Cytoreductive radical prostatectomy for newly diagnosed metastatic prostate cancer

first lessons from the Belgian multicentric LoMP trial

Poelaert F, Buelens S, Rappe B, Plancke H, Stragier J, Martens G, Billiet I, Van Erps T, Kimpe B, Lumen N

BACKGROUND

The **L**ocal treatment **o**f **M**etastatic **P**rostate cancer (LoMP) trial provides a framework for the prospective evaluation of patients with **newly diagnosed metastatic** prostate cancer (mPCa).
We report a preliminary analysis of patient's characteristics, safety of **cytoreductive radical prostatectomy** (cRP) and early oncologic results.

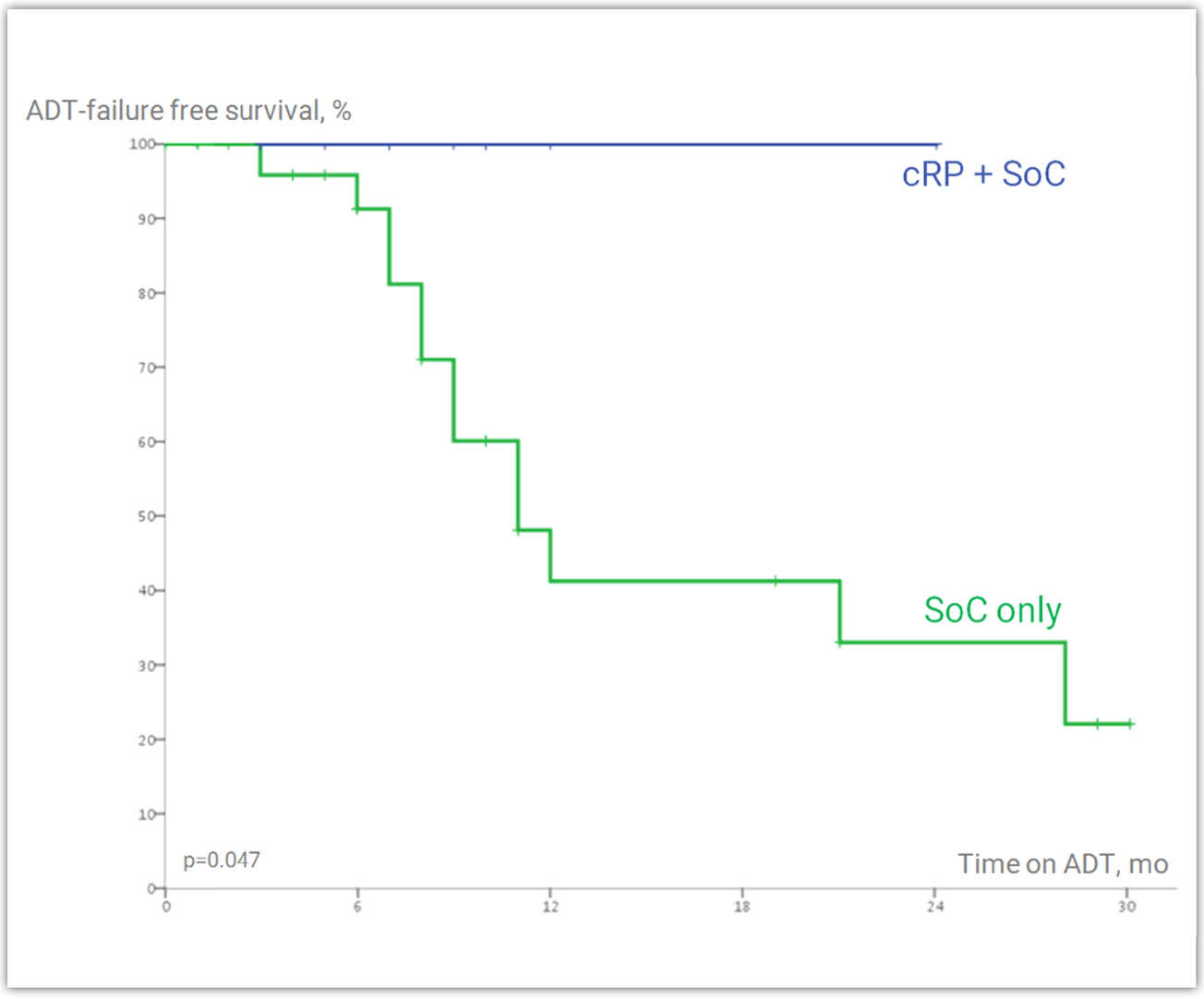
PATIENTS & METHODS

Patients were recruited in the context of the Belgian multicentric LoMP trial (NCT02138721).
Seventeen asymptomatic patients with a resectable tumor were fit to **undergo cRP** with extended pelvic lymph node dissection.
A control group of 29 patients received **standard of care** (SoC) therapy only.

RESULTS

Reasons for not undergoing cRP were: development of **early symptoms** due to metastatic disease (n=11), **unresectable** tumor (n=8), **refusal** to undergo cRP (n=4) or **co-morbidity** prohibiting cRP (n=6)

	total (n=46)	group A (n=17)	group B (n=29)	p value
Patient / tumor				
age, yr	69 ±10	64 ±8	72 ±10	0.005
initial PSA, µg/l	45 (4.6-3092)	16 (4.6-75)	156 (5.2-3092)	0.002
cT stage, n (%)				<0.001
T1-2	11 (24)	8 (47)	3 (10)	
T3a	12 (26)	2 (12)	10 (35)	
T3b	10 (22)	7 (41)	3 (10)	
T4	13 (28)	-	13 (45)	
cN positive, n (%)	34 (74)	12 (71)	22 (76)	0.7
cM stage, n (%)				0.01
