MINIMALLY INVASIVE SALVAGE PROSTATECTOMY AFTER PRIMARY RADIATION OR ABLATION TREATMENT: COMPLICATIONS, FUNCTIONAL AND LONG-TERM ONCOLOGICAL OUTCOMES

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Introduction: We aimed to analyze the oncologic, functional and morbidity outcomes of minimally invasive salvage prostatectomy (MISP) after primary radiation or ablation treatment for prostate cancer at a tertiary referral institution.

Material & Methods: Between 2001 and 2015, 5841 patients underwent radical prostatectomy (RP) at our institution, out of which 25 were MISP. Indications for MISP were PSA nadir + 2ng/dl in radio-recurrent patients and biopsy-proven significant PCa in other ablative treatments. We analyzed primary treatment characteristics, surgical data, oncologic and functional outcomes, and compared results between MISP after primary whole-gland (WT) and focal (FT) treatments. Perioperative complications were reported using Clavien classification. Functional outcomes were analyzed with questionnaires and oncological outcomes using biochemical recurrence (BCR) (PSA >0.20ng/dl).

Results: Median age at salvage treatment was 65 years (51-73). The primary treatment and the recurrence data are shown in table 1. Compared to WT, MISP after FT had significantly lower operative time (136 vs. 176 min, p=0,004), less hospital stay (4,4 vs. 5,8 days, p=0,04) and fewer upstaging (≥pT3a) (27,3% vs. 78,6%, p=0.01) at final pathology. Overall, PSM were noted in 4 patients (16%). Perioperative complications were observed in 8 patients with no difference between groups. High-grade complications (Clavien ≥3) were observed in 2 patients. At 12-months follow-up, 57% were continent and 33% had moderate to severe urinary leak. Potency was preserved in 6 out of 9 pre-operatively potent patients.

Over a median follow-up of 62 months (IQR 43-110), 11 patients relapsed with a median time to BCR of 16 months (IQR 7-25). Recurrences were managed with salvage radiotherapy in 6 patients, 4 with hormone therapy and 1 CRPC. Three patients were lost to follow-up and 1 patient died of PCa. Overall, 21 patients are alive at last follow-up and 15 (68%) remain disease free.

Conclusions: MISP after primary radiation / ablation for PCa is feasible, safe with acceptable oncological outcomes. Compared to FT, MISP after WT appears to have longer operative time and hospital stay with more frequent upstaging.