

AUA VIRTUAL EXPERIENCE

MP40 - 04



ANATOMICAL PROSTATE mpMRI FEATURES AND CONTINENCE RECOVERY AFTER ROBOT ASSISTED RADICAL PROSTATECTOMY: IS THERE SOMETHING BEYOND MEMBRANOUS URETHRAL LENGTH? RESULTS FROM A LARGE, MULTI-INSTITUTIONAL COHORT

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STUDY AIM: To assess the association between pre-operative variables, MRI features and postoperative continence recovery (CR).

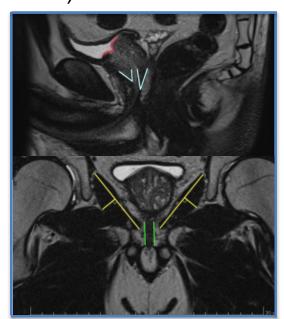
METHODS: 235 RALP-pts performed 1.5/3-Tesla mp-MRI

3 urologists analysed the MRI (outcomes blinded)

Continence: no pad usage

UVA and MVA Cox regression analyses:

- APEX OVERLAPPING (AO: ant, post, ant & post and no),
- PROSTATE VOLUME (PV),
- BLADDER NECK SHAPE (BNS: round vs square),
- LEVATOR-ANI THICKNESS (LAT)
- MEMBRANOUS URETHRAL LENGTH (MUL),
- DEMOGRAPHICS AND COMORBIDITY SCORES (Age, BMI, CCI).





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RESULTS

- Mean follow-up: 22 months.
- The 12 and 24-mo continence rates were 78.3% and 82.0%, respectively.
- Overall, 169 patients (72.3%) had a C.C.I. ≤2

Variables:	Overall Population (n= 235)	
BMI Mean-median (IQR) 25 - 25.6 (23.		
Prostate Volume cc³ Mean-median (IQR)	42 cc - 35 (27-51)	
Membranous urethral length (mm) Mean-median (IQR)	15,5 – 15 (13-18)	
Levator ani thickness- mm Mean-median (IQR)	10,7- 10.5 (9.5; 12)	
Apex overlapping (n, %)		
• no	• 74 (31.4%)	
anterior	• 72 (30.6%)	
• posterior	• 35 (15.0%)	
anterior + posterior	• 54 (23.0%)	

MULTIVARIABLE ANALYSIS PREDICTING CR

Variable	HR	95%CI	p-value
C.C.I.	0.26	0.11 - 0.54	0.003
ВМІ	0.99	0.90-1.10	0.97
MUL	1.05	1.01 - 1.1	0.03
АО	0.95	0.77-1.16	0.62
BNS	1,09	0.65-1.81	0.74
LAT	1	0.87-1.17	0.89
PV	1	0.98-1.01	0.98

CONCLUSIONS: Our results underline the role of MUL, together with clinical and pathological variables, in models predicting Continence Recovery. While other MRI parameters may not necessarily be assessed, MUL inclusion is recommended.