

Regional lymph node status (Required and Recommended)

Reason/Evidentiary Support

Lymph node dissection is a standard procedure performed at the time of radical cystectomy for bladder cancer. The past decade has seen considerable expansion of the literature on this topic addressing such issues as the optimal extent of the lymph node dissection, the significance of the number of lymph nodes examined and the proportion of positive lymph nodes (lymph node density) in cases with metastases.

For cases with lymph node metastases, a number of studies have evaluated the significance of extranodal extension. Most of these have found the presence of extranodal extension to be associated with worse cancer specific survival¹⁻⁴ but this has not been uniform.⁵ In a multi-institutional study of 748 cases with positive lymph nodes, extranodal extension was present in 50%.⁴ In a multivariable analysis, the presence of extranodal extension was the most significant independent predictor of disease recurrence and cancer-specific mortality.⁴

References

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- 2 Seiler R, von Gunten M, Thalmann GN and Fleischmann A (2011). Extracapsular extension but not the tumour burden of lymph node metastases is an independent adverse risk factor in lymph node-positive bladder cancer. *Histopathology* 58(4):571-578.
- 3 Masson-Lecomte A, Vordos D, Hoznek A, Yiou R, Allory Y, Abbou CC, de la Taille A and Salomon L (2013). External validation of extranodal extension and lymph node density as predictors of survival in node-positive bladder cancer after radical cystectomy. *Ann Surg Oncol* 20(4):1389-1394.
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- 5 Fritsche HM, May M, Denzinger S, Otto W, Siegert S, Giedl C, Giedl J, Eder F, Agaimy A, Novotny V, Wirth M, Stief C, Brookman-May S, Hofstadter F, Gierth M, Aziz A, Kocot A, Riedmiller H, Bastian PJ, Toma M, Wieland WF, Hartmann A and Burger M (2013). Prognostic value of perinodal lymphovascular invasion following radical cystectomy for lymph node-positive urothelial carcinoma. *Eur Urol* 63(4):739-744.