OPEN RETROPUBIC RADICAL PROSTATECTOMY, UROLOGIC OUTCOMES: OUR EXPERIENCE

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INTRODUCTION

Radical retropubic prostatectomy is probably the most common surgical procedure to treat localized prostate cancer. Although Laparoscopic and Robot Assisted Radical Prostatectomies are being performed nowadays in many countries, in Albania RRP remains the only surgical procedure for localized prostate cancer. We present reports on long-term oncologic outcomes for Albanian patients who undergo RRP.

MATERIALS & METHODS

The study sample consisted of 69 consecutive white patients who underwent RRP using the techniques described by Walsh between January 2007 and January 2022.

Outcome measurements and statistical analysis: Biochemical recurrence –free survival (BCR-FS), disease free survival (DFS), overall survival (OS), and cancer-specific survival (CSS) were evaluated. Actuarial rates were estimated via Kaplan-Meyer. Cox proportional hazards models were used to identify variables predictive of biochemical recurrence (BCR), receipt of salvage therapy, and metastases.

RESULTS

All participants had an ECOG-PS score of zero at baseline. 12 (17 %) out of 69 patients underwent extended-Pelvic LymphNode Dissection (e-PLND). 13 patients (19%) had intraoperative and immediate postoperative complications (1 patient had right leg deep vein thrombosis, 1 patinet had Acute Tubular Necrosis, in 1 patient the urethral catheter went out on the 5th postoperative day, 2 patients had more than 1000 ml blood loss intraoperatively and 8 patients (11.5%) had urine leakage from drainage). All surgical complications were treated conservatively.

Table 1. Baseline characteristics

Characteristic		N (%)
Age (years)	Mean (SD)	66.2 (5.4)
Education	High school or less	34 (51%)
	College degree or higher	33 (49%)
Smoking	Yes	11 (16%)
	No	57 (84%)
Family History of Prostate Cancer	Yes	6 (9%)
	No	63 (91%)
ECOG-PS	0	67 (98%)
	1	1 (1%)
	2	1 (1%)
PSA at baseline	Mean (SD)	13.1 (6.1)
PSA groups at baseline	<10ng/dl	21 (32%)
	>=10ng/dl	45 (68%)
ESR (n=39)	Median (Min-Max)	12 (4-60)
Platelet (n=59)	Median (Min-Max)	215000(145000-383000)
Hemoglobin (n=61)	Median (Min-Max)	17.0 (10.0-17.2)
Glucose (n=64)	Median (Min-Max)	106 (67-243)
Hypertension	Yes	40 (59%)
	No	28 (41%)

Only one patient lost data after 6 months of follow-up, and other 9 patients continued their follow up for a shorter period starting from 8 months until 48 months before losing contact.

RESULTS

All patients with positive surgical margins (11patients ; 16%), seminal vesicle invasion (14 patients; 25%), N1 stage (13 patients; 19%) and 1 or 3 moths postoperative PSA value >0.2 ng/dl, underwent adjuvant treatment (ADT and/or Radiotherapy).

Table 2. Description of tumor characteristics

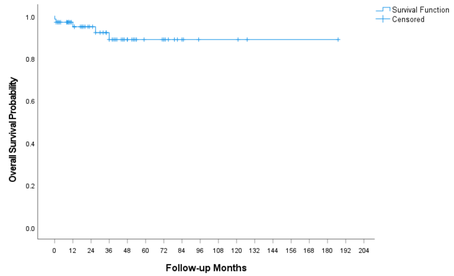
		N (%)
Volume (cm3)	Median (Min-Max)	50 (15-500)
EAU risk group patients	Low risk	17 (25%)
	Intermediate risk	40 (59%)
	High risk	11 (16%)
ISUP	1	41 (61%)
	2	14 (21%)
	3	5 (8%)
	4	7 (10%)
Pathologic T	0	1 (1%)
	1	1(1%)
	2	43 (64%)
	3	23 (34%)
Pathologic N	0	55 (81%)
	1	13 (19%)
Margins	Positive	11 (16%)
	Negative	56 (84%)
Seminal vesicle	Positive	14 (25%)
	Negative	42 (75%)

