

# Lymph node staging with 18F-PSMA PET/CT in newly diagnosed prostate cancer using histopathological evaluation as reference

MINT TRIAL : Moleculair Imaging in lymph Node sTaging

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# Conflicts of interest

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports	Janssen Pharma, Ipsen
Receipt of honoraria or consultation fees	Intuitive Surgical
Stock shareholder	None
Other support (please specify):	None

# Background

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- PSMA PET/CT is increasingly used in primary prostate cancer staging.
- No histopathological validation study has been conducted concerning  $^{18}\text{F}$ -PSMA-1007 radiotracer.
- Aim: To evaluate the diagnostic accuracy of  $^{18}\text{F}$ -PSMA-1007 PET/CT for lymph node invasion, compared to histopathological results of extended pelvic lymph node dissection (ePLND) in men with intermediate or high-risk PCa.

# Study design

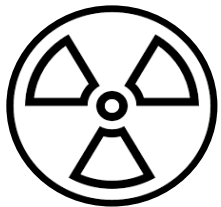
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Men with newly diagnosed intermediate to high risk PCa (EAU)

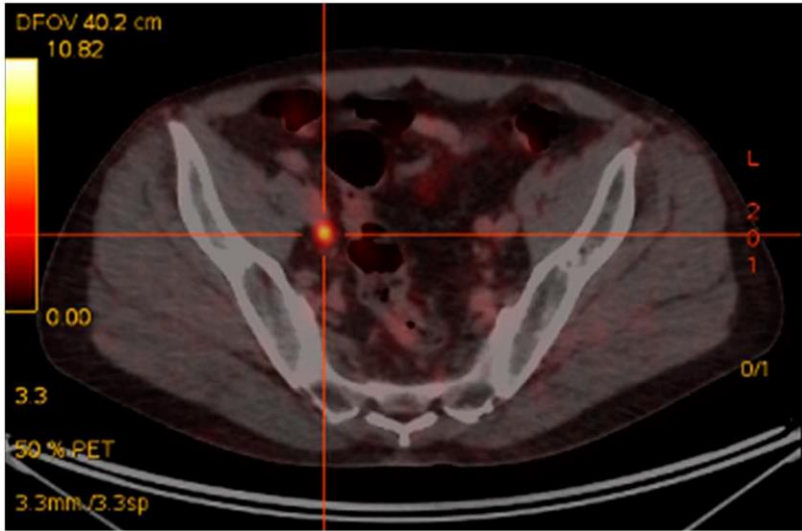


Web-based MSKCC nomogram LNI risk > 5%

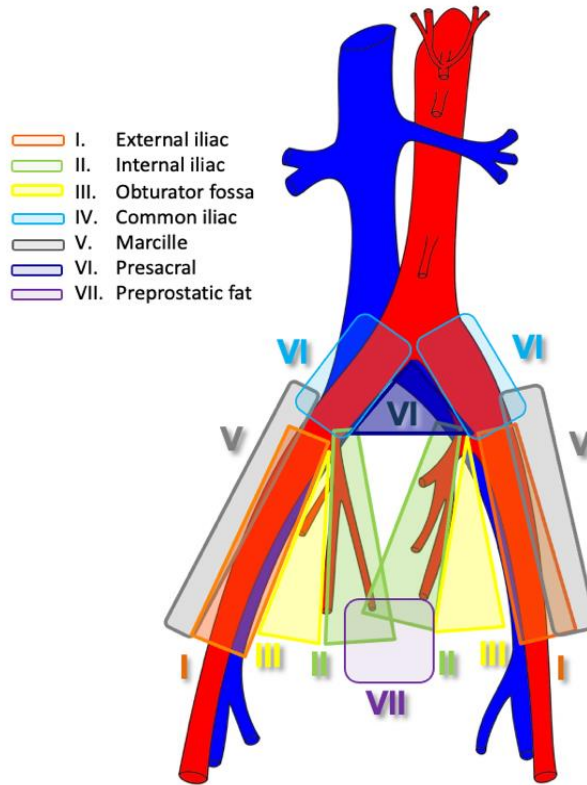


<sup>18</sup>F-PSMA PET/CT

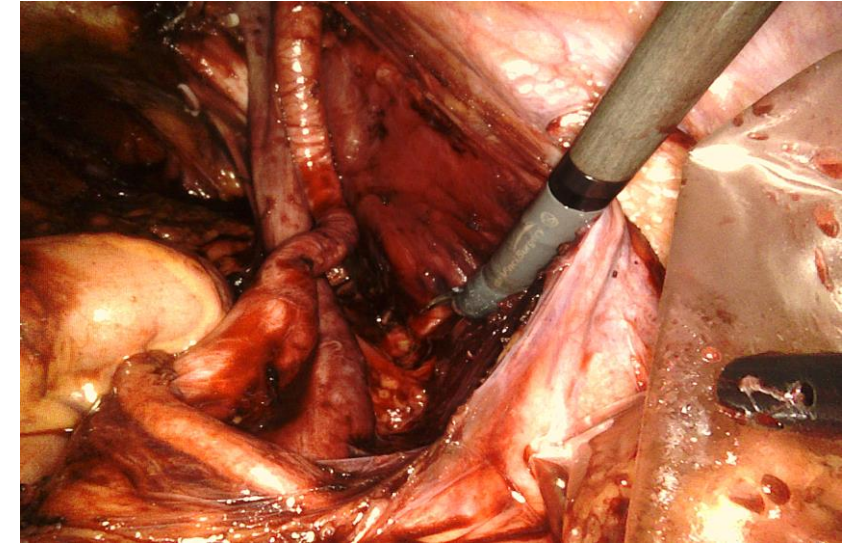
# Study design



Cognitive or probe image guided



Template based resection and histopathological evaluation



Extendend pelvic lymph node dissection

# Results

Baseline Characteristics of 99 men	
Age at time of biopsy yrs (SD)	68,1 (6.6)
EAU risk n(%)	
Intermediate	35 (35.0)
High	64 (65.0)
Serum PSA (mg/ml), median (IQR))	9.5 (6.5-15.3)
Time between PSMA-PET/CT and surgery in weeks, median (IQR)	4.0 (2.0-7.0)
Total resected lymph nodes, n	2294
Resected lymph nodes per patient, median (IQR)	22 (17-28)
