Patterns of Lymph Node Failure After Dose-Escalated Radiation Therapy in Patients Who Did Not Undergo Pelvic Lymph Node Irradiation: Implications for Extended Pelvic Lymph Node Coverage


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DOI: [http://dx.doi.org/10.1016/j.ijrobp.2016.06.1225](http://dx.doi.org/10.1016/j.ijrobp.2016.06.1225)
Clinical trials evaluating the benefit of pelvic radiation therapy in the radiotherapeutic management of patients with higher risk prostate cancer have limited the superior field border to the S1/S2 or L5/S1 interspace. However, imaging and surgical series have demonstrated a high frequency of prostatic lymph node drainage beyond these landmarks. We aimed to determine the patterns of radiographically-defined abdomino-pelvic lymph node failures and their potential implications for pelvic radiation therapy field design in men who received dose escalated radiation therapy without pelvic lymph node irradiation.

Patterns of Lymph Node Failure After Dose-Escalated Radiation Therapy in Patients Who Did Not Undergo Pelvic Lymph Node Dissection: Implications for Expanded Pelvic Field Coverage


Purpose/Objective(s): Clinical trials evaluating the benefit of pelvic radiation therapy in the radiotherapeutic management of patients with higher risk prostate cancer have limited the superior field border to the SI/S2 or LS/S1 interspace. However, imaging and surgical series have demonstrated a high frequency of prostatic lymph node drainage beyond these landmarks. We aimed to determine the patterns of radiographically-defined abdomino-pelvic lymph node failures and their potential implications for pelvic radiation therapy field design in men who received dose escalated radiation therapy without pelvic lymph node irradiation.

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