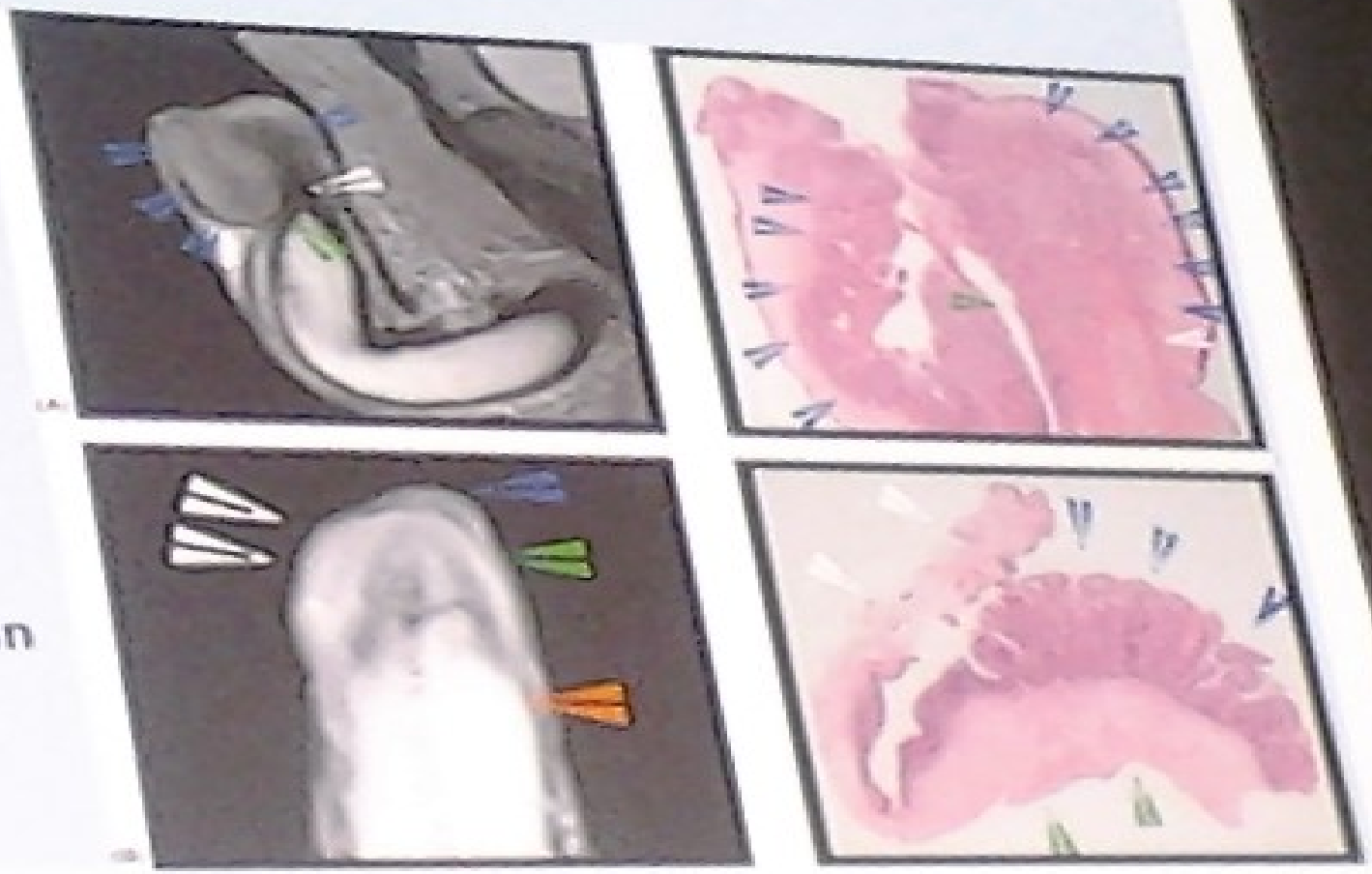
14 εκπαιδευτική εβδομάδα Ε.Ο.Ε

ΒΛΑΧΙΩΤΗΣ ΙΩΑΝΝΗΣ M.D. PhD, FEBU,FBU

Συν/της Δ/ΤΗΣ Ουρο/γικης ΕΑΝΠ ΜΕΤΑΞΑ

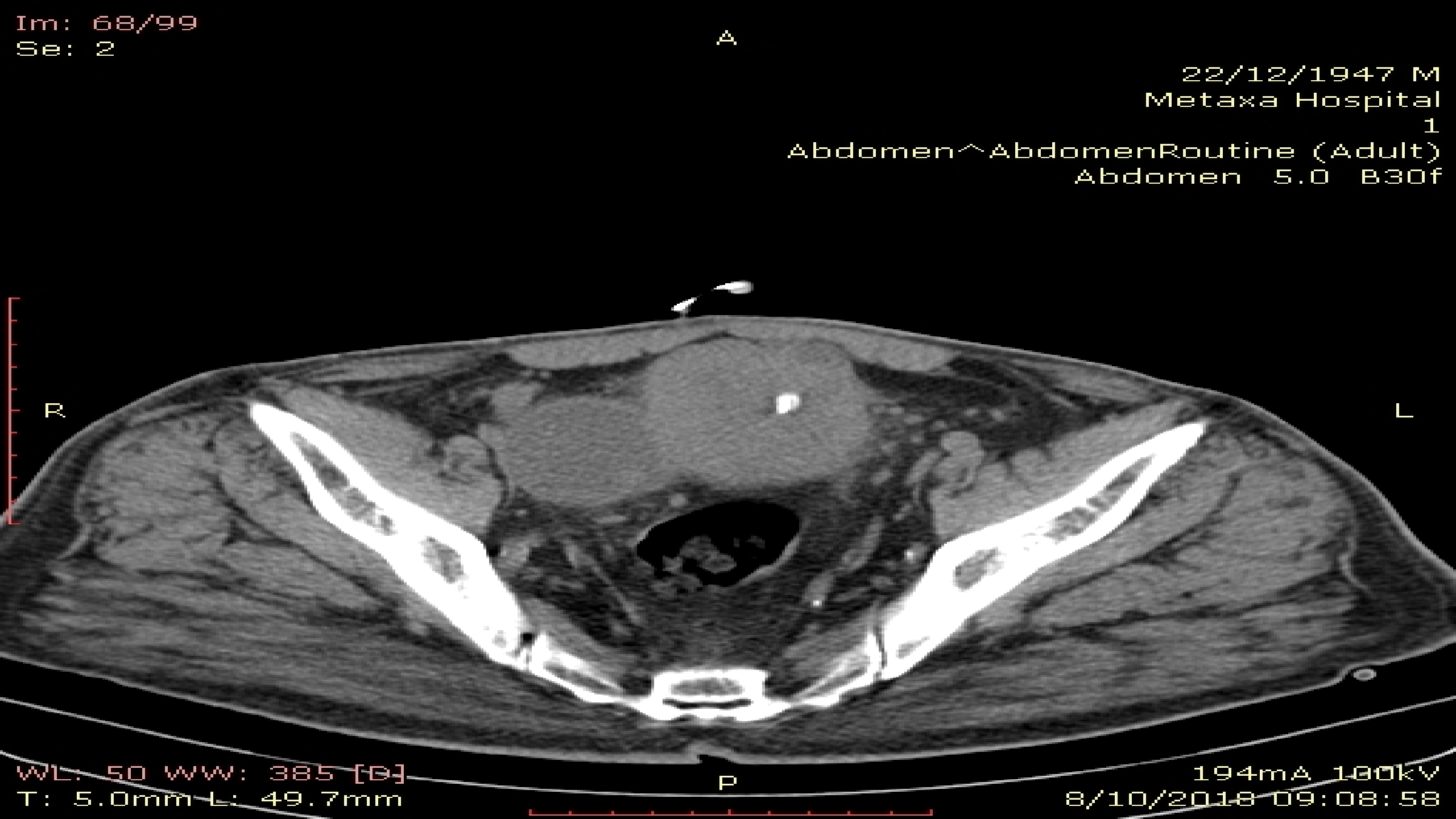
The role of magnetic resonance imaging in the local staging of penile cancer.

- A good correlation between radiologic and histologic staging was achieved with an overall kappa value of 0.75 ($p<0.001$).
- Stage-specific sensitivities and specificities were calculated: T1 (85%; 83%), T2 (75%; 89%), and T3 (88%; 98%).
- MRI accurately predicted corpora cavernosa invasion in all cases of pathologically proven disease.



