Video Session

V09-07 - SURGICAL AND ONCOLOGICAL OUTCOMES OF THERAPEUTIC POST-CHEMOTHERAPY ROBOT-ASSISTED RETROPERITONEAL LYMPH NODE DISSECTION FOR TESTICULAR CANCER

Sunday, May 5 2:00 PM - 2:10 PM Location: MCP: W187bc

Abstract Presenter(s)

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Introduction: Robotic-assisted retroperitoneal lymph node dissection (RA-RPLND) was first reported by Davol et al. in 2006 [1]. Several small series of primary RA-RPLND have reported acceptable oncologic and functional outcomes [1-5]. Post-chemotherapy RPLND, however, is far more technically challenging given the desmoplastic reaction and bulky residual disease. Only a small handful of post-chemotherapy RA-RPLNDs have been reported. Cheney reported a series of 17 RA-RPLNDs [6], including 8 who had a post-chemotherapy RPLND. Of those 8 patients, 2 were converted to open due to robotic malfunction and poor exposure. Additionally, 3 patients were deemed ineligible for robotic surgery due to bulky disease. Kamel, et. al. [7] also described a series of 12 post-chemotherapy RA-RPLND. 11 of 12 surgeries were completed robotically but the mean number of lymph nodes excised was only 12. Further studies are needed to determine the feasibility of RA-RPLNDs.

Methods: We queried the medical records at our institution for all men who have undergone a robotic full-template bilateral retroperitoneal lymph node dissection in the post-chemotherapy setting between 2014 and 2018. We collected data retrospectively and reported the surgical and oncological outcomes.

Results: In total, we identified 7 patients treated with robotic full-template post-chemotherapy RPLND. The overall and major complication rates were 57.1% and 28.6%, respectively. One patient required open conversion. The observed morbidity of RA-RPLND was comparable to rates reported in large open series [8] (21% complication rate; 28% rate of additional procedures). Median operative time was 353 min, with a median estimated blood loss of 50 cc. The median length of stay was 2 days, which is comparable to other laparoscopic and robotic series. 1 patient had retrograde ejaculation post-op. There were no recurrences in the retroperitoneum at a median follow-up of 7 months.

Conclusions: Post-chemotherapy RA-RPLND is feasible and provides acceptable oncologic outcomes and peri-operative morbidity in select patients. Further studies are needed to generalize our single institution experience and validate its efficacy compared to the open approach.