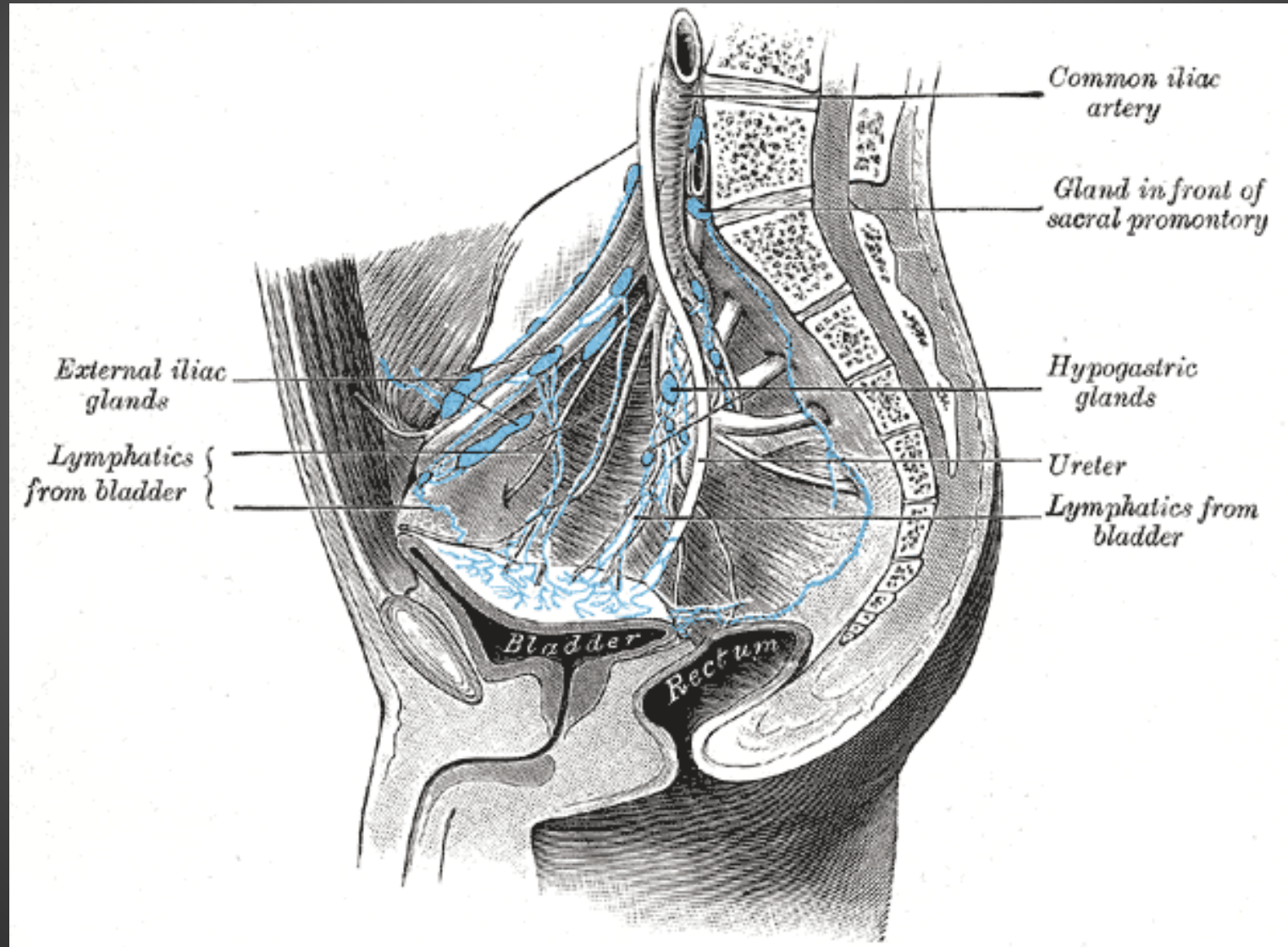
RFS

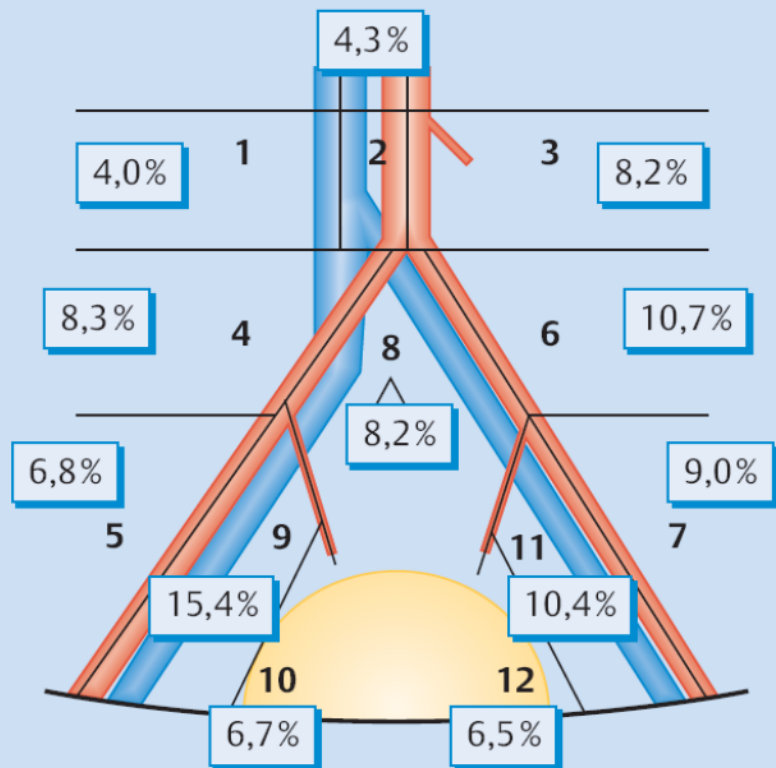
DSS

C

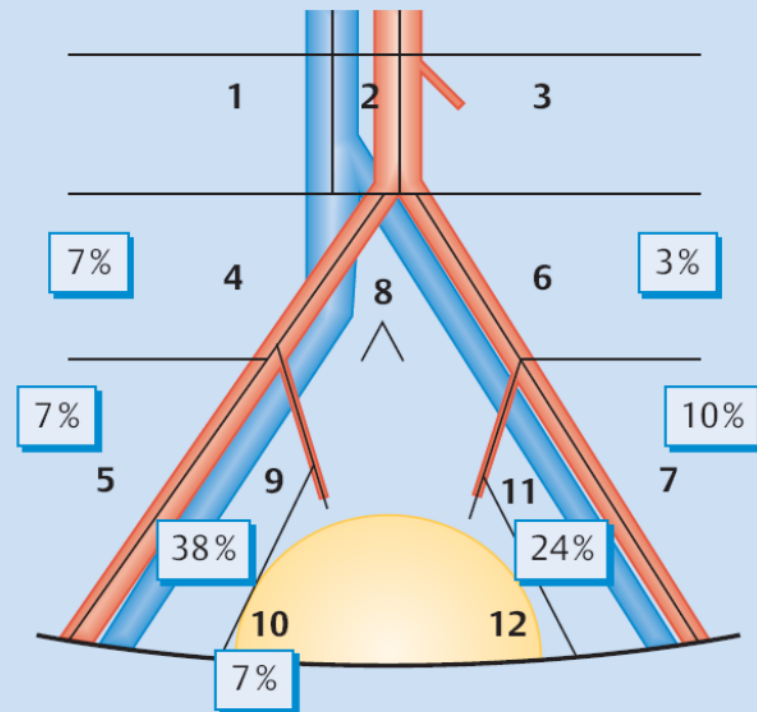


Lymphatic drainage



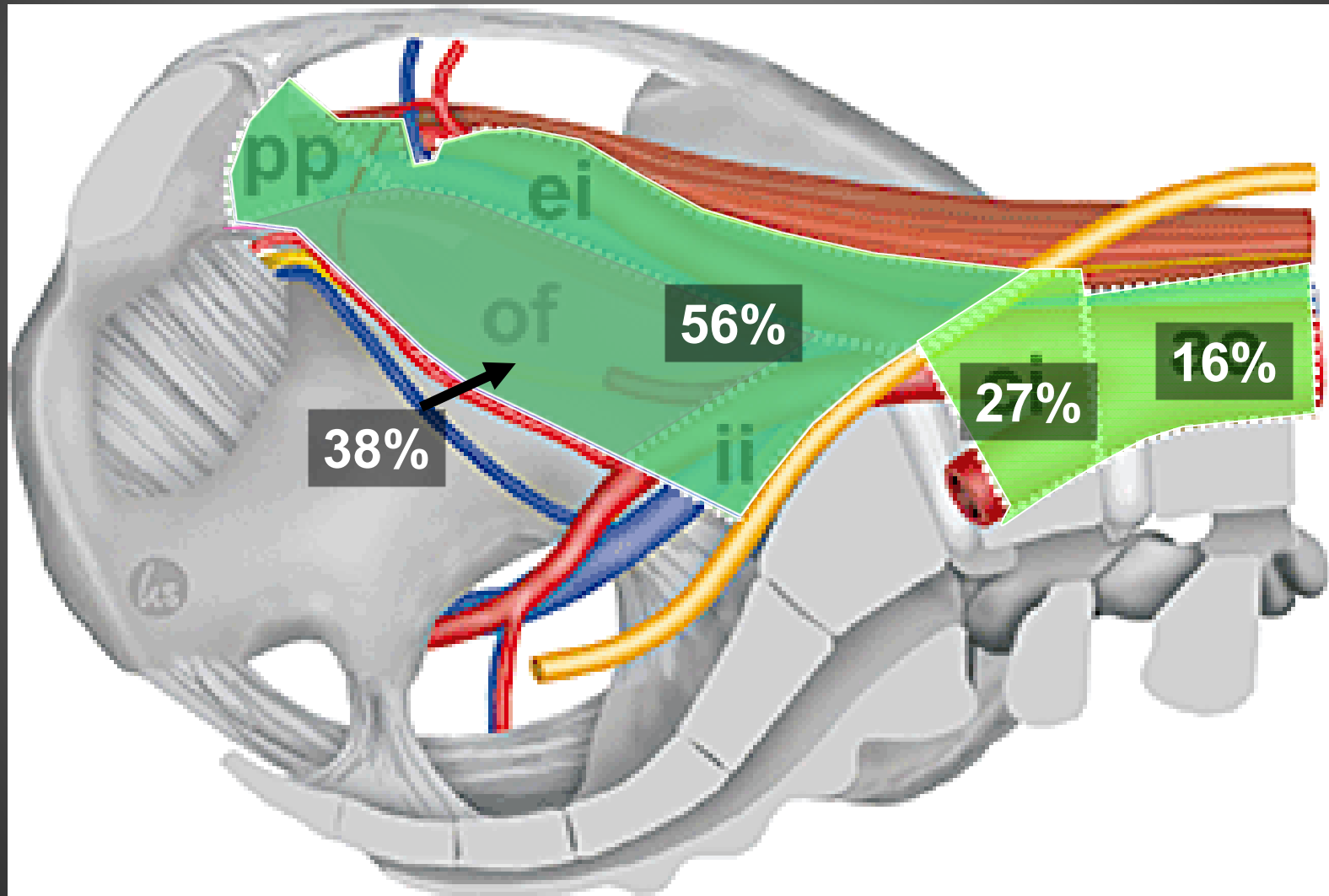


