Patients undergoing radical prostatectomy have a better survival than the background population.

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Abstract
INTRODUCTION: The objective of this study was to investigate standardised relative survival and mortality ratio for patients undergoing radical prostatectomy for localized prostate cancer at our institution.

MATERIAL AND METHODS: Between 1995 and 2010, a total of 1,350 consecutive patients underwent radical prostatectomy. Patients were followed prospectively per protocol. No patients were lost to follow-up. Overall and cause-specific survival were described using Kaplan-Meier plots. Standardized relative survival and mortality ratio were calculated based on expected survival in the age-matched Danish population using the methods and macros described by Dickmann. The country-specific population mortality rates used for calculation of the expected survival were based on data from The Human Mortality Database.

RESULTS: The median follow-up was 3.4 years (range: 0-14.3 years). A total of 59 (4.4%) patients died during follow-up. In all, 17 (1.3%) patients died of prostate cancer. The estimated ten-year overall survival was 89.3%. The cancer-specific survival was estimated to 96.6% after ten years. Relative survival was 1.04 after five years and 1.14 after ten years. The standardized mortality ratio, i.e. observed mortality/expected mortality, was 0.61 and 0.39 at five and ten years, respectively.

CONCLUSION: The overall and cancer-specific ten-year survival in a consecutive series of patients in a non-screened Danish population is ≥ 89%. The survival and mortality ratio is significantly better than expected in the age-matched background population. This finding is likely explained by selection bias. Although the results indicate an excellent outcome in terms of cancer control, the efficacy of prostatectomy for localized prostate cancer remains at debate.

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