

PD12-08
ANTERIOR VS POSTERIOR ROBOT-ASSISTED RADICAL PROSTATECTOMY: INSIGHTS FROM 10 YEARS FOLLOW-UP OF A RANDOMIZED CONTROLLED TRIAL

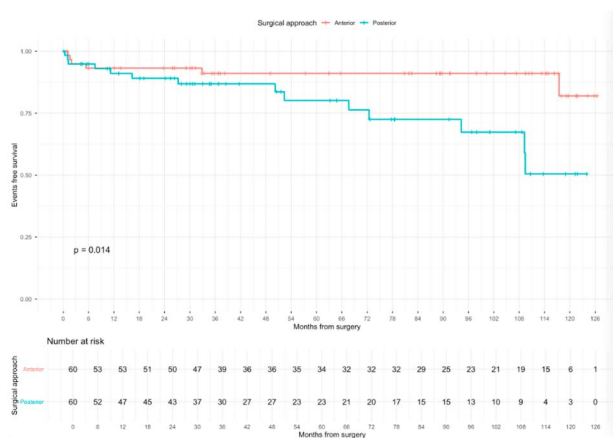
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INTRODUCTION AND OBJECTIVES: In the evolving field of minimally invasive prostate surgery, the Retzius-sparing robot-assisted laparoscopic prostatectomy (RS or Posterior RALP), first described in 2010, was proposed to enhance early postoperative continence recovery, albeit at the cost of increased technical complexity. However, long-term oncological outcomes following this approach remain insufficiently characterized. The present study reports the 10-year oncological outcomes of a randomized controlled trial originally designed to compare early continence achievement between posterior and standard approach (anterior).

METHODS: A total of 120 men with low- to intermediate-risk prostate cancer were randomized in a 1:1 ratio to receive either anterior- or posterior- approach RALP (n = 60 per arm). The primary endpoint was event-free survival (EFS). Event was defined as occurrence of Biochemical Recurrence and/or any additional treatment. Kaplan Meier plots were used to depict EFS and to compare it between the two approaches. Cox regression examined the impact of the approach on EFS, after adjusting for CAPRA-S classification.

RESULTS: Among the 120 randomized patients, the median age at surgery was 61 years (IQR 56–66), and the median PSA level was 5.70 ng/mL (IQR 4.73–7.35). Before surgery, 77% of the cohort met NCCN criteria for intermediate-risk disease. Final pathology showed ISUP >= 4 tumors in 6.7% patients in the anterior approach group and in 3.3% patients in the posterior group while pathological T3 stage was more frequently in the posterior (10%) rather than anterior (5%) group. Positive surgical margins were observed in 13% of anterior cases vs. 23% of the posterior cases. Median (IQR) follow-up was 77 months (30-110). A total of 20 Events occurred during the study period. At 10-years, EFS was 82% in anterior vs 50.5% in posterior group with a p value of 0.01. After adjusting for CAPRA-S classification patients undergoing posterior RALP were highly more likely to experience an event (HR 2.64, 95CI 1.00-6.99, p value= 0.04).

CONCLUSIONS: Although RS-RALP provides superior early continence outcomes, it appears to be associated with less favorable long-term oncological control, potentially due to the increased technical demands of the procedure, which may compromise oncological precision even in low-risk cases. These findings should be carefully considered when selecting the optimal surgical approach for each patient.



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PD12-09
ASSOCIATION OF GENOMIC CLASSIFIERS AND MULTI-PARAMETRIC PROSTATE MRI RESULTS WITH PROSTATECTOMY PATHOLOGIC OUTCOMES IN ACTIVE SURVEILLANCE CANDIDATES WHO UNDERGO UPFRONT RADICAL PROSTATECTOMY

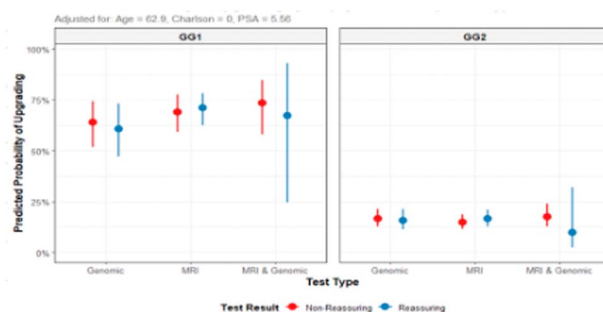
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INTRODUCTION AND OBJECTIVES: There has been rapid uptake and conflicting evidence regarding the use of genomic classifiers (GC) and multi-parametric MRI (mpMRI) to risk stratify candidates for active surveillance (AS) that may harbor aggressive pathology. We assessed the results of GC, mpMRI, or the combination of both with pathologic features in patients who qualified for active surveillance but chose to undergo upfront radical prostatectomy (RP) in a diverse statewide collaborative consistent of community and academic urology practices.

METHODS: We identified patients in the Michigan Urological Surgery Improvement Collaborative (MUSIC) database with NCCN very low (VLR), low (LR), or favorable intermediate risk (FIR) prostate cancer (PC) who underwent RP within six months of diagnosis. Pre-operative GC, mpMRI results, and final pathology were included. Results of GC and mpMRI were considered reassuring or non-reassuring consistent with established and previously published MUSIC criteria. The primary outcome was pathologic upstaging; a composite outcome of any of the following: an upgrade in Gleason grade (GG), pathologic T3 or greater, and/or node positive disease. We fit a logistic regression model controlling for baseline characteristics and with an interaction term for Gleason scoring at diagnosis and GC/mpMRI result to investigate potential differences in upgrading in those sub-populations.

RESULTS: Among 5,915 men that underwent upfront radical prostatectomy with biopsy NCCN VLR, LR, and FIR PC in the registry, 1,867 patients had a GC and/or mpMRI prior to RP and were included in the analytic cohort. The majority of patients had GG2 disease (n=1461, 78%). Among men with GG1 disease, 270 (66.5%) had pathological upstaging compared with 244 (16.7%) patients with GG2 disease. Regression analysis revealed no significant differences between GC and/or mpMRI both the GG1 and GG2 groups (Figure).

CONCLUSIONS: In AS candidates, pathologic upgrading is predictably higher among patients with GG1 versus GG2 disease, although clinicians should be reassured by the relatively low rate (16%) among men with GG2 disease considering AS. In real world practice, results of GC and/or mpMRI poorly discriminate pathologic upstaging, and results should be taken in the context of other clinical factors when used for clinical decision making.



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