COMPARATIVE TREND ANALYSIS OF THE OUTCOMES OF ROBOT-ASSISTED LAPAROSCOPIC PROSTATECTOMY (RALP) BEFORE AND AFTER THE 2012 USPSTF RECOMMENDATION AGAINST PSA SCREENING.

Seetharam Bhat 1, Onol F1, Moschovas. M1, Rogers T1, Jenson C1, Rocco B2, Sandri M 2. Patel V 1.

- 1. Adventhealth Global robotics institute, Celebration Fl, USA.
- 2 Università degli Studi di Modena e Reggio Emilia, Ministero Istruzione, Universita' e Ricerca, Minerva urologica e nefrologica.



Introduction:-

- USPSTF recommended against PSA- based screening- 2012
- Change in practice pattern of patients receiving RALP

- We evaluated the possible influence of these changes
 - Nerve sparing
 - Oncological outcomes
 - Functional outcomes
 - Trifecta
 - Pentafecta

Materials and method

RALP between 2008 to 2018 with 12 months followup

8564 patients – excluding salvage prostatectomy

• Sub grouped till December 2012(6 months after USPSTF recommendation) and afterwards

based on nerve sparing.





Outcomes definitions

Potency - ability to penetrate and satisfactorily complete the intercourse with or without
PDE5 inhibitor usage.

■ **Trifecta** - combination of continence, potency and absence of biochemical recurrence.

 Pentafecta outcomes is defined as trifecta along with absence of positive surgical margins and absence of post-operative complications.





Outcomes definitions

Nerve sparing definitions :-

"Grade 1 Nerve sparing" - ≥95% of overall NVB preservation.

"Grade 2 Nerve Sparing" - ≥75% of overall NVB preservation.

"Grade 3 Nerve Sparing" - ≥50% of overall NVB preservation.

"Grade 4 Nerve Sparing" - <50% of overall NVB preservation.





CHANGES IN ONCOLOGICAL FEATURES:-

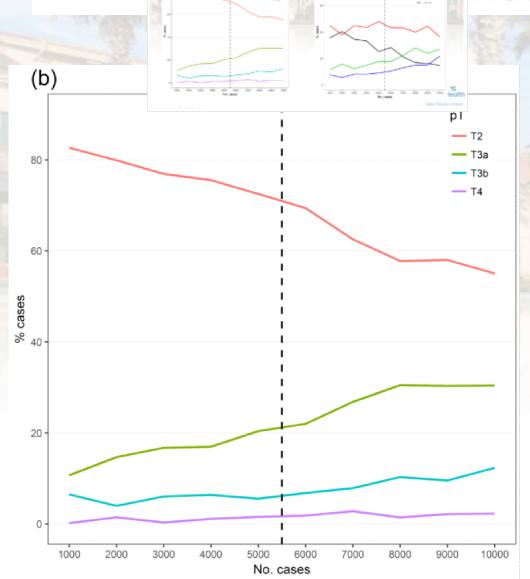
PSA increased from 6.0 to 7.4 ng/ml

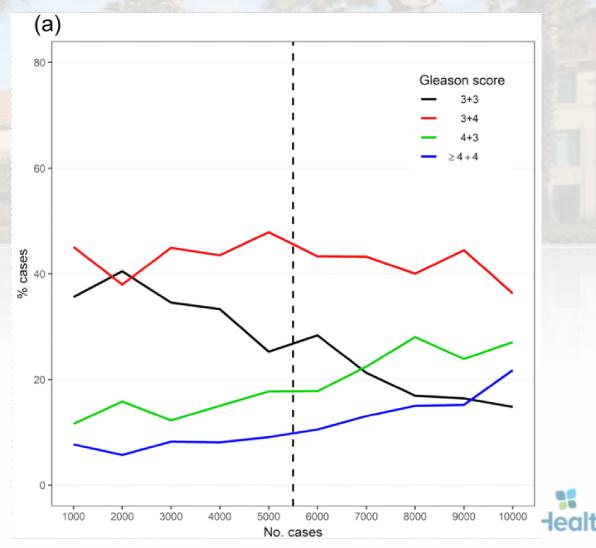
 Increase in the positive slope of Gleason ≥4+4 and non-organ-confined disease (≥pT3)



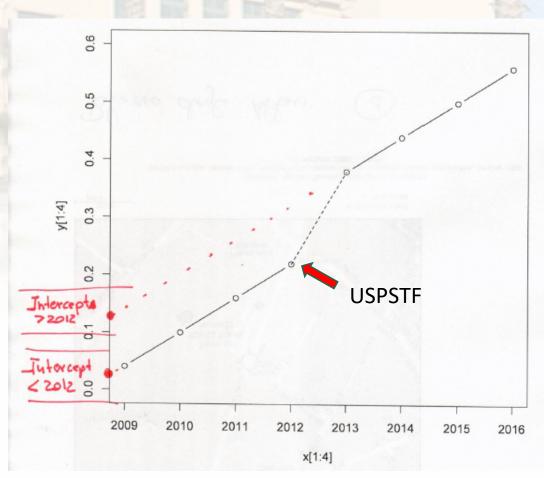


nds for adverse pathology nds for adverse pathology



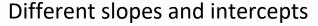


How to demonstrate USPSTF statement's impact?