Regional distribution of 599 lymph node metastasis

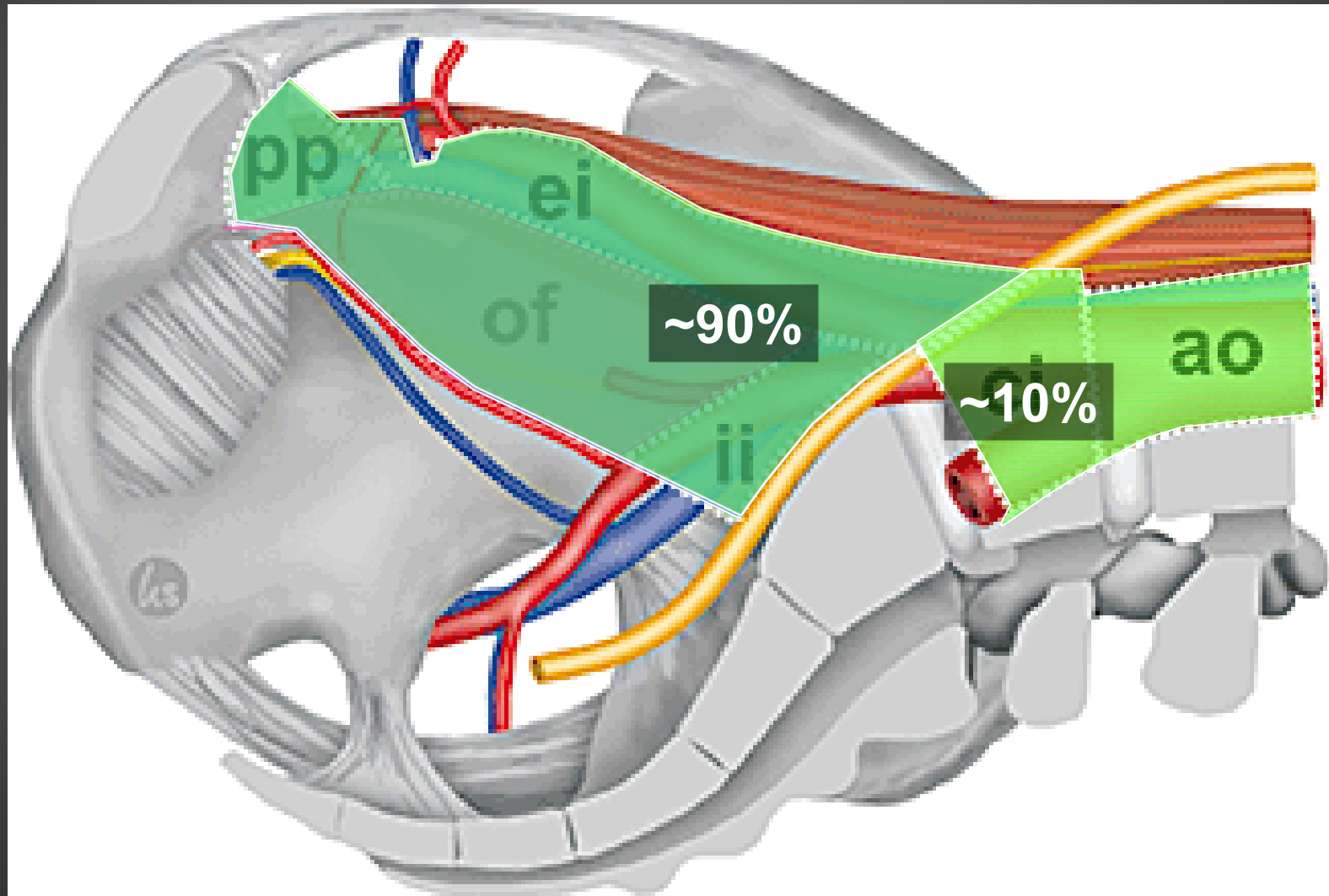


Location of 1 positive lymph node in 29 pts. with single lymph node mets.

