



A Systematic Review of Retroperitoneal Lymph Node Dissection as Primary Treatment for Lymph Node Positive Testicular Seminomas

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INTRODUCTION

Ca testes is the 2nd most common cancer in males aged 30-34 (7.1 per 100,000) in Hong Kong, with an incidence rate of 2.4 per 100,000 (ASR) between 2012-2021.

98% of testicular cancers are germ cell tumours with 50% of germ cell tumours are seminomas. There is overall good prognosis especially for seminomas.

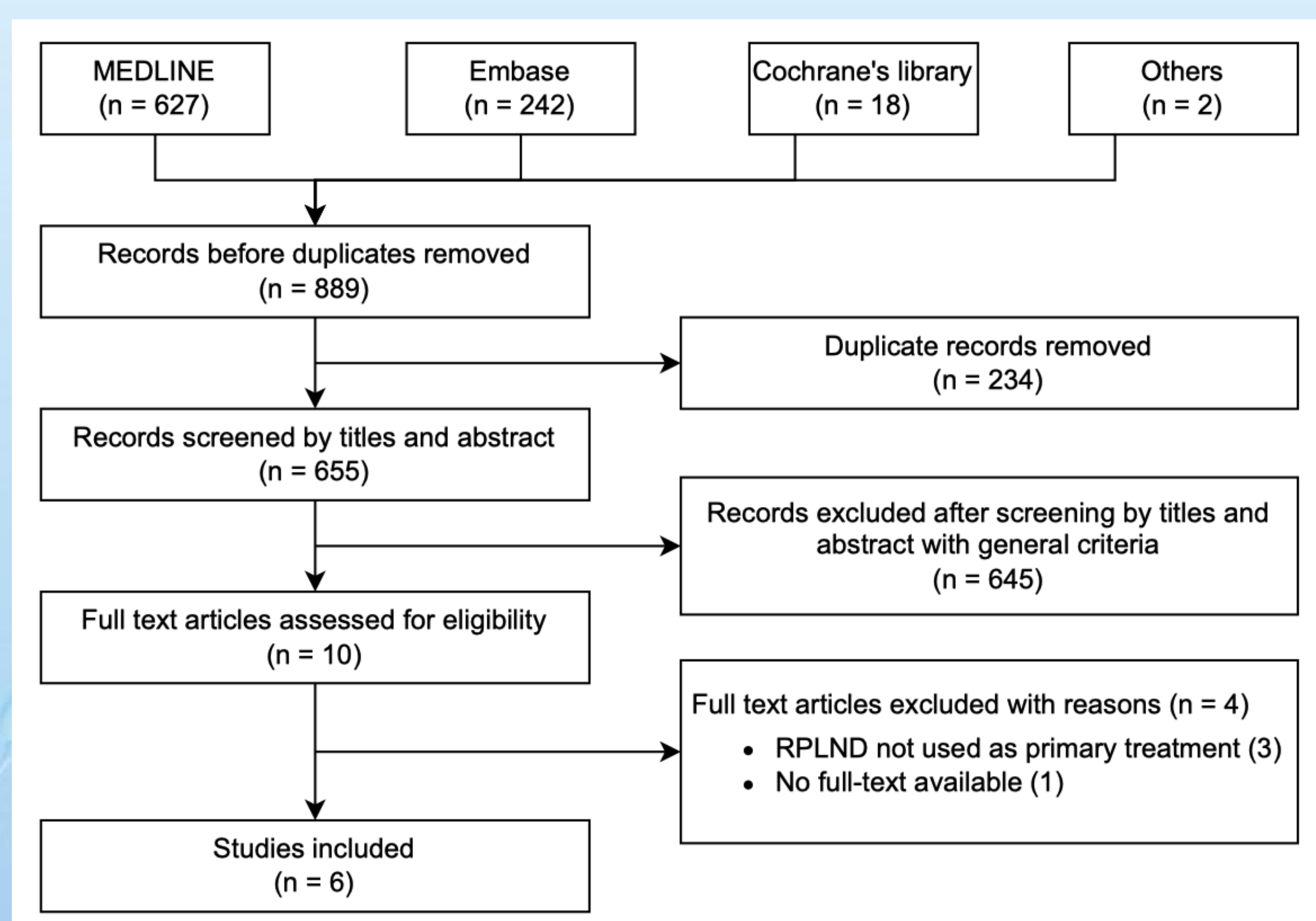
According to guidelines, treatment for LN metastatic Ca testes is mainly by chemotherapy or radiotherapy both of may cause long-term morbidity/mortality. RPLND is a promising therapy for LN metastatic Ca testes to reduce long-term side effects

