



**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.**

**MP40 - 04**

**OBJECTIVES:**

To assess the association between preoperative clinical characteristics and MRI features and postoperative continence recovery (CR).

**METHODS:**

235 pts underwent RALP at two large academic centres. Apex overlapping (AO: anterior, posterior, anterior-posterior and no AO), prostate volume (PV), bladder neck shape (BNS; : round vs square), levator-ani thickness (LAT) and membranous urethral length (MUL), demographics and comorbidity scores (CCI), were reported. Continence: no pad usage. Univariable (UVA) and multivariable (MVA) evaluated the association between MRI variables, BMI, age adjusted CCI and CR.

**RESULTS:**

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

Variable	Overall Population (n= 235)
<b>BMI</b> Mean-median (IQR)	25 - 25.6, (23.5; 27.5)
<b>Prostate Volume. - cc<sup>3</sup></b> Mean-median (IQR)	42 cc - 35 (27-51).
<b>Membranous urethral length – mm</b> Mean-median (IQR)	15,5 - 15 (13-18)
<b>Levator ani thickness– mm</b> Mean-median (IQR)	10,7- 10.5 (9.5; 12)
<b>Apex overlapping (n, %)</b>	
• no	74 (31.4%)
• anterior	72 (30.6%)
• posterior	35 (15%)
• anterior + posterior	54 (23%)

**MVA predicting continence recovery**

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

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