AL

IRA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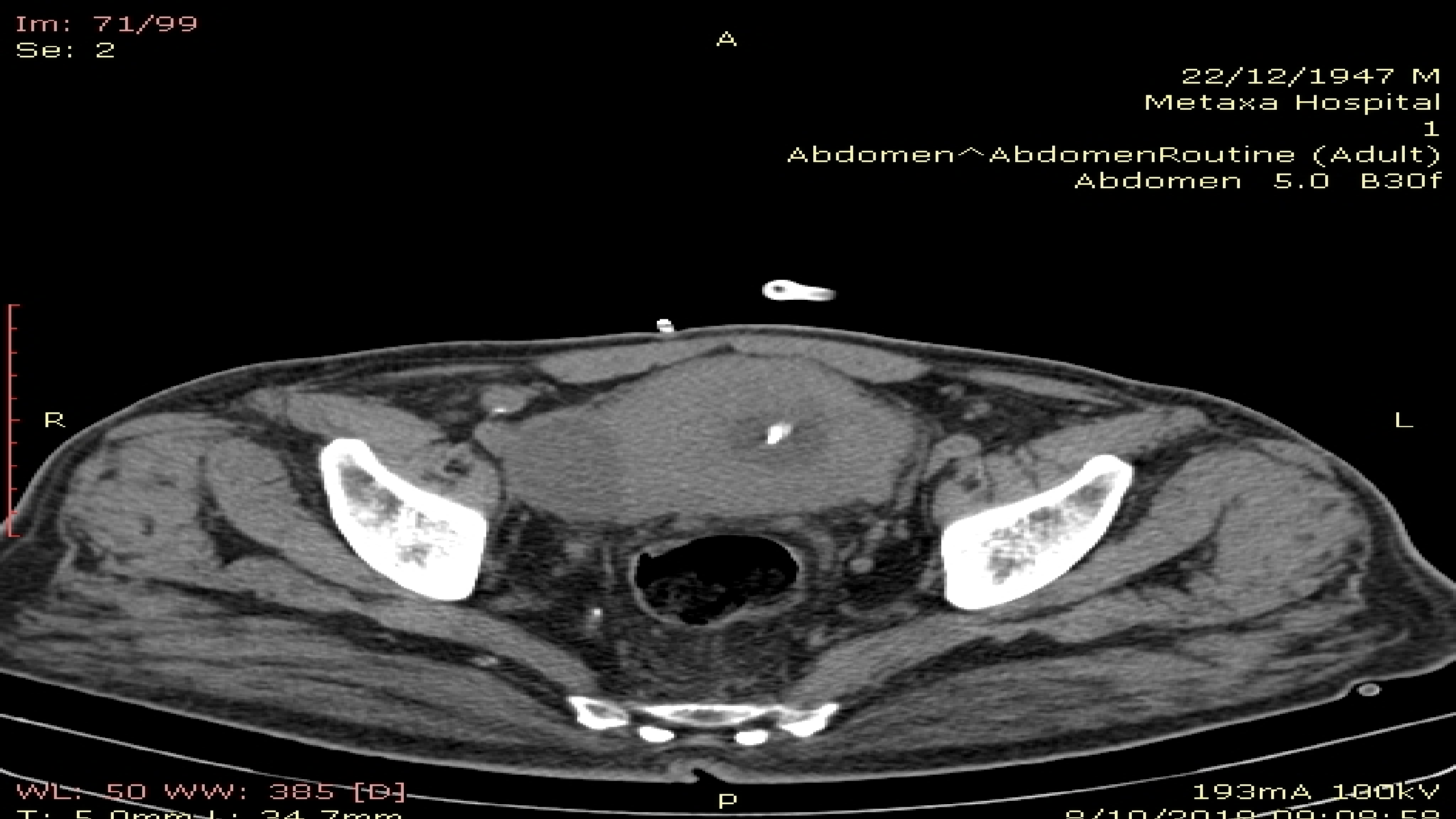
A
22/12/1947 M
Metaxa Hospital
