

Surgical Staging

Surgical staging (arm A) prior to primary RCTX was performed via transperitoneal laparoscopic, extraperitoneal laparoscopic or open transperitoneal approach. After careful inspection (Figure 1 and 2) of the abdominal cavity, biopsies were taken from any suspicious area and send to frozen section. If peritoneal spread and/or tumor in supraclavicular lymph node was confirmed, no retroperitoneal lymph node dissection was carried out and operation was abandoned. In all other patients paraaortic and bilateral pelvic lymphadenectomy (LAE) was performed. Upper limit of paraaortic LAE was infrarenal area, pelvic LEA comprised external iliac and obturator lymph nodes. If enlarged/bulky paraaortic and/or pelvic lymph nodes were identified, removal of these was mandatory in order to reduce burden for subsequent RCT (Figure 3).

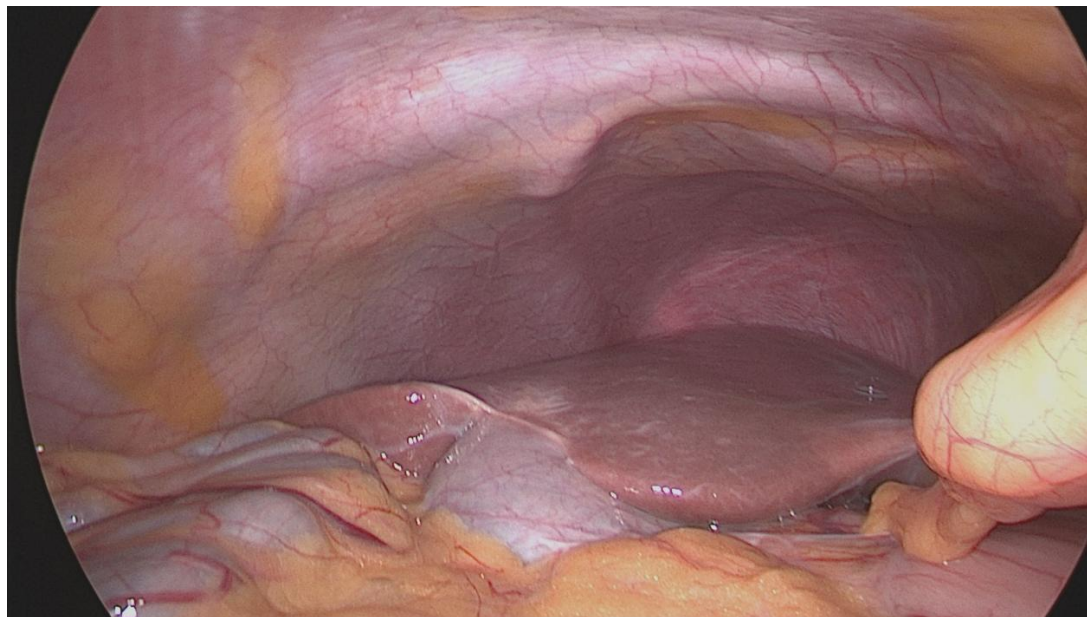


Figure 1

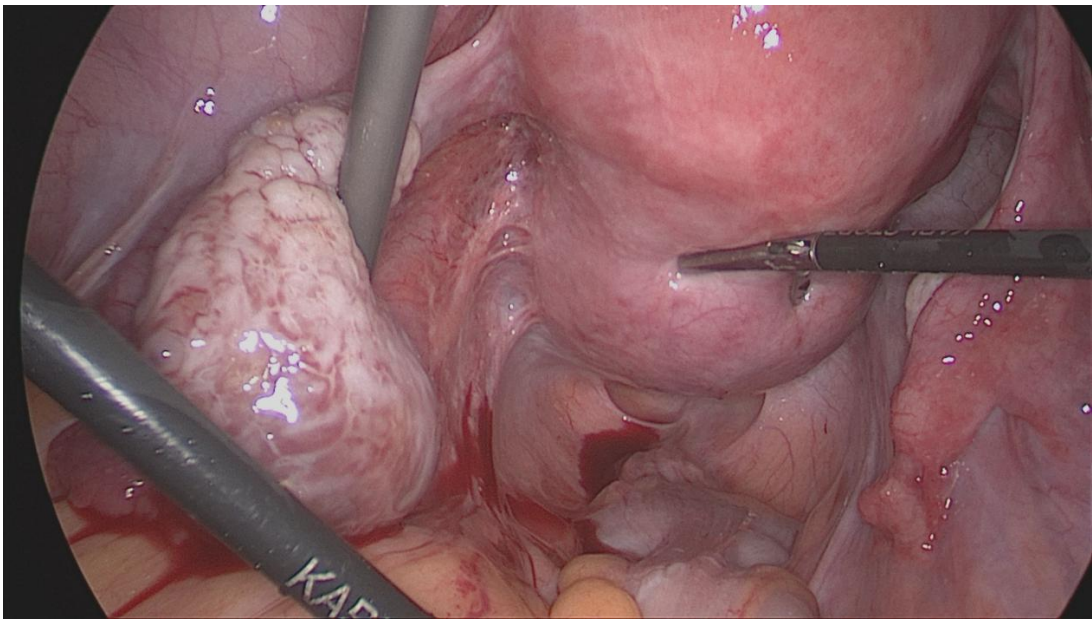


Figure 2

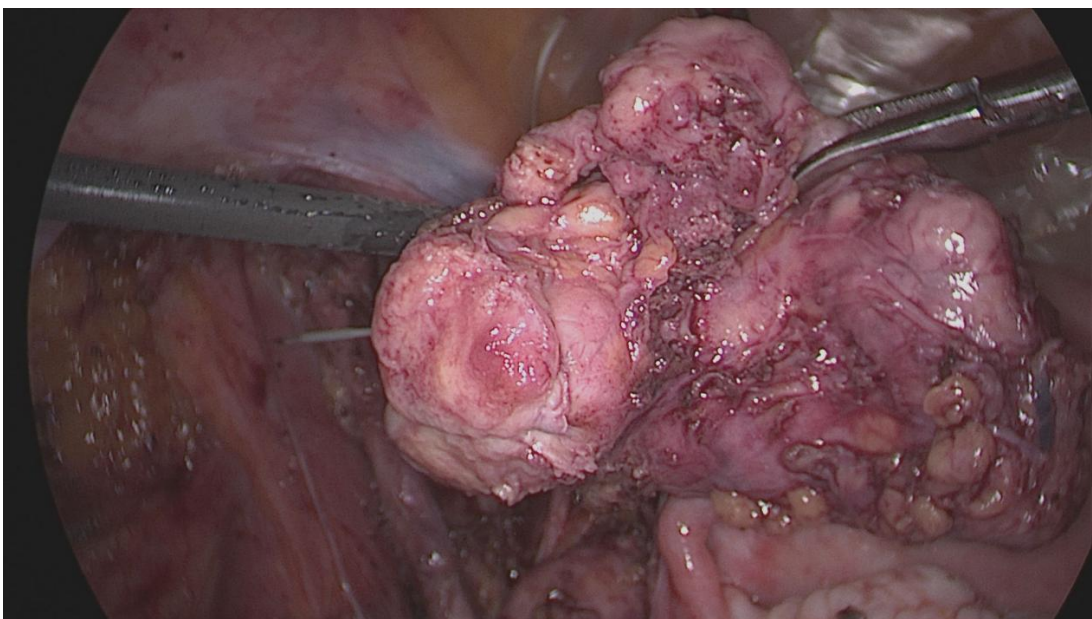


Figure 3