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Introduction & Objectives: To estimate the functional status in men 45-55 years of age after radical prostatectomy.

Materials & Methods: It was prospective, observational study. A total of 22 consecutive prostate cancer patients, who undergone radical prostatectomy were recruited from the uro-oncology department. The exclusion criteria were: a previous, or current, history of another malignancy; age less than 45 years old or older than 55 years; serum level of prostate-specific antigen (PSA) ≥ 4.0 ng/mL or < 2.5 ng/ml; and/or a chronic debilitating disease. The functional assessment performed by validated FACT-P (Version 4) questionnaire. Testing was carried out before treatment and after treatment at 3 and 9 months (I, II, III periods), by calling the patient for questioning. Results of the data obtained in 19 (86%) patients who filled the data of questionnaire for all periods of the survey.

Results: The analysis of FACT-P demonstrated that the median values for period I were 131 (IQR 126.5 - 137.5), for period II – 108 (IQR 101 - 124.5), for III – 125 (IQR 121 - 130.5). When comparing the data by the Kruskal-Wallis test, there were statistically significant differences between of all periods (Kruskal-Wallis test < 0.0001). Post hoc analysis revealed statistically significant differences between the periods I–III and II–III. While producing the separate analysis each of the group of questions. Complete recovery did not occur in the group of questions related to urinating and erectile functions (group of the additional concerns). The median values for the I period were 43 (IQR 41.5 - 44), for the II period – 35 (IQR 30.5 - 38), for the III – 39 (IQR 37 - 42). When comparing the data by the Kruskal-Wallis test, there were statistically significant differences between of all the periods (Kruskal-Wallis test < 0.0001). Post hoc analysis revealed statistically significant differences between all three periods.

Conclusions: Despite the limited number of cases, it has found that the treatment in well-selected group of patients helps to reduce the risk of over-treatment and to achieve good results. At the same time, full recovery has not achieved after 9 months of observation in patients with sexual dysfunction after radical treatment. Further studies with longer observation intervals are required.