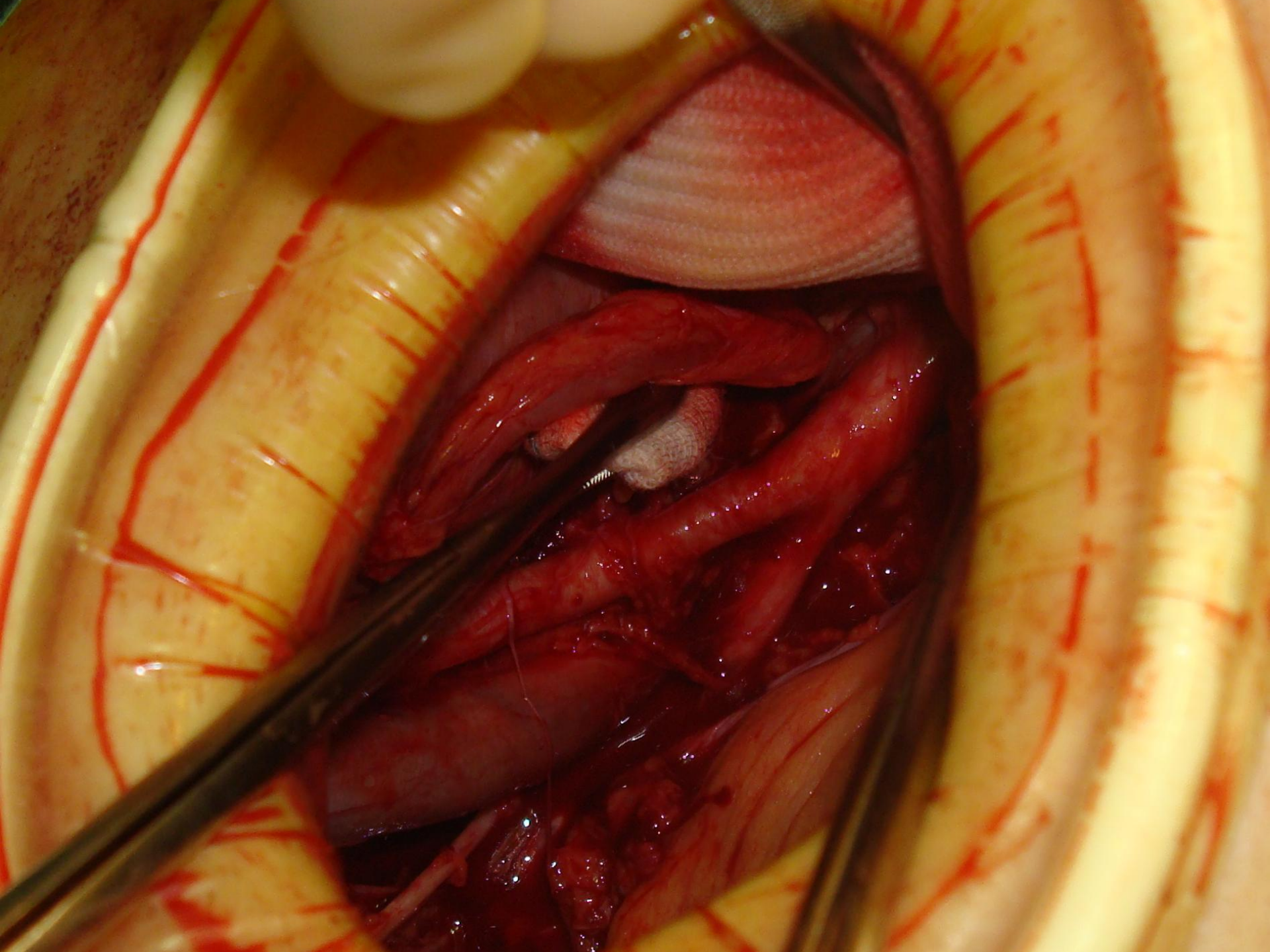
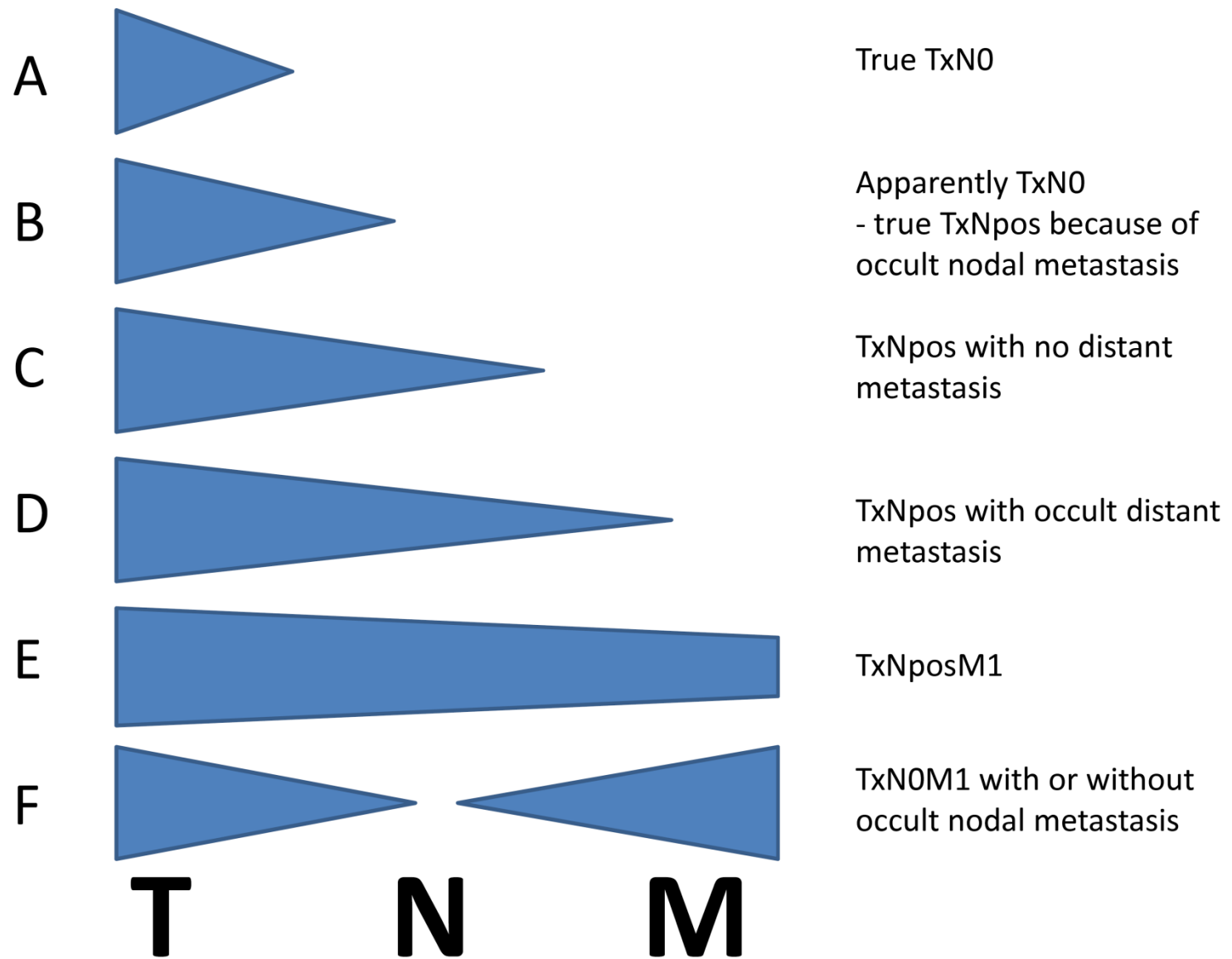