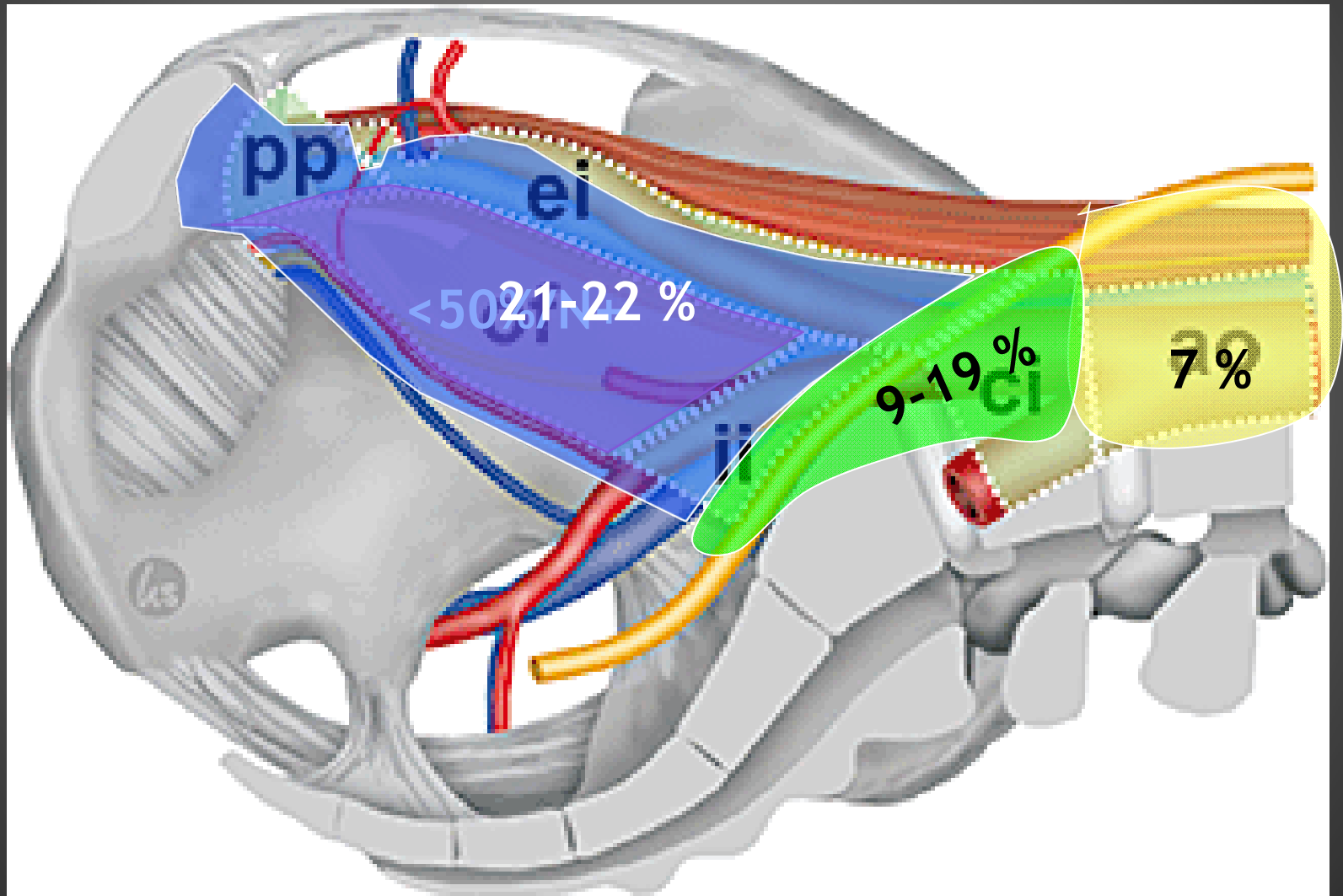
Pelvic lymphadenectomy - distribution of + nodes



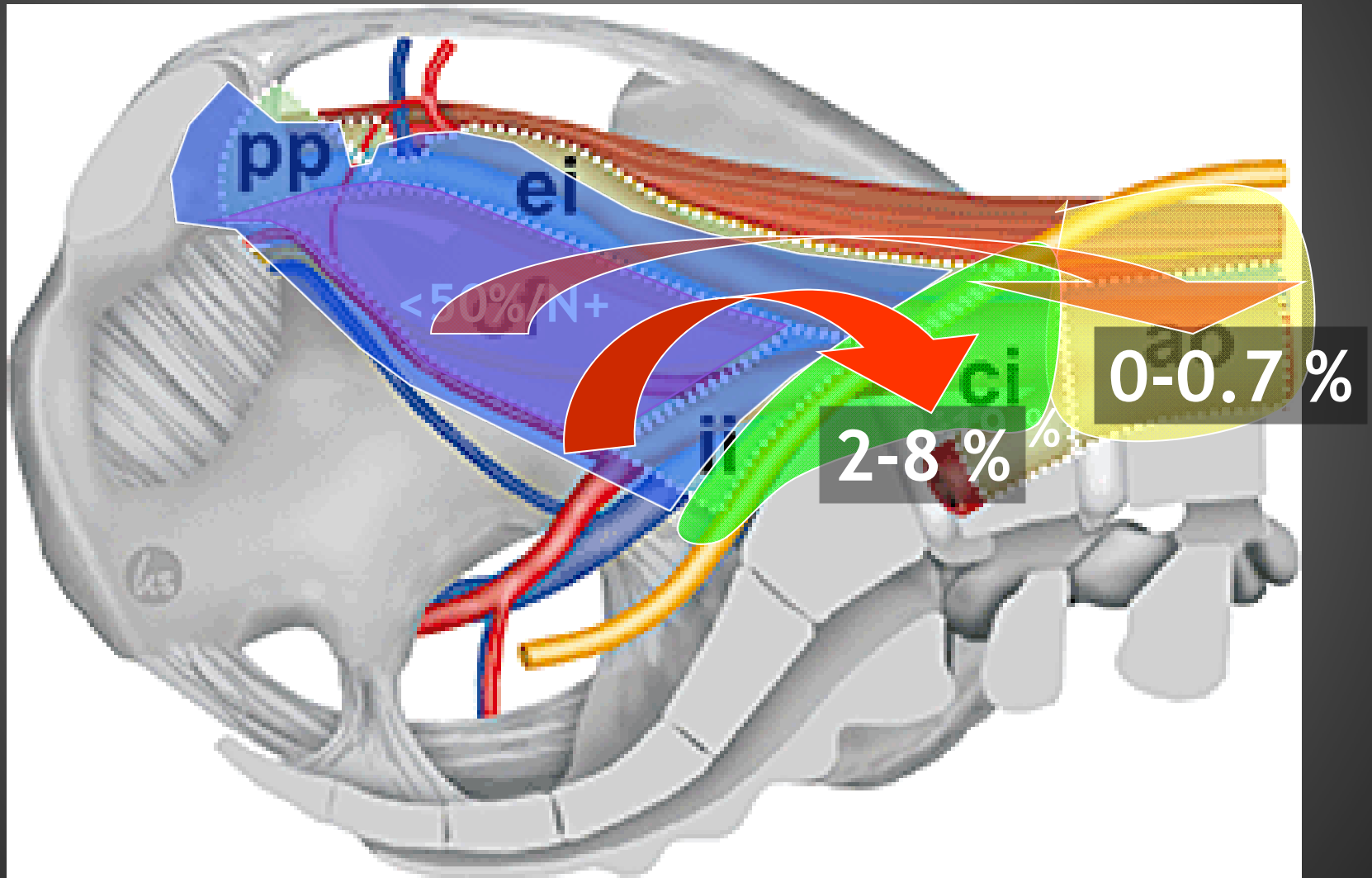
Pelvic lymphadenectomy - distribution of solitary (N1) nodes



BCa Lymphadenectomy - N+ 25 - 30%



“Skip” Lesion



A minimum # of nodes ?



