Low Volume Lymph Node Metastases after Radical Cystectomy: Good Long-Term Survival

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Abstract

Objectives: To determine the long-term findings of patients with pathologically proven regional lymph node metastases undergoing radical cystectomy (RC) and pelvic lymph node dissection (PLND) for bladder cancer, and to analyze the impact of the number of lymph node metastases and adjuvant chemotherapy on the patient clinical outcome.

Methods: This study reviewed the data from 15 patients with lymph node metastases from 1994–2009. The overall survival (OS) after RC was measured using the Kaplan-Meier method.

Results: A median of 22 nodes (range, 9–37) were removed per patient. The median follow-up time was 34 months (range, 6–109) after RC. The 5-year OS of 15 patients with lymph node metastases was 58%, and that of patients with one or two positive nodes (n=11) was 83%, which was significantly better than patients with three or more positive nodes (n=4) (p=0.00045). A multivariate analysis showed the number of positive nodes to be an independent prognostic parameter (p=0.038).

Conclusions: Good long-term survival was observed in patients with low volume lymph node metastases after RC.

Key words: Bladder cancer, Lymph node metastasis, Overall survival, Radical cystectomy