

Accepted Manuscript

Title: Re: “Minimally Invasive Inguinal Lymphadenectomy in the Management of Penile Carcinoma.” (# Url-D-17-01935)

Author: Christopher M. Russell, Simpa S. Salami, Jeffrey S. Montgomery

PII: S0090-4295(17)31205-0

DOI: <https://doi.org/10.1016/j.urology.2017.11.010>

Reference: URL 20758

To appear in: *Urology*



Please cite this article as: Christopher M. Russell, Simpa S. Salami, Jeffrey S. Montgomery, Re: “Minimally Invasive Inguinal Lymphadenectomy in the Management of Penile Carcinoma.” (# Url-D-17-01935), *Urology* (2017), <https://doi.org/10.1016/j.urology.2017.11.010>.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

RE: "Minimally Invasive Inguinal Lymphadenectomy in the Management of Penile Carcinoma." (# URL-D-17-01935)

Christopher M. Russell, MD, Simpa S. Salami, MD, MPH and Jeffrey S. Montgomery, MD, MHSA

The University of Michigan Department of Urology, Ann Arbor, Michigan, USA

Corresponding Author:
Jeffrey S. Montgomery, MD, MHSA
Associate Professor
University of Michigan Department of Urology
1500 E. Medical Center Drive
TC 3875
Ann Arbor, MI 48109
montrose@med.umich.edu
Office: (734) 763-9269

Dear Editor,

We thank ******** (**editor please enter letter's lead author's last name**) and colleagues for their comments regarding our evaluation of minimally-invasive inguinal lymphadenectomy.

Dynamic sentinel node biopsy (DSNB) may be a reasonable option in high-risk cN0 penile cancer patients. However, modified inguinal lymph node dissection (ILND), as performed in our cohort, is a well-established staging procedure in this clinical scenario.^{1,2} The adoption of DSNB in North America has been limited by this procedure's high and inconsistent false negative rate (FNR).

A portion of the cN0 patients that undergo ILND will have pathologically negative nodes (pN0). Some would argue that this represents over treatment; that these patients were subjected to unnecessary morbidity. The cost of failing to

Download English Version:

<https://daneshyari.com/en/article/8776108>

Download Persian Version:

<https://daneshyari.com/article/8776108>

[Daneshyari.com](https://daneshyari.com)