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The importance of an adequate surgical template during salvage lymph node dissection for node-recurrent prostate cancer

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We read with great interest the insightful article by Dr. Farolfi and colleagues[1] recently published in the *Journal of Nuclear Medicine* and describing patterns of prostate cancer recurrence after salvage lymph node dissection (sLND). Data provided by authors adds significantly to current literature, and improves our understanding of potential pitfalls that might determine suboptimal results after metastasis-directed therapies (MDTs).

In a series of 16 men who had PSA persistence after sLND, Dr. Farolfi and colleagues compared results of pre- vs. post-operative PSMA-PET scans, and found that 63% of patients had post-operative scan positive for cancer recurrence in locations already described at pre-operative imaging. Although the precise surgical template was not specified by authors, all positive regions at preoperative PSMA-PET scan were surgically explored, with a median number of 17 nodes removed. However, while preoperative PSMA-PET scans identified 24 positive spots, final pathology resulted in 88 positive nodes. This further underlines how imaging is prone to underestimation of tumor burden[2,3], and reiterates the importance of a thorough surgical dissection, including obturator and internal iliac nodes that were the sites most often involved by PSMA-PET persistence after sLND[1]. In fact, an incomplete surgical resection might be among reasons explaining the worse-than-expected outcomes of sLND at long-term follow-up[4,5]. Therefore, awaiting prospective evidence on this issue, an extended, bilateral surgical template should be recommended whenever pelvic sLND is contemplated, an exception being men with one single spot at preoperative PSMA-PET scan who might safety undergo an unilateral (yet, extended) surgical dissection[6].

The adoption of an adequate template is key to maximize the potential benefit associated with metastasis-directed therapies, a rationale that pertains to sLND as well as to radiotherapy[7-10]. This was further confirmed by Dr. Farolfi and colleagues who should be commended for their important contribution that has relevant implications for clinical practice. Now more than ever, this data should be borne in mind whenever MDTs are contemplated, and physicians should be aware of the risk of unsuccessful MDT in case of suboptimal treatment template.

Abbreviations:

PSMA, prostate specific membrane antigen
PET, positron emission tomography

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