- 10 – 20 nodes minimum

Herr et al, JCO 2004, Leissner et al., J Urol 2004, May et al, Ann Surg Oncol 2011

- Gradual increase of survival benefit

Koppie et al., Cancer 2006



- Patients' constitution Dorin et al, Eur Urol 2011, Mertens et al, World J Urol 2012
- Dissection template Dhar et al., J Urol, Abol Enein et al., Eur Urol 2011
- Pathology: human factor, CK 19, uroplakin II, FXYD3, KRT20 Marin-Aguilera et al, Eur Urol 2008, Kurahashi et al, Clin Cancer Res 2005

Therapeutic ?

Standard vs. Extended LA

- Reduced risk of recurrence with extended LA Abol Enein et al, Eur Urol 2012
- Reduced risk of recurrence and mortality with extended LA Dhar et al, J Urol 2008
- Super extended vs extended LA does not improve recurrence Zehnder et al., J Urol 2011

Standard (level I) vs. extended (level I-III) LA – phase III trials

German AUO trial

- cT2-T4a UC
- Open RC + LND
- 458
- Neoadjuvant Chx –
- PFS
- F/U 5 yrs.
- 15% diff. PFS/5yrs
- **Results: ~2015**

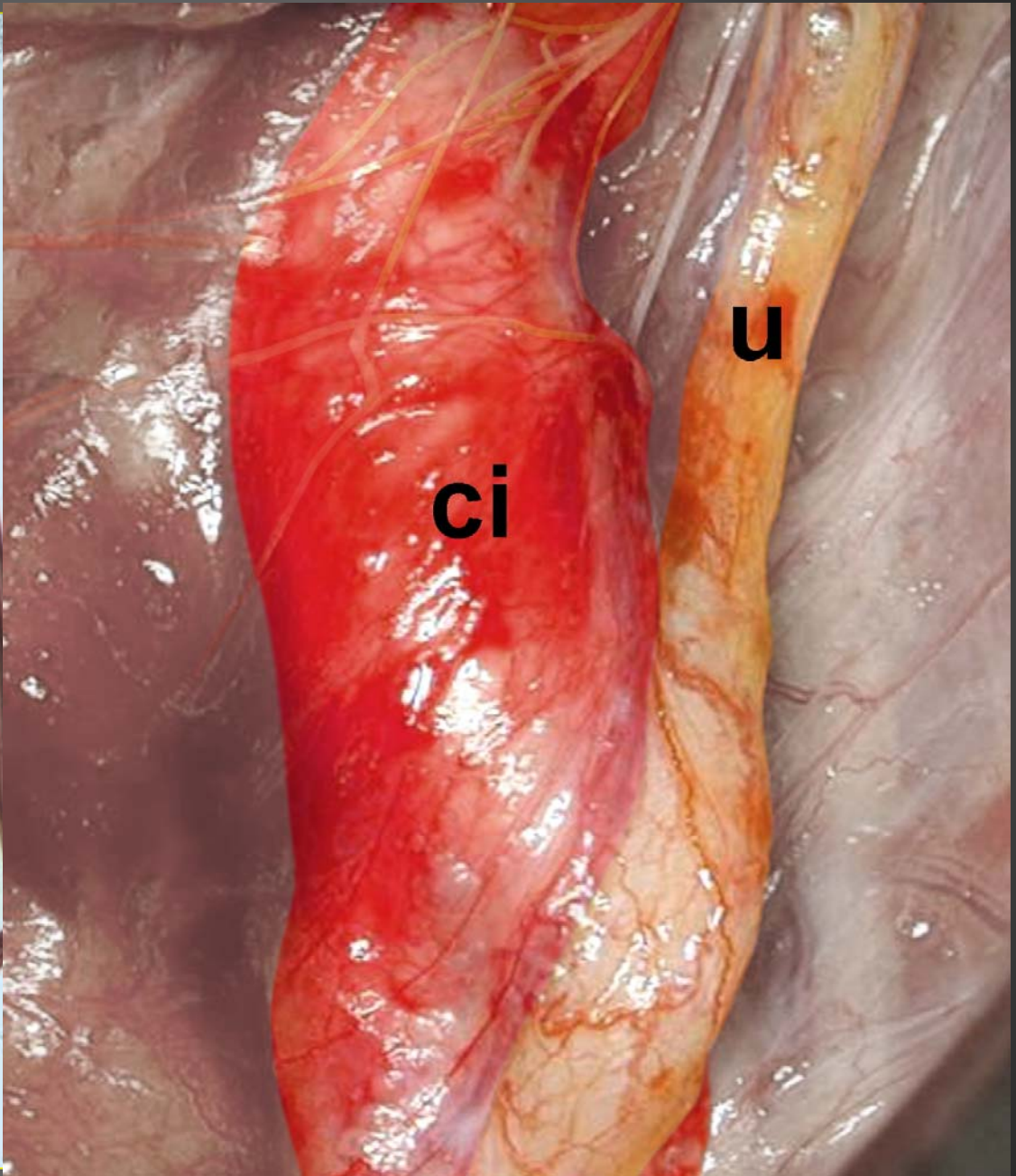
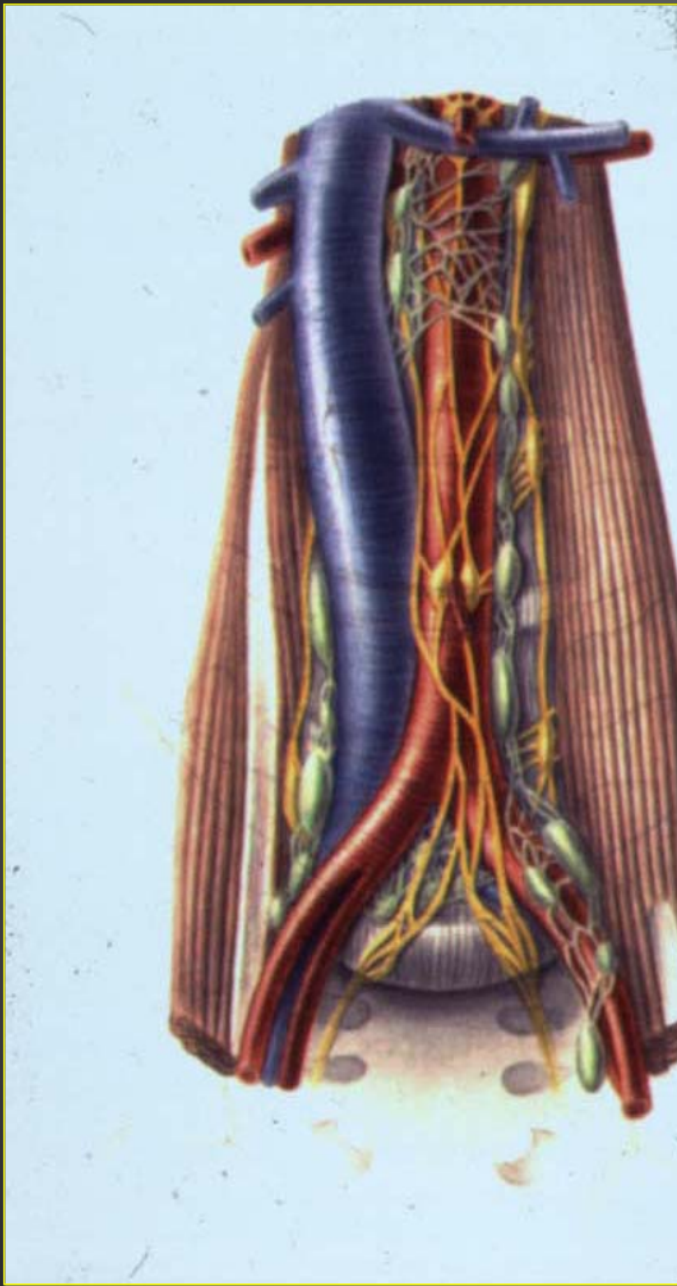
SWOG 1011

- cT2-T4a UC
- Open RC + LND
- 620
- Neoadjuvant Chx +
- DFS
- F/U 6 yrs.
- 10% diff. DSS/3yrs
- **Results: ~2020**

