



Value

1407 66.7±5.76

 $\textbf{24.15} \pm \textbf{3.24}$

 $\textbf{6.7} \pm \textbf{2.4}$ 9 (0.006%)

963 (68.4%)

376 (26.7%)

359 (25.5%)

931 (66.2%)

87 (6.2%)

0 (0%)

933 (66.3%)

219 (15.6%)

98 (7.0%)

96 (6.8%)

51 (3.6%)

293 (20.8%)

719 (51.1%)

395 (28.1%)

p value:

0.563

0.363 0.264 0.492 0.826

0.218

0.149 0 205

0.656

0.220

n biopsy and surgery

>/= 6 month

298 62 + 75 27

475.93 ± 517.87

5.98 ± 3.67

285 (75.8%)

83 (22.1%)

0 (0%)

90 (23.9%)

11 (2.9%)

109 (29.0%)

5 (1.3%) 18 (4.8%) 10 (2.7%) 15 (4.0%) 1 (0.3%)

132 (35.1%)

217 (57.7%) 262 (69.7%)

10

45 5

0

Time interval betw

< 6 months

295 85 + 85 88

440 34 + 529 49

6.26 ± 3.62

739 (76.7%) 213 (22.1%)

0 (0%)

265 (27.5%)

20 (2.1%)

242 (25.1%)

42 (4.4%) 42 (4.4%) 33 (3.4%)

24 (2.5% 11 (1.1%

367 (38.1%)

538 (55.9%) 663 (68.8%)

29

134

Abstract no.: MP. 1-6

Table 1. Patient characteristics

Mean follow-up duration \pm SD (year)

Prostate biopsy ISUP grade group

Patients with neoadjuvant therapy (n) Time interval between biopsy and surgery

Number of patients (n)

Mean age \pm SD (year) Mean BMI \pm SD (kg/m²)

<6 months (n)

 \geq 6 months (n)

Clinical Stage

T1 (n) T2 (n)

T3 (n) T4 (n)

1 (n)

2 (n)

3 (n)

4 (n)

5 (n)

Low (n)

High (n)

D'Amico risk category

Intermediate (n)

Table 2. Outcome and timing of surgery

In operative time ± SD (min)

Mean operative time \pm SD (ml) Mean blood loss \pm SD (ml) Mean hospital stay \pm SD (day) Pathological T stage

pN1 (n) Positive margin (n) Early post-operative complicat Clavien Dindo Grade I (n) Clavien Dindo Grade II (n) Clavien Dindo Grade II (n) Clavien Dindo Grade IV (n) O 1 pad

No need any adjunct (n)

On vacuum pump (n) On penile implant (n)

On alprostadil injection (n)

nnlicati

Table 3. Multi-variate analysis for oncological outcome and timing of surgery

pT2 (n) pT3 (n)

pT4 (n)

pN0 (n) pN1 (n)

0-1 pad 3 months (n)

6 months (n)

12 months (n) Potent patients at 1 year

On PDE5I (n)

Pathological N stage

Variables

Impact of Time Interval between Diagnosis and Robotic-Assisted Laparoscopic Radical Prostatectomy on Treatment Outcome

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Objectives

To investigate the impact of the time interval between biopsy and robotic-assisted laparoscopic radical prostatectomy (RALP) for localized prostate cancer on oncological and functional outcomes.

Patients and Methods

This was a multi-centre retrospective study of patients with RALP performed between October 2008 to May 2017. Data on biopsy and peri-operative details of RALP were reviewed. Functional outcome at 1 year was assessed. Multivariate analysis was performed to assess factors that may affect the final pathological stage and biochemical recurrence (BCR).

Results

A total of 1407 patients received RALP. For the time interval between biopsy and surgery, 963 patients had RALP performed less than 6 months after biopsy and 376 patients had surgery done after 6 months. Comparing these 2 groups no difference was found for pT3 prevalence (22.1% vs 22.1%, p=0.826), positive margin rate (25.1% vs 29.0%, p=0.205) and 1-year continence rate (68.8% vs 69.7%, p=0.656). Upon multivariate analysis, the group with time interval > 6 months had a higher risk of BCR (adjusted OR (95% CI) 1.38 (1.01 – 1.90) p=0.046).

Conclusions

The time interval between diagnosis and surgery had an impact on RALP oncology outcome. The risk of BCR was increased if the time interval between biopsy and RALP was longer than 6 months.

