



Hong Kong Urological Association
The 27th Annual Scientific Meeting

Kerry Hotel, 38 Hung Luen Road,
Hung Hom Bay, Kowloon, Hong Kong
6th November 2022

Abstract No.: UMP. 11

Outcome of Robotic-assisted Laparoscopic Radical Prostatectomy and the Use of Neoadjuvant Hormonal Therapy

RSK Wong, CH Yee, SKK Yuen, MHM Tam, KL Lo, CK Chan, JYC Teoh, PKF Chiu, CF Ng

S.H. Ho Urology Centre, Department of Surgery, The Chinese University of Hong Kong

Introduction & Objectives

To review the outcome of robotic-assisted laparoscopic radical prostatectomy (RALP) and the pattern of neoadjuvant hormonal therapy in a tertiary referral centre in Hong Kong.

Material & Methods

Data in a prospectively designed registry of RALP patients for localized prostate cancer between July 2018 to April 2021 were analysed. Patients' demographic data, pre-operative disease staging, the use of any neo-adjuvant hormone by individual surgeon's discretion, peri-operative outcome and final pathological stage were recorded. Oncological outcome by means of positive margin rate and post-operative PSA were assessed.

Results

There was a total of 204 patients receiving RALP in the study period, with a mean age of 68.1 ± 5.3 years old. Pre-operative risk classification by D'Amico criteria revealed 44 patients with low-risk disease, 89 patients with intermediate-risk disease and 71 patients with high-risk diseases. In the final pathology specimen, 124 patients had pT2 diseases and 80 patients had pT3 diseases. The rate of positive margins (PMR) in pT2 and pT3 diseases without neoadjuvant therapy were 14.2% and 49.2% respectively ($p < 0.001$), and in those with neoadjuvant therapy were 27.3% and 33.3% respectively ($p = 0.827$). In the pre-operative high risk group, 26 patients received neoadjuvant hormonal therapy. PMR in those without and with neoadjuvant hormonal therapy were 40.0% and 26.9% respectively ($p = 0.266$).

Table 1. Patient characteristics and operative details

Number of patients	204
Mean age +/- SD, year	68.1 +/- 5.3
Mean PSA +/- SD, ng/ml	12.0 +/- 10.2
Mean prostate size +/- SD, ml	43.7 +/- 23.6
D'Amico risk category	
Low-risk, n	44
Intermediate-risk, n	89
High-risk, n	71
Operation time +/- SD, min	177.4 +/- 63.4
Mean hospital stay +/- SD, day	3.8 +/- 2.7
Mean blood loss, mL ± SD	352.6 +/- 289.5
Mean foley catheter <i>in-situ</i> time, d ± SD	9.34 +/- 3.55

Abbreviation: SD = standard deviation; PSA = prostate-specific antigen

Table 2. Oncologic parameters & Outcome of neoadjuvant hormonal therapy

D'Amico risk category	
Low-risk, n	13
Intermediate-risk, n	15
High-risk, n	176
Pathological T Stage	
pT2, n	124
pT3, n	80
Number of patients received neoadjuvant therapy in the pre-operative high-risk group	26
PMR without neoadjuvant therapy	40.0%
pT2	14.2%
pT3	49.2%
PMR with neoadjuvant therapy	26.9%
pT2	27.3%
pT3	33.3%

Abbreviation: SD = standard deviation; PMR = rate of positive margins

Conclusions

Our data demonstrated the feasibility and outcome of RALP in a group of patients with low to high risk prostate cancer. Neoadjuvant hormonal therapy is a common practice among urologists. A trend of lower PMR is observed in the group with neoadjuvant hormonal therapy



香港中文大學醫學院
Faculty of Medicine
The Chinese University of Hong Kong

S.H. HO UROLOGY CENTRE

The Chinese University of Hong Kong
香港中文大學何善衡泌尿中心