1
Abdomen^AbdomenRoutine (Adult)
Abdomen 5.0 B30f
R
L
WL: 50 WW: 385 [0]
T: 5.0mm L: 49.7mm
P
194mA 100kV
8/10/2018 09:08:58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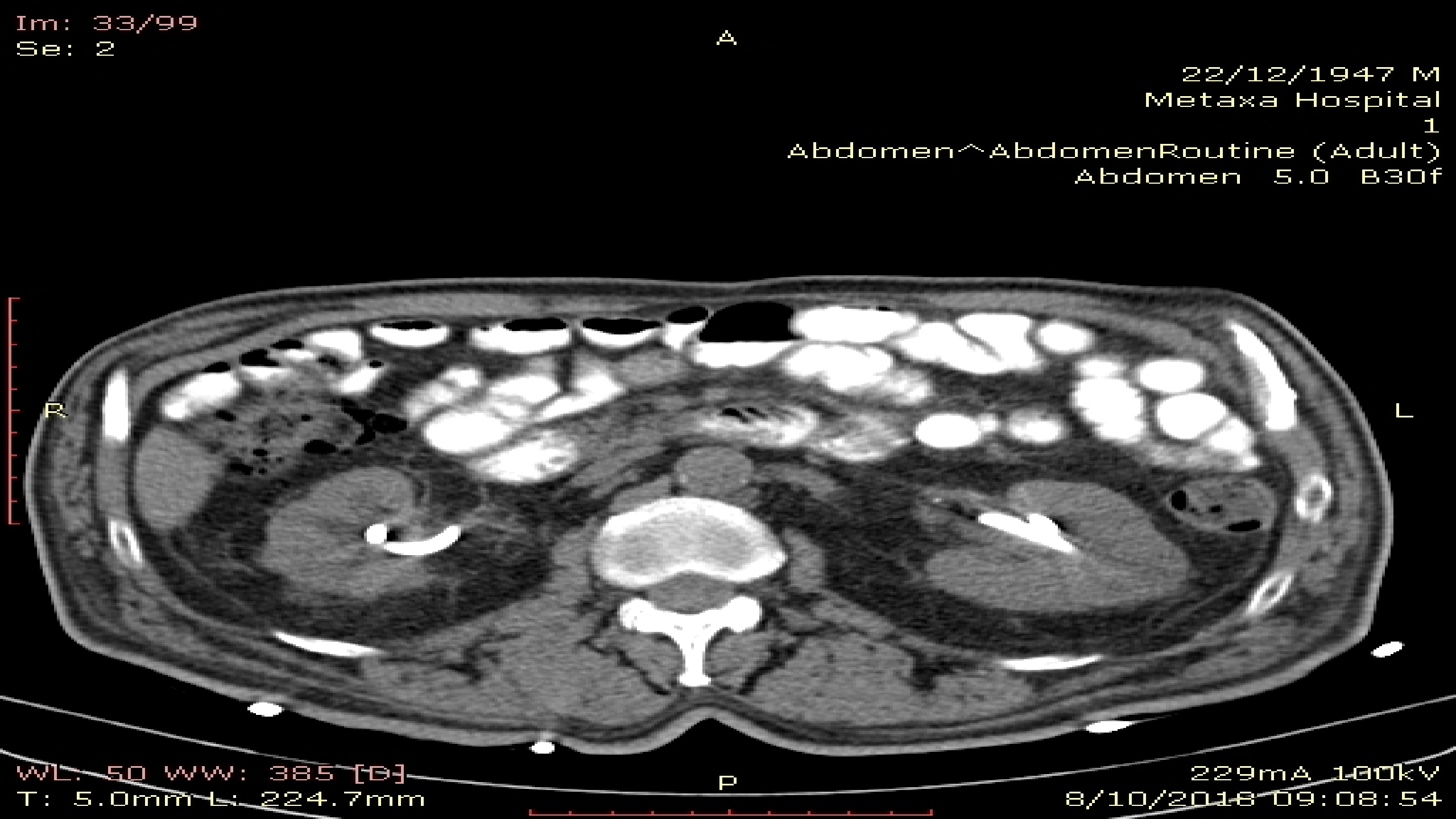
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