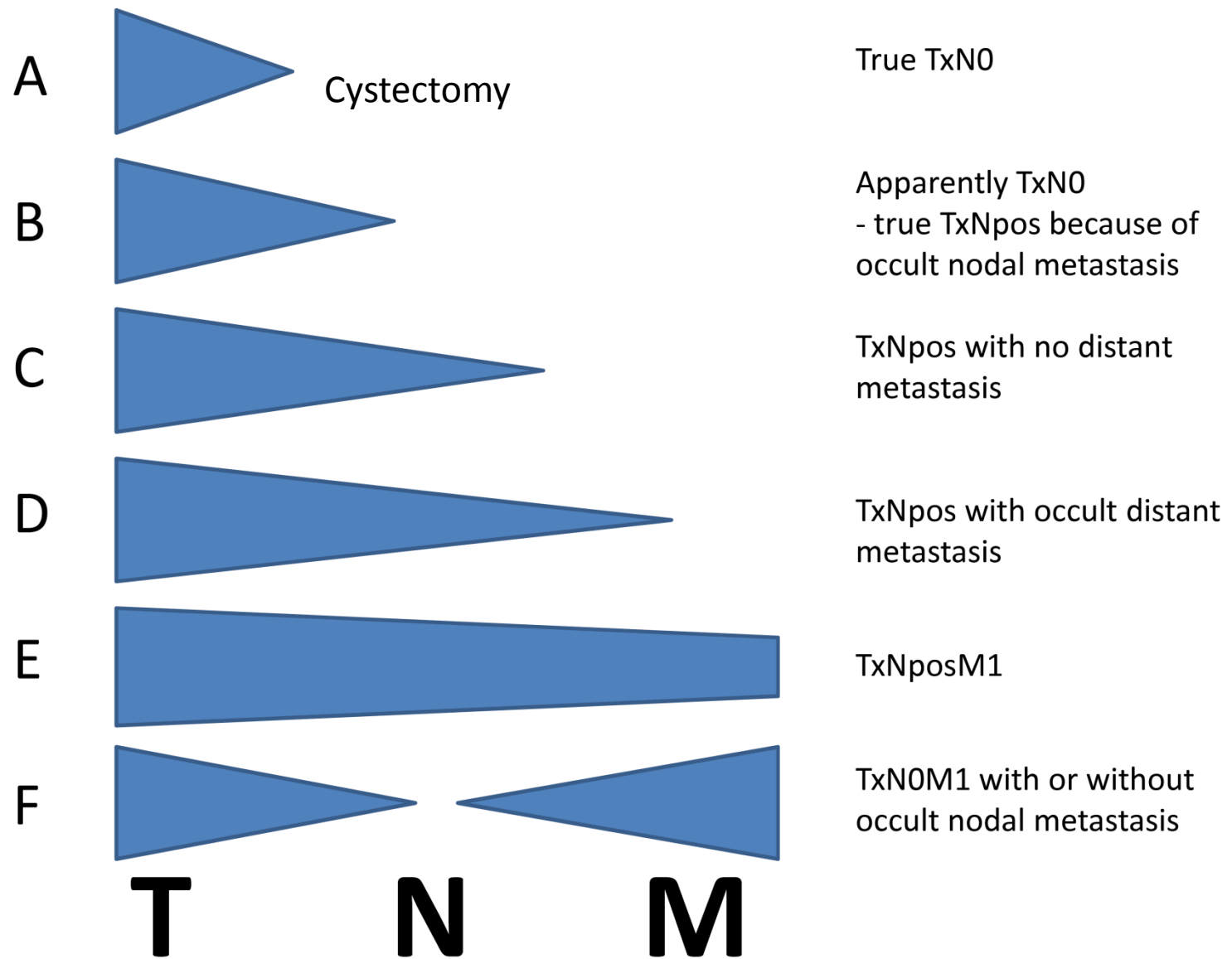
Uro-onkologiske highlights 2012-13

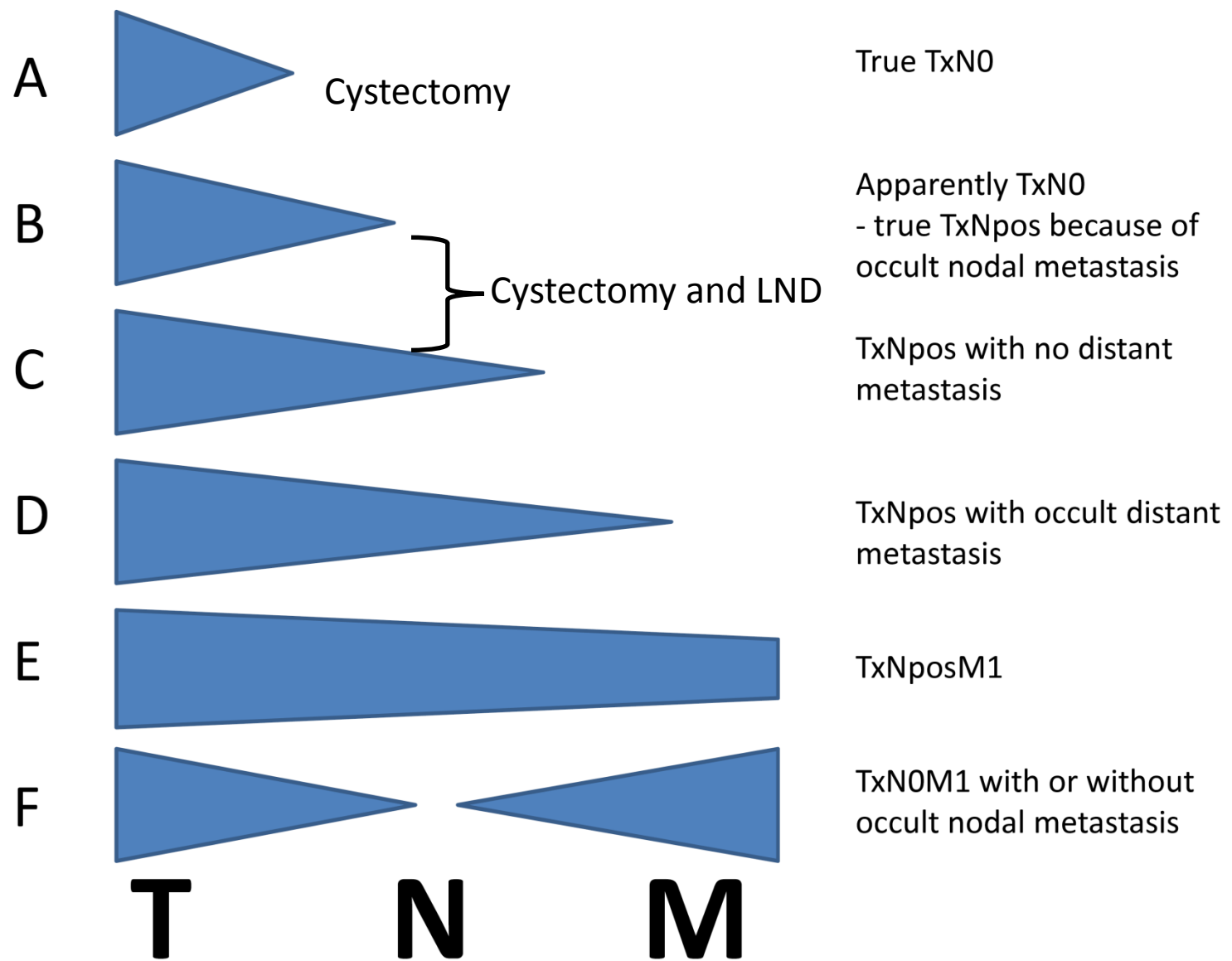
Blærecancer og lymfeknuder Hvad er der med tallet 15?

