

EVOLVING INDICATIONS AND RESULTS OF ROBOT-ASSISTED RADICAL PROSTATECTOMY OVER 15 YEARS IN A PERSONAL COHORT OF 1054 PATIENTS

ROCHAT C-H, DE BOCCARD G-A, REGUSCI S, MARTINS-FAVRE M, SCHAFFAR R, WIRTH GJ

2005 - 2019 :
1054 consecutive
cases of radical
prostatectomy

Increase of median
age from 63 to 66

Median length of
catheterization and
hospital stay of 5-
6 days

Transfusion rate
decreasing from
4% to <1%

Reoperation rate
<1%, no mortality.

Surgery for
incontinence 2-3%

Penile prosthesis
implantation <1%

Oncological aspects

- Preoperative PSA increases from 6,2 to 7.
- On RP specimens, significant increase in Gleason scores (Fig. 1), tumor stages and cancer volume (Fig. 2-3).
- Increase of persistent post. PSA from 1.8% to 5.0%
- Decrease in tumor margins from 25% to 15% (Fig. 3).
- After a median F/U of 50 months, biochemical recurrence (PSA>0.2) of 24,8%
- In a multivariable model with validated oncological factors, the *period of surgery was not associated with biochemical recurrence* (see poster).

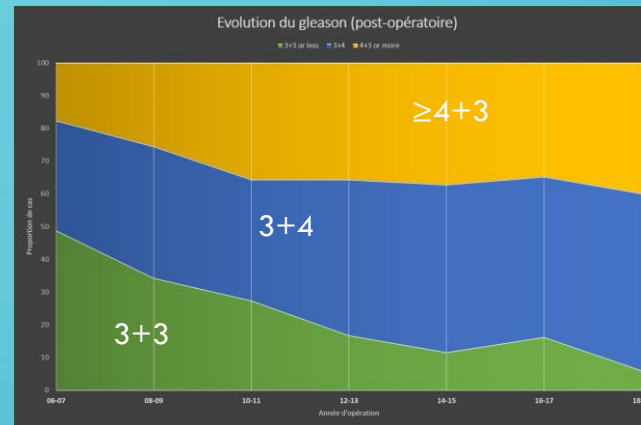


Fig. 1 : Gleason score

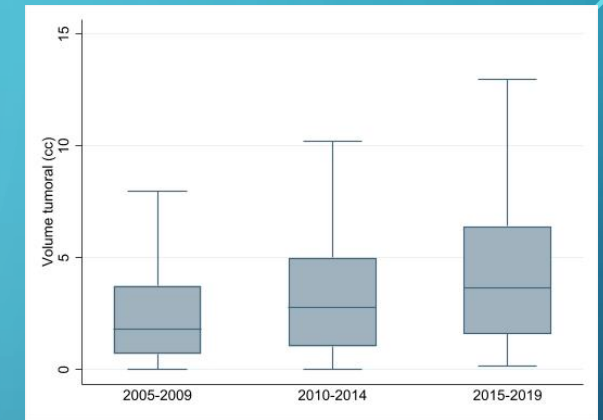


Fig. 2 : tumor volume

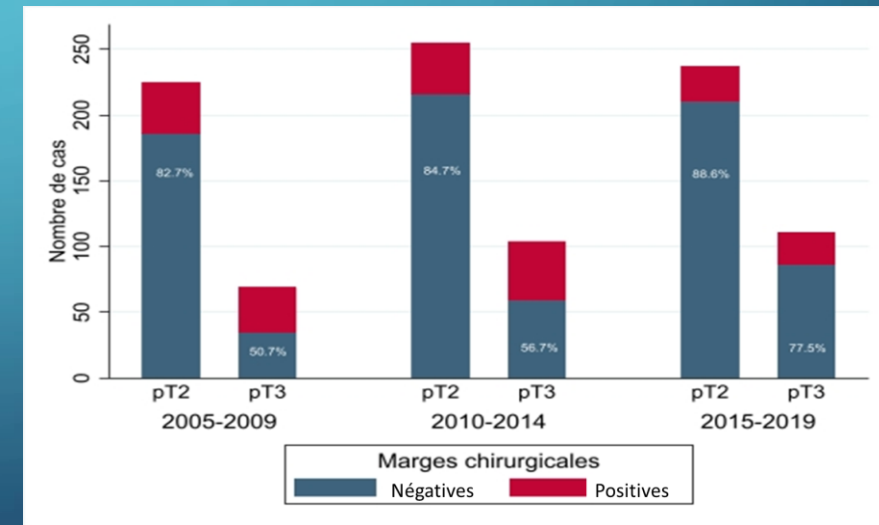


Fig. 3 : margins by stage and time period

CONCLUSIONS

- The profile of RARP patients has changed over the past 15 years. Improvements in imaging have led to more active surveillance and emerging therapies, both of which can delay definitive curative treatment.
- We currently operate men with an increased oncological risk (more pT3 tumors, higher Gleason scores and tumor volumes). Simultaneously, the rate of positive surgical margins has significantly decreased.
- Therefore, RARP remains the treatment of choice for significant, localized prostate cancer in men with a good life expectancy. The low complication rate, a 5-year recurrence-free survival of >75% and the minimally-invasive technique strengthen our approach.