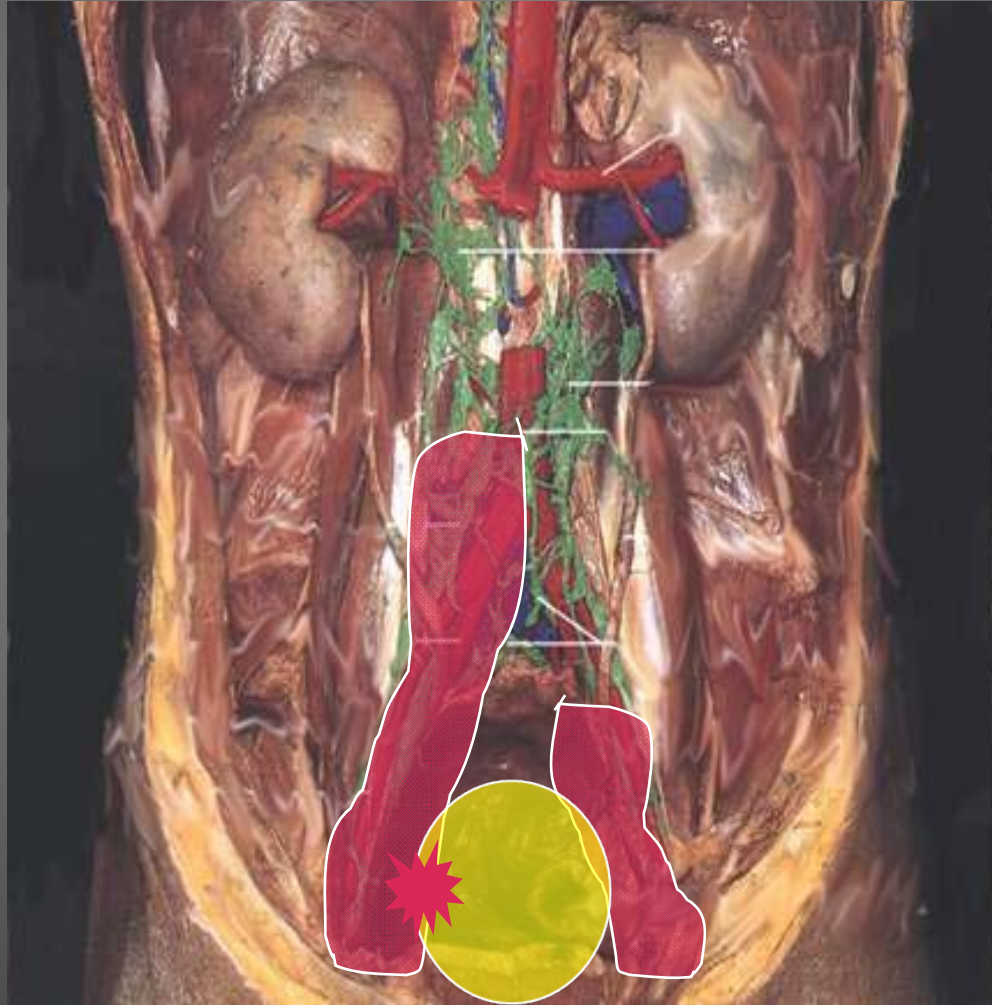
Severe late complications with possible LA correlation

System or type Late major	<60 years (%)	60-69 years (%)	70-79 years (%)	≥80 years (%)
Cardiovascular	0	1,0	0	0
Dehydration	0	0	0	0
IPP/AUS	6,0	2,0	1,0	0
Urinary diversion	32,0	29,0	12,0	2,0
Gastrointestinal	9,0	4,0	6,0	0
Hemorrhage/bleeding	0	0	0	0
Infectious disease	3,0	2,0	1,0	0
Lymphatic	1,0	0,3	0,3	0
Neurologic	0	0	0	0
Pulmonary	0	0	0	0
Upper urinary tract	20,0	12,0	7,0	0
Vascular/thrombosis	0	0	1,0	0
Wound/incision/hernia	13,0	14,0	7,0	2,0

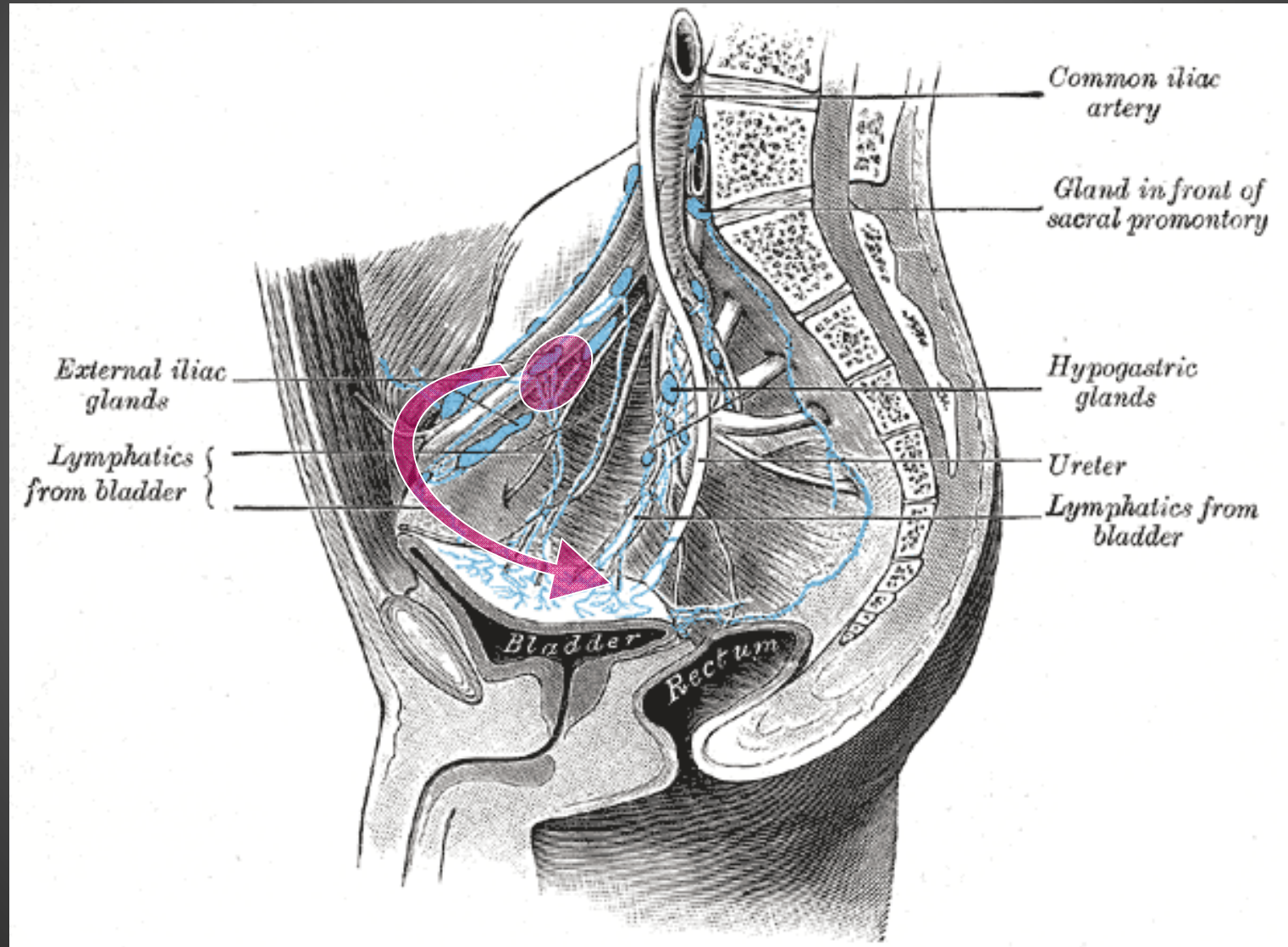
Symptomatic Lymphocele: ~ 5%



Is a bilateral extended lymphadenectomy necessary in unilateral invasive BCa?



