

Table 5. Postoperative complications according to the Clavien–Dindo classification.

Postoperative complications	n
I	7
II	10
IIIa	12
IIIb	4
IV	0
V	0

Conclusions: In our study locally advanced PCa's have a higher iPSA-level, pathological Gleason score, higher risk of lymph node invasion and positive surgical margins. Preoperative staging remains difficult, even with the use of MRI. Oncological results are promising especially for pT3a PCa without lymph node invasion. Therefore efforts have to be made for better patient selection. In case of positive surgical margins and rising PSA, salvage EBRT/IMRT seems beneficial.

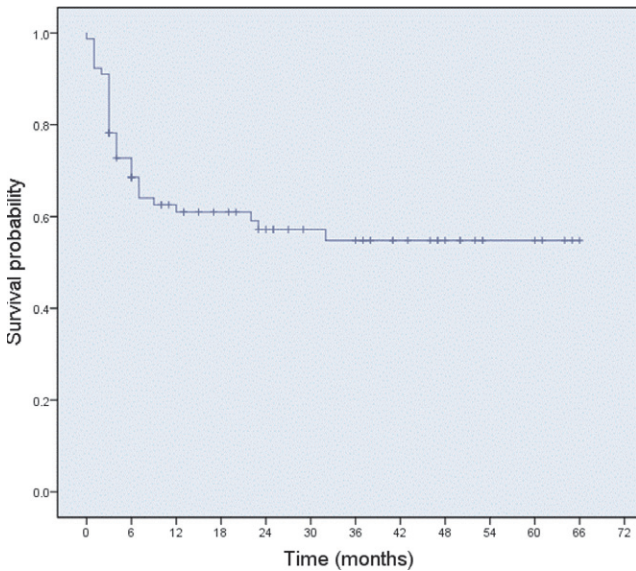


Figure 1.

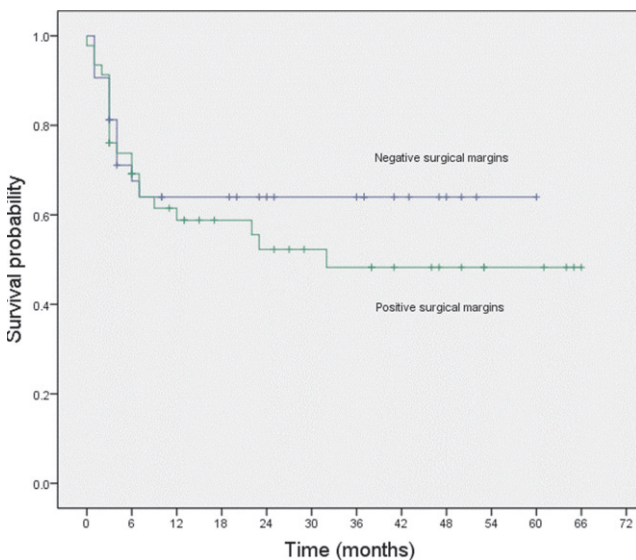


Figure 2.

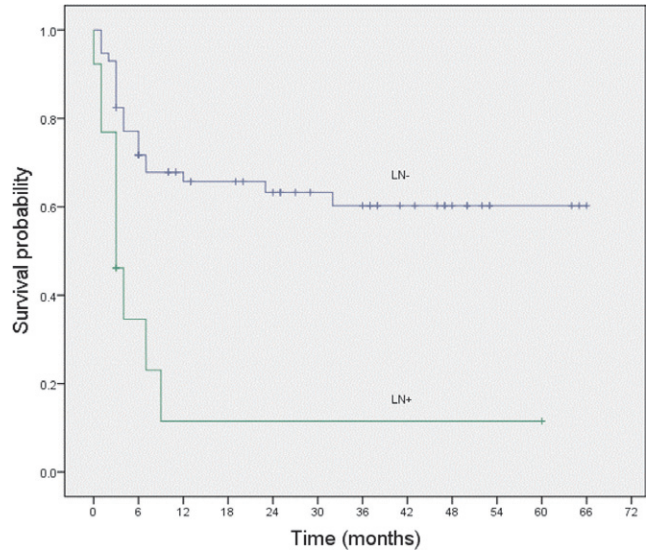


Figure 3.

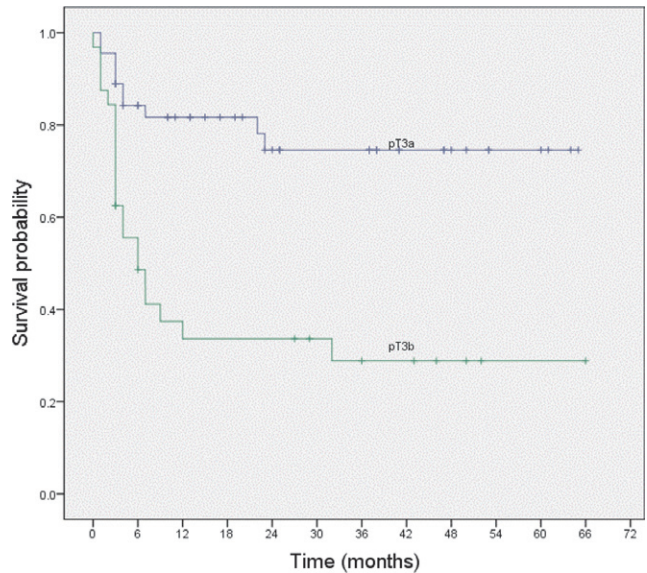


Figure 4.

