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VIRTUAL EXPERIENCE

Long-term Outcomes of Clinical Node-Positive Prostate Cancer Patients Treated with Radical Prostatectomy as Part of a Multimodal Treatment: Patterns of Recurrence and Competing-Risk Mortality

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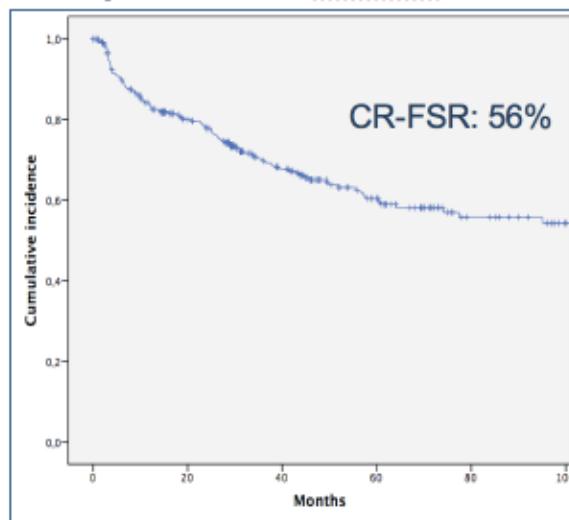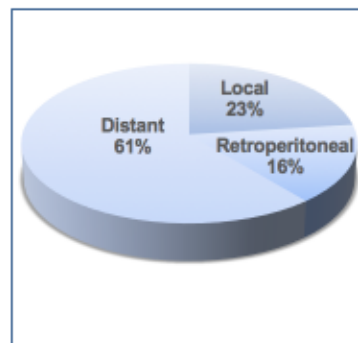
Materials and Methods

<u>AIM</u>: To assess the long-term outcomes and patterns of recurrence of surgically managed cN1 patients

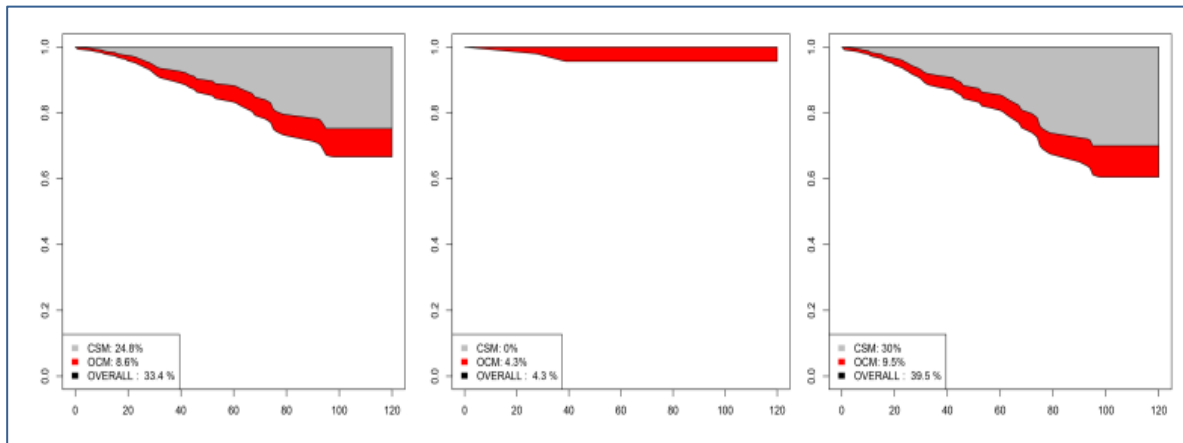| Patient's characteristics	n=350
Age: median (IQR)	63 (58-68)
PSA at diagnosis: median (IQR)	15 (7-34)
Preoperative maging technique: n (%)	
- CT	116 (33%)
- MRI	181 (52%)
- Choline	44 (13%)
- PSMA	9 (2%)
Sospicious nodes at pre-operative imaging, n: median (IQR)	1 (1-2)
Max diameter of sospicious node at imaging, mm: median (IQR)	14 (10-21)
Site of sospicious node at pre-operative imaging: n (%)	
- Pelvis	290 (83%)
- Retroperitoneum	60 (17%)
Neoadjuvant ADT: n (%)	176 (50%)
Pathologic ISUP grade group 4-5: n (%)	200 (57%)
Pathological stage: n (%)	
- pT2	72 (21%)
- pT3a	72 (21%)
- pT3b	175 (50%)
- pT4	31 (8%)
Number of pN+ patients	256 (73%)
Number of nodes removed: median (IQR)	20 (13-28)
Number of positive nodes: median (IQR)	2 (1-5)
Adjuvant ADT	213 (61%)
Adjuvant RT	75 (21%)

8-year CR-Free Survival Rate

CR-FSR: 56%

First site of CR

Distant 61%
Local 23%
Retroperitoneal 16%

Results and Conclusions

Cox Regression Analysis predicting distant-metastases

Variable	HR (95% CI)	P-value
Pathologic grade group 4-5	2.12 (1.19-3.76)	<0.001
Seminal vescicle invasion at RP	1.41 (1.03-2-27)	0.01
Number of positive nodes	0.99 (0.98-1.02)	0.6
Adjuvant therapies	1.25 (0.77-2.05)	0.4

Poisson-Smoothed Incidence Plots assessing 10-year CSM and OCM

CSM: 24.8%
OCM: 8.6%
OVERALL : 33.4 %

CSM: 0%
OCM: 4.3%
OVERALL : 4.3 %

CSM: 30%
OCM: 9.5%
OVERALL : 39.5 %

CONCLUSIONS: up to one out four clinically node positive patients undergoing RP in a multimodal setting experience CR in the prostatic fossa or pelvic nodes. These patients harbor more favorable outcomes as compared to those who experience retroperitoneal or distant metastases. Moreover, **patients with a grade group 1-3 and no SVI are at substantially higher risk of dying from other causes than the disease itself. These data should be considered to counsel patients and avoid overtreatment**