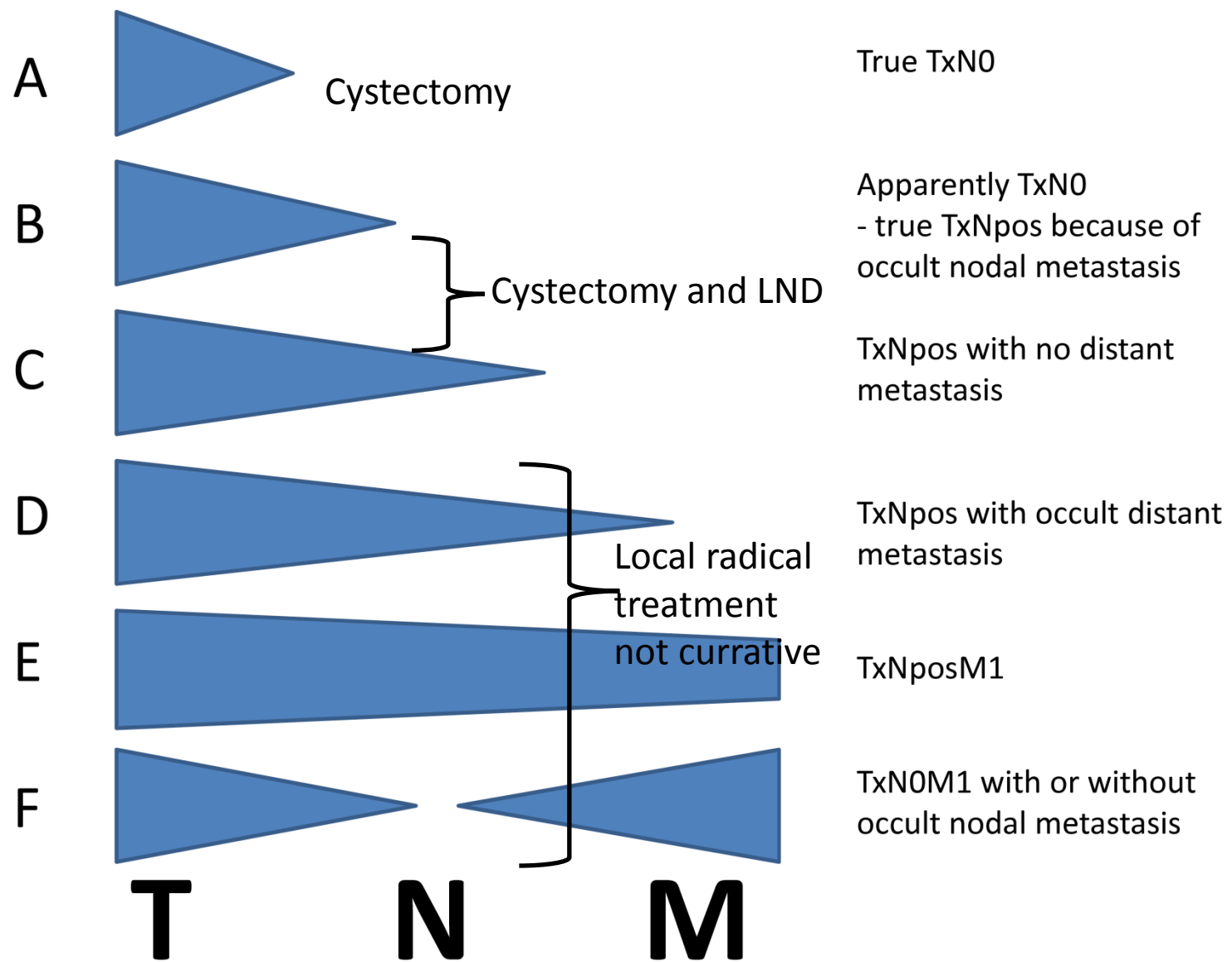
Jørgen Bjerggaard Jensen, overlæge, lektor, dr.med.
Urinvejskirurgisk afd K, Aarhus Universitetshospital
Formand for DaBlaCa – Dansk BlæreCancer Gruppe