1a	13 (28)	9 (53)	4 (14)	
1b	29 (63)	8 (47)	21 (72)	
1c	4 (8.7)	-	4 (14)	
Grade group, n (%)				0.2
1	1 (2.2)	-	1 (3.4)	
2	2 (4.3)	2 (12)	-	
3	3 (6.5)	2 (12)	1 (3.4)	
4	13 (28)	5 (29)	8 (28)	
5	27 (59)	8 (47)	19 (66)	
Metastatic burden				
low volume, n (%)	25 (54)	16 (94)	9 (31)	<0.001
median # bone lesions	8 (1-63)	2 (1-9)	13 (1-63)	<0.001
Follow-up, mo	15 ±9	13 ±8	16 ±10	0.292
30d complications, n (%)				0.014
continent and no local symptoms	25 (54)	12 (71)	13 (45)	
urinary incontinence	7 (15)	5 (29)	2 (6.9)	
obstructive voiding (> medication)	8 (17)	-	8 (28)	
obstructive voiding (> SPS/CIC)	3 (6.5)	-	3 (10)	
ureteric obstruction (> observation)	1 (2.2)	-	1 (3.4)	
ureteric obstruction (> JJ stent)	1 (2.2)	-	1 (3.4)	



Median operation time, bloodloss and hospital for cRP were respectively 215min [150-290], 250ml [100-900] and 4d [2-7]. Surgical margins were invaded in 14 (82.4%) patients. Respectively 5 (29.4%) and 2 (11.8%) patients suffered a grade 1 and 2 complication within 30 days postop. Median PSA decline after cRP was 72% ± 18%.

Median time to castrate-refractory disease was 14 months [95%CI 2-26] in the control group whereas **no patient in the intervention group developed CRPC** (log-rank p=0.006).

CONCLUSIONS

> cRP appears to be **feasible and safe** in a group of well **selected patients**

> the **early oncological** results of performing cRP are **encouraging**

> patients are at risk to **suffer from local symptoms**
If only standard of care can be offered

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