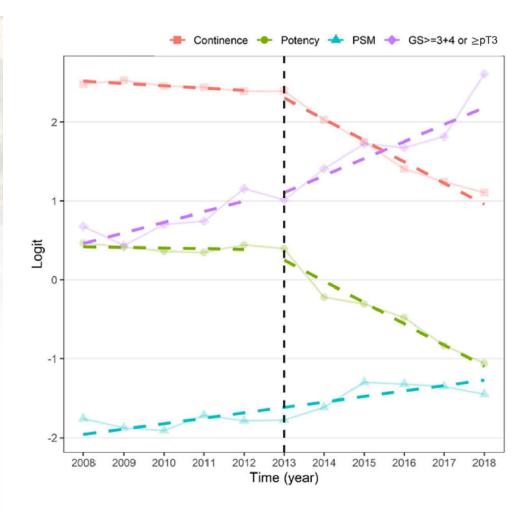
9.0 **USPSTF** 0.0 2016 x[1:4]

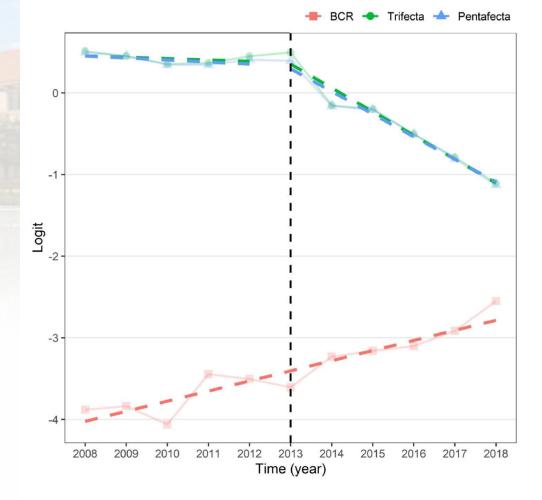
Change in the intercept (same slope but different intercept)





Comparison of trends patient outcomes after 2012 US task force recommendation.











Did it affect all patients?

	Continence			Potency			BCR		
Patient groups	January 2008 to December 2012	January 2013 to March 2018	P value	January 2008 to December 2012	January 2013 to March 2018	P value	January 2008 to December 2012	January 2013 to March 2018	P value
Age less than 55, SHIM>= 22 and D Amico class 1	354(98.9)	232(97.5)	.191	333(93)	211(88.7)	.065	19(5.3)	9 (3.8)	.669
Age less than 55, SHIM>= 22 and D Amico class 2	254(97.3)	260(96.3)	.504	232(88.9)	224(83)	.058	43(16.5)	29(10.7)	.033
Age less than 55, SHIM>= 22 and D Amico class 3	54(96.4)	60(84.5)	.028	47(83.9)	45(63.4)	.010	14(25)	15(21.1)	.535
Age between 55-65 years, SHIM>= 22 and D Amico class 1	409(95.6)	289(95.1)	.754	375(87.6)	231(76)	.000	24(5.6)	10(3.3)	.332
Age between 55-65 years, SHIM>= 22 and D Amico class 2	341(96.6)	454(93.6)	.053	292(82.7)	339(69.9)	.000	53(15)	52(10.7)	.110
Age between 55-65 years, SHIM>= 22 and D Amico class 3	102(93.6)	137(85.6)	.042	70(64.2)	69(43.1)	.001	28(25.7)	35(21.9)	.562
Age > 65 years, SHIM>= 22 and D Amico class 1	143(92.3)	82(82.8)	.021	100(64.5)	55(55.6)	.153	0	1(1)	.210
Age > 65 years, SHIM>= 22 and D Amico class 2	132(92.3)	192(80.7)	.002	97(67.8)	96(40.3)	.000	3(2.1)	11(4.6)	.439
Age > 65 years, SHIM>= 22 and D Amico class 3	43(95.6)	107(78.7)	.009	27(60)	49(36)	.005	5(11.1)	13(9.6)	786



Stage wise PSM

- Overall, the positive surgical margins (PSM) rate was 16.7%.
- Total PSM rate increased from 14.1% to 18.9% after the USPSTF recommendation (p<0.001)
- No significant change in Stage wise PSM after 2012.
 - <pT2(p=.469)
 - pT3a (p=.948)
 - pT3b(p=.162)
 - pT4(p=.446)



Conclusion:-

- After the task force recommendation -
 - Worsening oncological features
 - Higher grade and stage of disease.

- Increased volume of disease
 - Less optimal candidates for Full NS
 - More candidates received Partial NS





Conclusion:-

 Our adaptation to the oncologic changes has effected negatively the overall functional outcomes after surgery.

Lesser optimal low risk candidates

Full NS



High quality outcomes



















