

# Surgical management of the clinically negative contralateral groin when the ipsilateral groin is clinically and pathologically positive in squamous cell carcinoma of the penis

Authors: Ager, M<sup>1</sup>, Manjunath, A<sup>1</sup>, Yan, S<sup>1</sup>, Lam, W<sup>1</sup>, Tinwell, B<sup>2</sup>, Corbishley, C<sup>2</sup>, Ayres, B<sup>1</sup>, Watkin, N<sup>1</sup>

Hospital: St George's University Hospital, London. Department of Urology<sup>1</sup>, Department of Pathology<sup>2</sup>.

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St George's Healthcare

NHS Trust

## 1. OBJECTIVES

- Nodal pathological status remains the single most important prognostic factor in squamous cell carcinoma of the penis.
- Due to perceived risk of nodal involvement, variations remain in the surgical management (ILND vs DSNB) of the clinically negative (cN0) contralateral groin when the ipsilateral groin is clinically and pathologically positive (cN+/pN+).
- We aim to establish the probability of this cN0 inguinal basin being pathologically positive when the ipsilateral side is cN+/pN+ to inform our management.

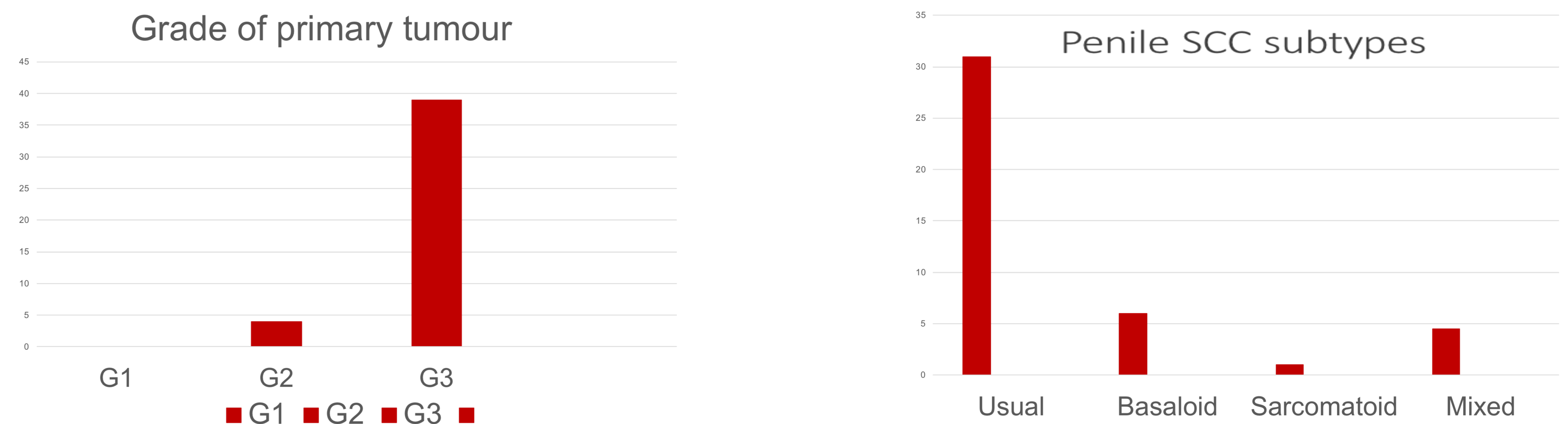
## 2. METHODS

- A prospective DSNB cohort study has been on-going in our institution since 2003.
- DSNB is offered for cN0 groins in patients with T1 G2 SCCp and above.
- Patients with ipsilateral cN+/pN+ on initial presentation who had a contralateral DSNB were identified and reclassified according to TNM 7 classification.
- Management of all these patients was in a multidisciplinary setting.
- The probabilities of the contralateral DSNB being positive when the ipsilateral side was either cN0 or cN+ were calculated and a comparison made to establish if the contralateral cN0 pathological node positivity rate is higher in patients with unilateral cN+/pN+ disease.
- Chi square test was used for statistical analysis.

## 3. RESULTS

- A total of 614 patients underwent DSNB between 2003-2017.
- Overall 17.5% of patients were positive.
- 64% of patients with unilateral cN+ groins had associated lymphovascular invasion (LVI of the primary tumour).
- cN+ disease also associated with higher grade tumours
- 42 patients were identified with unilateral cN+/pN+. Of these, 16 patients (38%) had pathologically positive disease in the contralateral groin after DSNB.
- In patients with bilateral cN0 groins, 84 patients (14.6%) had a positive DSNB. Of these, 52 (9%) were unilaterally positive and 32 were bilaterally positive (5.5%) ( $p < 0.01$ ).

Distribution of subtypes and tumour grade of patients with cN+/pN+ SCC of the penis.



## 4. CONCLUSIONS

- There is a statistically significant increased risk of the contralateral inguinal basin being involved if the ipsilateral basin is clinically and pathologically positive.
- The rate of 38% positivity would however still support our practice of initial DSNB in the cN0 groin proceeding to inguinal node dissection (ILND) only if DSNB is positive. The clear benefit is the significant reduction in morbidity associated with groin dissection in 62% of patients with pN0 inguinal basins.
- Our recommendation is for DSNB where expertise is available in the initial surgical management of the contralateral clinically negative groin when the ipsilateral groin is clinically and pathologically positive. ILND is recommended where DSNB is positive.