MP60-02
FUNCTIONAL OUTCOMES AND COMPLICATIONS OF SALVAGE RADICAL PROSTATECTOMY FOR RECURRENT PROSTATE CANCER: A LARGE, RECENT MULTICENTER SERIES

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INTRODUCTION AND OBJECTIVES: Salvage radical prostatectomy (sRP) has been associated with high complication rates and poor functional outcomes in the past, while latest sRP series have shown a substantial improvement. In this study, we assessed sRP functional outcomes and complications, comparing robotic and open approaches.

METHODS: We retrospectively collected data of sRP for recurrent prostate cancer (PCA) after local non-surgical treatment at 18 tertiary referral centers, from 2000 to 2016. Patient with insufficient follow-up (<6 mo) and/or lacking data on functional outcomes or complications were excluded. The Clavien-Dindo classification was employed to classify complications. Functional outcomes were assessed at baseline (before sRP) and at 6 and/or 12 months follow up.

RESULTS: In total, 395 sRP (n = 186 open; n = 209 robotic) were included. At baseline, no differences were present apart from follow-up duration (p<0.001), pre-sRP castration resistant PCA proportion (p=0.0055) (higher for open RP) and sRP Gleason (p=0.0159) (higher for robotic sRP). All patients were free from radiological evidence of extranodal metastases. Lower blood loss (p<0.0001) and shorter hospital stay (p<0.0001) were observed for robotic sRP, while no significant differences emerged in major (10.1%, p=0.16) and overall complications (34.9%, p=0.67). Risk of rectal injuries and fistulas was limited (respectively, 1.58% and 2.02%); anastomotic stenure was more common in open-sRP (16.6% vs 7.7%; p<0.01).

Overall, 57.5% of patients had improved/unchanged continence, whereas 24.6% experienced severe (>3 pads/day) incontinence; spontaneous or PDE-5 assisted erections occurred in 81.8% of the cases (15.6% potent before sRP had preserved erectile function compared to pre-sRP). Considering nerve sparing procedures, 3 (11.5%) in 26 men with available results maintained spontaneous or PDE-5 assisted erections. Robotic approach was an independent predictor for continence preservation (OR 0.411, 95% CI 0.232-0.727, p=0.022) in multivariable analysis; previous hormonal treatment (OR 1.689, 95% CI 1.004-2.843, p=0.0484) and ASA score (OR 1.430, 95% CI 1.026-1.995, p=0.0349) were both significantly associated with the occurrence of one or more complications.

CONCLUSIONS: Our recent data on sRP performed in tertiary referral centers suggest a lower risk of major complications and better functional outcomes than previously reported. A reduction of blood loss, hospital stay, anastomotic stenure and improved continence were observed with the robotic technique.

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MP60-03
CLINICAL SIGNIFICANCE AND PREDICTORS OF ONCOLOGIC OUTCOME AFTER RADICAL PROSTATECTOMY FOR INVISIBLE PROSTATE CANCER ON MULTIPARAMETRIC MRI

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INTRODUCTION AND OBJECTIVES: Data on long-term oncological and functional outcomes of robot-assisted laparoscopic prostatectomy (RALP) beyond 10 years are sparse. We aimed to interrogate our prospectively maintained database to outline the outcomes, in high-risk cases mandating long-term follow-up, with at least 10 years of follow-up.

METHODS: Risk stratification to identify eligible cases was based on D’Amico risk at the outset and post-operative risk parameters (Gleason ≥8, ≥pT2c, pN1, positive surgical margin [PSM]). Survival analyses were performed by the Kaplan-Meier method. Cox proportional hazards modeling was used to evaluate prognostic factors for overall survival (OS), cancer-specific survival (CSS), biochemical relapse (BCR) and receipt of adjuvant/salvage treatment. Functional outcomes (Contiencne and Erectile dysfunction [ED]) were assessed comparing pre- and post-operative Questionnaires.

RESULTS: Of 1348 patients who underwent RALP between July 2003 and August 2008, 461 high-risk cases with complete data were identified. Median [interquartile range, IQR] values were: Age of 60.9yrs [56.6-65.7] and PSA of 5.9 [4.6-8.4], with a follow-up of 12.2yrs [11.3-13.4]. Of the high-risk cases: D’Amico high = 49 (10.6%); ≥pT3 post-op = 135 (29.3%), Gleason ≥8 post-op = 38 (8.2%), PSM = 70 (overall = 15.2%, pT2 = 11%, pT3 = 25%), pN1 = 3 (1.4%). Biochemical relapse (BCR) was present in 109 (23.6%)