1. Overall survival

5 deaths (7%). Follow-up time: median=26, range (0-187)

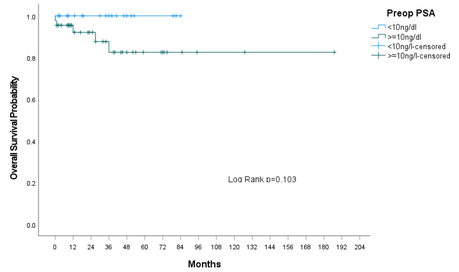
Only 1 patient died due to PCa progression, after he underwent salvage Chemotherapy and Radiotherapy treatment, and other 4 patients died due to other reasons not related to PCa.

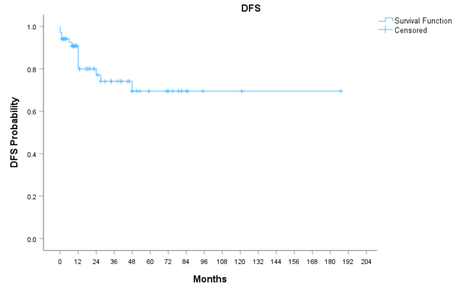
Biochemical Recurrence (BCR) was observed in 8 patients starting from 6th postoperative month, 6 BCRs occurred during the first year of follow up and 2 others in the second year.



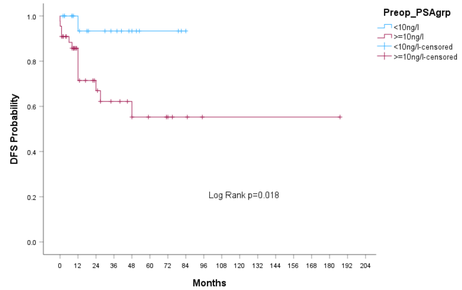
No differences were noted comparing overall survival between patients with preoperative PSA level <10 ng/dl (21 patients) and PSA >10 ng/dl (45 patients);. Even though there are no significant statistical differences in OS regarding both groups (p=0.103), it is clear that there is a tendency that patients with preop-PSA<10 ng/dl seem to have a better OS compared with the other group of patients with preoperatory PSA>10 ng/dl. More data and a longer period of follow-up will be needed to confirm this hypothesis.

RESULTS





DFS 4 deaths, 2 recurrence and 8 BCR (this does not include the biochemical recurrence). Follow-up time: median=17.5 months, range (0.1-187). 1 death occurred after local recurrence. Residual disease was defined as detectable PSA >0.2 ng/ml at 1 and 3 months after RRP. BCR was defined using questions on PSA levels and/or completed adjuvant treatment(s) as undetectable PSA at 3 months followed by PSA >0.2 at 12 months, and then yearly.



CONCLUSIONS

In contemporary patients with localized prostate cancer, RRP confers effective 5-year cancer control.

Disease severity and PSA measurements can be used to guide more personalized and cost-effective postoperative surveillance regimens.

No differences were noted comparing overall survival between patients with negative (42 pts; =75%), and positive seminal vesicles infiltration (14 pts = 25%).

No differences were noted comparing overall survival between patients with pathology stage N0(55 pts;=81%) and N1(13 pts:=19%); p=0.425

No differences were noted comparing overall survival between patients with negative (56 pts=84%) and positive surgical margins (11 pts= 16%); p=0.568

Preoperatory PSA levels above 10ng/dl is an indicator for earlier biochemical cancer recurrence and higher probability for distant metastases. Patients with preoperatory PSA level below 10ng/dl are less likely to develop distant metastases and is an indicator for a later or absence of biochemical cancer recurrence.

Disease Free Survival is significantly higher in patients with Preoperatory PSA<10ng/ml, and lower when preoperatory PSA>10ng/ml.

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