Testicular cancer

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What do women know about testicular cancer? – Exploratory study of a female university population

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Introduction & Objectives: Testicular cancer (TC) is one of the most common malignancies in young population, and it appears to be increasing worldwide. The cure rate for TC now approaches 100%, but is negatively influenced by the delay in seeking medical attention. Sometimes it's a man's partner who spots a change in the testicle. Several publications have showed the importance of the partners in health. There is a lack of evidence about the importance of women, as partners, in the diagnosis of several pathologic processes in men, but we know

that the healthy behavior is shaped by the partner. Our objective was to evaluate women's knowledge about TC, as they can act as educators towards better men's health.

Material & Methods: We performed a survey of 13 questions concerning the awareness of TC and perceived importance of testicular self-examination in 307 women from the university. The questionnaire was sent to the institutional email of students, professors and other workers and the data were collected and then analyzed.

Results: The mean age of our group was 26 ± 8.3 years (range 18–58 years). Students were 74.6% ($n=229$) of the sample and 25.7% ($n=79$) were from the medical course. When asked if they had any knowledge about TC, 89.3% ($n=274$) answered they had information about TC. Sixty-four (20.8%) of the participants knew someone with testicular cancer. Only 25% ($n=77$) of the women answered correctly to the question about the age group most frequently seen with TC and 57.7% ($n=177$) responded properly to the most frequent symptom of testicular cancer. When a paired analysis of the correct answers to the age group of TC and most frequent symptom only 24 (7.8%) of the subjects gave proper responses to every questions. A second part of the questionnaire was about testicular self-examination. Approximately half (50.5%) of the subjects, $n=155$, referred knowledge about testicular examination. We used a Lickert-type scale to categorize the perceived importance of this examination from 1 (not important) to 10 (extremely important), with 69.4% ($n=213$) considering that this was extremely important (10) and only one participant (0.3%) responded that it wasn't important. Almost all participants (95.4%) answered that they would advise their male friends to perform testicular self-examination.

Conclusions: In this study we have showed a low level of knowledge about TC. Despite this fact, the knowledge about this cancer, a great number of women considered important to men to perform testicular self-examination and were motivated to advise their male friends to perform it. Considering that partners may assume an important role in health promotion and education, maybe women, as the partner of patients in risk of having TC, can be a way of engaging healthy behaviors in men.

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Excellent long-term disease control with modern radiotherapy techniques for stage I testicular seminoma – the Mayo Clinic experience

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Introduction & Objectives: The purpose of this study was to examine the long-term efficacy and adverse effects of adjuvant radiotherapy (RT) for stage I testicular seminoma.

Material & Methods: A retrospective review was performed of 199 patients with stage I testicular seminoma treated with curative intent orchiectomy and adjuvant megavoltage RT at our institution from January 1, 1972 through December 31, 2009. CT staging was performed for 90% of patients. No patient received mediastinal RT or adjuvant chemotherapy. Overall survival (OS), cause-specific survival (CSS), relapse rate, major cardiac event (MCE), and second malignancy (SM) were estimated using the Kaplan–Meier method.

Results: The median patient age was 36 years (range: 18–80). The nodal regions irradiated were the para-aortic and ipsilateral pelvic nodes in 147 patients (74%), the para-aortic nodes alone in 34 (17%), and the para-aortic and bilateral pelvic nodes in 18 (9%). The median RT dose was 25.5 Gray (interquartile range: 25–30). The median follow-up after RT was 13 years (range:

0.1–37). OS at 10 and 20 years were 92% and 77%, respectively. CSS at 10 and 20 years were both 99%. Risk of relapse at 10 and 20 years were 1 and 2%, respectively. Risks of MCE and SM at 20 years were 12% and 19%, respectively.

Conclusions: Our series confirms an excellent outcome in patients with stage I testicular seminoma treated with RT. Relapse after adjuvant RT is very uncommon, but late morbidity associated with RT may occur.

Penile cancer

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Patients with penile cancer and a history of herniorrhaphy – does lymphatic drainage change?

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Introduction & Objectives: The dynamic sentinel node biopsy (DSNB) using Tc99m-colloid sulphur in penile cancer is a useful tool to reduce the morbidity associated with extensive inguinal lymphadenectomy. Our objectives to assess in our series of patients with penile cancer that underwent diagnosis by the technique of DSNB if there are changes in the lymphatic drainage in those patients with a history of surgical repair of inguinal hernia.

Material & Methods: We performed a retrospective review of our database of patients with penile cancer. Clinical history, evolution, the need for diagnostic DSNB and outcomes were evaluated. DSNB was performed at the same time as the penile surgery.

Results: Between January 1999 and December 2010 a total of 35 patients have been treated for penile cancer in our center. Diagnosis by means of DSNB was indicated and performed in 19 patients. All DSNB patients had clinical T1/T2 tumors without palpable lymph nodes. Of all the patients that underwent DSNB, 7 had a history of open surgery hernia repair. The lymphatic drainage and the sentinel node (SN) of these patients according to the scintigraphic findings were:

- to the inguinal group alone in 2 cases that had unilateral hernia repair one being negative and one positive.
- to both inguinal and inferior anterior abdominal wall lymph nodes (IAAWL) in 3 cases. There was performed a sampling of both areas. All SN were negative.
- to IAAWL alone in two cases. All SN were negative.

The side of IAAWL involvement corresponded with the side of the previous hernia repair in all patients. All 12 patients without a history of open herniorrhaphy showed lymph drainage to the inguinal lymph nodes.

Conclusions: Open surgery for inguinal hernias might cause a change in the penile lymph drainage. In these patients drainage to the IAAWL has been identified. If Tc99m drainage is identified to both the inguinal nodes and IAAWL both areas should be sampled while performing DSNB.