Aim: This review aims to evaluate the effectiveness of RPLND as primary treatment for lymph node metastatic (Stage IIA/IIB) Ca seminomas in human studies

METHODOLOGY

MEDLINE, Embase, Scopus, Web of Science and Cochrane library were searched and screened for in vivo studies related to “probiotics”, “RPLND” and “Stage IIA/IIB Ca seminomas” in accordance to PRISMA

Studies were included if RPLND was used as primary treatment for Stage IIA/IIB seminomas. Studies were excluded if RPLNDS was not used as primary treatment (e.g. salvage therapy)



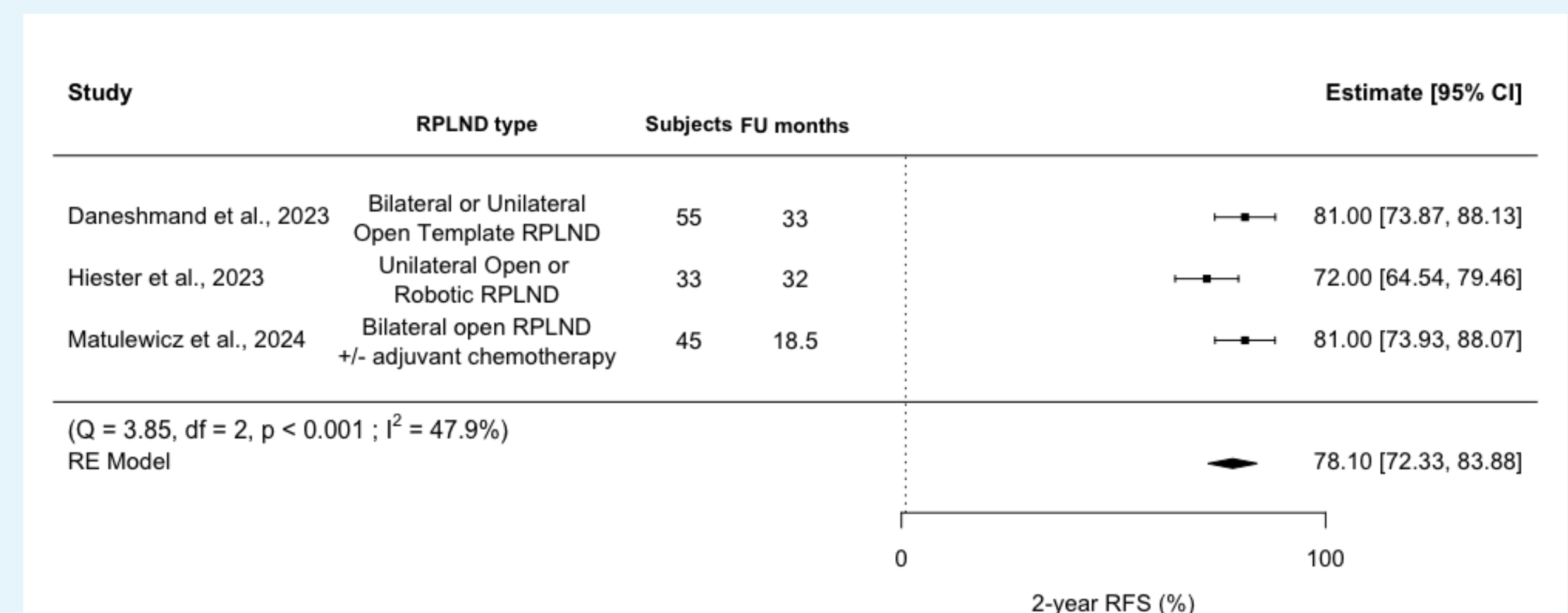
RESULTS

6 studies were identified. 4 prospective studies and 2 retrospective studies.

Patients were Stage IA with recurrence of Stage IIA/IIB. Median age ranged between 37-42. Median FU 18.5-32.