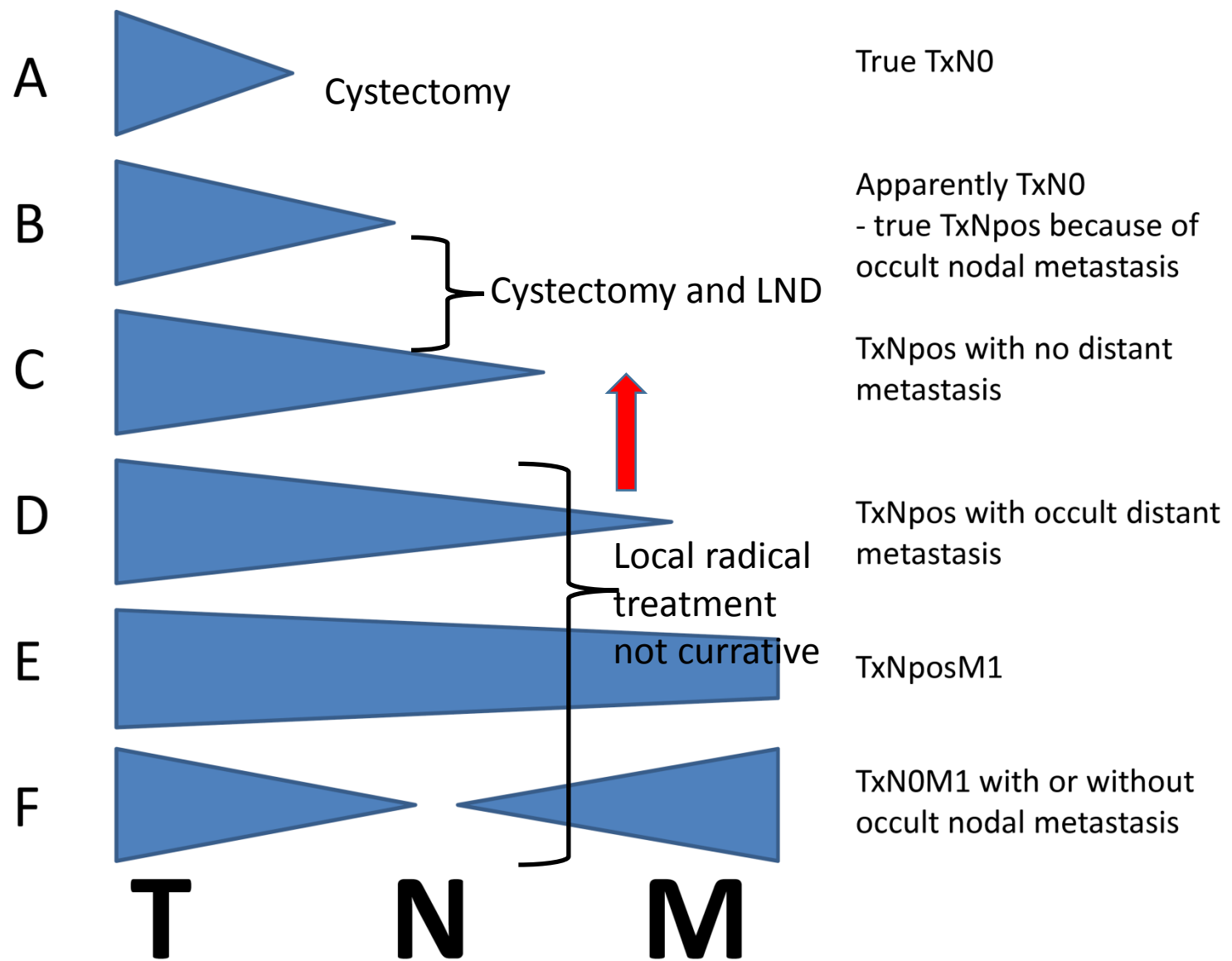




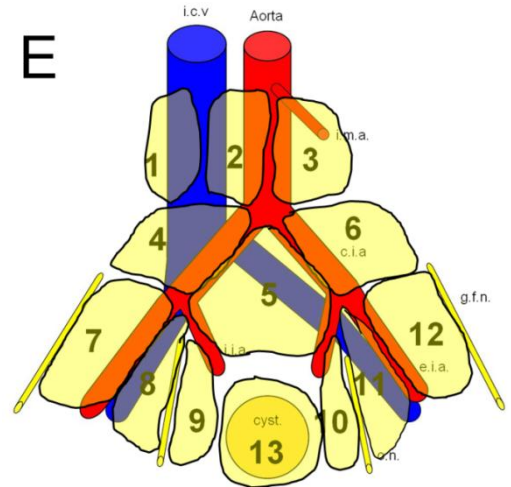
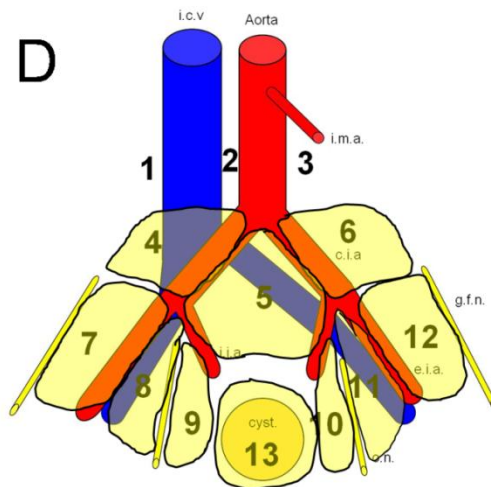
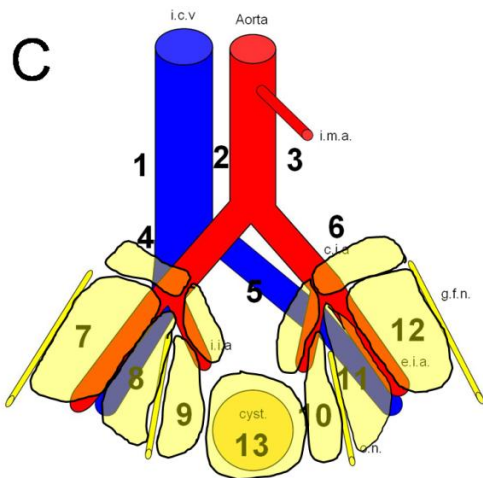
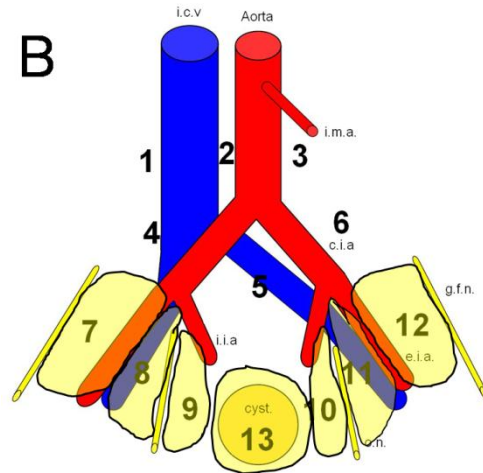
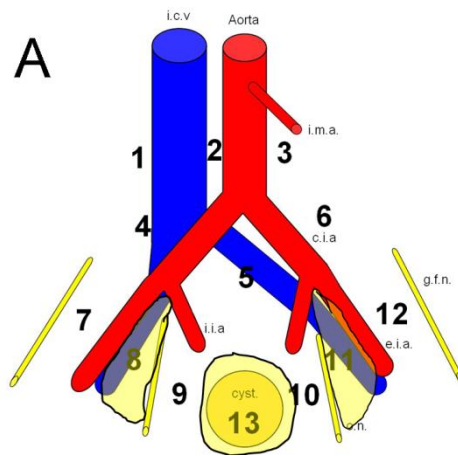




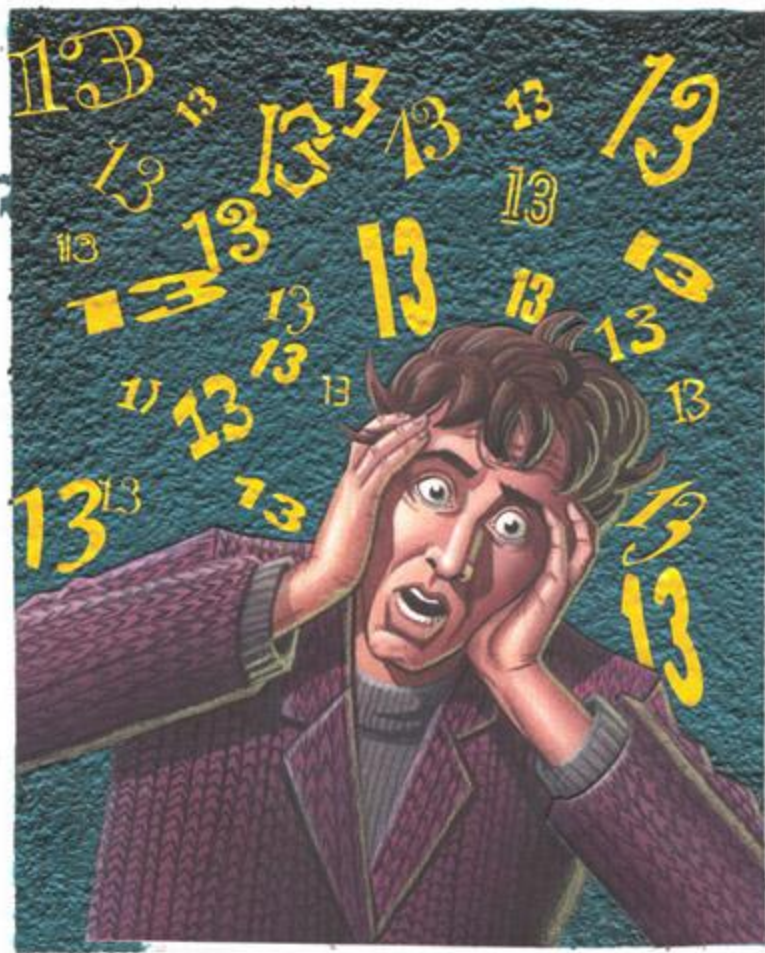




LND Templates



Antal eller template?



Lymph Node Yield at Radical Cystectomy Predicts Mortality in Node-negative and not Node-positive Patients

[Todd M. Morgan](#) , [Daniel A. Barocas](#), [David F. Penson](#), [Sam S. Chang](#), [Shenghua Ni](#), [Peter E. Clark](#), [Joseph A. Smith Jr](#), [Michael S. Cookson](#)

Received 3 February 2012; accepted 6 March 2012. published online 16 July 2012.

Abstract

[Full Text](#)

[PDF](#)

[Images](#)

[References](#)

Objective

To better define the relationship between lymph node count and survival in patients undergoing radical cystectomy for bladder cancer by identifying and controlling for key confounding variables in a large population-based cohort. Considerable controversy remains regarding the correlation between node count and survival, and most prior analyses have not accounted for both patient and provider factors.

Methods

The Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database was used to identify patients with urothelial bladder carcinoma who underwent radical cystectomy from 1992 to 2006. Patients were divided into 2 cohorts based on the presence or absence of nodal metastases, and we performed Cox regression analyses to evaluate the association between node count and survival. Covariates included age, Charlson comorbidity index, stage, grade, lymph node density, number of positive nodes, urinary diversion, chemotherapy, year of surgery, transfusion, and surgeon volume.