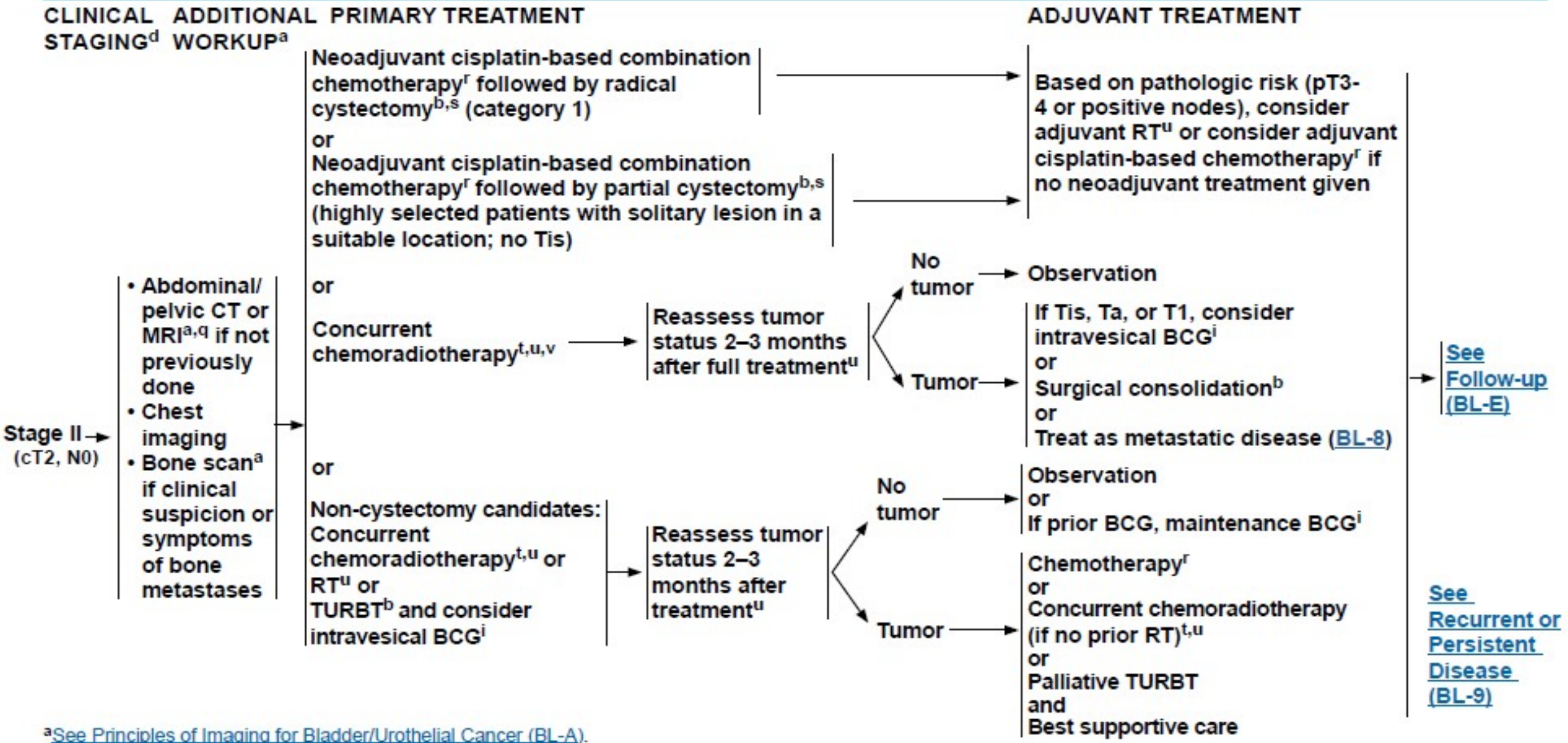
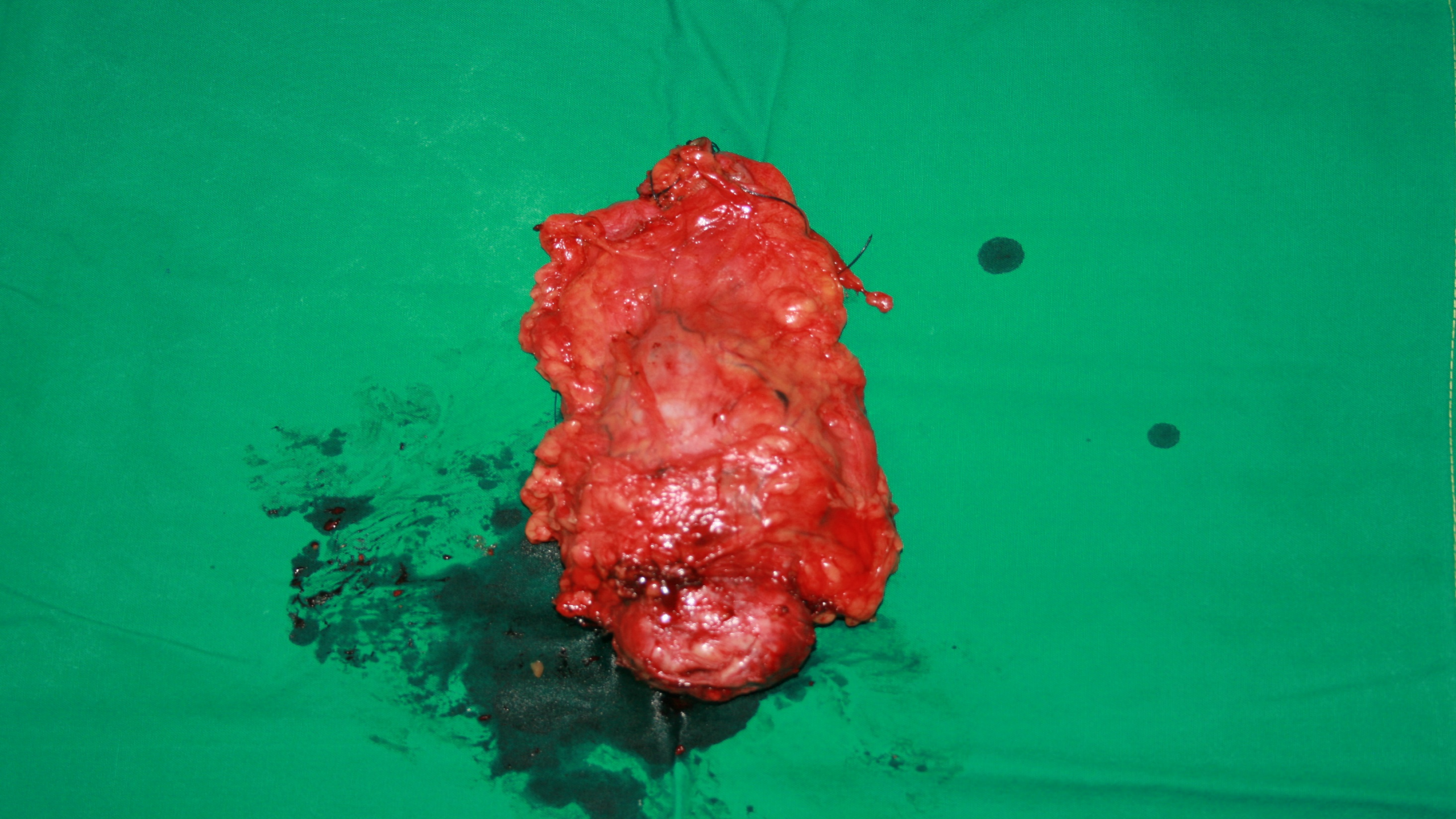
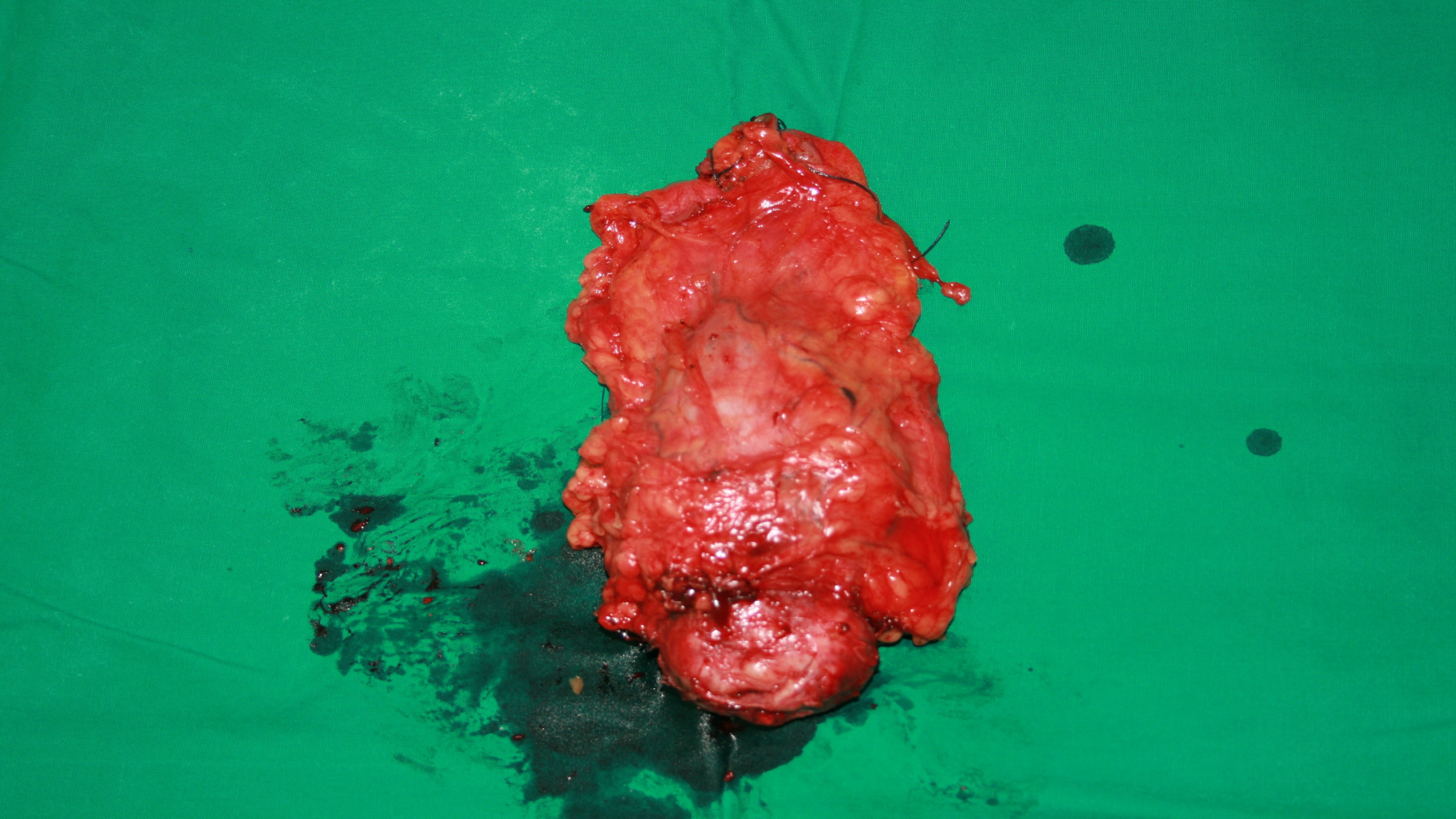


