Contemporary patterns of care and outcomes of men found to have lymph node metastases at the time of radical prostatectomy.

Zareba P, Eastham J, Scardino PT, Touijer K.

Abstract

PURPOSE: A thorough understanding of the natural history and consensus regarding the optimal management of pathologic lymph node-positive (pN1) prostate cancer are lacking. Our objective was to describe patterns of care and outcomes of a contemporary cohort of men with pN1 prostate cancer.

MATERIALS AND METHODS: The National Cancer Data Base (NCDB) was used to identify 7,791 men who were found to have LN metastases at the time of radical prostatectomy (RP). Multinomial logistic regression and Cox proportional hazards regression were used to identify patient, tumor and facility characteristics associated with choice of post-RP management strategy and overall survival (OS), respectively.

RESULTS: Sixty-three percent of men were initially managed with observation, 20% with ADT alone, 5% with RT alone and 13% with ADT and RT. Younger age, lower comorbidity burden, higher grade and stage and the presence of positive surgical margins were associated with a higher likelihood of receiving combination therapy. Grade group 4-5 disease, pT3b-T4 disease, positive surgical margins and a higher number of positive LN were independent predictors of worse OS, with adjusted ten-year OS probabilities decreasing from 84% to 32% with the presence of an increasing number of adverse prognostic factors. Treatment with combined ADT and RT was associated with better OS (multivariable HR 0.69 for combination therapy vs. observation, 95% CI 0.52, 0.92, p=0.010).

CONCLUSIONS: Patient and tumor characteristics are associated with both choice of post-RP management strategy and survival in men with pN1 prostate cancer. Multimodal therapy may be of benefit in this patient population.

Copyright © 2017 American Urological Association Education and Research, Inc. Published by Elsevier Inc. All rights reserved.

KEYWORDS: Prostatic neoplasms; lymph node dissection; lymphatic metastasis; retropubic prostatectomy

PMID: 28625507 DOI: 10.1016/j.juro.2017.06.062