**PELVIC LYMPH NODE DISSECTION IN PROSTATE CANCER STAGING**

**EVALUATION OF MORBIDITY AND THERAPEUTIC EFFECT**


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**Objectives**
- To evaluate the morbidity of the different surgical approaches for pelvic lymph node dissection (PLND).
- To evaluate the influence of morbidity on radiotherapy (RT) planning.
- To evaluate a possible therapeutic effect of the PLND itself.

**Methods**

From 2000-2016, 228 patients received staging PLND before primary RT in a single tertiary care centre. Nine patients were excluded for the evaluation of morbidity.

Fifty patients were operated in an open approach, 96 laparoscopic and 73 robot-assisted (RA).

Clavien-Dindo classification was used for evaluating complications.

**Results**

Minimal invasive surgery (laparoscopic or RA) caused five times less major complications (22% versus 4.3%, p=0.001) and a median 3 days shorter hospital stay (5d versus 2d, p<0.001).

There was less blood loss in the RA compared to the laparoscopic group (p=0.015).

Major complications resulted in a delayed (23 days) RT start, but no oncological effect was seen.

Independent oncological predictors were the number of positive nodes (BCR/CR/CSS/OS), a lower age (CR), a higher level of initial prostate specific antigen (PSA) (BCR) and post RT PSA (BCR).

**Conclusions**

Minimal invasive surgery can diminish major complications which delay RT start.

Nodal staging proved to be of importance for prognosis, but no significant therapeutic effect was seen of performing PLND as such.