Annals of Surgical Oncology
July 2011, Volume 18, Issue 7, pp 2018–2025

Association Between the Number of Dissected Lymph Nodes During Pelvic Lymphadenectomy and Cancer-Specific Survival in Patients with Lymph Node–Negative Urothelial Carcinoma of the Bladder Undergoing Radical Cystectomy

Matthias May MD, Edwin Herrmann MD, PhD, Christian Bolenz MD, Sabine Brookman-May MD, Arne Tiemann MD, Rudolf Moritz MD, Hans-Martin Fritsche MD, Maximilian Burger MD, PhD, Lutz Trojan MD, PhD, Maurice S. Michel MD, PhD, ... [show all 24](#)



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THE AMERICAN SOCIETY OF
Breast Surgeons

Society of Surgical Oncology [↗](#)

Platinum Priority – Bladder Cancer

Clinical Nodal Staging Scores for Bladder Cancer: A Proposal for Preoperative Risk Assessment

Shahrokh F. Shariat^{a, 1},  , Behfar Ehdai^{a, 1}, Michael Rink^{a, b}, Eugene K. Cha^a, Robert S. Svatek^c, Thomas F. Chromecki^{a, d}, Harun Fajkovic^{a, e}, Giacomo Novara^f, Scott G. David^a, Siamak Daneshmand^g, Yves Fradet^h, Yair Lotanⁱ, Arthur I. Sagalowsky^j, Thomas Clozel^a, Patrick J. Bastian^j, Wassim Kassouf^k, Hans-Martin Fritsche^l, Maximilian Burger^l, Jonathan I. Izawa^m, Derya Tilki^j, Firas Abdollahⁿ, Felix K. Chun^b, Guru Sonpavde^o, Pierre I. Karakiewiczⁿ, Douglas S. Scherr^a, Mithat Gonen^p

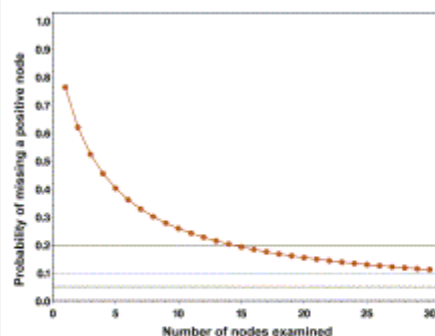


Fig. 1. Probability of missing nodal disease as a function of nodes examined in 4335 patients who were treated with radical cystectomy with pelvic lymphadenectomy.

References	Year	No. of pts	LND extent (proximal limit)	Median no. of LNs removed (range)	Prognostic significance of no. LNs removed
Leissner et al. [2]	2000	302	Extended (aortic bifurcation)	13 (1–46)	Yes* (<16 vs. $\geq$ 16)
Herr et al. [10]	2002	322	Standard (distal common iliac LN)	N0 disease: 8 (0–44), N + disease: 11 (1–25)	Yes* (<8 vs. $\geq$ 8 in N0 disease; <11 vs. $\geq$ 11 in N + disease)
Konety et al. [3]	2003	20,799	Variable, including no LND	Not available (no LN removed in 91.5%)	Yes* (<4 vs. $\geq$ 4); No (multivariate analysis)
Koppie et al. [4]	2006	1,121	Variable, including limited LND	9 (0–53)	Yes* (as both continuous and categorical variables)
Honma et al. [19]	2006	146	Limited (without common iliac LN)	Mean 14 (2–42)	No (N0 disease); Yes* (N + disease)
Wright et al. [18]	2008	1,260 (N + pts)	Variable, $\geq$ 1 LN removed	9 (1–48)	Yes (<10 vs. $\geq$ 10)
Stein et al. [14]	2003	244 (N + pts)	Extended (inferior mesenteric LN)	30 (1–96)	No ($\leq$ 15 vs. >15); Yes ($\leq$ 8 vs. >8)
Fleischmann et al. [12]	2005	507	Standard (the crossing of the ureter with the common iliac artery)	22 (10–43)	No (as categorical variable, quartile)
Kassouf et al. [11]	2006	108 (N + pts)	Not available	12 (1–58)	No ($\leq$ 12 vs. >12)
Wiesner et al. [13]	2009	152	Extended (inferior mesenteric LN)	33 (15–77)	No (as a categorical variable)
Holmer et al. [15]	2009	170	Limited in 69; Extended in 101 (aortic bifurcation)	Limited, 8 (1–36); Extended, 37 (8–71)	No (<16 vs. $\geq$ 16)
Present study	–	450	Standard (common iliac LN)	18 (10–94)	No (as both continuous and categorical variables)

* Univariate analysis only was performed

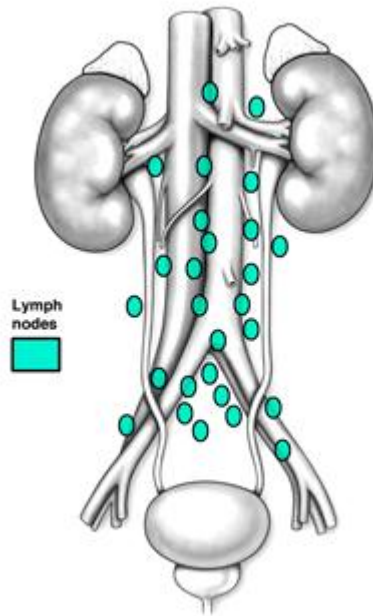
- så man skal bare fjerne 15 lymfeknuder for at gøre det godt?
- the more the merrier?

- så man skal bare fjerne 15 lymfeknuder for at gøre det godt?
- the more the merrier?



Breast lymph node dissection

- så man skal bare fjerne 15 lymfeknuder for at gøre det godt?
- the more the merrier?



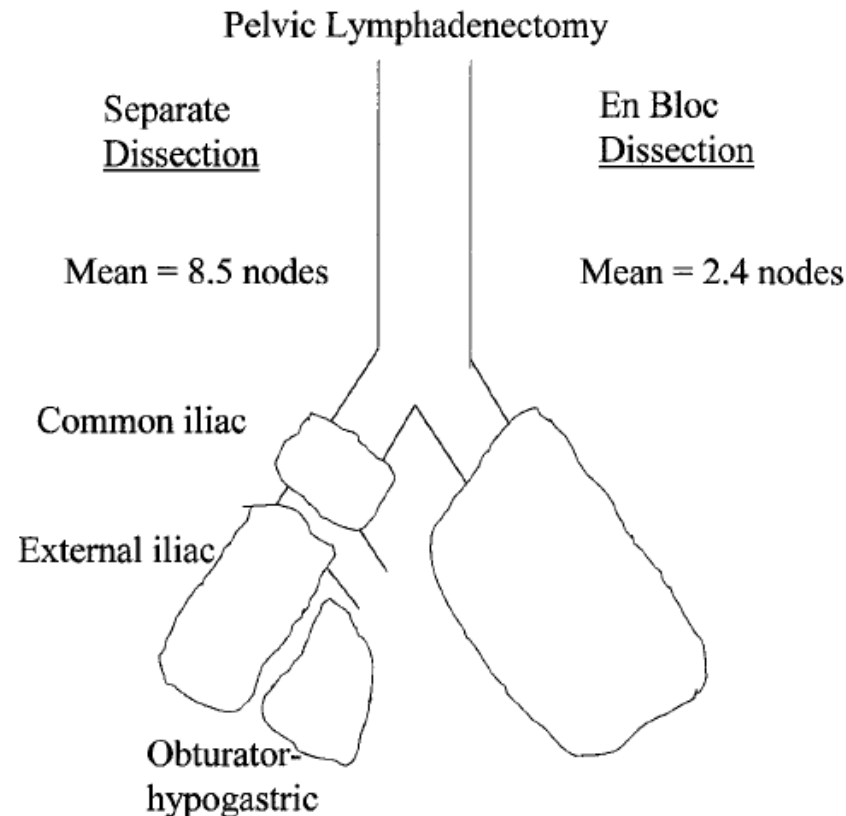


Standard Lymph Node Dissection for Bladder Cancer: Significant Variability in the Number of Reported Lymph Nodes

[R.P.P. Meijer](#), [C.J.M. Nunnink](#), [A.E. Wassenaar](#), [A. Bex](#), [H.G. van der Poel](#), [B.W. van Rhijn](#), [W. Meinhardt](#), [S. Horenblas](#)✉

Department Of Urology, The Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital and Department of Pathology, St. Lucas Andreas Hospital (AEW), Amsterdam, The Netherlands

What is the number of lymph nodes?



