39°CBU

# The Impact of positive ductus deferens in the biochemical recurrence in patients with stage T3b Prostatic cancer submitted to radical prostatectomy

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## Introdução e Objetivo

Prostate cancer in view of its increasing incidence and impact on health practices, has been constantly studied for improvements in diagnosis and control of the disease. The understanding of etiological and anatomopathological aspects of the tumor and prognosis factors, determine medical follow-up and may change the therapeutic strategy. The ductus deferens is in continuity with the seminal vesicles bilaterally and should also be considered as an independent organ from the prostate and seminal vesicle itself. It remains unclear, however, whether invasion of the ductus deferens is related to a worse prognosis when associated with invasion of seminal vesicle. The main objective of the study is to analyze influence of ductus deferens invasion in patients treated with RRP due to prostate tumor stage T3b in biochemical recurrence, when compared to patients with ductus deferens free of invasion.

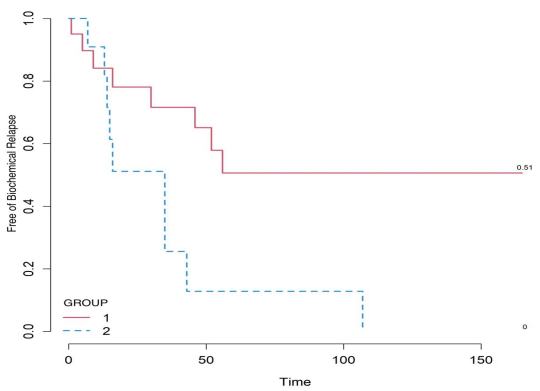
## Método

Retrospective analysis of 53 patients submitted to radical prostatectomy with anatomopathological stage T3b, at Hospital de Clínicas da Unicamp, between 1997 and 2014. After exclusion criteria were applied, statistical analysis of 32 participants separated into 2 groups, in which 20 patients (62.5%) without involvement of the ductus deferens (group 1) and 12 (37.5%) with invasion of the ductus deferens (group 2). Biochemical recurrence was defined as an increase in PSA greater than or equal to 0.2 ng/ml after surgery.

## Figuras

| Variable | Group | Avarage | Standard Deviation | Median | Number | P Value | Test |
|---|---|---|---|---|---|---|---|
| Age | 1 | 64,85 | 5,69649 | 64 | 20 | 0,339 | Mann-Whitney Test |
| Age | 2 | 62,58333 | 7,35414 | 62 | 12 | | |
| Max PSA | 1 | 0,2359 | 0,52523 | 0,07 | 20 | 0,143 | Mann-Whitney Test |
| Max PSA | 2 | 0,41833 | 0,56048 | 0,24 | 12 | | |
| PSA nadir | 1 | 0,03025 | 0,03563 | 0,01 | 20 | 0,375 | Mann-Whitney Test |
| PSA nadir | 2 | 0,13842 | 0,33781 | 0,035 | 12 | | |
| Pre operative PSA | 1 | 14,5075 | 10,33639 | 12,06 | 20 | 0,627 | Mann-Whitney Test |
| Pre operative PSA | 2 | 14,47833 | 7,59088 | 12,35 | 12 | | |
| Time of Follow up | 1 | 50,9 | 41,10052 | 44 | 20 | 0,119 | Mann-Whitney Test |
| Time of Follow up | 2 | 28,25 | 29,40972 | 17,5 | 12 | | |
| Time until Recurrance | 1 | 50,4 | 43,8339 | 46,5 | 20 | 0,243 | Mann-Whitney Test |
| Time until Recurrance | 2 | 27,58333 | 27,86154 | 15,5 | 12 | | |

| Group | Relative Risk | Inf CI 95% RR | Sup CI 95% RR | P Value(Cox) | P Value (log rank) |
|---|---|---|---|---|---|
| 2 | 3,05 | 1,12 | 8,32 | 0,03 | 0,03 |




## Resultados

Group 2 has a higher relative risk of biochemical recurrence and a statistically significant 95% CI (1.12; 8.3) when compared to group 1, although a possible bias due to the involvement of the surgical margins was also greater in group 2. There was no statistically significant difference between the time to biochemical progression between both groups (p 0.243). When analyzing survival related to biochemical recurrence, the gap between the two Kaplan-Meyer curves is evident, showing a better prognosis in the group without involvement of the ductus deferens.

## Conclusão

The prognosis of prostate cancer with involvement of seminal vesicles can be complemented with the evaluation of the ductus deferens, suggesting a more aggressive tumor, when compromised.

## Referências

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