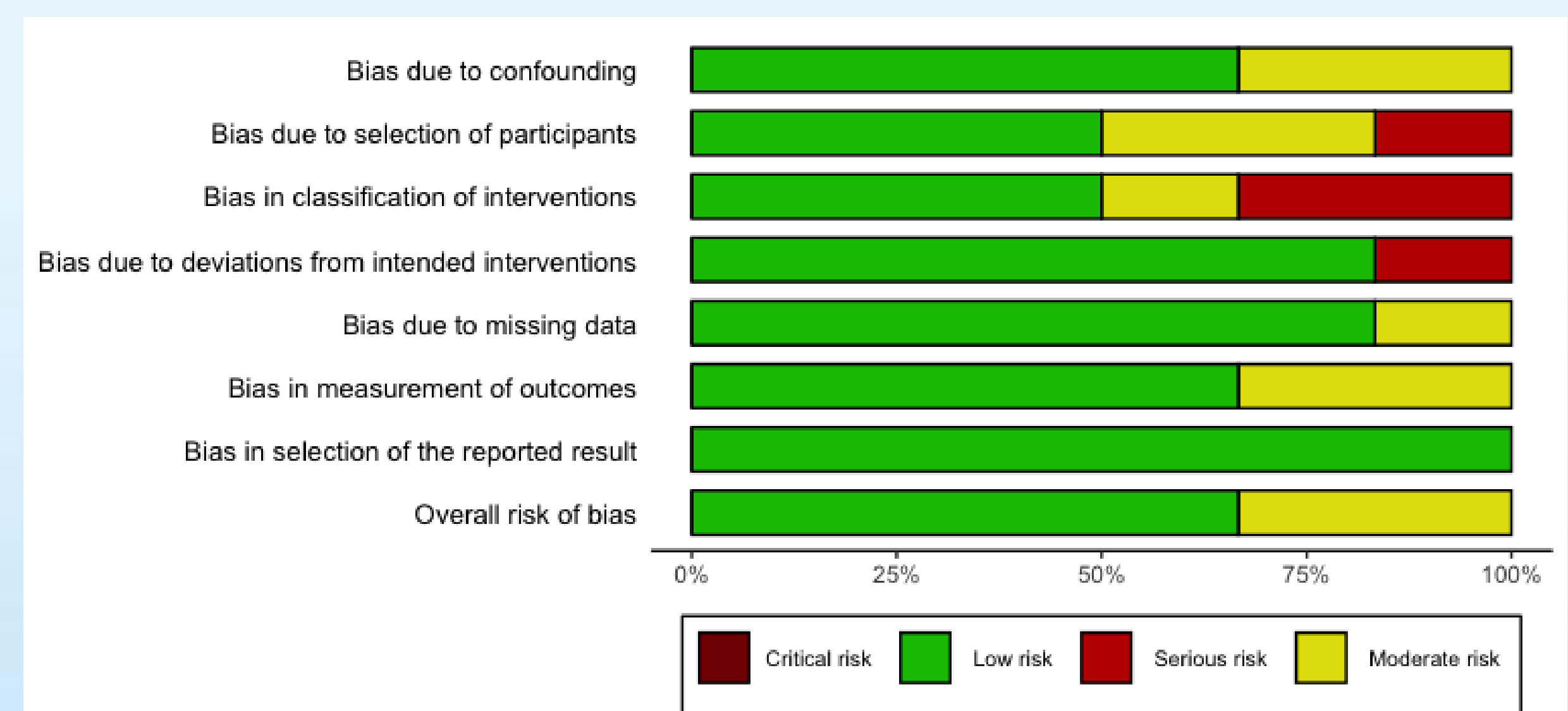
Methods of RPLND included bilateral or unilateral open or robotic RPLND.

Patients with recurrence ranged from 8% to 30%. Median time to recurrence ranged from 8 to 13.7 months



Forest plot showed 2 year RFS % is 78.10%.

Risk of bias analysis showed high risk mainly in selection of participants, classification of interventions and deviation from intended interventions



CONCLUSIONS

RPLND is a potential way to treat early lymph node positive testicular seminomas.

However, more studies are required to determine the best approach towards RPLND and patient selection for suitability for RPLND.

Moreover, more long term studies are required to delineate any reduction in long-term morbidities when compared with chemotherapy or radiotherapy.