Standard pelvic lymph node dissection performed in 20 patients at radical cystectomy and lymph node groups submitted en bloc or as separate packets for pathological evaluation.

Scandinavian Journal of Urology and Nephrology, 2009; 43: 288–292

informa
healthcare

ORIGINAL ARTICLE

Estimation of the true number of lymph nodes in lymphadenectomy specimens from radical cystectomy

JØRGEN BJERGGAARD JENSEN¹, BENEDICTE PARM ULHØI² &
KLAUS MØLLER-ERNST JENSEN¹

¹*Department of Urology, Aarhus University Hospital, Skejby, and Denmark,* ²*Institute of Pathology, Aarhus University Hospital, Aarhus Sygehus NBG, Denmark*

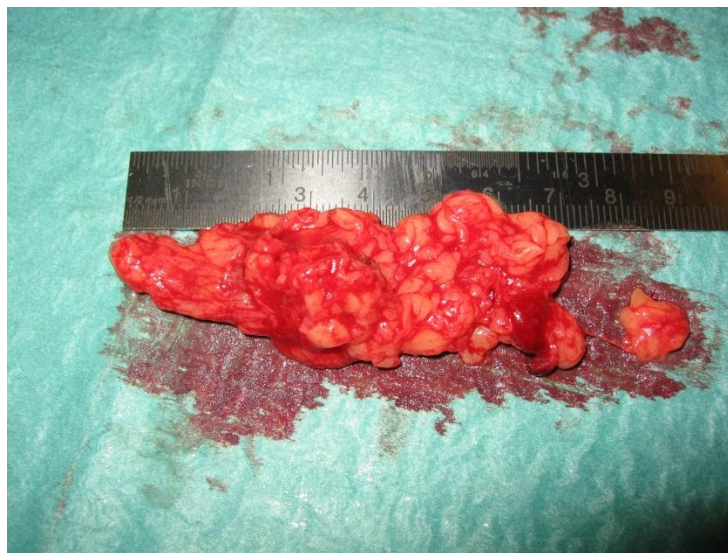
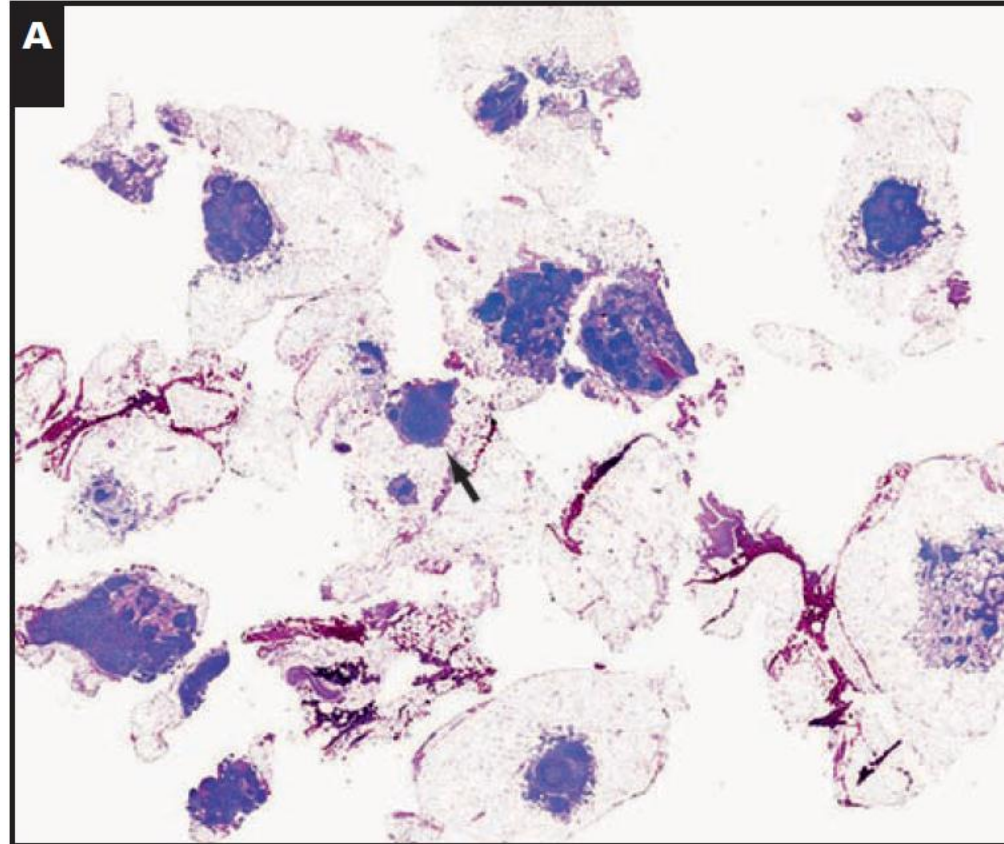


Table I. Number and size of lymph nodes found by conventional method and additional fat-sectioning technique in 15 lymphadenectomy specimens from radical cystectomy.

Patient no.	Dissected locations	Conventional method			Additional fat-sectioning		
		No. of lymph nodes	Median size ^a (mm) (min-max)	Metastases present	No. of lymph nodes	Median size ^a (mm) (min-max)	Metastases present
1	1-13	20	11 (4-50)	No	0		
2	7-13	7	15 (4-40)	No	1	3	No
3	1-13	17	8 (5-18)	No	0		
4	1-13	18	6 (3-60)	No	0		
5	1-13	34	6 (3-20)	No	0		
6	7-13	8	4.5 (2-18)	No	4	4 (3-9)	No
7	4-13	12	8 (4-20)	Yes	0		
8	1-13	18	6 (4-20)	No	0		
9	1-13	24	7 (4-20)	No	0		
10	1-13	21	7 (3-55)	No	1	2	No
11	1-13	35	6 (3-70)	No	0		
12	1-13	13	5 (4-12)	No	0		
13	1-13	32	6 (2-13)	No	1	2	No
14	1-13	19	7 (2-35)	Yes	5	5 (2-15)	No
15	1-13	14	6 (3-30)	Yes	4	6 (4-8)	Yes

^aMaximum longitudinal diameter of each node.

