Impact of positive surgical margins in patients with localized prostate cancer who underwent radical prostatectomy

Hugo Antunes, Belmiro Parada, João Carvalho, Miguel Eliseu, Roberto Jarimba, Edgar Tavares-da-Silva, Arnaldo Figueiredo
Serviço de Urologia e Transplantação Renal, Centro Hospitalar e Universitário de Coimbra

INTRODUCTION
Several studies have shown that positive surgical margins (SM) are associated with BCR and need for salvage treatments.

OBJECTIVES
The aim of our study was to evaluate the impact of positive (SM) in patients with localized PCA who underwent radical prostatectomy (RP), evaluating BCR, survival and need for additional treatments.

RESULTS

- Mean age: 63.0 ± 6.8 years
- Mean preoperative PSA value was 8.5 ± 8.7 ng/ml

<table>
<thead>
<tr>
<th>Pathological Examination</th>
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<tr>
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<td>T2a  39 (10.3%)</td>
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<td>T2b  14 (3.7%)</td>
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<td>T2c  324 (85.9%)</td>
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| Open RP | 377 |

| Positive SM | 61 (16.9%) |
| Negative SM | 316 (83.1%) |

- Thirteen (21.3%) patients with positive margins performed adjuvant radiotherapy (RT). Overall survival of patients with positive SM was 100% in those who did adjuvant RT and 95.8% in those who did not perform adjuvant RT.
- However, the cause of death in the two deceased patients was not related to PCa.
- No patient has been proposed for therapy with abiraterone, enzalutamide or docetaxel.
- Two (3.3%) patients with positive SM developed lymph nodes metastasis and one (1.6%) developed bone metastasis.

DISCUSSION/CONCLUSION
Our study showed no prognostic advantage of adjuvant RT compared with salvage RT in patients with positive SM. Although there appears to be a trend towards a higher rate of BCR, a shorter time from surgery to the development of BCR and a higher rate of hormone therapy, the presence of positive SM does not appear to have a significant impact on disease progression and survival in patients with organ confined PCa.

hugoantunes4@gmail.com

PATIENTS AND METHODS
Retrospective analysis of 377 consecutive open RP performed between 2009 and 2016, with localized PCa. Patient demographics, prostate volume, prostate-specific antigen (PSA) levels, definitive pathology, surgical margin status, BCR presence, additional treatments and survival were analyzed.