Lymphatic drainage



Intraoperative Detection: Multimodality mapping

Radiotracer injection 60' prior to surgery

Standard lymphadenectomy

Gamma-probing

**Extended resection of anatomic areas
with radioactivity**

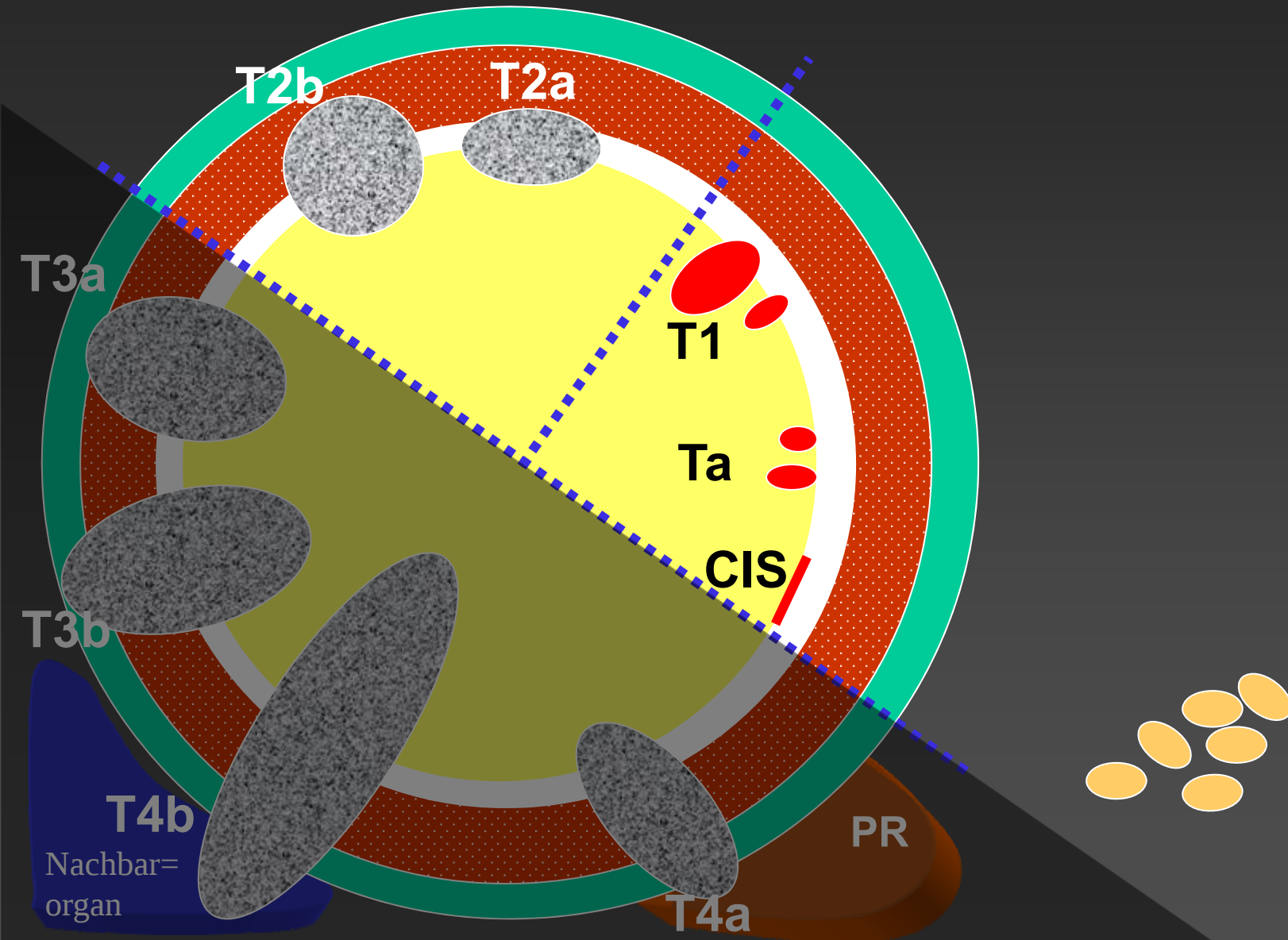




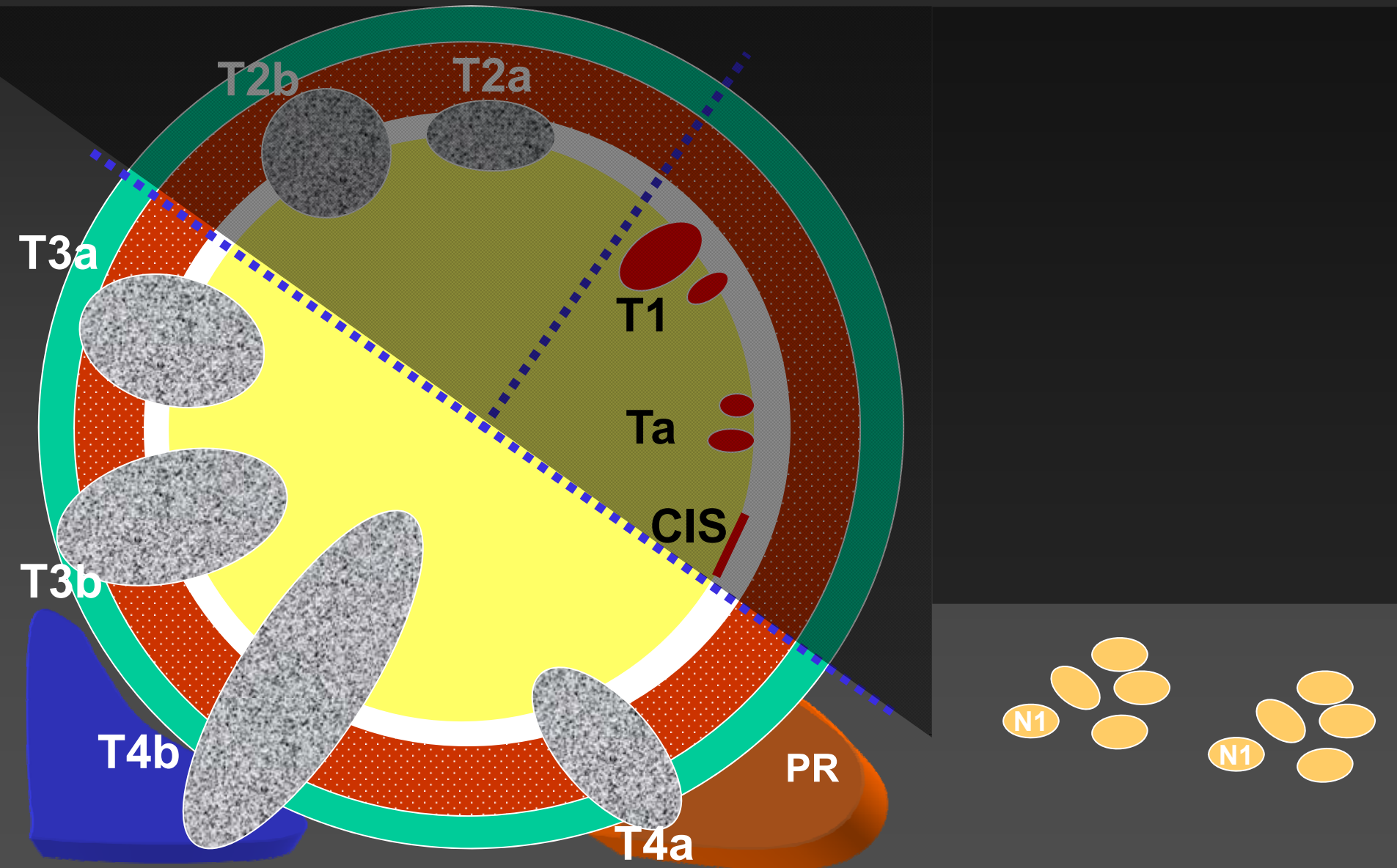
And now?