Total positive lymph nodes, n	69
Patients with pN1 status, n (%)	30 (30.3)
Size of lymph node metastasis (mm), median (IQR)	3.5 (2.0 -6.0)

# Results

Patient based				
% (95% CI)				
	pN1	pN0	Total	
<b>miN1</b>	16	7	23	Positive predictive value 69.6 (51.2-83.3)
<b>miN0</b>	14	62	76	Negative predictive value 81.6 (75.0-86.8)
<b>Total</b>	30	69	99	
	Sensitivity 53.3 (34.3-71.7)	Specificity 89.9 (80.2-95.8)		

		Template based		
		% (95% CI)		
	pN1	pN0	Total	
<b>miN1</b>	8	26	34	Positive predictive value 23.5 (12.7-39.5)
<b>miN0</b>	54	1100	1154	Negative predictive value 95.3 (94.9-95.7)
<b>Total</b>	62	1126	1188	
	Sensitivity 12.9 (5.7-23.9)	Specificity 97.7 (96.6-98.5)		

# Comparison of results

## Patient based

	Median resected LN	Sensitivity	Specificity	Positive predictive value	Negative predictive value
<b><sup>18</sup>F-PSMA-1007 PET/CT (MINT)</b>	22	53.3 (34.3-71.7)	89.9 (80.2-95.8)	69.6 (51.2-83.3)	81.6 (75.0-86.8)
<b><sup>18</sup>F-DCFPyl PET/CT (SALT)</b>	18	41.2 (19.4-66.5)	94.0 (86.9-97.5)	53.8 (26.1-79.6)	90.4 (82.6-95.0)
<b><sup>68</sup>Ga-PSMA-PET/CT (PEPPER)</b>	14	41.5 (26.7-57.8)	90.9 (79.3-96.6)	77.3 (54.2-91.3)	67.6 (55.6-77.7)



# Conclusion and discussion

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$^{18}\text{F}$ -PSMA-1007 PET/CT showed high specificity but moderate to low sensitivity for detection of lymph node metastases in men with intermediate and high risk PCa.

$^{18}\text{F}$ -PSMA-1007 PET/CT is inferior to extended pelvic lymph node dissection

We started a national randomised controlled trial to determine if PSMA-PET may replace pelvic lymph node dissection in primary diagnostic pathway in intermediate or high-risk prostate cancer : **PSMA –Select trial** (<https://clinicaltrials.gov/ct2/show/NCT05000827>)



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