



Factors associated with inferior cancer specific survival of retroperitoneal lymph node dissection (RPLND) - a single centre experience in Hong Kong

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Objective

- Testicular cancer is a rare disease which can be treated with surgery in metastatic settings
- Review the factors associated with inferior cancer survival
- Review the oncological and operative outcomes of RPLND in New Territories West Cluster from 2008 to 2023

Method

- Retrospectively review patients who underwent RPLND for testicular/ para-testicular cancer in Tuen Mun Hospital from 2008 to 2023
- 16 male patients in total received open RPLND

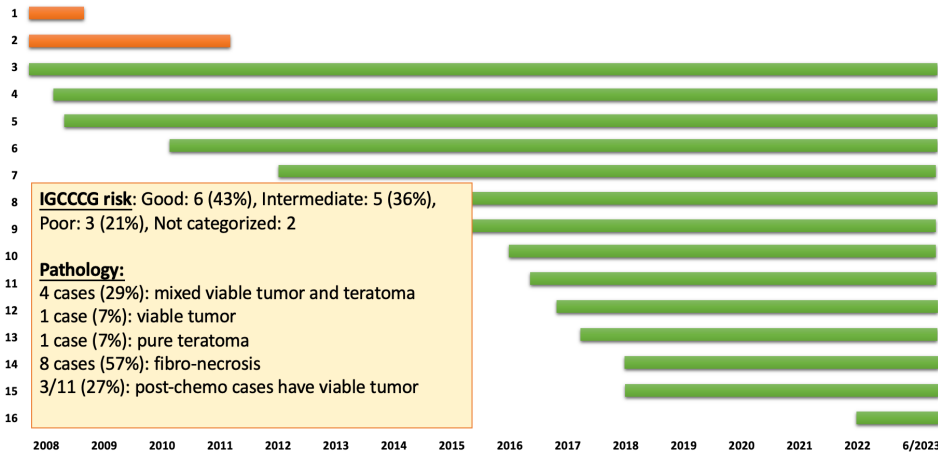
Results

Patient Characters

Mean age: 30 (Range: 16-59); Hong Kong Chinese; 7 Smokers, 9 non-smokers

Disease Characters & Oncological Outcomes

16 male patients: Disease free survival (Mean FU 8.6 years)



Operative Outcomes

- In total 346 lymph nodes were removed
- Mean size of pre-operative lymph nodes: 5.4cm
- 36% of the resected lymph nodes contained viable tumours
- Mean operation time 297 minutes, Mean blood loss 1512ml, Mean length of stay 15.5 days
- Only 1 patient requiring reoperation

Factors associated with inferior cancer specific survival (Chi Square Test)

- Delayed operation >366 days (P= 0.007)
- Lymph node size >10cm (P= 0.086), Length of stay >2 weeks (P= 0.086)
- IGCCCG poor risk (P= 0.149), Lymph node removed >20 (P= 0.333)
- Blood loss >1.5L (P= 0.821), smoker (P= 0.849), Operation time >5 hours (P= 0.849)

Conclusion

- RPLND is a worthwhile procedure to perform with its reasonable oncological outcomes
- 36% of the resected lymph nodes contained viable tumours and only 1 patient with Clavien-Dindo grade IIIb complication post-operatively.