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Oncological control in high-risk prostate cancer after radical prostatectomy and salvage radiotherapy compared to radiotherapy plus primary hormone therapy

Cano Velasco J.[1], Herranz Amo F.[2], Polanco Pujol L.[2], Mayor De Castro J.[2], Aragón Chamizo J.[2], Lledó García E.[2], Barbas Bernardos G.[3], Subirá Ríos D.[2], De La Morena Gallego J.M.[4], Hernández Fernández C.[2]

[1]Hospital Universitario Infanta Sofía / Hospital General Universitario Gregorio Marañón, Dept. of Urology, San Sebastián de los Reyes, Spain, [2]Hospital General Universitario Gregorio Marañón, Dept. of Urology, Madrid, Spain, [3]Hospital Universitario Infanta Elena/ Hospital General Universitario Gregorio Marañón, Dept. of Urology, Valdemoro, Spain, [4]Hospital Universitario Infanta Sofía , Dept. of Urology, San Sebastián de los Reyes, Spain

Introduction & Objectives: In patients with high-risk localized prostate cancer (HRPCa), multimodal treatment plays a fundamental role. Our objective was to compare relapse-free survival (RFS) in patients with HRPCa, treated primarily with radiotherapy (RT) + hormone therapy (HT) versus radical prostatectomy (RP) and salvage RT (sRT)±HT when biochemical recurrence (BCR) appears.

Materials & Methods: Retrospective analysis of 226 patients with HRPCa (1996-2008), treated primarily with RT+HT (n=137) or RP (n=89). The Kaplan-Meier method has been used to evaluate survival and the log-rank test has been used to evaluate the contrast between the different categories of the variables. Multivariate analysis has been performed using Cox regression to determine variables with an impact on RFS with statistical significance (P<0.05).

Results: The median follow-up of the series was 111 (IQR 85-137.5) months. After RT+HT, 32 (23.4%) patients relapsed, and after RP (P=0.0001), 41 (46.1%) cases. When comparing the primary treatments, the RFS at 5 and 10 years was higher after RT+HT versus RP in monotherapy (P=0.001). The primary treatment with RT+HT reduced the risk of BCR when compared to the RP (HR=0.41, P=0.002). The estimation of the RFS at 5 and 10 years after RP+sRT±HT was 89.7 and 87.1%, while after primary RT+HT was 91.6 and 71.1%, respectively (P=0.01). The only factor that behaved as an independent predictor of RFS was the multimodal treatment with RP+sRT±HT when BCR showed up (HR=2.39, P=0.01).

Picture: Relapse-free survival **A:** after primary treatment y **B:** after salvage treatment
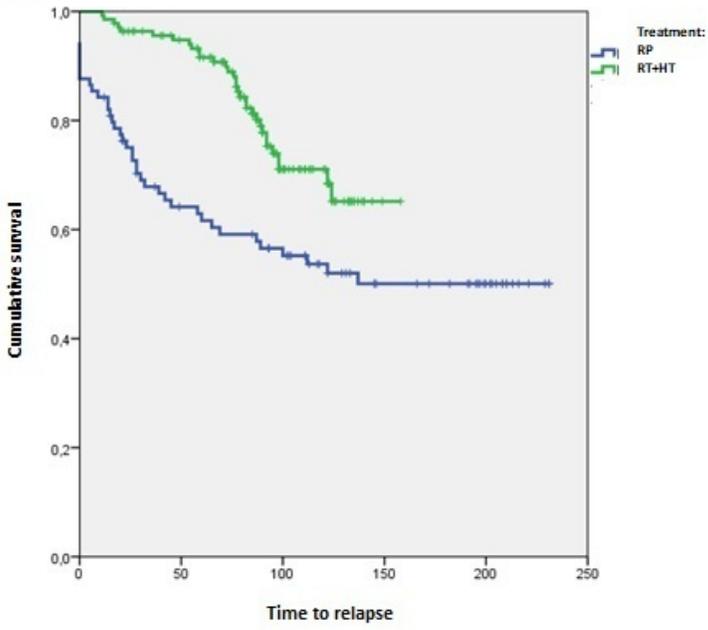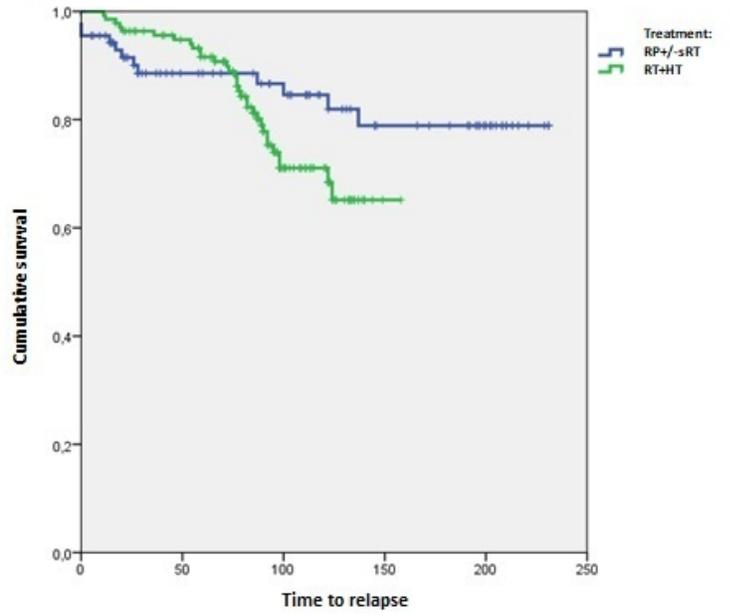
Conclusions: In HRPCa, multimodal treatment with RP+sRT±HT if BCR, significantly improves RFS with respect to treatment with RT+HT.