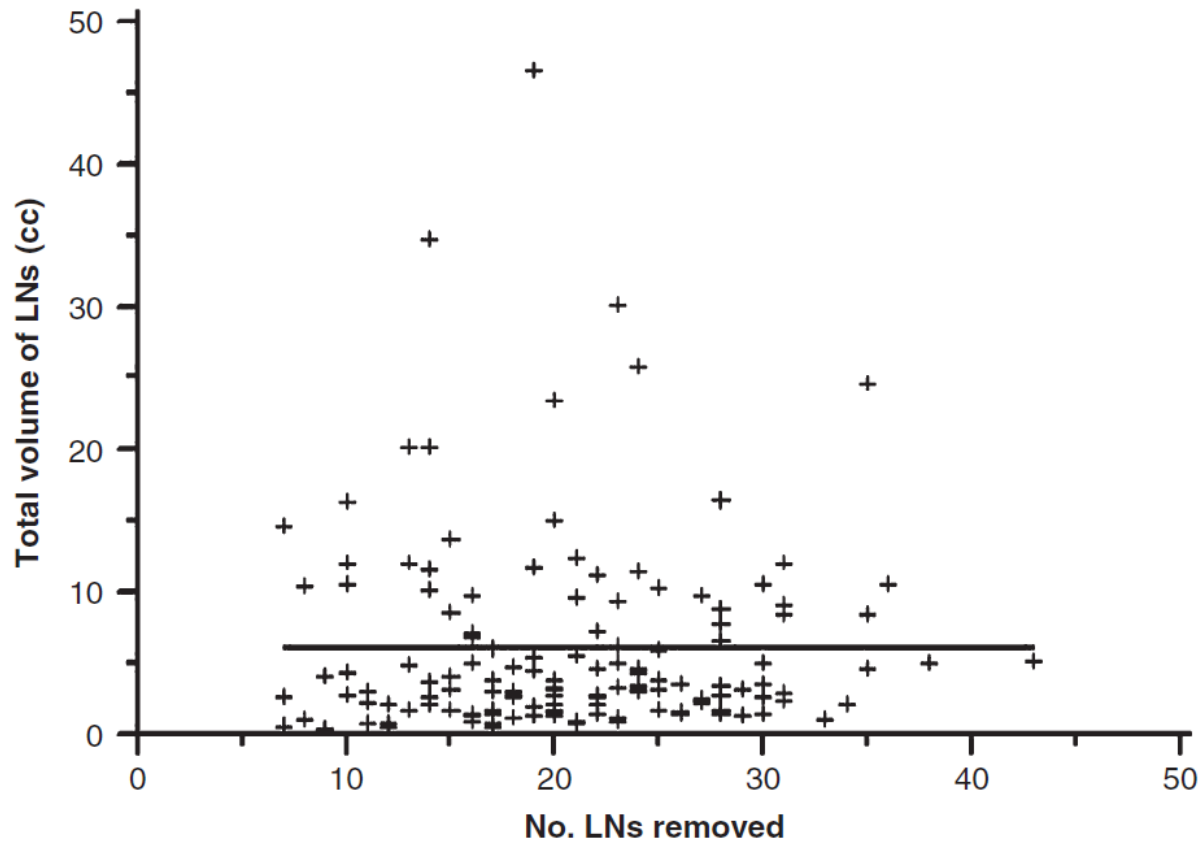
What is the number of lymph nodes?



5-16 lymph
nodes

Parkesh V et al. Am J Clin Pathol 2010

What is the number of lymph nodes?



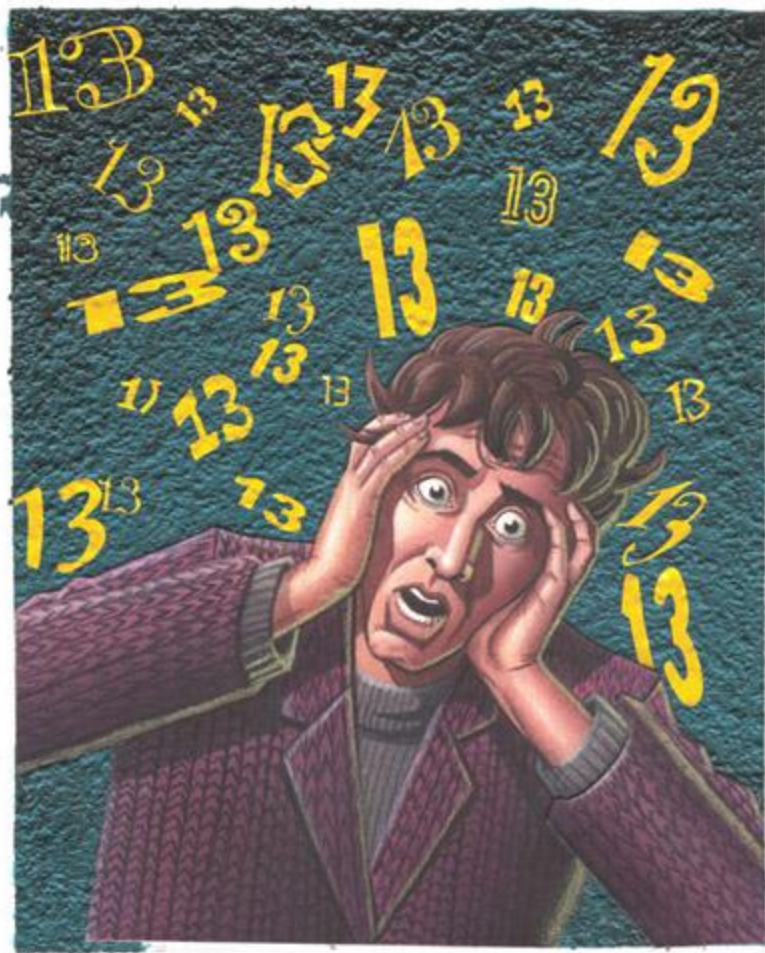
Så antallet af lymfeknuder på patologirapporten afhænger af...

- Hvor mange præparater der sendes
- Hvor grundigt præparatet undersøges
- Hvilken patolog der undersøger præparatet – definition af lymfeknuder
- Patientens lymfeknudeanatomi
- Template for lymfeknudedissektion
- Grundighed ved lymfeknudedissektion

Så antallet af lymfeknuder på patologirapporten afhænger af...

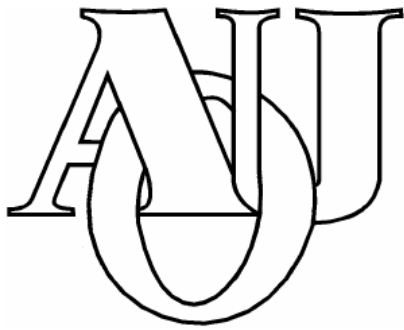
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Antal eller template?



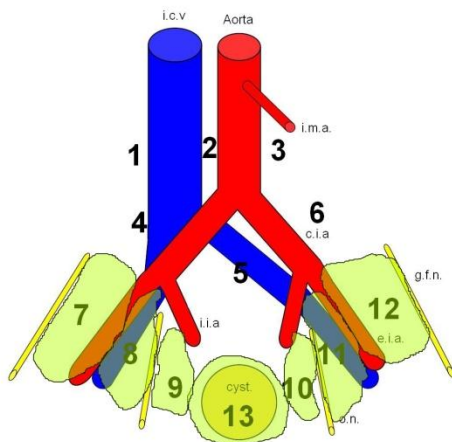
Antal eller template?



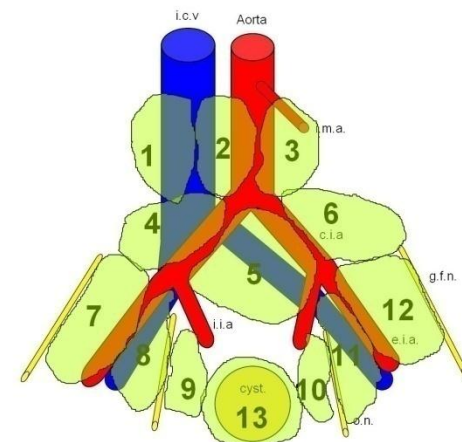


DEUTSCHE
KREBSGESELLSCHAFT E.V.

**Prospektiv randomisierte Studie zum Vergleich einer
ausgedehnten mit einer eingeschränkten pelvinen
Lymphadenektomie bei der operativen Therapie des
Harnblasenkarzinoms**



VS.



