

PE10 Outcomes of salvage radical prostatectomy after high intensity focused ultrasounds: analysis of the UK's largest series

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Introduction & Objectives: There is sparse data on the recurrence patterns within the prostate and salvage RALP outcomes in men who fail focal high-intensity focused ultrasound (HIFU). The aim of this study was to assess concordance between pre-operative biopsy/MRI and Robotic Prostatectomy (RP) in terms of grade, stage and location of cancer and to report short-term outcomes in a cohort of men undergoing salvage RALP following HIFU.

Materials & Methods: A retrospective analysis of 59 men who underwent salvage RP at a high-volume pelvic cancer centre was performed from Jan 2012 to Dec 2018, with a median (IQR) follow-up of 9 months (4-20.3 months). Cancer characteristics pre-HIFU, post-HIFU pre-RP, and post-RP were collected. In-field and out-of-field recurrences were examined by correlation with pre-RP MRI and HIFU treatment plans.

Results: Median (IQR) presenting age, PSA, Gleason grade and BMI pre-HIFU were 66 (IQR 62-69), 5.5 (IQR 3.7-9.1) and 28 (IQR 25.7-32.0) respectively. 15/59 (25.5%) had a recurrence post prostatectomy and median (IQR) time to the recurrence was 10 m (4.0 - 9.5 m). The procedure appears to be safe and feasible: 2, 2 and 1 men experienced Clavien grade 1, 2 & 3a complications respectively, median (IQR) LOS was 1 d (1-2 d) median (IQR) EBL was <500 ml (<500-500 and 1000), console time was 150 mins (120-190) and length of stay was 1 day (1-2). 17/59 (29%) patients suffered a positive surgical margin (PSM) of which 5/59 were ≥ 3 mm. 34/59 (58%) had pT3a/b extra-prostatic spread on RP, 13/34 (38.0%) of who had a PSM. 4/35 (11%) with organ-confined (pT2) cancer had a PSM.

Conclusions: Patients considering primary HIFU or salvage RALP should be counselled regarding the often aggressive and multi-focal nature of the recurrence and the likely inferior outcomes following salvage compared to primary RALP. Wide excision is recommended however may not prevent positive margins.