

P043 Cytoreductive radical prostatectomy with hormonal therapy: Benefit in cancer-specific survival

EUR Urol Suppl 2019;18(11):e3463

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Introduction & Objectives: Treatment strategy for the locally advanced prostate cancer (PCa) is one of the most disputable questions in modern oncology. Cytoreductive radical prostatectomy (RP) with an extended pelvic lymph node dissection (PLND) for a locally advanced PCa is a treatment option as a part of complex treatment recommended by the latest clinical researches. Our aim was to assess the oncological results of cytoreductive prostatectomy in combination with hormonal therapy in locally advanced PCa patients.

Materials & Methods: 32 cytoreductive RP were performed on stage T3-4 N0-1 M0 in our department. These patients were included in the group 1 of our study. A total of 42 patients with locally advanced PCa were treated with androgen deprivation therapy (ADT) without local therapy included in control group 2. Both groups of patients were comparable by the age of patients, initial prostate specific antigen, biopsy Gleason score and clinical stage of disease. Cytoreductive RP was performed in patients with > 10-year life expectancy. The average age of patients was 62 year (43-72 years). Mean PSA level was 54 ng/ml (20-134 ng/ml) when needle biopsy of the prostate was performed. Adjuvant androgen deprivation was performed from 1 to 5 months in 75% of patients before cytoreductive RP. After surgery, extracapsular prostate cancer growth was confirmed histologically. Seminal vesicle invasion was identified in 45% of patients. Stage T4 diagnosed in 17% of patients. All patients underwent extended PLND. The presence of metastases in regional lymph nodes confirmed in 44% of patient histologically. The ratio of intermediate- / high-risk PCa was 60/40. Gleason score was ≤6 in 6 (18,5%), 7 (3+4) - 7 (22%), 7 (3+4) - 15 (47%), ≥8 - in 4 (12,5%) patients. Positive surgical margin was identified in 9 (28%) patients. After surgery, all patients received adjuvant ADT.

Results: No postoperative mortality was fixed. Median observation period was 41 months (range 4 to 92) and 47 months (range 32 to 96) in groups 1 and 2, respectively. Kaplan-Meier analyses were performed. Biochemical recurrence-free survival was 81% after surgery. During the follow-up, the formation of castration-resistant PCa was observed in 26% in group 1 and 72% in group 2, respectively. Median time to castration-resistant PCa was 48 months (range 24 to 72) and 32 months (range 18 to 54) in groups 1 and 2, respectively (p=0.016). Cancer specific survival rates are: 92,2% vs 87%, p=0.037).

Conclusions: Cytoreductive RP can be one of the approaches to complex locally advanced PCa treatment in highly selected patients. This group of patients has to be informed about a possible need for further treatment after surgery. Cytoreductive RP in combination with ADT has advantages over mono ADT extends the period of the formation of the castration-resistant PCa and as a consequence, improves cancer-specific survival.