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Predicting Factors for Biochemical Recurrence and Oncological Outcomes Following Laparoscopic Radical Prostatectomy in Rajavithi Hospital, Thailand

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Abstract

Objective: To determine the predicting factor of biochemical recurrence and analysis of pathological and oncological outcomes following laparoscopic radical prostatectomy (LRP) at Rajavithi Hospital in Thailand

Material and Method: One hundred twenty men underwent laparoscopic radical prostatectomy between October 2006 and December 2011. Four men were excluded due to open surgical conversions and fourteen men were excluded due to lacking of follow-up. The remaining 102 men had a mean preoperative prostate specific antigen of 21.4 ng/ml (ranging from 0.4 to 185) and Gleason score of 6.2 (ranging from 6 to 10). Stage was cT1b in one case (1%), cT1c in 66 (64.7%), cT2 in 28 (27.5%), and cT3 in seven (6.9%). Immediate postoperative adjuvant therapy of twenty-six men was excluded from biochemical recurrence analysis.

Results: Mean follow-up period was 19.7 months (median 16, ranging from 2 to 54.8). Pathological stage was pT0N0 in two men (2%), pT2N0 in 78 (76.5%), pT3N0 in 11 (10.8%), and pT2-3N1 in 11 (10.8%). Positive surgical margin (SM) rates increased with higher stage (23.1% in pT2, 63.6% in pT3 and 81.8% in pT2-3N1, $p < 0.0001$). Three-year biochemical recurrence-free survival was 87.1% for pT2N0 and 50% for pT3N0/N1 disease ($p = 0.025$), and 84.2% overall. Univariate analysis for age, preoperative PSA, postoperative Gleason score, pathological stage, and margin status showed that only margin status could be used as a predictor for biochemical recurrence.

Conclusion: Predicting factor for biochemical recurrence after LRP was positive SM status. From the oncological result, LRP in our experience is a safe and efficacious therapy for localized prostate cancer with acceptable and was consistent with results of previous studies.

Keywords: Prostate cancer, Laparoscopic radical prostatectomy, Biochemical recurrence

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