Radical prostatectomy: positive surgical margins matter.

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Abstract

OBJECTIVE: A positive surgical margin (PSM) in the radical prostatectomy (RP) specimen is associated with biochemical recurrence (BCR) and the need for adjuvant radiation therapy, and is a surrogate for surgical quality. We review the available data describing the identification, anatomy, and management of PSM after RP.

METHODS: A PubMed search (using English language as a filter) was performed to identify factors affecting PSMs and their management.

RESULTS: PSMs are associated with an increased likelihood of BCR after RP. The most common location for a PSM is the apex, followed by the posterolateral edge of the prostate. The risk of recurrence in a patient with a PSM is associated with the location, length, and Gleason score of the PSM. The management of a patient with a PSM remains controversial, with some recommending adjuvant radiation therapy for all PSMs and others suggesting only salvage radiation therapy for men who experience BCR.

CONCLUSIONS: PSMs are associated with an increased likelihood of BCR and often result in initiation of adjuvant treatment. Therefore, the goal of surgery should be to minimize the likelihood of a PSM.

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KEYWORDS: Biochemical recurrence; Positive surgical margins; Prostate cancer; Radical prostatectomy

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