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.

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