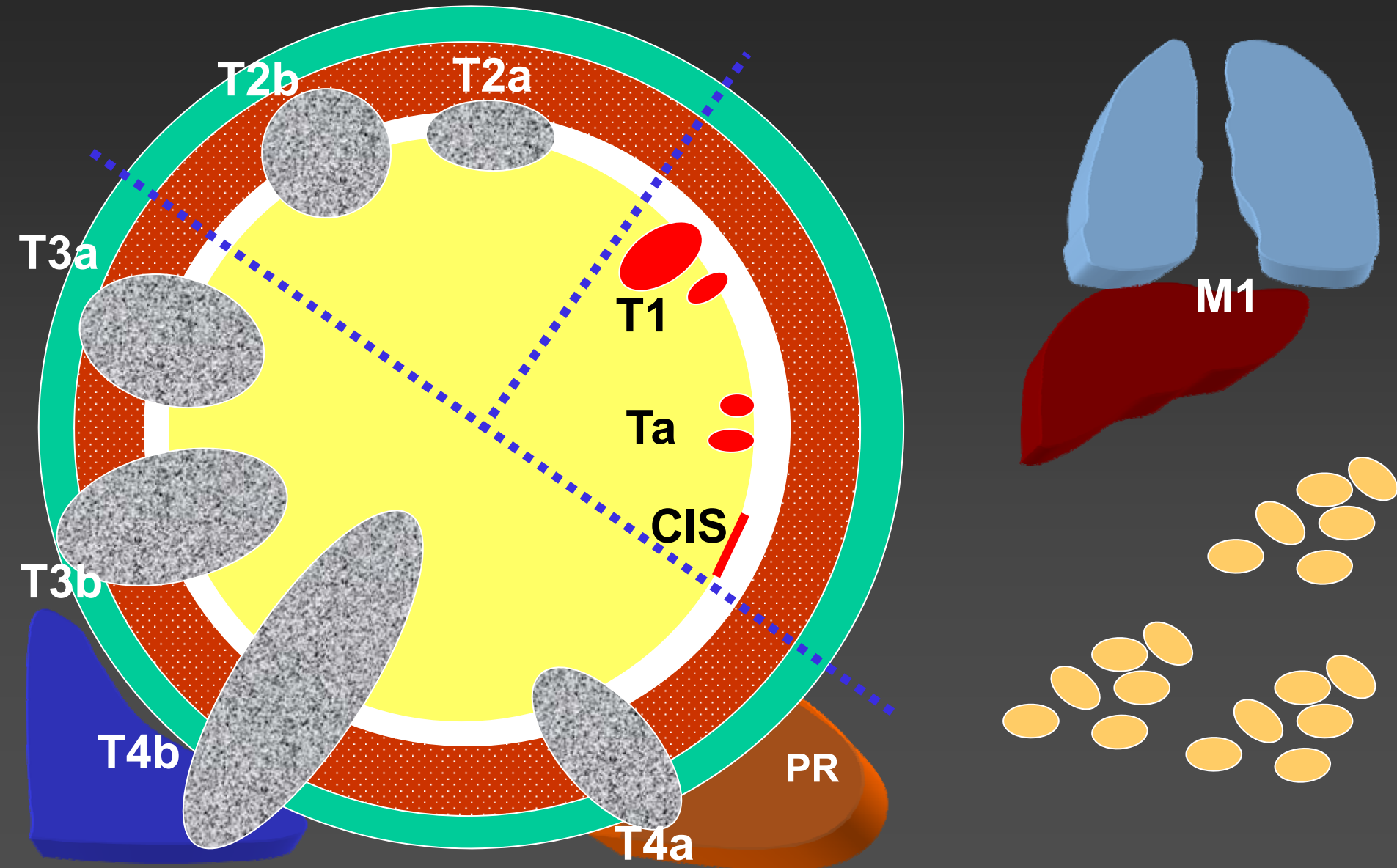
Radical cystectomy + standard LA

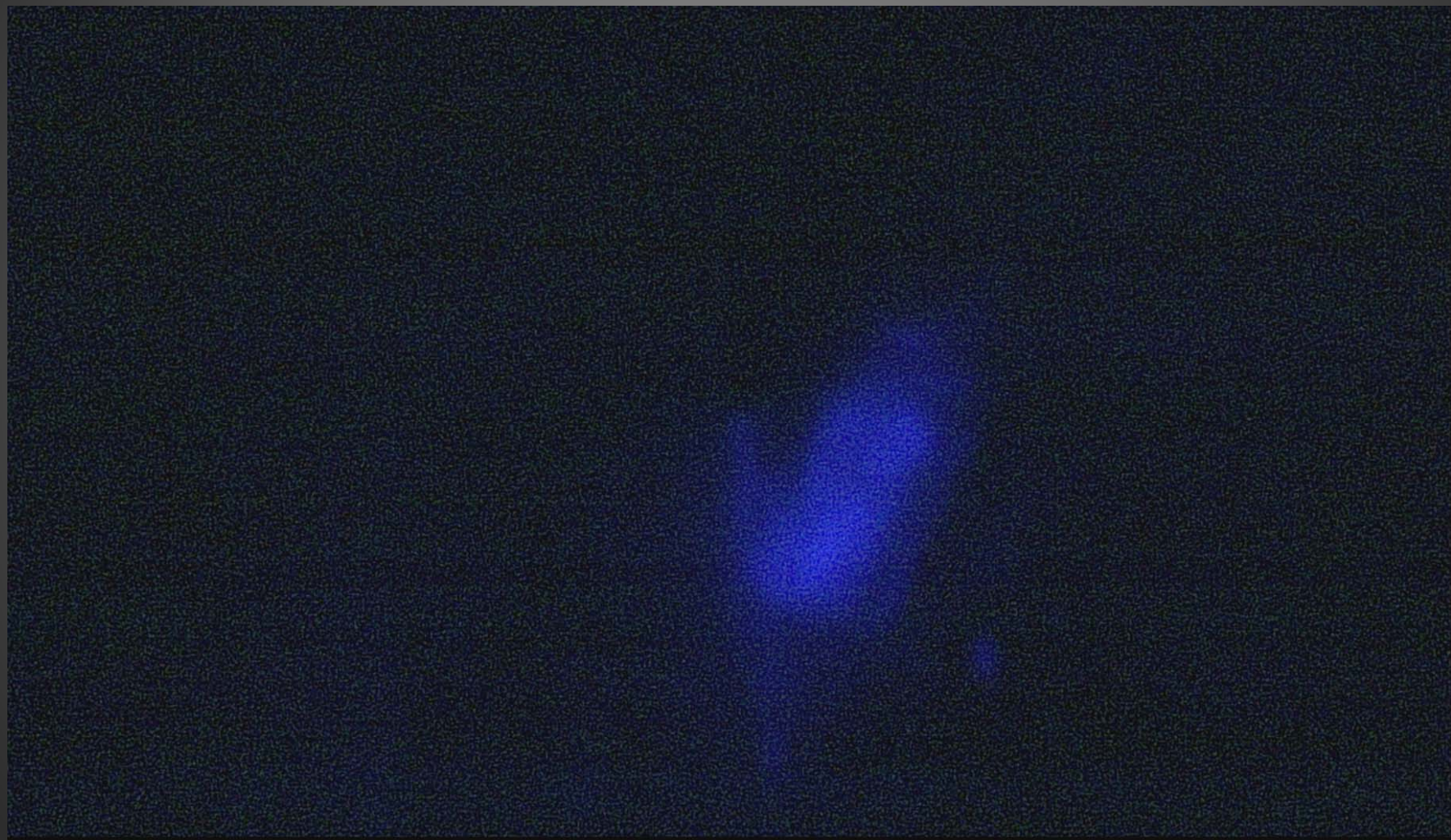


Neoadjuvant Chx + radical cystectomy + extended LA



radical cystectomy + extended LA (+/- M-resection → M0) + adjuvant Chx

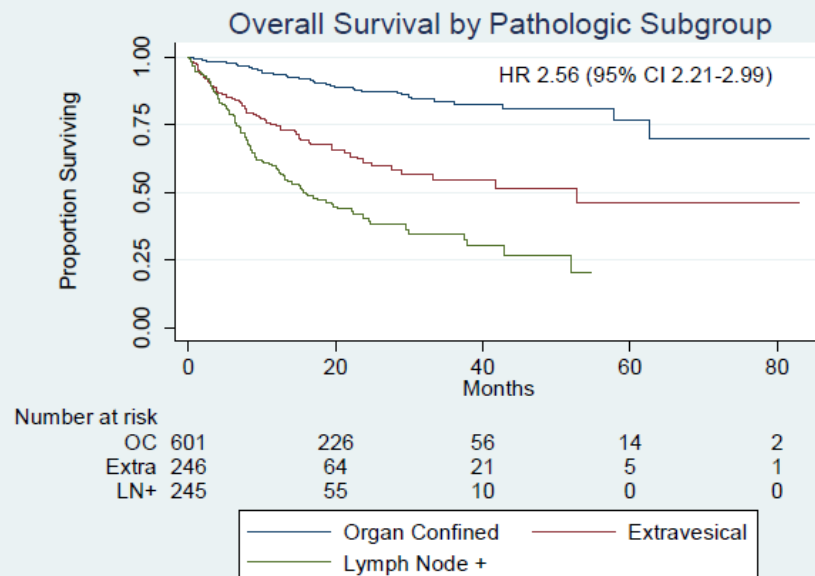
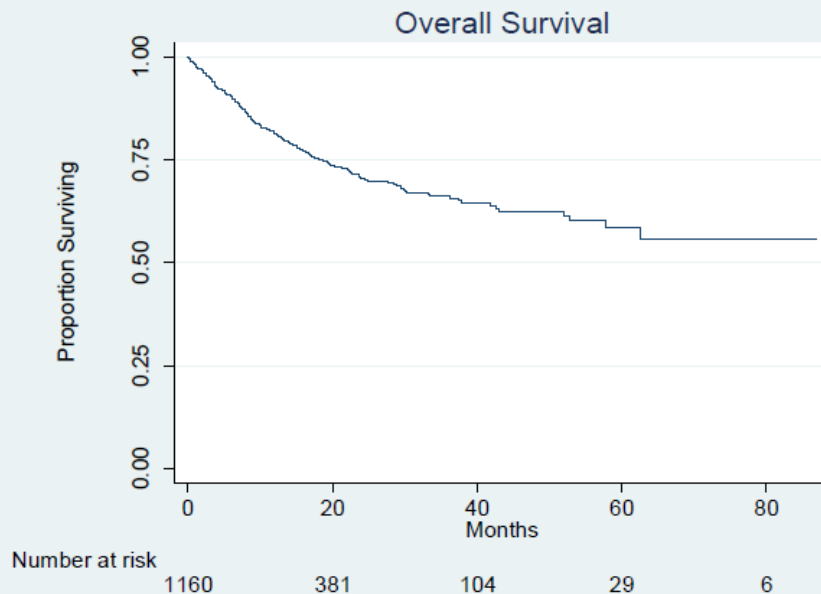




Conclusions

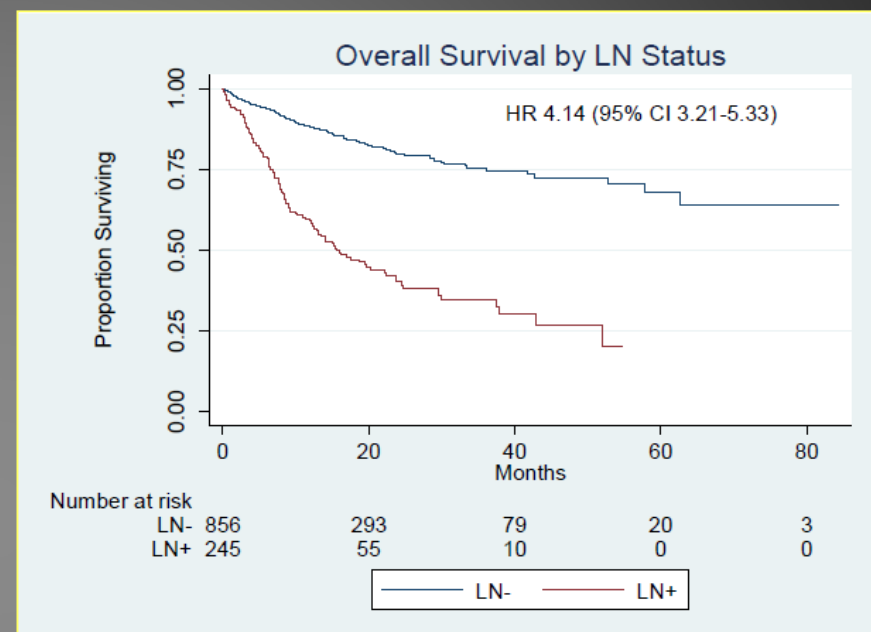
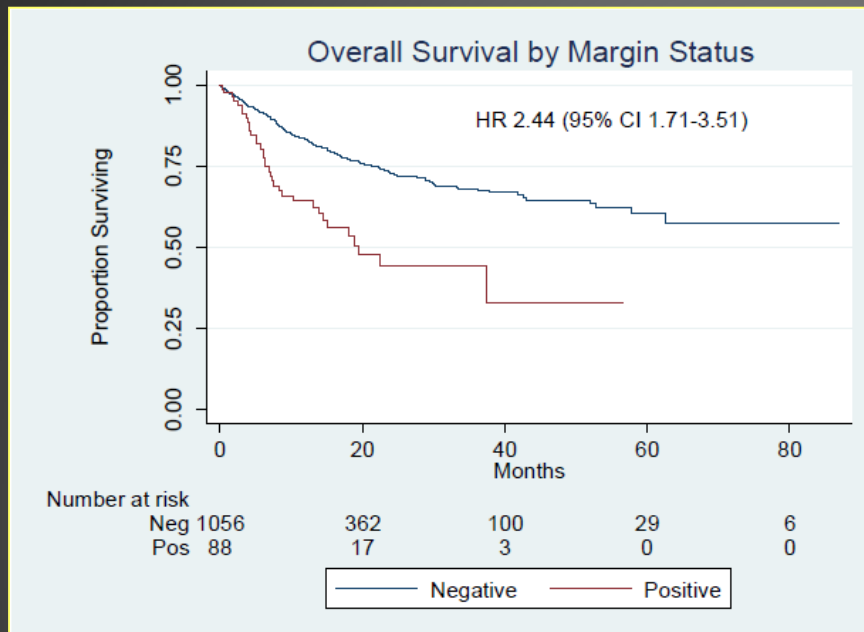
- Lymphadenectomy is the best staging tool
- LA may be curative in testicular, bladder and prostate cancer
- Sentinel LA may increase positive node yield
- Indocyanin green guided LA may define organ relevant lymph nodes

Robotic Assisted Radical Cystectomy: Overall Survival



1 year	82% (95% CI 80-85)
2 year	71% (95% CI 68-75)

N>1,000



Multivariable Analysis			
Variable	Hazard Ratio	95% CI	p value
Pathologic Stage [§]	3.22	2.35-4.40	<0.001
Lymph Node Status [*]	2.43	1.82-3.26	<0.001
Margin [*]	1.03	0.68-1.55	0.906
Age Group [‡]	1.37	1.19-1.58	<0.001

