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**Introduction & Objectives:** Despite the curative intent of primary treatment in prostate cancer, biochemical recurrence rates (BCR) have been reported as high as 40%. Seminal vesicle remnants (SVR) have been shown in up to 20% of patients after radical prostatectomy. Seminal vesicle (SV) recurrences have been described after external beam radiotherapy as well as after brachytherapy. On the other hand, novel imaging techniques such as 68Ga-PSMA-11 or 11C-Choline PET/CT are allowing us earlier detection and more accurate localization of recurrence. There is increasing evidence supporting a more targeted approach in the oligometastatic setting. Organ-preserving surgery is a possible approach within this framework in the case of an SV recurrence after radiotherapy. Alternatively, resection of SVR is possible after previous radical prostatectomy. These approaches were reported recently in a series of 23 open surgery cases. Robot-assisted vesiculectomy has not yet been described in literature in the PCa salvage setting.

**Materials & Methods:** We have retrospectively reviewed patients who underwent a robot-assisted resection of SV or SVR. In all patients a solitary PCa recurrence was identified on 68Ga-PSMA-11 PET/CT. An extended pelvic lymph node dissection (ePLND) was done if it had not been performed before. Magnetic resonance imaging (MRI) with dynamic contrast enhancement or transrectal ultrasound were requested if more accurate localization was necessary preoperatively. Biopsy was only considered when these imaging techniques were inconclusive. Patient, disease and treatment characteristics were described using frequencies and percentages.

**Results:** From March 2018 to May 2019 we have performed a robot-assisted resection of SV or SVR in 7 patients. Three patients (43%) underwent a radical prostatectomy as primary treatment, while the other 4 were treated with brachytherapy. Eventually, all patients underwent radiotherapy. An ePLND was done in 6/7 patients (86%). Peroperative blood loss was limited to 121 cc on average with no postoperative transfusions needed. Operative time amounted 120 minutes on average. Median hospital stay was 3 days. In one patient a vascular repair was needed during the ePLND. No further per- or postoperative complications were noted. Prostate cancer was confirmed on pathology in all resected SV recurrences. Positive lymph nodes were found in 4/6 ePLND patients (66%). In all patients there was a PSA response of more than 50% within 6 weeks.

**Conclusions:** Robot-assisted salvage resection of SV or SVR can be considered as a safe alternative to open surgery in the hands of an experienced surgeon. Also, it stands as an organ-sparing alternative to a salvage prostatectomy in the case of SV-only recurrences. It could serve as one of multiple effective treatments in the directed treatment of oligo-recurrent PCa.