

**PP31**

**FEASIBILITY OF TUR AS A MODALITY OF ORGAN PRESERVING STRATEGY in CAP**

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**Introduction and Objective:** Stage T1A Prostate Cancer (CAP) is usually assigned for surveillance and often does not progress over extended follow up. An unanswered question remains, whether this is due to the benign nature of the disease or perhaps the TURP has removed all cancerous tissue? To answer the question, a prospective study was undertaken to measure the radial extent of the tumor using the urethra as the axis.

**Methods:** Patients undergoing radical prostatectomy were recruited. Preoperative data included: prostate volume, PSA, Gleason score (GS), clinical stage, biopsy cores involvement (%), laterality .Postoperative data included: minimal and maximal cancer-urethral distance (min & max CUD in mm) (whole mount transversal 5 mm sections), tumor foci longitudinal extension (calculating the number of positive sections), GS, pathological stage and apical involvement. Statistical significance was calculated.

**Results:** 87 patients were recruited, the average min CUD was 5.3 mm (1-22) (SD±3.6), the average max CUD was 16.4 mm (8-27) (SD±4.4). Assuming the average TUR radial resection is at least 15 mm, the Pts. were divided into 2 : Group 1, 44 Pts. with max CUD ≤ 15 mm, and 43 in group 2 with max CUD >16. Data are tabulated:

|                                    | <b>Group 1</b>       | <b>Group 2</b>       | <b>P Value</b> |
|------------------------------------|----------------------|----------------------|----------------|
| <b>Average max CUD</b>             | <b>12.8(SD±2.09)</b> | <b>20.0(SD±2.67)</b> |                |
| <b>Tumor length (average mm)</b>   | <b>17.7</b>          | <b>25.9</b>          | <b>0.0001</b>  |
| <b>Postop. GS ≥7 (# Pts.)</b>      | <b>19</b>            | <b>34</b>            | <b>0.0009</b>  |
| <b>Average prostate volume(ml)</b> | <b>40.4</b>          | <b>40.3</b>          | <b>0.99</b>    |
| <b>Average min CUD</b>             | <b>5.5</b>           | <b>5.15</b>          | <b>0.63</b>    |
| <b>Stage ≥T3 (# Pts.)</b>          | <b>13</b>            | <b>15</b>            | <b>0.81</b>    |
| <b>Bilateral disease (# Pts.)</b>  | <b>31</b>            | <b>37</b>            | <b>0.11</b>    |
| <b>Apical involvement (#Pts.)</b>  | <b>20</b>            | <b>27</b>            | <b>0.13</b>    |

**Conclusions:** Radial resection of 22.6 mm will eradicate the entire cancerous tissue in 84% of patients with CAP. The more radially spread tumors are prone to be Gleason ≥ 7 and longer than 26 mm. The min CUD was not correlated to the radial spread. In theory, the ideal candidate for TUR organ preserving strategy is a Pt. with Gleason 6 and single positive layer in the pretreatment biopsy. In these Pts. the odds of removal of all cancer bearing tissue is high. One may predict that with advanced imaging and accurate mapping biopsies, a TURP may be found sufficient and oncologically safe for selected patients.