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Ga-PSMA-PET/CT scan as primary staging for prostate cancer and its related clinical implications.

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We read with interest the article by van Kalmthout et al. reporting on the value of pre-operative Gallium-68 Prostate Specific Membrane Antigen-Positron Emission Tomography / Computerized Tomography (⁶⁸Ga-PSMA-PET/CT) in patients with intermediate- or high-risk prostate cancer and candidates to extended pelvic lymphadenectomy (ePLND) based on a risk for lymph node metastasis greater than 10% according to MSKCC nomogram¹. There were 9 presacral and 12 pararectal positive nodes that were identified by ⁶⁸Ga-PSMA-PET/CT scan, but this finding did not modify the extension of PLND, and thus these nodes were left in situ. We wonder what the oncological outcome of these patients was, as we have shown that these anatomical...
regions frequently host lymph nodes that are found to be metastatic during either super-
extended lymphadenectomy at the time of radical prostatectomy or during salvage
lymphadenectomy. In general, whenever clinically detected positive lymph nodes are
located in the pelvis at initial staging they are associated with better outcomes if removed

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