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Barros, H.A. de; Berrens, A.C.; Donswijk, M.L.; Wit, E.M.K.; Leeuwen, F.W.B. van; Leeuwen, P.J. van; Poel, H.G. van der

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Prevalence of High-risk Prostate Cancer Metastasis to Cloquet's Ilioinguinal Lymph Node. Letter.

J Urol. 2022;207(6):1222-1226.

To the Editor: We read with great interest the article by Plata Bello et al that evaluated the prevalence of metastasis to Cloquet's node in 95 high-risk prostate cancer patients who underwent radical prostatectomy and pelvic lymph node dissection.¹ We commend the authors for this well-written paper covering a challenging topic. Little is known about the lymphatic dissemination of prostate cancer into Cloquet's nodes. The authors show that final histopathological evaluation yielded nodal invasion in Cloquet's node in a single patient (1.1%). This prevalence matches the 1.2% previously reported by Cacciamani et al.²

Looking at prostate lymphatic mapping studies, Meinhardt et al observed a 6.6% sentinel node detection rate for Cloquet's fossa,³ a value consistent with the literature.^{4,5} Only 1 patient had a metastatic Cloquet's node. Since then (2012), of 671 prostate cancer patients who underwent sentinel node procedures at our institute, we identified Cloquet's nodes as sentinel nodes in 8 (1.2%) high-risk cases. Seven of 8 patients had a ventral primary tumor, and only 1 had a metastatic Cloquet's node. Interestingly, in all studies the involvement of Cloquet's fossa was accompanied by multiple other positive lymph nodes at pathology. This indicates that Cloquet's nodes are rarely part of the early nodal dissemination of prostate cancer, but rather are associated with a higher nodal metastatic burden.

Given the rarity of Cloquet's node involvement, confirmed by the fact that these nodes are rarely the first landing site of prostate cancer metastases, and the potential morbidity caused by dissection of lymph nodes draining the lower extremity, we suggest excision of Cloquet's nodes only in a select group of high-risk patients. Patients with a sentinel node in Cloquet's fossa or ventrally located prostate cancer may be considered for Cloquet's node dissection. In patients with multiple clinically or histologically positive nodes, we suggest including Cloquet's fossa in the whole pelvis radiotherapy field.

Fijs W. B. van Leeuwen,^{1,4} Pim J. van Leeuwen,^{1,2} and Henk G. van der Poel^{1,2,5}

¹Department of Urology, Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital
Amsterdam, The Netherlands

²Netherlands Prostate Cancer Network
Amsterdam, The Netherlands

³Department of Nuclear Medicine, Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital
Amsterdam, The Netherlands

⁴Interventional Molecular Imaging Laboratory, Department of Radiology, Leiden University Medical Center
Leiden, The Netherlands

⁵Department of Urology
Amsterdam University Medical Center, VU University
Amsterdam, The Netherlands

*Correspondence: Plesmanlaan 121, 1066CX Amsterdam, The Netherlands (telephone: +31 25129111; email: h.d.barros@nki.nl).

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Prevalence of High-risk Prostate Cancer Metastasis to Cloquet's Ilioinguinal Lymph Node. Reply.

To the Editor: We agree and thank Dr De Barros et al for their interest in our study.¹

Cloquet's node involvement in clinically localized high-risk prostate cancer is uncommon. In their experience, De Barros et al cite a prevalence of 1.2%, similar to our report and that by Cacciamani et al.² This finding reinforces our conclusion that the excision of Cloquet's node should not be included in routine pelvic lymph node dissection.

Interestingly, De Barros et al suggest an association between anterior tumors and metastasis to Cloquet's node, a finding that could not be confirmed in prior studies. Given the multifocality of prostate cancer and the low prevalence of metastasis to Cloquet's node, it would be difficult to ascertain such a finding. Perhaps the advent of molecular imaging such as prostate-specific membrane antigen will provide more insight on the pattern of metastatic

Hilda A. de Barros ^{1,2*} Anne-Claire Berrens,^{1,2}
Maarten L. Donswijk,³ Esther M. K. Wit,^{1,2}

spread to the lymph nodes and add more anatomical precision to the pelvic lymph node dissection.

Karim Touijer^{1*} and Ana Plata Bello²

¹Urology, Memorial Sloan Kettering Cancer Center
New York, New York

²University Hospital of Canary Islands
Tenerife, Spain

*Email: touijerk@mskcc.org

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Are We There Yet? Doctor of Osteopathic Medicine Students and the Urology Match. Letter.

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To the Editor: We would like to thank McCormick and Seideman for their work in improving osteopathic representation in the field of urology.¹ We unequivocally agree that the doctor of medicine (MD) and doctor of osteopathic medicine (DO) degrees are comparable and that increasing DO representation in urology should be a major focus. Although the initial results reported by McCormick and Seideman show that this goal has not yet been achieved, we feel that the interpretation of these data focuses too heavily on the speculation of potential program director (PD) bias rather than considering concrete metrics provided in the 2021 Residency Program Director Survey. We believe that analysis of these data will clarify why DO representation in urology is declining, thereby providing further insight into future actions to address this issue.

As stated briefly by McCormick and Seideman, the majority of osteopathic schools lack home urology programs.¹ We feel this point was underemphasized and overshadowed by other unproven factors like DO stigma. It is well known that access to a home program in any given specialty provides students with a wealth of networking and research opportunities. In the absence of a home urology program, it becomes increasingly difficult to garner some of the most important factors considered by PDs when choosing candidates to interview: letters of recommendation (LORs) in the specialty and perceived commitment to specialty.² Students without home programs will, in theory, have LORs that are fewer in number and weaker in nature than LORs

written by attendings who were able to develop extended relationships with students.

Additionally in highly competitive fields such as urology, research experiences and research production are significant factors used to assess a candidate's competitiveness. At the time of residency application, MDs have on average 4.0 research experiences and a production (measure of abstracts/presentations/publications) of 8.1.³ DOs, however, have an average of 2.2 research experiences (45% decrease) and a production of 3.4 (57.5% decrease), which clearly indicates a competitive advantage for MDs.³ We speculate that this disparity is likely due to an underemphasis in participation of research within osteopathic curricula and reduced ability to pursue research opportunities stemming from the additional time commitment to complete osteopathic manipulative medicine training.

Due to the discrepancies in competitiveness between MDs and DOs, the likely culprit of reduced DO representation in urology seems apparent. We believe this reduction is mostly a result of structural disadvantages set in place by osteopathic institutions more so than PD bias, which has yet to be elucidated in the literature. Rather than focusing efforts on combating potential DO stigma, we must act in ways that will give DO students the ability to develop more competitive urology residency applications so that they can better compete with their MD counterparts.

Forrest Bohler^{1*} and Nikhil D. Aggarwal¹

¹Oakland University William Beaumont School of Medicine, Auburn Hills, Michigan

*Email: forrestbohler@yahoo.com

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Concerns About the Potential Risks of Artificial Intelligence in Manuscript Writing. Letter.

To the Editor: I am writing to express my concern about the potential risks that artificial intelligence (AI) platforms such as ChatGPT (<https://chat.openai.com/chat>) may pose for academics.¹ In particular, I am worried about the potential for plagiarism.

As you may know, ChatGPT is a large language model trained by OpenAI© that is capable of