MP14-02

Outcomes of neoadjuvant chemohormonal therapy with complete androgen blockade, followed by treatment with docetaxel and estramustine phosphate before radical prostatectomy in patients with high-risk localized prostate cancer : A propensity-score matching analysis

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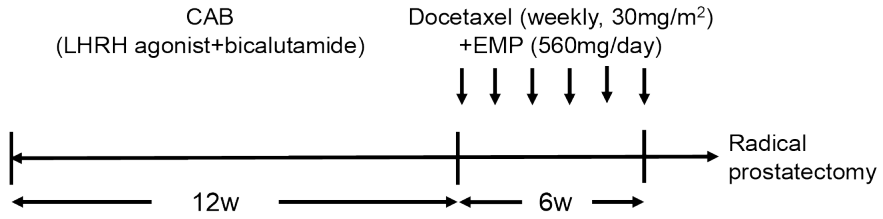
Here we show updated results of our study assessing the clinical outcome in patients who underwent Neoadjuvant chemohormonal therapy (NAC) followed by radical prostatectomy (RP) with a longer follow-up period, a comparison with the outcome of RP alone.

Schedule for NAC



*CAB: complete androgen blockade, EMP: estramustine phosphate

Patient characteristics

Total no. of patients		60
Age (yrs, mean±SD)		65.4±5.4
Initial PSA (ng/mL, mean±SD)		27.4±20.8
Clinical T stage	1c	19 (31.7)
	2	22 (36.7)
	3a	15 (25.0)
	3b	4 (6.7)
Biopsy Gleason score	≤6	4 (6.7)
	7	14 (23.3)
	≥8	42 (70.0)
Number of high-risk factors	1	34 (56.7)
	2	18 (30.0)
	3	8 (13.3)

Pathological outcomes

		N (%)
Pathological T stage	0	6 (10.0)
	2a	44 (73.3)
	3a	5 (8.3)
	3b	5 (8.3)
Pathological N stage	0	55 (91.7)
	1	5 (8.3)
Resection margin	0	58 (96.7)
	1	2 (3.3)
Chemotherapy effect	0	1 (1.7)
	1	28 (46.7)
	2	25 (41.7)
	3	6 (10.0)

Chemotherapy effect
Grade 0: viable in all cells
Grade 1:non-viable <1/2
Grade 2:non-viable ≥1/2
Grade 3:non-viable

Adverse events

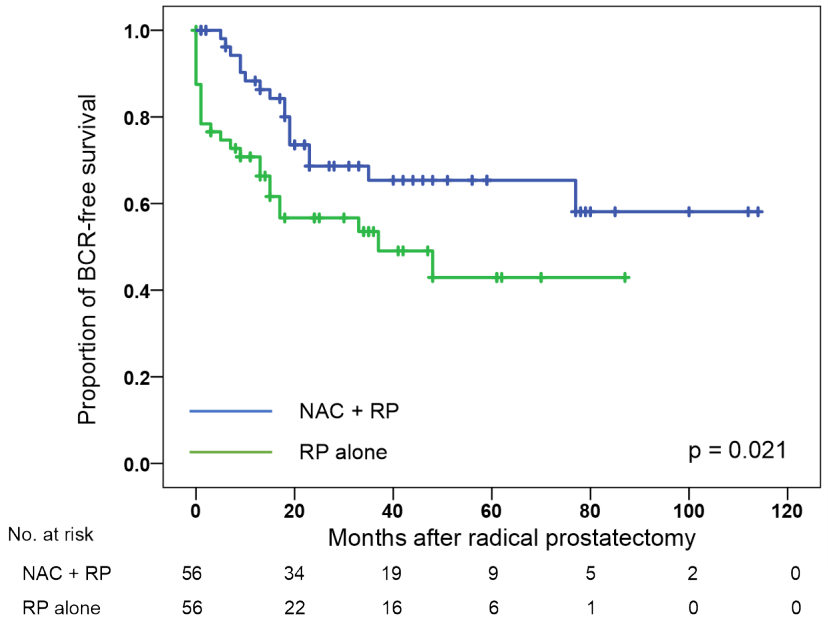
Type	No. of patients	%
Urine leakage	3	5.0
Lymphocele	4	6.7
Ureteral injury	1	1.7
Wound infection	3	5.0
Hematoma	2	3.3
Peripheral nerve disorder	1	1.7
Pulmonary embolism	3	5.0
Bladder stone	1	1.7
Deep venous thrombs	3	5.0
Leg edema	1	1.7

Grade 3 adverse events were observed in 8 patients (13.3%)

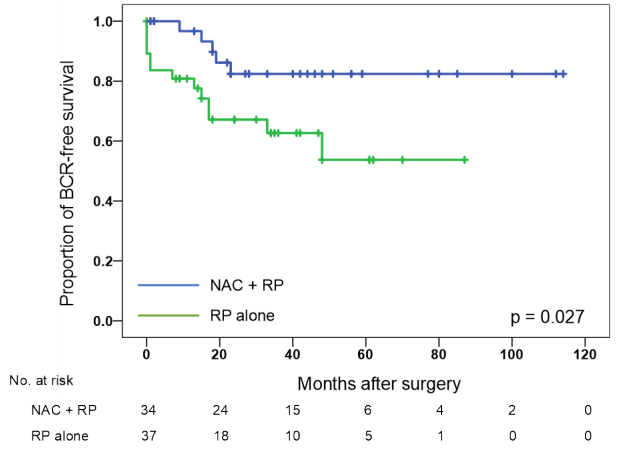
Characteristics in matched groups

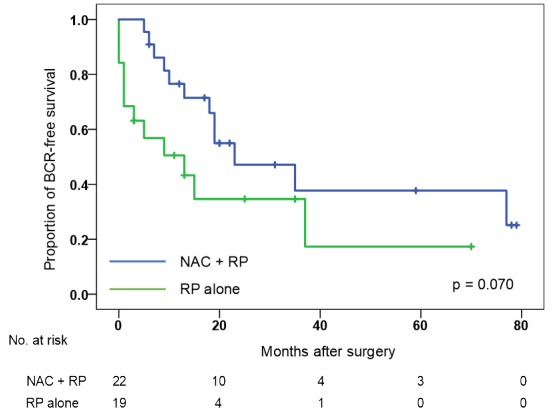
		Matched		
		NAC+RP (%)	RP alone (%)	p value
Total no. of patients		56	56	
Age (yrs, median±SD)		65.4±5.3	66.4±5.9	0.348
Initial PSA (ng/mL, median±SD)		26.7±2.8	23.4±2.3	0.363
Clinical T stage	1c	19 (31.7)	6 (36.1)	0.108
	2	22 (36.7)	23 (30.4)	
	3	15 (31.7)	27 (31.5)	
Biopsy Gleason score	6≤	4 (6.7)	6 (14.0)	0.971
	7	14 (23.3)	23 (42.1)	
	≥8	38 (48.3)	27 (13.8)	

BCRFS (NAC+RP vs RP alone)



BCRFS based on number of risk





Conclusion

- NAC followed by RP reduced the BCR risk in patients with high-risk PCa, particularly those with a single high-risk factor in a propensity score matched analysis.
- We should pay closer attention to perioperative complications during NAC followed by RP.
- Survival benefits should be assessed with a larger number of the patients and a longer follow-up.