

OUTCOMES OF SALVAGE ROBOTIC-ASSISTED RADICAL PROSTATECTOMY; COMPARING PATIENTS WITH PRIMARY FOCAL THERAPY VERSUS WHOLE GLAND ABLATION: A MULTICENTRIC COLLABORATIVE DATA

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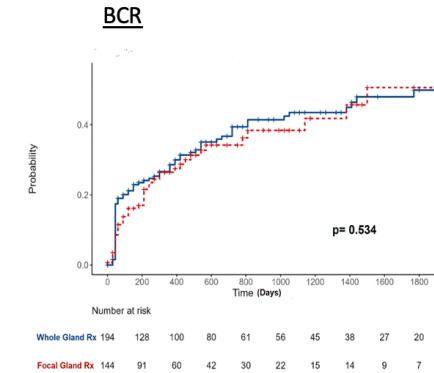
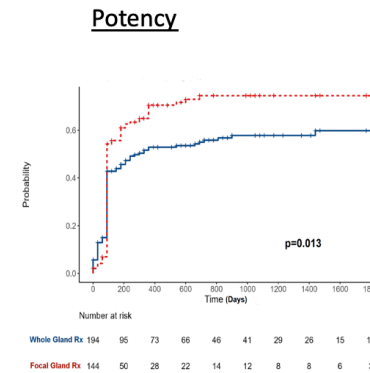
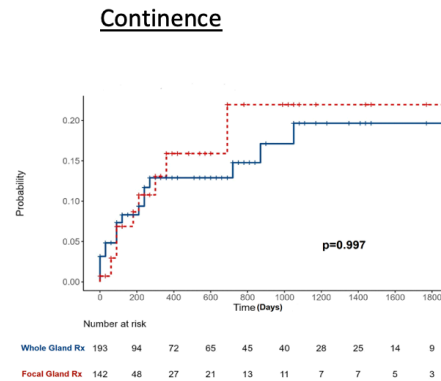
Introduction

Salvage Robotic-assisted Radical Prostatectomy (SRARP) is a treatment option for patients who failed previous non-surgical treatment for prostate cancer. Our study compared the outcomes of salvage radical prostatectomy from two high-volume centers from the US and UK in patients who failed prior treatment with whole gland ablation (wg-SRARP) and focal therapy (f-SRARP).

Methods

339 patients were compared in two groups: 145 patients who had primary focal therapy and 194 patients who had primary whole gland treatment. SRARP was performed in all cases using a standardized technique developed at respective institutes with the da Vinci Xi Surgical System. Our primary endpoint was the comparison of the functional and oncological outcomes between the groups.

Conclusions: Salvage robotic-assisted radical prostatectomy is challenging wherein patients have adverse pathological features irrespective of primary treatment. Focal therapy group had higher rates of nerve-sparing with increased positive surgical margins. However, both groups had poor functional outcomes regardless of nerve-sparing degree, indicating significant collateral and contralateral damage to tissues surrounding the prostate. We believe that this analysis is crucial for counseling patients regarding expected outcomes before performing a salvage treatment following ablative therapies failure.



Results: The median total operative time for f-SRARP was 18 mins higher than wg-SRARP (P <0.001). Significantly higher rates of nerve-sparing were performed in f-SRARP (focal vs whole gland; bilateral – 15.2% vs 9.3%; unilateral 49% vs 28.4%; p <0.001). Wg-SRARP had higher rates of ISUP 5 (26.3% vs 19.3%; p <0.001) and deferred ISUP score due to altered pathology (14.8% vs 0.7; p <0.001) while f-SRARP had higher rates of ISUP 4 (11.7% vs 10.7%; p <0.001) and ≥ pT3a (64.8% vs 51.6%; p <0.001). Also, f-SRARP had higher rates of positive surgical margins (26.2% vs 10.3%; p <0.001). Functional outcomes were poor in both groups. However, postoperative continence was higher and faster in patients who had f-SRARP compared to wg-SRARP (69% vs. 54.6% ; p=0.013). We could not identify statistically significant difference in postoperative potency recovery and biochemical recurrence.