RADICAL PROSTATECTOMY FOR GLEASON 3+3 PROSTATE CANCER; WHO, HOW AND WHY?

ANALYSIS OF THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS COMPLEX OPERATIONS DATABASE.

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BACKGROUND AND METHODS

Background:
- There is a risk of overtreating low-grade prostate cancer (PCa) with radical prostatectomy (RP).

Objective:
- To understand modern RP practices in England for Gleason 3+3 PCa

Methods:
- BAUS RP database for England (2016-18) analysed
- 21,973 RPs
- 2,627 for Gleason 3+3 (12% of RPs)
FINDINGS

Pre-operatively:
- ≥cT2b and PSA ≥10: 10%
- ≥cT2b and PSA <10: 24%
- ≤cT2b and PSA ≥10: 18%

Post-operatively:

Conclusions:
- Rates of RP for 3+3 are reduced
- Clinically justified
- Peri-operative outcome data indicate that RP in this cohort is safe
  - Transfusion rate = 0.4%, Clavien-Dindo 3-4 = 0.8%.