PE11 Single centre outcomes from a large series of robotic salvage prostatectomies

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Introduction & Objectives: Robotic assisted radical prostatectomy is an established successful treatment for prostate cancer. Salvage prostatectomy is a more complex procedure and its efficacy as a secondary treatment has not yet been established. Currently, reported outcomes from a small series of open salvage prostatectomy have been disappointing in both cancer control and quality outcomes. We aim to review the efficacy and quality outcomes following sRARP in patients who have had previous treatments.

Materials & Methods: We retrospectively looked at 106 patients from 2012-2018 who had a sRARP with a minimum of 3months follow up. Primary treatments included conformal radiotherapy, low dose and high dose brachytherapy, high intensity focused ultrasound, cryotherapy, electroporation and hormonal suppression therapy. We looked at efficacy of cancer treatment and quality outcomes, this included pre and post-operative histology, PSA, incontinence and erectile-dysfunction.

Results:

Median follow up of 2.1 years. The median age of the patients was 67 years. The median preop PSA was 5.6 mg/l. 5% had T1; 50% had T2 and 45% had T3 disease. Preop histology was 6% 3+3; 41% 3+4; 28% 4+3; 7% 4+4; 16% 4+5; 2% 5+4. 4% had low-grade disease, 49% had intermediate disease and 47% had high-grade disease. Of the 106 patients 61% had postop negative margins on histology. 25% had positive margins <3 mm and 14% had positive margins >=3 mm. Postop histology was 1% 3+3, 41% 3+4; 36% 4+3; 5% 4+4; 15% 4+5; 2% 5+4. 24% of patients had some form of reoccurrence (13% just biochemical while 11% had local or metastatic). 16% of patients had some form of secondary salvage treatment (16% ADT; 2% radiotherapy, 2% chemotherapy) post-operatively. 37% of patients achieved complete continence with varying follow-up times whilst 26% were socially incontinent. The rest (37%) had moderate incontinence using an average of 3 pads-a-day. 95% of patients had some degree of erectile dysfunction post-operatively. 105 out of the 106 patients were alive at the time of data collection.

Conclusions: Our data clearly shows that sRARP is a safe and feasible procedure. Post op complications are similar to primary RARP. In our series there was an up-gradation of the pathology in 19% and an upstage in disease by 50%. This is possibly secondary to the late referral of the patients for secondary treatment. We noted a progressive improvement in continence with time especially in the post radiotherapy patients. In patients who had a minimum follow up of 1-year, overall social continence of 63% is acceptable and only 2 required artificial urinary sphincters. In most patient's nerve sparing was not carried out and in the 30% who had nerve sparing 23% was unilateral. Post radiotherapy patients had worse cancer and quality outcomes than post focal treatment. Considering the number of high-risk disease in this series cancer outcomes are in par to primary treatment and quality outcomes are acceptable.