

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.3

Outcomes of Radical Prostatectomy in a 20-year Localized Prostate Cancer Single Institution Series in China

Rong Na^{1,3}, Xiaohao Ruan^{1,2,*}, Tsun Tsun Stacia Chun^{1,3,*}, Da Huang^{1,2,*}, Hoi-Lung Wong³, Brian Sze-Ho Ho^{1,3}, Chiu-Fung Tsang^{1,3}, Terence Chun-Ting Lai^{1,3}, Ada Tsui-Lin Ng^{1,3}, James Hok-Leung Tsu^{1,3,†} *1. Division of Urology, Department of Surgery, The University of Hong Kong, Hong Kong, China 2. Department of Urology, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China*.

REPORT PERIOD: 1998-2022 FEB

3. Division of Urology, Department of Surgery, Queen Mary Hospital, Hong Kong, China

Objectives:

The long-term survival outcomes of radical prostatectomy (RP) in Chinese prostate cancer (PCa) patients are poorly understood.

Patients & Methods:

We conducted a single-center, retrospective analysis of patients undergoing RP to study the prognostic value of pathological and surgical information. From April 1998 to February 2022, 782 patients undergoing RP at Queen Mary Hospital of the University of Hong Kong were included in our study. Multivariate Cox regression analysis and Kaplan–Meier analysis with stratification were performed.

Results:

The 5-year, 10-year, and 15-year overall survival (OS) rates were 96.6%, 86.8%, and 70.6%, respectively, while the 5-year, 10-year, and 15-year PCa-specific survival (PSS) rates were 99.7%, 98.6%, and 97.8%, respectively

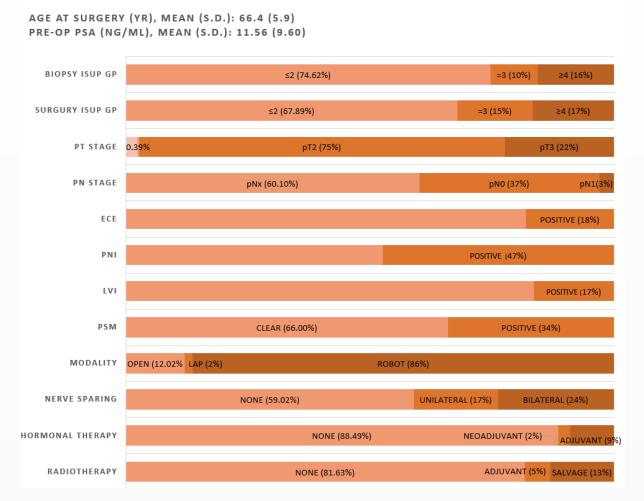
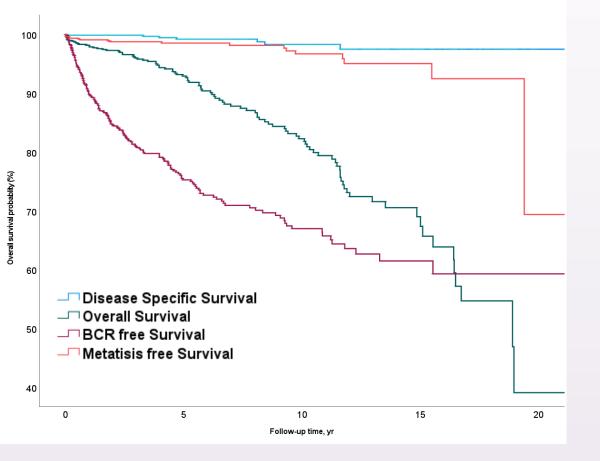


Fig. a: Patient characteristics of 782 patients undergoing radical prostatectomy in QMH

Fig. b: Combined Overall Curve of all patients





(**Fig. b**).

Surgical International Society of Urological Pathology PCa grades (ISUP Grade Group) ≥4 was significantly associated with poorer PSS (hazard ratio(HR)=8.52, 95% confidence interval (CI): 1.42-51.25, P=0.02) (**Fig.c, Fig. d**).

Pathological T3 stage was not significantly associated with PSS (p=0.4) or OS (p=0.13) in our cohort.

Lymph node invasion and extracapsular extension might be associated with worse PSS (HR=20.30, 95%CI:1.22-336.38, P=0.04; and HR=7.29, 95% CI: 1.22-43.64, P=0.03, respectively).

Different surgical approaches (open, laparoscopic, or robotic-assisted) had similar outcomes in terms of PSS and OS.

Conclusion:

In conclusion, we report the longest timespan follow-up of Chinese PCa patients after RPs with different approaches.

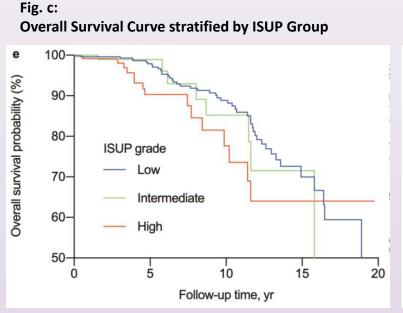
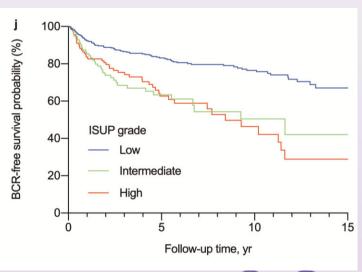


Fig. d: BCR-Free Survival Curve stratified by ISUP Group





http://www.hkua.org/