

Singh S., Tamhankar A.S., Patil S., Ahluwalia P., Gautam G.

Max Institute of Cancer Care, Dept. of Uro-oncology, Delhi, India

Introduction & Objectives: Prostate cancer is the second commonest diagnosed malignancy and the fifth leading cause of cancer mortality in men. Elderly patients make a considerable proportion of this cancer and represents a substantial public health burden. Management of prostate cancer in elderly age group is still debatable in terms of possibility of robot assisted radical prostatectomy(RARP).

Materials & Methods: We conducted an outcome analysis of 49 patients aged >75 years undergoing RARP from a cohort of 531 total patients operated by single surgical team in last 7 years. Patients were explained all possible treatment options before subjecting for RARP, ensuring good performance status preoperatively.

Results: Median age was 76 years with 74% patients having some comorbidity. Median preoperative serum PSA was 15.25 ng/ml (5.6-61). Nine patients were sexually active but with either mild to moderate erectile dysfunction. Median Gleason group grade was 3 with 38.7% patients having >T3 disease on imaging. Median console time and estimated blood loss were 156 minutes (110-300) and 100 cc respectively without any open conversion. Median length of stay and catheter removal day was 2 and 9 days. Median lymph node yield was 18(6-38) with 70% patients having pathologically T3 disease and 45.2% having N+ disease. Overall margin positivity rate was 40%(16.6% multifocal). 90 day complication rate was 3.25% (Clavien grade 2- minor) without any major complication. Continence recovery was early (<3 months), average and delayed (>1 year) in 30%, 26.6% and 43.3% respectively. At a median follow up of 11 months (1-63), 54% patients did not develop biochemical recurrence till longest follow up with 33% patients requiring an adjuvant treatment. One patient developed metastasis at 44 months, with median overall survival and metastasis free survival being 11 months (1-63).

Conclusions: RARP in patients > 75 years is safe with promising surgical, oncological and functional outcomes, which mandates careful patient selection and counselling.