[a] See Principles of Imaging for Bladder/Urothelial Cancer (BL-A).





NCCN Guidelines Version 2.2016
Testicular Cancer

NCCN Guidelines Index
Testicular Cancer TOC
Discussion

CLINICAL STAGE | **PRIMARY TREATMENT** | **FOLLOW-UP**

Stage IIA

- RT to include para-aortic and ipsilateral iliac lymph nodes to a dose of 30 Gy[f] (preferred) → See Follow-up for Seminoma, Table 3 (TEST-A 2 of 2) → Recurrence, treat according to extent of disease at relapse
- or
- Primary chemotherapy:[k] EP for 4 cycles or BEP for 3 cycles for multiple positive lymph nodes → See Post-Chemotherapy Management and Follow-up (TEST-5)

Stage IIB

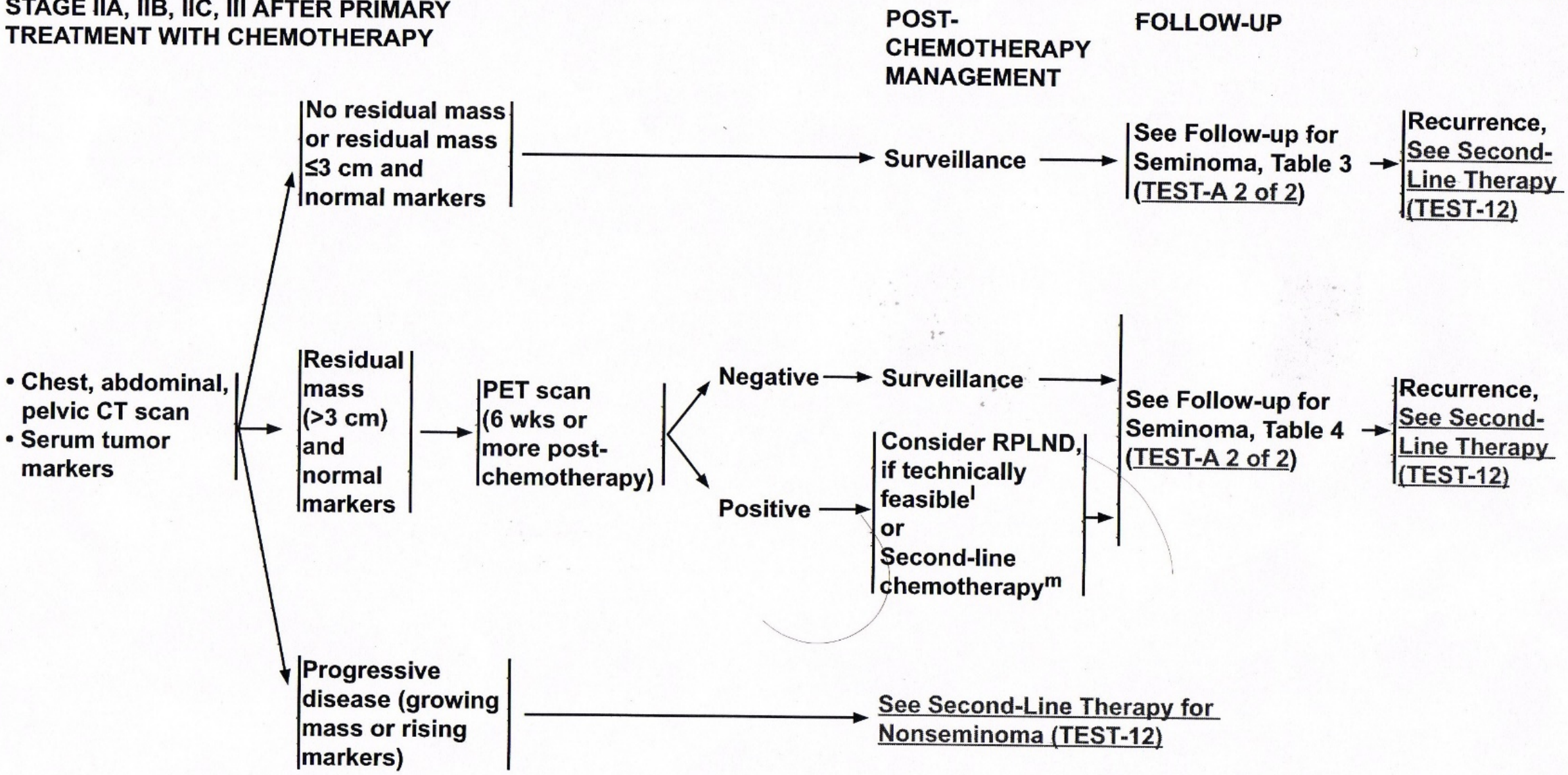
- Primary chemotherapy (preferred):[k] EP for 4 cycles or BEP for 3 cycles → See Post-Chemotherapy Management and Follow-up (TEST-5)
- or
- RT in select non-bulky cases to include para-aortic and ipsilateral iliac lymph nodes to a dose of 36 Gy[f] → See Follow-up for Seminoma, Table 3 (TEST-A 2 of 2) → Recurrence, treat according to extent of disease at relapse