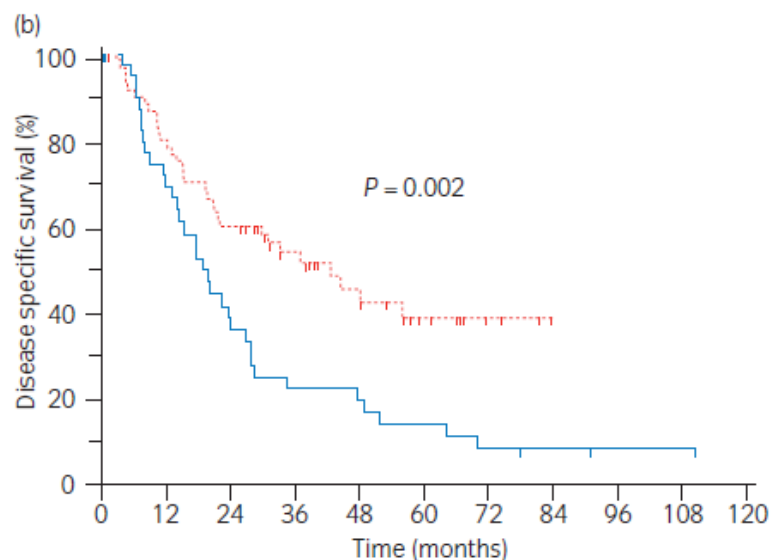
Original Article: Clinical Investigation**Extended versus limited lymph node dissection in radical cystectomy: Impact on recurrence pattern and survival**Jørgen Bjerggaard Jensen,¹ Benedicte Parm Ulhøi² and Klaus Møller-Ernst Jensen¹¹Department of Urology, and ²Institute of Pathology, Aarhus University Hospital, Aarhus, Denmark

Fig. 2 (a) Recurrence-free survival and (b) disease-specific survival of lymph node-positive patients stratified according to lymph node dissection. Log-rank *P*-values are shown. Lymph node dissection: (—) limited, (---) extended.

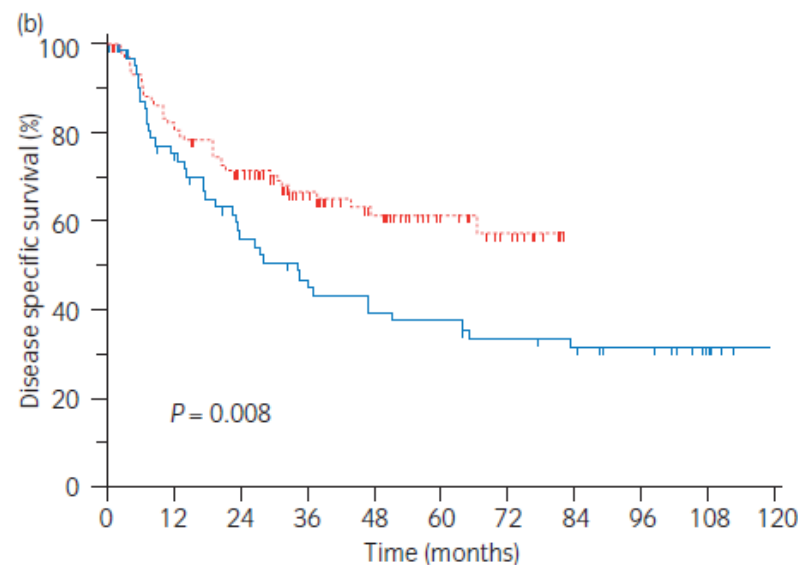


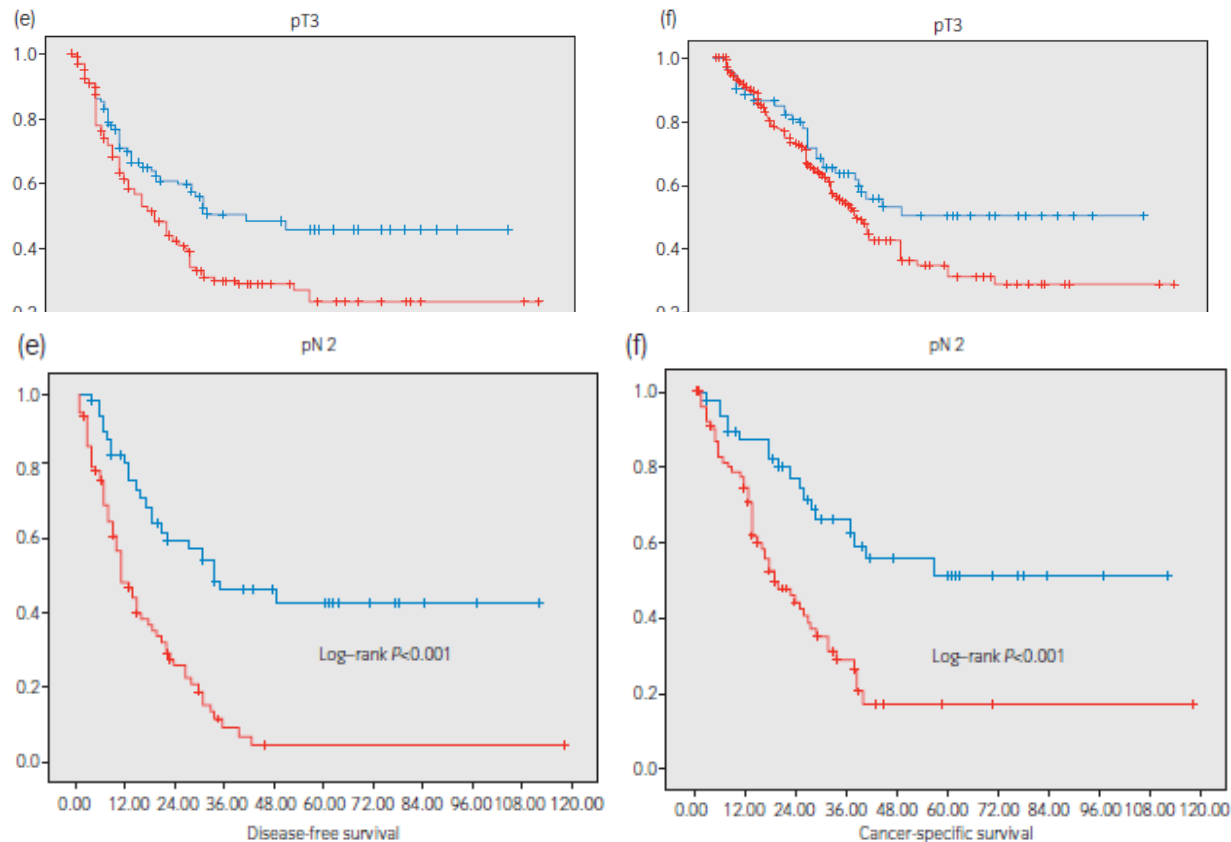
Fig. 3 (a) Recurrence-free survival and (b) disease-specific survival of patients with non-organ confined disease stratified according to lymph node dissection. Log-rank *P*-values are shown. Lymph node dissection: (—) limited; (---) extended.

Original Article

Stage-specific impact of extended versus standard pelvic lymph node dissection in radical cystectomy

Giuseppe Simone,¹ Rocco Papalia,¹ Mariaconsiglia Ferriero,¹ Salvatore Guaglianone,¹
 Emanuele Castelli,² Devis Collura,² Giovanni Muto² and Michele Gallucci¹

¹Department of Urology, “Regina Elena” National Cancer Institute, Rome, and ²Department of Urology, “San Giovanni Bosco” Hospital, Turin, Italy



Hvad er der med tallet 15?

Hvad er der med tallet 15?

