Abstract

OBJECTIVES: Prostate cancer is considered a tumour with a long natural history. However, its high-risk variants exhibit variable behaviour. We analyse the factors that affect BR and CSS (multivariate, Kaplan Meier).

METHODS: From 1997 to 2013, 657 patients were operated of a high-grade prostate cancer (pT2b 7.2%, pT3a 73%, pT3b 18.3%, pT4 1.5%). Gleason score was ≥8 in 23% of cases. Percentage of PSMs was 46.1%. Mean follow-up was 113 months (24-192).

RESULTS: BR occurred in 36.5%. Patients with Gleason score <8, 31.7% had BR, Gleason ≥8 had BR in 48% (p<0.05). PSMs recurrence occurred in 48.9%, whereas 26.1% in NSM (p<0.05). If lymphadenectomy, BR occurred in 48.7%, if not 30.9% (p<0.05). In multivariate analysis, stage, Gleason≥8 and PSMs were independent factors for BR. Treatment of BR was 36.5% radiotherapy, 24.1% HT, and 21.2% both simultaneously. Active surveillance was performed in 13.3%. Disease progression (biochemical or radiological) occurred in 23.5%. CSS was 98.93%, pT4 was the stage with the greatest mortality (10%), followed by pT3b (3.4%), p<0.05. Patients with a Gleason score ≥8 accounted for 71% CSM (p<0.05). PSMs and lymphadenectomy didn't have repercussions for survival. In multivariate analysis, Gleason≥8 was independent factor for CSM.

CONCLUSIONS: Radical prostatectomy plays an important role in multi-modal approach with good oncological control at medium follow up. Gleason score ≥8 was the factor with the greatest effect on CSM. Lymphadenectomy didn't affect CSS.