Survival Outcomes in Men Undergoing Radical Prostatectomy After Primary Radiation Treatment for Adenocarcinoma of the Prostate.

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Abstract

PURPOSE: Salvage radical prostatectomy (SRP) is a treatment modality for patients with radio-recurrent prostate cancer but is currently underutilized. We analyzed the survival outcomes in patients receiving SRP for radio-recurrent prostate cancer. The secondary outcome was effect of lymph node dissection on survival following SRP.

MATERIALS AND METHODS: The Surveillance, Epidemiology, and End Results (SEER) 18 registry was used to identify patients that underwent radical prostatectomy between 1988 and 2010. Search identified 2628 patients with prostate cancer that underwent surgery after radiation. Following exclusion, 364 patients remained. Endpoints included overall survival (OS) and cancer-specific survival (CSS). Effect of pelvic lymph node dissection (PLND) status and number of nodes retrieved were also studied. Kaplan-Meier analysis, log-rank tests, and Cox-proportional hazard models were used, and P < .05 was considered to be significant.

RESULTS: OS was 77.5% at 10 years and 37.3% at 20 years; CSS was 88.6% at 10 years and 72.7% at 20 years. The hazard of mortality was higher in men who did not undergo PLND with a hazard ratio of 1.4 for OS (P = .2) and 2.7 for CSS (P = .01). No significant increase in OS or CC was seen with increasing number of lymph nodes retrieved. Some limitations are inherent to the SEER database and include the lack of hormone manipulation status and PSA data.

CONCLUSIONS: Excellent long-term survival can be achieved with SRP. PLND improves CSS but increasing nodal yield does not significantly improve survival. Small sample sizes limit the overall power of this study.

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KEYWORDS: Pelvic lymph node dissection in prostate cancer; Prostate cancer; Prostate cancer specific survival; Recurrent prostate cancer; Salvage prostatectomy

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