Post-radical prostatectomy predictive factors for biochemical recurrence.


Abstract

OBJECTIVES: To identify post-prostatectomy prognostic factors for biochemical recurrence (BR).

METHODS: We retrospectively analyze a series of patients with clinically localized prostate cancer who were treated with radical prostatectomy (RP) as monotherapy between 1996 and 2007, pN0-pNx, with a minimum of 12 months of follow-up. BR is considered to be persistence or elevation in PSA after RP greater than 0.4 ng/ml on the subsequent determination. Analyzed variables were Gleason Score, pathological stage, surgical margin involvement, capsular involvement, and perineural involvement. We performed univariate and multivariate analysis using the chi squared test and proportional Cox risk model in order to determine the variables associated with BR.

RESULTS: We included 693 patients. Mean age was 63.5 years with a mean follow-up of 88.5 months. Mean PSA was 9.2 ng/ml. BR was observed in 218 patients, 43 due to biochemical persistence. More common pathological findings were Gleason score 7 (47.1%), and pathological stage pT2c (60.1%). Mean time to BR was 35.5 months with 91.2% occurring in the first 8 years. On multivariate analysis, Gleason score ≥ 7(4+3), pathological stage pT3b and positive surgical margin were independent predictors of BR.

CONCLUSIONS: Gleason Score ≥ 7(4+3), positive surgical margins and pathological stage pT3 are independent prognostic factors associated with BR-free survival.

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