Stage IIC, III[i]

- Good risk[j] → Primary chemotherapy:[k] EP for 4 cycles (category 1) or BEP for 3 cycles (category 1) → See Post-Chemotherapy Management and Follow-up (TEST-5)
- Intermediate risk[j] → Primary chemotherapy:[k] BEP for 4 cycles (category 1) → See Post-Chemotherapy Management and Follow-up (TEST-5)

EP = Etoposide/cisplatin
BEP = Bleomycin/etoposide/cisplatin

STAGE IIA, IIB, IIC, III AFTER PRIMARY TREATMENT WITH CHEMOTHERAPY



PRINCIPLES OF SURGERY FOR GERM CELL TUMORS

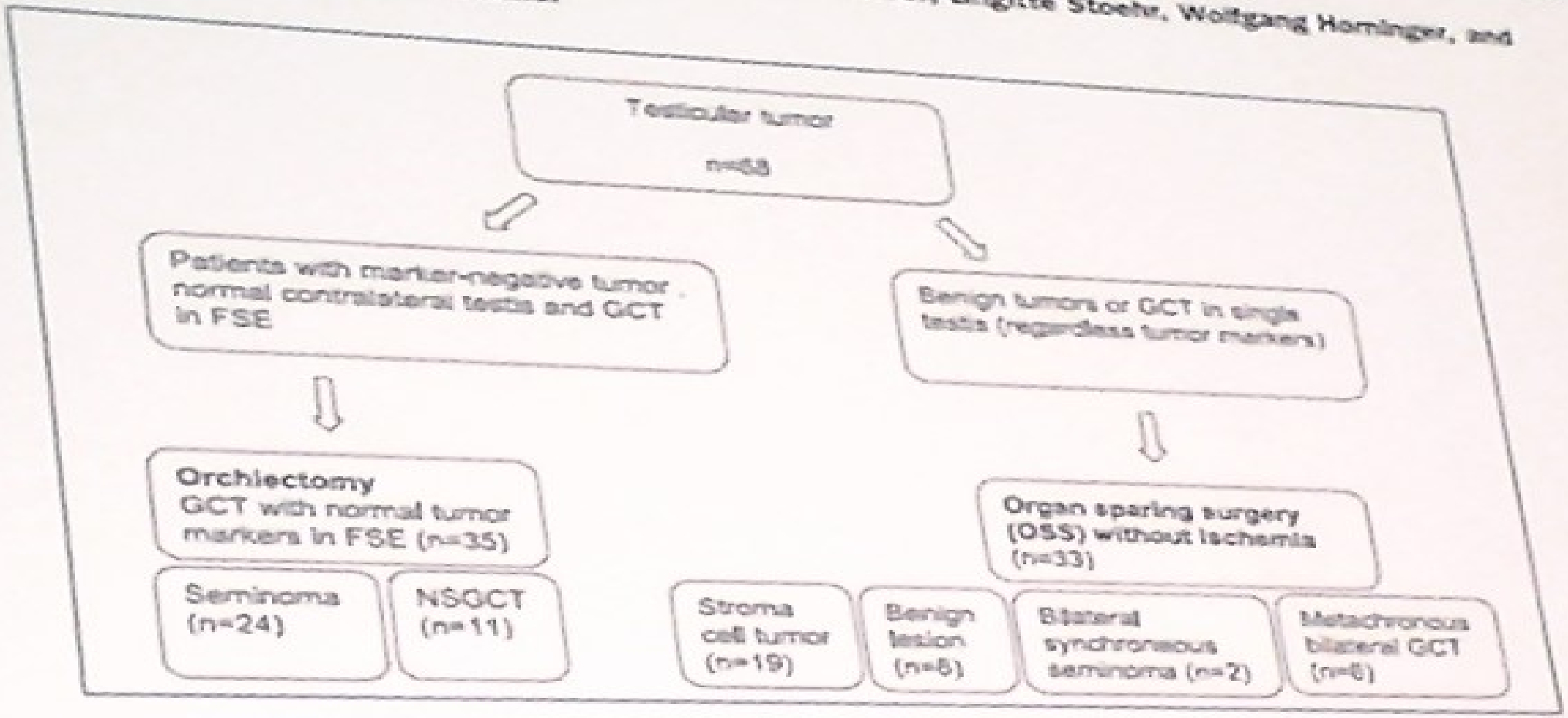
- RPLND is the standard approach to the surgical management of NSGCTs in both the primary and post-chemotherapy setting.
- A template dissection or a nerve-sparing approach to minimize the risk of ejaculatory disorders should be considered in patients undergoing primary RPLND for stage I nonseminoma.
- The "split and roll" technique in which lumbar vessels are identified and sequentially ligated allows resection of all lymphatic tissue around and behind the great vessels (ie, aorta, IVC) and minimizes the risk of an in-field recurrence.

Post-Chemotherapy Setting

- Referral to high-volume centers should be considered for surgical resection of masses post-chemotherapy.
- Completeness of resection is an independent and consistent predictive variable of clinical outcome. In post-chemotherapy RPLND, surgical margins should not be compromised in an attempt to preserve ejaculation. Additional procedures and resection of adjacent structures may be required.
- Post-chemotherapy RPLND is indicated in metastatic NSGCT patients with a residual retroperitoneal mass following systemic chemotherapy and normalized post-chemotherapy serum tumor markers.
- A full bilateral template RPLND should be performed in all patients undergoing RPLND in the post-chemotherapy setting, with the boundaries of dissection being the renal hilar vessels (superiorly), ureters (laterally), and the common iliac arteries (inferiorly).

Organ Preservation Technique Without Ischemia in Patients With Testicular Tumor

Nicolai Leonhartsberger, Renate Pichler, Brigitte Stoehr, Wolfgang Horninger, and Hannes Steiner



Leonhartsberger et al. Urology 2014

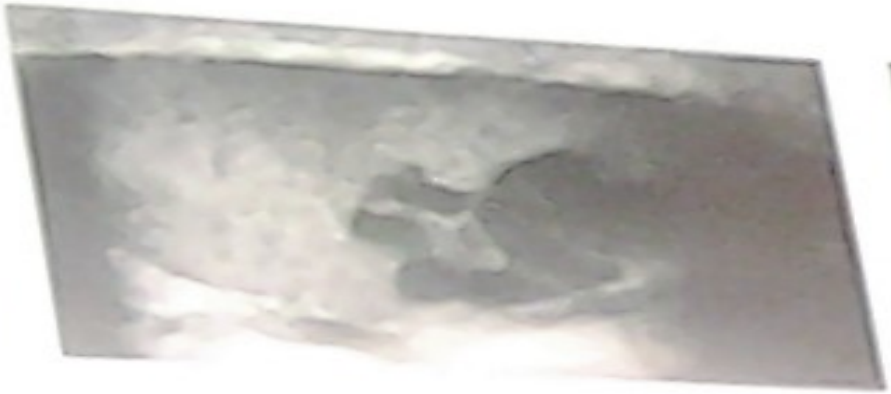
ORGAN PRESERVATION WITHOUT ISCHEMIA IN PATIENTS WITH TESTICULAR TUMOR(No 68)

- Patients with marker(-), normal contralateral testis and GCT in frozen section (FSE)
- Orchiectomy (No 35)
- GCT markers normal
- FSE : seminoma (No 22), NSGCT (No11)

ORGAN PRESERVATION WITHOUT ISCHEMIA IN TESTICULAR CANCER

- Benign tumors or GCT in single testis (regardless tumor markers)
- Organ spare surgery without ischemia (No 33)
- Stroma cell (No19), benign lesion (No6),bilateral synchronous seminoma (No2) , metachronous bilateral GCT (No6)

Author	years	patients	Follow-up (Months)	NED
Heidenreich et al.	1994-2000	73	91 (3-191)	72 (98,6%)
Steiner et al.	1994-2002	30	46,3	30 (100%)
Stefani et al.	2004-2011	20	35	20 (100%)
Gentile et al.	2009-2013	15	19,2	15 (100%)
Bojanovic et al.	1996-2013	24	51 (7-178)	24 (100%)
Bojanic et al.	2010-2015	28	33	28 (100%)
Lawrentschuk et al.	1994-2009	30	5,7 Jahre	30 (100%)

UNIKLINIK KÖLN

Ultrasound